

**BELFAST HEALTH & SOCIAL CARE TRUST**

**REPORT ON THE DISCHARGE OF  
STATUTORY FUNCTIONS  
FOR THE PERIOD 01/04/08 – 31/03/09**

## CONTENTS SHEET

	<b>Page</b>
Section 1: Introduction	3-4
Section 2:	5-16
Section 3: Service Areas	
OPMS	17-39
Physical and Sensory Disability	40-64
Mental Health (Adults)	65–92
Learning Disability (Adults)	93-112
Family and Child Care/	113–136
Children’s Disability/Child and Adolescent Mental Health Services	137-150
Appendices	

## 1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services provided by the Social Services' workforce. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2008) and identifies ongoing and future challenges in the provision of statutory services.

These services are delivered within a multi-disciplinary practice context which is informed by a strong emphasis on integrated models of delivery within a person centred ethos.

Central to the discharge of the Trust's Statutory Functions is an ongoing commitment to service improvement, outcomes, value for money, innovation and modernisation paralleled by the maintenance of safe and effective practice within robust assurance processes.

The reporting template has been significantly revised to facilitate commentary and analysis within an over-arching assurance focus. It has been adopted on a region-wide basis.

The template incorporates three sections:

- Section 1 An Introduction incorporating context.
- Section 2 A strategic overview by the Executive Director of Social Work of the Trust's performance in relation to the discharge of its Statutory Functions across the respective Service Areas.
- Section 3 Individual Service Area reports addressing a number of specific themes including supervision; assurance processes; engagement with external regulatory agencies; areas of difficulty in relation to statutory services delivery; training; and areas of emerging significance.

Section 3 includes information returns relating to statutory services delivery activity within each of the Service Areas. It also incorporates a cohort of performance returns related to the discharge of Statutory Functions. The inclusion of a small number of performance returns reflects an evolving qualitative and outcomes emphasis within the reporting process. It is anticipated that this aspect of the annual Statutory Functions return will be further developed.

The Trust's Social Care Workforce has contributed fully to the Trust's key organisational objectives in relation to the promotion of the health and well-being of the city's population. They have continued to consolidate and develop their skills and knowledge base and to embrace the challenges and

opportunities of modernisation and reform within multi-disciplinary and integrated organisational and service delivery processes.

The discharge of Statutory Functions is demanding, complex and rewarding work.

It involves the proportionate exercise of authority and related responsibility and accountability to protect vulnerable children and adults within high levels of judicial and public scrutiny.

As Executive Director of Social Work, I would wish to express my appreciation of the professionalism, commitment and resilience of the workforce in discharging these responsibilities.

Bernadette McNally

Executive Director of Social Work



## 2 GENERAL

### 2.1 Statement of Controls Assurance – Compliance with NISCC Requirements

As noted in the individual Service Area returns, the Trust is compliant with the Northern Ireland Social Care Council's (NISCC) requirements in relation to the registration of the Social Services' workforce.

All professionally qualified Social Workers in designated posts in the Trust are required to be registered with NISCC. The Trust's selection and recruitment processes require confirmation of an individual's registration with NISCC for all designated Social Work posts.

Local Service Area procedures across the Trust require the respective line managers to retain a copy of the individual staff member's registration certificate, incorporating the date of their registration.

With regard to that cohort of staff who are completing their Assessed Year in Employment (AYE), the Trust has established a discrete AYE database to track the individual AYE staff member's progress through their Assessed Year in Employment.

The Trust has recently revised its AYE Guidelines in consultation with the Trust's Human Resources Service and NISCC.

The revised Draft Guidelines have been circulated for consultation with a view to their early operationalising. The Guidelines have integrated and consolidated previous legacy Trust procedures and processes and recent guidance from NISCC.

The Trust is presently developing a Trust-wide Social Services' workforce database with the support of the ICT Service and in consultation with the Human Resources Service. It is envisaged that the database will provide comprehensive information in relation to the registration status and individual re-registration dates for staff across the workforce. This process will involve the assimilation of the current legacy Trust Registers.

With regard to the Trust's Social Care Workforce, the first three phases of the registration process have been progressed. This involved managers and staff in adult residential facilities and managers of day care and domiciliary services.

The Trust is awaiting confirmation of the proposed arrangements in relation to the registration of Domiciliary Care Workers, Day Care Workers, Social Work Assistants, and Drivers with care responsibilities and Rehabilitation Officers (Sensory Impairments).

The Trust is compliant with the NISCC Induction Standards (April 2008) in relation to its Social Care Workforce.

The NISCC Code of Practice for employers of Social Care Workers sets down the responsibilities of employers in the regulation of Social Care Workers. The Code is a key element of the overarching regulatory framework for the Social Care Workforce.

The Trust is compliant with each of the domains of the Code through the following:

- 1) The Trust's robust recruitment and selection processes; its professional supervisory arrangements, and its personal contribution, appraisal and Personal Development Framework.
- 2) The comprehensive range of policies, guidance and procedures; across employment, occupational health, organisational and professional themes.
- 3) The spectrum of organisational, uni and multi-disciplinary learning and development opportunities for the Social Care Workforce incorporating generic and individual practice development initiatives to facilitate staff completion of the NISCC Post-Registration Training and Learning Requirements (PRTL).
- 4) A strong organisational focus on the promotion and maintenance of staffs' welfare and safety within a robust policy guidelines and procedures framework informing a culture of support, transparency, organisational and individual responsibility and accountability. (This includes equal opportunities, occupational health, whistleblowing and related policies).
- 5) Through a range of organisational mechanisms, in particular the Trust's Associate Directors of Social Work and Social Care, local Service Area Social Work and Social Care Fora, the Trust's Annual Social Work Forum, the Trust's Social Services Learning and Development Service and the professional supervisory process, the Trust promotes the significance of the NISCC Code of Conduct.

The Trust has established six-monthly meetings with NISCC to address ongoing communication, practice and policy issues.

## **2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work**

An unbroken line of professional accountability exists in relation to the discharge of Statutory Functions from the individual Social Work practitioner through the professional supervisory and operational line management structure to the respective Associate Directors of Social Work in each Service Area, to the Executive Director of Social Work and the Trust Board.

The individual Service Area reports (Section 3) detail the local organisational arrangements which underpin this process.

The Associate Directors of Social Work have responsibility and accountability in their individual Service Areas for: the provision of professional leadership to the Social Services' Workforce; the promotion of learning and development opportunities for the Service Area's Social Services' workforce staff; the provision of specialist advice to their respective Service Areas on professional issues pertaining to the Social Services' staff group, including matters relating to the discharge of Statutory Functions; and reporting and related assurance arrangements within the Service Area in respect of the discharge of Statutory Functions.

The Associate Directors Group meets on a monthly basis and works to a annual business plan.

The Co-Director of Social Work and Social Care Governance has responsibility for ensuring that appropriate reporting and assurance arrangements in relation to the discharge of statutory functions are in place in each of the individual Service Areas.

The Trust has developed a Professional Social Work Supervision Policy and individual Service Area procedures which incorporate requirements detailed within the Scheme for the Delegation of Statutory Functions and the NISCC Codes of Conduct.

### **2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.**

The Trust has achieved general compliance with the elements of the Scheme for the Delegation of Statutory Functions.

- a) Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and self-assurance mechanisms in relation to its discharge of its Statutory Functions included as outlined in the respective reports.

Both RQIA and the Commissioner have conducted a range of statutory and thematic inspections and reviews of performance in relation to the delivery of statutory services across a number of Service Areas.

The Judiciary, the Mental Health Commission and Mental Health Tribunal have directly adjudicated on the Trust's discharge of its Statutory Functions.

The Equality Commission has conducted a review of the Trust's discharge of its Human Rights' responsibilities in relation to Asylum Seekers and Immigrants.

- b) The Trust has a robust policy and procedures informing the reporting and management of untoward incidents. It is compliant with the Commissioner and Department's requirements in respect of the reporting, investigation and monitoring of serious untoward incidents relating to the delivery of statutory services.
- c) The Trust is compliant with the procedures for the investigation, management and collection of information pertaining to complaints in relation to statutory services.
- d) The Trust is compliant with the requirements of external monitoring agencies.
- e) The Trust is compliant with the requirement to establish formal and regular supervision for all staff discharging Statutory Functions. As a result of restructuring and related workforce issues, the Trust has not met the requisite standard for individual professional supervision on occasion in local service settings. The Trust has established interim arrangements to address these difficulties as necessary and is has initiated measures to secure resolution of these situations.
- f) The Trust has implemented Departmental Circulars and Guidance and has developed discrete action planning, review and reporting arrangements in relation to individual RQIA Inspection recommendations as required.

- g)** The individual Service Area reports have identified areas of concern and remedial and contingency actions to address difficulties in relation to the discharge of statutory functions. Within this context, a number of primarily resource and capacity issues have been highlighted. The Trust has previously communicated these matters to the Department and the Commissioner and is engaged in ongoing discussions in relation to same.

## 2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions

- a) The Service Area Reports have highlighted areas of difficulty related to the discharge of Statutory Functions within service localities.

These include: resource pressures arising from the increased complexity of needs; increased demand volumes; the development of community services infrastructures; and the availability of intermediate care provision to facilitate discharge frameworks including relocation to community settings of patients in Muckamore Abbey Hospital.

- b) The ongoing processes of service modernisation and reform, the re-structuring of services with an emphasis on the development of integrated organisational models and enhanced community provision within a challenging resource context has been particularly challenging in Adult Services. A key area of concern has been to profile the significance of statutory functions and discrete skills and knowledge base of social work staff within multi-professional services.

- c) Children's Services has completed a major re-structuring with the establishment of Gateway and the implementation of a Pathways Service model. This was a particularly challenging process which involved a significant re-location of operational, administrative and managerial staff. This process resulted in some dislocation across review processes in respect of looked after children and the meeting of requisite supervision standards in relation to practitioner and AYE staff.

In the context of the recent Laming Report workforce recommendations, the Trust is concerned to ensure an appropriate prioritising and development of supports for the Team Leader role in fieldwork and residential services. The Trust considers that this is a pivotal organisational position in relation to the discharge of statutory functions. It is essential, in the Trust's view that the enhanced demands and related capacity issues for the role arising out of the Reform Implementation Team (RIT) "products" in relation to supervision, staff development, performance, quality and outcomes are appropriately scoped and addressed.

With regard to AYE, as a result of operational pressures, the Trust has experienced difficulties in meeting the requisite supervisory standards and in ensuring appropriate opportunities for reflective practice opportunities. The concept of a managed caseload for AYE requires further discussion in the context of the Service operational volumes, the statutory nature of all work within children's services and the overarching resource and workforce context.

- d) As a result of re-structuring and related workforce issues, the Trust has not met the requisite standards in relation to supervision in a number of instances.

- e) In the absence of alternative provision, the Trust has continued to use unregulated accommodation places for 16-18 year olds outside of those places commissioned under the Joint Commissioning process with Supporting People to accommodate looked after young people and those presenting as homeless aged 16-18years.

**Progress report on Actions taken to improve performance, including financial implications.**

The individual Service Area Reports have detailed the actions taken to address areas of difficulty in delivering statutory services.

The Trust would wish to highlight the following areas:

**Workforce:** The Trust is promoting workforce skills development and individual learning within Trust-wide supervisory and appraisal frameworks.

The Trust has had relative success in its recruitment and staff maintenance strategy. While the profile of the workforce in Family Support Services in particular reflects significant levels of AYE staff, these are supported by an experienced Senior Practitioner cohort and supplemented by the Service's Principal Practitioner Groups.

The children's residential staff base has had a period of relative stability at both managerial and practitioner levels. The present vacancy rate across the Family and Child Care Service is five practitioner and two Senior Practitioner posts in fieldwork (of these four are new posts related to the Service's restructuring) and one Deputy Manger post in residential services

There are no current recruitment or retention issues within Adult Services' professional social work base.

The Trust has continued to promote professional learning and development opportunities for the Social Services workforce linked to re-registration and KSF requirements.

**Supervision:** The Trust has operationalised a Professional Social Work Supervision Policy and related Service Areas procedures for Adult Services which will complement the Regional Children's Services Policy and provide assurance processes in this area. Interim arrangements to address areas of difficulty in meeting the requisite standards have been actioned.

**Direct Payments:** While the Trust achieved its PFA target in relation to Direct Payments, the Trust recognises the ongoing need to focus on promoting the uptake of Direct Payments.

A Trust-wide Direct Payments Group has been established and a Trust-wide Policy and Procedures promoting best-practice in relation to Direct Payments has been developed. Individual Service Areas have initiated local strategies to profile Direct Payments complemented by training programmes for staff.



**Carers:**

The Trust has consolidated its Carers Co-ordinator Support structure and has continued to focus on promotion and profiling of carers' needs through a discrete training strategy.

The issue of individual professional supervisory arrangements in respect of designated Social Work posts CAMHS Services is to be addressed in discussions with the Co-Director and Associate Director of Social Work.

**Unregulated Accommodation:** The Trust currently joint-commissions 34 beds for 16-21 year olds from a range of providers for care leavers. The Trust is presently reviewing the effectiveness of these arrangements with Supporting People and the Department's Regional Project Team to determine progress in relation to service development and improvement.

The Trust continues to identify unmet need in respect of 16 and 17 year-olds with no care background presenting as homeless, asylum seeking young people and a small number of young people with care histories with complex needs compounded by violent and criminal behaviours.

There is no capacity within the current joint-commissioned beds or children's homes to attempt to place these young people in these settings. There is a need for a range of innovative projects to meet the needs of this cohort of young people and the Trust welcomes the Department's current review of standards in respect of 16+ accommodation and proposed pilot projects which the Trust understands will be developed in light of these new standards. In light of the continuing concerns regarding the use of unregulated accommodation, the Trust would wish the Commissioner to include this issue in the planned review of the Commissioning Framework for Residential Care.

**Resources:** The Trust is mindful of the overarching financial situation and the attendant impact on resource availability the Trust welcomes the additional investment in Family and Child Care Services and Carers and commitments in relation to adult protection.

Central to the Trust's re-configuration and modernisation proposals linked to the MORE process has been the ongoing delivery of safe and effective care within the optimising of resources to enhance service delivery.

However, significant resource pressures remain across a range of services related to historical underfunding. In light of increasing demands in terms of complexity and volumes, enhanced levels of user expectation and the strategic emphasis on community-based provision, there will be substantial challenges in delivering the spectrum of statutory functions.

**2.6 Highlight which, if any, of the areas requiring further improvement and if they have been included in the Trust's Corporate Register**

The following themes are included within risks identified on the Corporate Risk Register:

Risk Description: Safe, high quality and effective care.

- a)** Need for investment in community services related to the Risk to quality of outcomes to patients at Muckamore Abbey Hospital due to patients' discharge being delayed and resettlement ceasing.

The Trust has been engaged in ongoing discussions with the Department and the Commissioner to address the level of need and attendant resource base necessary to develop an appropriate range of community services and related infrastructure to meet the complex and challenging needs of this cohort of users.

- b)** Risks associated with "High risk patients being discharged including those discharged by the Mental Health Tribunal against medical advice and where no other appropriate service exists to meet the patient's needs".

Please see (a) above.

- c)** "Use of unregulated places for 16-18 year olds outside care system. Places outside those commissioned under Joint Commissioning process with Supporting People".

(Please see Pages 11 and 13).

## **2.7 Report on the Trust's Compliance in relation to other statutory agencies such as RQIA, NISCC**

As noted in the individual Service Area Reports, the Trust is compliant in this area. The Trust has established a regular forum with RQIA to address the continuum of issues relating to the range of issues pertaining to both organisations.

The Trust has a similar process with NISCC.

**2.8 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Director's conclusion about Trust performance.**

The individual Service Area Reports have detailed the systems, processes, audits and evaluations which have informed the conclusions in relation to levels of compliance and emerging trends and issues.

- a) The Trust's Associate Directors of Social Work provide professional leadership and professional accountability with individual Service Areas. They have established clear lines of professional accountability and support as detailed.
- b) The Trust is seeking to develop Service Area and corporate audit performance and assurance processes in relation to the discharge of Statutory Functions. Of central significance in this regard will be the development of the Trust's Social Services Information resource base paralleled by a rationalisation and standardisation of requests for returns and related performance and qualitative measures.
- c) The following emerging issues will provide significant challenges in relation to statutory service delivery:
  - Services for Migrant Workers, Asylum Seekers and their dependants.
  - Issues related to the protection of children and vulnerable adults arising out of the Baby Peter Case and a greater public awareness of adult protection issues.
  - The impact and operational demands of the new Public Protection Arrangements (PPANI) incorporating adjudicated and non-adjudicated violent and sexual offenders.
  - The pending operationalising of the single multi-disciplinary Adult Assessment Model.
  - Increasing requests for data access to Social Work case file records.
  - Developing a coherent career pathway for the Social Care workforce linked to training accreditation and NISCC registration.
  - Developing accessible pathways to facilitate professional staffs' attainments of Post Qualifying accreditation in the context of proposals to link such accreditation requirements to career progression.

**3. GENERAL NARRATIVE****Directorate:- Older People Medicine and Surgery (O.P.M.S)**

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>Mrs Una Macauley – Service Manager/Associate Director of Social Work.</p> <p>Statutory functions are delivered within the integrated structure of the OPMS Service Area. The Social Work Lead/Associate Director of Social Work (Service Manager) at Level 4, in managerial terms, relates to the Co-Director OPMS and, in addition, has a direct link to the Director of Social Work within the Trust.</p> <p>There are 4 Social Work Leads at level 5 relating to the Associate Director of Social Work (OPMS).</p> <p>This structure allows for the continuation of clear lines of accountability for social work staff throughout the service and ensures there are appropriate monitoring, assurance and reporting arrangements underpinning the discharge of statutory functions.</p> <p>The 4 Social Work leads are at Assistant Service Manager level and provide the social work line of accountability across the Integrated Care Teams in South and East Belfast locality, Community Teams in North and West Belfast locality and Hospital Social Work Services in the four hospitals in the Belfast Trust area.</p> <p>Within Older People’s Mental Health and Intermediate Care Services – There is a designated Social Work Lead at level 5 who also relates to the Associate Director of Social Work.</p> <p><b>(Please see Appendix S1)</b></p>

3.2	<p><b>Supervision arrangements for social workers</b></p> <p>The Supervision Policies of the legacy Trusts had remained in place pending the introduction of the Belfast Trust Social Work Supervision Policy and related Service Area Procedures in March 2009.</p> <p>The Service Group has adhered to the requirements of the legacy policies in terms of ensuring formal, regular and recorded supervision of staff.</p> <p>The standards for the supervision of staff in their Assessed Year in Employment are currently being met.</p> <p>The OPMS Service Group is in the process of harmonising its structures and will develop Integrated Care Teams across Belfast. For the purpose of this report reference will be made to the existing structures.</p> <p><b>South &amp; East Belfast Locality</b></p> <p>Within South &amp; East Belfast locality, Integrated Care Teams are managed on a multi professional basis. The lines of professional accountability are maintained through the Social Work Leads (Band 7) in each Team.</p> <p>For professional supervision each Social Work Lead (Band 7) relates to an ICT Manager who is social work qualified. The ICT Social Work Managers in turn receive professional social work supervision from the designated level 5 Assistant Service Managers (Social Work Lead) relating directly to the Associate Director of Social Work.</p> <p>Hospital Social Work Teams in South &amp; East Belfast locality are now also managed within the Integrated Care structure with managerial responsibility lying with the Level 5 Assistant Service Manager (Non Social Work). Professional Social Work supervision is provided to each team Leader by the designated Assistant Service Manager (Social Work Lead).</p> <p>The Adult Protection Team in South and East Belfast is managed separately and Social Workers within the Team are professionally supervised by a Team Leader, SSW (Band 7) who in turn, is managed by an ASM (Social Work Lead) – Level 5.</p> <p><b>North &amp; West Belfast Locality</b></p> <p>Within North &amp; West Belfast locality, new integrated care structures are being developed. Arrangements will be put in place to ensure that there are clear lines of accountability for social work and social care staff.</p>
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The current Community and Hospital teams continue to be managed and supervised by Senior Social Workers (Band 7) who relate directly to a Level 5 Assistant Service Manager, who in turn relates to the Associate Director of Social Work.

Adult Protection work is carried out by social work staff within the various local Teams.

**Mental Health Service for older people and Intermediate care**

Social Workers currently relate to the Assistant Service Manager - Level 5 Social Work Lead. Arrangements are in place to appoint a designated Team Leader SSW Band 7.

In Intermediate Care Social Workers relate directly to a SSW Band 7 who in turn reports to the ASM on a professional issues

**OPMS Social Work Lead Forum**

The Associate Director of Social Work (OPMS) is a member of the Trust Social Work Leads group chaired by the Director of Social Work. The Associate Director of Social Work, in turn, chairs a quarterly OPMS Social Work Leads forum. This forum is the main focus for the development of Social Work and Social Care within OPMS. To date the issues addressed include:

- Social Care Governance
- Training and continuous professional development
- Promoting evidence-based practice and a focus on outcomes.

A social work event for OPMS staff is planned on an annual basis.

3.3	<p><b>Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.</b></p>
	<p><b>Mental Health Service for Older People</b></p> <p>A robust system of supervision is in place and is audited annually. Audit confirms that practice is in line with legacy Supervision Policy, and staff may receive supervision individually or in group sessions.</p> <p><b>Integrated Care Teams</b></p> <p>An audit of supervision, completed in April 09 across social work, social care and care management evidenced full compliance with supervision standards. Within the Integrated Care Teams, social workers and social care staff receive regular and formal supervision from the Social Work Leads in each team. This supervision is recorded as per Trust policy. Files are also reviewed and audited at supervision. Social Work Leads in Integrated Care Teams receive professional supervision from an Integrated Care Team manager, who is Social work qualified. The ICT Manager in turn receives professional guidance and consultation from designated social work lead at Level 5.</p> <p>Regular best practice groups are also held with Social Work staff to facilitate reflective learning.</p> <p><b>Hospital Social Work Teams</b></p> <p>Supervision schedules have been developed for all Social Work and Social Care staff members on a regular basis. The Assistant Service Manager ensures supervision of staff members has been undertaken and recorded by auditing supervision files during team manager supervision. There is also a system of peer auditing to be generated, as a mechanism for monitoring.</p> <p>Supervision is documented as per agreed Trust proforma. There is an agreed action plan and both the supervisor and supervisee sign this off. The Social Work Team Manager signs off each client file on discharge, which ensures agreed action plans have been completed.</p> <p>There are a number of structured practice learning groups facilitated within the hospital programme. There are two Counselling Reflective Learning Groups, which are well attended. There are also reflective practice groups on a regional basis, including palliative care, oncology hospital social work forum, regional renal hospital social work forum, acquired brain injury forum, spinal cord injury multi-disciplinary reflective group and the neurology reflective practice group. There has been discussion regarding the need to regenerate the Hospital Social Work Forum, which is being taken forward by the ASM professional leads.</p>



### **Adult Protection Team**

An audit of Adult Protection Care Planning across the Trust was carried out on 07.04.09. There was 100% compliance against the two elements audited, i.e

- a) The Investigating Officer will implement and record the agreed Protection Plan;
- b) The Investigating Officer will ensure proactive user involvement.

An audit of Supervision in adult protection service undertaken on 7.4.09 evidenced 100% compliance with supervision standards.

### **North & West Community Teams**

The new Belfast Trust Supervision Policy has recently been implemented with all Social Work/Social Work Assistant staff. This replaces the previous legacy Trust supervision policy.

In 2008 four Senior Social Work Staff registered with RQIA as Managers of Domiciliary Care Services in respect of the Home Help/Homecare Service. Supervisory processes have been established with Domiciliary Care Staff which meet the required regulatory standards, and they have been found fit for purpose following a Pre Registration Inspection conducted by the regulatory authority in January 2009.

Social work and social care staff receive regular supervision as per Belfast Trust policy. In addition to formal supervision Senior Social Work Staff also provide consultation to Social Work and Social Work Assistant staff.

Supervision sessions are recorded. Cases files are reviewed at supervision and SSW's review files and counter sign recording on contact records and appropriate Trust documentation. A peer supervision group will be established in 2009 facilitated by SSW's in the North and West locality. This will enable SSW and SW practitioners to critically reflect on practice issues. All staff maintain the NISCC standards of continuous professional development with regards to registration and re-registration.

Social Work and Social Care case files are regularly brought to supervision. SSW staff review files and scrutinise for evidence of assessment, care planning activity, and performance of statutory functions.

SSW staff collate monthly returns relating to the completion of statutory functions including Vulnerable Adult Activity, Carer Assessments and referrals to the Office of Care and Protection.

3.4	<p><b>Report on Directorate’s compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)</b></p>
	<p><b>Serious Adverse Incidents</b></p> <p>The Service Group is compliant with the procedures on the reporting of Serious Adverse Incidents to Eastern Health and Social Service Board, Department of Health and Public Safety, Regulation Quality and Improvement Authority and the Mental Health Commission.</p> <p><b>Regulation Quality &amp; Improvement Authority – themes from Inspections</b></p> <p>Pre registration inspections of all Trust Day Care and Domiciliary Care services have been completed. Quality Improvement Plans have been approved, submitted to RQIA and registration is pending.</p> <p><i>A number of themes have been identified from the Q.I.P.S</i></p> <p>These include</p> <ol style="list-style-type: none"> <li>1. A need for greater evidence of service user involvement.</li> <li>2. All Trust domiciliary care staff are required to have Child Protection Training.</li> <li>3. Requirement for a Belfast Trust Adult Protection policy to replace legacy Trust policies</li> <li>4. Staff Appraisal System to be put in place.</li> <li>5. Trust to put systems in place to ensure compliance with RQIA requirements for Administration of medication.</li> </ol> <p><i>In responding to these key themes the Trust has put in place the following measures</i></p> <ol style="list-style-type: none"> <li>1. Service user involvement has been assured and evidenced through (a) Service user guides (b) Assessment of need. (C) Care plans (d) Reviews. All of these require service user participation evidenced with their signatures</li> <li>2. Arrangements have been put in place to provide training on Child Protection</li> <li>3. Belfast Trust Adult Protection policy is being developed.</li> <li>4. The Trust is currently implementing appraisal though the Personal Contribution/Personal Development Framework.</li> <li>5. The Trust has put systems in place to ensure compliance with RQIA requirements for administration of medication. The Trust has established a Liaison Forum with representatives from RQIA to discuss issues relating to registration, regulation and monitoring of its in-house services and those commissioned from the Independent Sector.</li> </ol> <p><b>Northern Ireland Social Care Council</b></p> <p>The Trust is compliant with the requirements of NISCC for the rollout of Registration for social work and social care. The Trust is committed to providing opportunities for staff PRTL, staff development and appraisal.</p>

3.5	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>
	<p><b>1. Carers Needs</b></p> <p>In addition to funding through core services budgets, the Trust is in receipt of ring-fenced monies to develop services for carers. As the needs of carers increase budgets are increasingly under pressure to deliver services. Staff routinely provide Carers Assessments and monitor levels of unmet need in line with the Carers and Direct Payments Act (NI) 2002.</p> <p><b>2. Adult Protection</b></p> <p>Within the Trust there are currently two systems across the legacy sites in relation to the management of Adult Protection Services. The harmonisation of this service is a priority for OPMS in the coming year.</p> <p>In North &amp; West Belfast locality Adult Protection investigations are managed within each of the Community and Hospital teams, where Social Workers and Senior Social Workers are trained as Investigating Officers and Designated Officers respectively. Care Managers have a lead role in the investigations of cases arising in the Independent Sector. These cases are overseen by the Assistant Service Manager (SW Lead).</p> <p>Within South &amp; East Belfast locality an Adult Protection Team for Older People and clients with a Physical Health &amp; Disability has been established to manage all Adult Protection investigations, including those arising in the independent sector.</p> <p><b>Out of Hours Service (Adult Protection)</b></p> <p>The Trust proposes to review the current arrangements for out of hour's investigations.</p> <p><b>Liaison with Other Agencies</b></p> <p>Arrangements in the legacy sites for liaison with other relevant agencies in the field of adult protection require to be reviewed.</p> <p><b>3. Direct Payments</b></p> <p>The Trust has developed policies and procedures in relation to users accessing Direct Payments and has established a Trust wide forum chaired by the Co-Director (OPMS). A system is in place to monitor the use of these payments and ensure governance arrangements are adhered to. An audit of this system is being developed.</p>

**4. Approved Social Work supervision**

OPMS currently has 11 Approved Social Workers based in various Teams across the Service. An arrangement for a more structured form of supervision of this group of staff is being considered.

**5. EMI Nursing Provision**

The shortage of EMI Nursing provision across the Greater Belfast area continues to pose problems in terms of risk to clients living at home with domiciliary care packages and those placed in other residential facilities.

**6. Safe and Effective Hospital discharges**

Targets specified under Priorities for Action, particularly the discharge of patients from hospital within 48 hours when deemed medically fit, continue to present challenges for the Trust to deliver safe and effective care on discharge. The issues include-

- Information on discharge
- Speed of discharge
- Communication between disciplines
- Lack of appropriate Intermediate Care facilities for some clients, e.g. Dementia

**7. Recruitment**

While the process for vetting staff under the Safeguarding Vulnerable Adults policy has improved these are delays in appointment of staff, which can impact on service delivery.

**8. Independent sector issues**

The Trust has established a Quality Assurance Team to oversee the services provided by the independent sector. The Team works closely with representation from this sector and RQIA but would need expanded to respond to the increasing demands in this service. The Team's remit includes:-

- Monitoring Care standards
- Dealing with complaints
- Providing support to nursing care
- Responding to Adult Protection issues
- Responding to adverse incidents

**9. Unmet need**

- Increasing number of clients awaiting enhanced care packages in the community
- Insufficient placements in nursing EMI Care.
- Increasing number of clients requiring care throughout the night.

**10. Trust Residential Care Homes for the Elderly**

The Trust awaits approval of its proposals for elderly care services as detailed in the 'Excellence and Choice' paper and will need to maintain standards of care for current residents pending implementation of proposals.

**11. Management of medication in hospital, residential and Community settings.**

This Remains an ongoing risk issue, and has been highlighted in recent RQIA inspections

3.6	<p><b>Provide a progress report in relation to remedial action to improve performance including financial implications</b></p>
	<p><b>1. Carers Needs</b></p> <p>OPMS Staff will continue to monitor levels of unmet need among carers particularly those caring for dementia sufferers. Additional funding (Bamford Review 2008/09) has been allocated to provide Residential and Domiciliary Care Services for this client group.</p> <p><b>2. Adult Protection</b></p> <p>A review of Adult Protection arrangements in the two legacy sites has been carried out during the past year with a view to planning the most effective way forward. The Trust intends to establish a Belfast wide Adult Protection Team in relation to Older People and Clients under 65 with a Physical Health &amp; Disability. Resourcing of this service remains an issue but it is anticipated that new investment will be received following bids to the Department via the Regional Adult Protection Forum.</p> <p>A group has been established to plan for the establishment of a Belfast wide Adult Protection Forum which will be chaired by the Associate Director of Social Work (OPMS) and involve all Service Groups and relevant agencies. This Forum will have a direct link to the Regional Adult Protection Forum which the Associate Director of SW (OPMS) attends.</p> <p><b>3. Direct Payments</b></p> <p>The Trust has met its PFA target for 2008/09. In terms of implementation of the policies and procedures for Direct Payments, the Trust will be required to ensure that effective monitoring and audit processes are adhered to. An appropriate system will be developed. A comprehensive training strategy has been implemented providing training for staff at three different levels.</p> <p><b>4. Approved Social Work</b></p> <p>In relation to OPMS ASW Duty Rota, the Trust proposes to review the current supervision arrangements for ASWs.</p> <p><b>5. EMI Nursing</b></p> <p>This issue has been highlighted in the past with the Commissioner. While long-term placements continue to be problematic, plans are in place to commission short-term intermediate care placements in the Independent Sector. This will ensure delayed discharges in hospital are kept to a minimum and allow for a comprehensive assessment of needs to be carried out in temporary placements outside hospital. (HWIP bid).</p>

## **6. Safe and Effective Hospital Discharges**

In terms of responding to this issue a number of initiatives are underway:

- a. Development of Intermediate Care Hub.
- b. Joint Social Worker and Nursing forums have been set up across the Trust to support effective discharges.
- c. Development of dedicated Discharge Teams in hospitals.
- d. Governance group has been set up to analyse data with a view to identifying trends and learning from adverse incidents.
- e. The development of Integrated Care structures, which include hospital social work, will facilitate better communication and a more seamless service.

## **7. Recruitment**

Current control measures include a proactive approach to replacing staff, continuous recruitment drive, working in partnership with the Trust Human Resources Department to expedite appointments and increase use of bank staff.

## **8. Independent Sector Issues**

A successful HWIP bid has enabled OPMS to appoint an additional Band 7 post to the Quality Assurance Team. The planned development of Adult Protection service will impact on the work of the Quality Assurance Team and allow a more structured approach to the investigation of cases in the independent sector.

## **9. Unmet Need Issues**

The Trust has successfully bid for additional funding for domiciliary care packages in 2008/09 and will continue to monitor the demand for this service. A new HWIP bid has been made in respect of a peripatetic night service for clients living at home.

## **10. Residential Care Homes**

The Trust will continue to comply with all requirements of RQIA in respect of its Residential Care facilities pending the outcome of the current consultation process 'Excellence and Choice' – January 2009.

## **11. Management of medication in hospital, residential and community settings.**

The Trust will continue to comply with requests of RQIA in this matter. Policies and procedures for the administration of medication have been established and further training on these will be provided to care staff. Arrangements are in place dependent on setting regarding the safe storage of medication, monitoring of dosage systems and audit.

<p><b>3.7</b></p>	<p><b>Indicate if the issues above are included in your Directorate's Risk Register</b></p>
	<p>The following issues above are included in the OPMS Risk Register.</p> <p><b>6. Safe &amp; Effective Hospital Discharges</b></p> <p>Delayed discharges / transfer process, resulting in delayed discharges. Controls in place include a patient discharge expeditor, daily bed management meetings and plans are in place to further develop referral pathways for community rehab teams</p> <p><b>7. Recruitment</b></p> <p>Impact on staff and service delivery due to recruitment difficulties. Current control measures include proactive approach to replacing staff, continuous recruitment drive, work in partnership with HR to increase use of bank staff, etc. Retention strategy – ongoing caseload audit to address equity and workload issues. Occupational Health and Staff Care support. Facilitate return to work through new policies such as Flexible Working, Encourage student placements in OPMS Services.</p> <p><b>8. Independent Sector Issues</b></p> <p>Noted increase in the number and complexity of referrals from the independent sector, in relation to allegations of alleged, suspected or confirmed abuse. The control measures in place include Designated Officers screening all new referrals and assessing levels of risk. The anticipated additional funding from the Department will assist in the planned development of an Adult Protection Team across Belfast.</p>



3.8	<p><b>Any identified training issues</b></p> <p style="text-align: center;"><b>Older People Acute Medicine and Surgery (OPMS)</b></p> <p>The key training issues in OPMS include Safeguarding Vulnerable Adults, Direct Payments, Carers Assessments and Dementia.</p> <p>A total of two hundred and ten staff received awareness level training re Safeguarding Vulnerable Adults. Four staff attended Joint Protocol Training and 10 staff attended ABE Refresher Training throughout the year.</p> <p>Direct Payments Training was delivered at Module 1 Awareness Level and Module 2 Advanced Level with Refresher training also available.</p> <p>NVQ Awards were delivered across the Directorate with fifty-four registrations at NVQ Level II within the Domiciliary Care Sector and twenty-five Awards achieved. Twenty-five Social Care Staff registered at NVQ Level II with twenty-six Awards achieved. Six staff registered at NVQ Level III with eleven Awards achieved and two staff achieved NVQ level 4. NVQ annual targets were exceeded at both registration point and awards achieved.</p> <p>RQIA required specific training responses in a number of areas to meet pre-registration requirements. These included training in the Care of Medicines, Health Care Emergencies and Recording.</p> <p>The introduction of the Northern Ireland Single Assessment Tool (NISAT) has been a focus for staff and managers across the Directorate. A Trust Steering Group and Implementation Group have been established to manage this major piece of work alongside the recent appointment of a NISAT Project Officer. Staff are engaged at a Regional level regarding the Training Strategy and it is anticipated the roll out of the training programme will be a substantial task across the Service Sector.</p> <p>The OPMS Service Area continues to support the practice learning agenda and provided a total of 22 placements [23%] across the year.</p> <p>Staff continue to engage with the Post Qualifying framework both in terms of completing awards under the Old Framework and engaging in the New NI framework.</p> <p>Two staff commenced the ASW programme in September 2008.</p>
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>3.9</b>	<b>SUMMARY</b>
	<p><b>Development of Integrated Care Team structures across Trust</b></p> <p>The Trust is continuing to plan and develop the structures, which ensure professional accountability, in the roll out of new Integrated Teams across the Trust. At the same time, a dedicated Provider Unit for domiciliary homecare services will be developed thus separating the functions of assessment and provision of service.</p> <p><b>Single Assessment Tool</b></p> <p>The implementation of the Northern Ireland Single Assessment Tool (NISAT) within the Trust is part of a Regional Project to standardize and improve multi-disciplinary assessment for older people. The social work role will be a key element of this process.</p> <p><b>Adult Protection</b></p> <p>The Trust is currently planning to develop an Adult Protection Team across Belfast, in relation to Older People and those clients under 65 years with a Physical Health &amp; Disability.</p> <p>The Trust also intends to establish an Adult Protection Forum to include representatives from all relevant agencies/stakeholders.</p> <p>The Trust is currently harmonising existing Adult Protection policies, which will reflect the guidance, contained within Safeguarding Vulnerable Adults. (Regional Adult Protection Policy and Procedural Guidance – 2006)</p> <p><b>Financial Targets</b></p> <p>Under the Comprehensive Spending Review 2008-2011 Trusts are required to make 3% efficiencies per annum for a 3-year period and to deliver this without impacting on service delivery. The savings released may be reinvested in developing new and modernised services.</p> <p>In response to this OPMS established 15 MORE Projects. These include:-</p> <ul style="list-style-type: none"> <li>➤ Modernisation of Domiciliary Care.</li> <li>➤ Re provision of elderly care beds in acute hospital settings</li> <li>➤ Re provision of day hospital services</li> <li>➤ Re provision of elderly mental health beds on an acute site.</li> </ul> <p>OPMS intends to deliver on these targets without compromising safety and quality of services to older people.</p>

**NISCC Registration**

The Trust is compliant with the requirements of NISCC for the rollout of registration for social work and social care. The Trust is committed to providing opportunities for staff PRTL, staff development and appraisal. The next phases of registration will include domiciliary care workers and will provide significant challenges, given the volume of staff involved. The Trust has systems in place to ensure an effective database is maintained in relation to NISCC registrations.

**Hospital Social Work**

OPMS is currently reviewing how hospital social work is delivered. Plans to develop this service will take account of the challenges of meeting PFA discharge targets together with the need to ensure a commitment to a professional social work service in hospital care. The safe discharge of older people to services in the community is a priority for staff within OPMS.

**Excellence and Choice - A Consultation on Older People's Services – January 2009**

Following approval at Trust Board (April 2009), OPMS will begin to implement the recommendations contained within this document regarding the future of older peoples' services across Belfast. Opportunities will be sought to continue to deliver safe and effective services, which are provided through integrated care structures. Social Work will remain a key contributor to this process.

**Development of Intermediate Care**

A new tier of community Intermediate Care Services continue to be developed. These services focus on helping older people achieve maximum independence following a period of illness or the onset of disability, for example following a stroke, fracture or complex health and social care needs. This is a multi-disciplinary approach with social work maintaining a key role in the process both in the acute and community sectors.

## QUANTITATIVE DATA

<b>2.The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115</b>

<b>2.1.a</b>	<b>Number of Applications for Assessment by:</b>	
	<b>Nearest Relative</b>	
<b>2.1.b</b>	<b>Approved Social Worker</b>	41
	<i>Commentary</i>	
<b>2.2</b>	<b>ASW Response Times (measured from within one hour of requested time of arrival)</b>	
	<i>Commentary</i> <b>This is not currently collated and clarity is required as to measurement required.</b>	
<b>2.3</b>	<b>Number of Guardianships accepted by Trust:</b>	3
<b>2.3.a</b>	<b>New Applications</b>	3
<b>2.3.b</b>	<b>Renewal Applications</b>	0
	<b>Number of Guardianships accepted by a nominated other person</b>	0
<b>2.4</b>	<b>Numbers referred to Tribunals</b>	0
	<i>Commentary</i>	
<b>2.5</b>	<b>Number of newly Approved Social Workers during year</b>	0
	<b>Number of Approved Social Workers removed during year</b>	0
	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	11

**Commentary**

**Please see Mental Health Service Quantitative Data 2.**

<b>Number of Adult Protection Referrals Older People Acute Medicine and Surgery</b>		
<b>Definition:</b> The percentage of referrals for vulnerable adult investigations within the various programmes of care		
<b>Related Indicators:</b> Number of protection plans implemented		
<b>Exclusions:</b> <b>None</b>		
Belfast Trust	<b>HSCT</b>	
<b>NUMERATOR</b>		
No of vulnerable adult referrals within the year		
OPMS	164	
<b>DENOMINATOR</b>		
The relevant base population for each programme of care.		
OPMS	8492	
<b>OPMS</b>	>1%	
<p>The figure 8492 relates to the known Older People Cases in receipt of residential, nursing and domiciliary care.</p>		

<b>ADULT PROTECTION PLANS IN PLACE Older People Acute Medicine and Surgery (OPMS)</b>																															
<b>Definition:</b> The percentage of Vulnerable Adult Referrals who have a protection plan implemented.																															
<b>Related indicators:</b> Number of Adult Protection Referrals																															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Belfast Trust</th> <th style="width: 40%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated. OPMS</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">122</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive. OPMS</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">148</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>OPMS</td> <td style="text-align: center;">86.5%</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated. OPMS			122							<b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive. OPMS			148							OPMS	86.5%							
Belfast Trust	HSCT																														
<b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated. OPMS																															
	122																														
<b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive. OPMS																															
	148																														
OPMS	86.5%																														
<b>Outcome:</b>																															

**7 HEALTH AND PERSONAL SOCIAL SERVICES  
(NI) ORDER 1972;**

**Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]**

<b>7.1</b>	<b>Number of Article 15 (HPSS Order) Payments</b>	<b>72</b>
<b>7.2</b>	<b>Number of people in residential or nursing care</b>	<b>2274</b>



**8 CARERS AND DIRECT PAYMENTS ACT 2002**

<b>8.1</b>	<b>Number of Adult carers receiving individual carers assessments</b>	<b>157 up to end Jan 09</b>
<b>8.1.b</b>	<b>Number of Carers receiving a service</b>	
<b>8.2</b>	<b>Number of young carers assessed</b>	
<b>8.2.b</b>	<b>Number of young carers receiving a service</b>	
<b>8.3</b>	<b>Number of people receiving direct payments</b>	<b>223</b>
<b>8.4</b>	<b>Number of carers receiving direct payments</b>	
<i>Commentary</i>		
<p>Currently information on 8.1b not collated within the Service Area.</p>		

<b>Service Users in Receipt of Direct Payments Older People Acute Medicine and Surgery (OPMS)</b>	
<b>Definition:</b> The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March	
<b>Related Indicators:</b> No. of Carers in Receipt of Direct Payments	
Belfast Trust	<b>HSCT</b>
<b>NUMERATOR</b> No of service users in receipt of direct payments in each Programme of Care.	
OPMS	50
<b>DENOMINATOR</b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.	
OPMS	8492
OPMS	>1%
<b>Commentary</b>  The figure 8492 relates to the known Older People Cases in receipt of residential, nursing and domiciliary care.	

<b>Carers Assessment Older People Acute Medicine and Surgery (OPMS)</b>																											
<b>Definition:</b> Percentage of new Service Users/carers who have been offered a carers assessment	251																										
<b>Definition:</b> Percentage of new Service Users/carers who have undertaken a carers assessment	95																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care.</td> <td></td> </tr> <tr> <td>OPMS</td> <td style="text-align: center;">157</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.</td> <td></td> </tr> <tr> <td>OPMS</td> <td style="text-align: center;">5084</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>OPMS</td> <td style="text-align: center;">&lt;1%</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care.		OPMS	157					<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.		OPMS	5084					OPMS	<1%						
Belfast Trust	HSCT																										
<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care.																											
OPMS	157																										
<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.																											
OPMS	5084																										
OPMS	<1%																										
<p><b>Commentary</b></p> <p>The denominator figure relates to all new referrals for services for older people across the reporting period.</p>																											

**3. GENERAL NARRATIVE**

**Physical & Sensory Disability Services**

**Service Area: Older People, Acute Medicine and Surgery**

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>Ms. Bernie Kelly, Service Manager, Physical and Sensory Disability Services.</p> <p>Physical &amp; Sensory Disability Service Group (Service Group) is a discrete Service within the Older People, Medicine and Surgery Directorate (OPMS). There is a unbroken line of statutory responsibility and accountability from the individual practitioner through the Service Area managerial structure to the Associate Director of Social Work, onto the Executive Director of Social Work and Trust Board</p> <p><b>(Please see Appendix S2)</b></p>

<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>The Trust has recently developed a Trust-wide Professional Social work Supervision Policy and service Area Procedures. The Physical and Sensory Disability Service had previously complied with the respective legacy Trust supervision policies.</p>

<p><b>3.3</b></p>	<p><b>Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.</b></p>
	<p>The Director of Social Services, Family and Child Care has professional responsibility for Social Work staff in all Service Areas.</p> <p>The Service Manager responsible for Physical and Sensory Disability Services is a professionally qualified and NISCC registered Social Worker and reports to one the two Co-Directors within OPMS, who is also a professionally qualified and NISCC registered social worker. The two Assistant Service Managers are also professionally qualified and NISCC registered Social Workers.</p> <ul style="list-style-type: none"> <li>➤ All Social Work staff have access to supervision as stipulated in the previous legacy and Trust-wide Supervision Policies.</li> <li>➤ The Service Group has a written Referral and Allocation procedure. This procedure details the screening obligations of both Social Work staff and Team Managers. The procedure specifically highlights that all cases suggesting immediate risk must be brought to the attention of Team Managers. Further, the procedure mandates that all urgent referrals must be responded to within 24 hours.</li> <li>➤ A written Recording Procedure covers all aspects of the recording process from the point of referral to closure. Staff in the Service Group have received in-house training in respect of Recording and Referral procedures.</li> <li>➤ Staff have received training in the Regional Child Protection Policy and Procedures. In addition the Trust provides training in respect of the Regional Vulnerable Adult Policy on a rolling basis, and the Joint Protocol arrangements for investigating suspected abuse of vulnerable adults.</li> </ul> <p>The Service Group has two staff trained to Achieving Best Evidence level in respect of investigating alleged abuse of vulnerable adults. Additionally, the Service Group is actively pursuing training opportunities with respect to staff within Sensory Support Teams.</p> <ul style="list-style-type: none"> <li>➤ The Service Group carries out an annual file audit of professional practice. The audit continues to signify a high level of compliance and good professional practice.</li> </ul>

The audit completed in 08/09 highlighted issues regarding standardisation of recording across the Service Group. Training will be provided during the forthcoming year to address this issue.

The Service Group has contributed to the Trust meeting DHSSPS Priorities for Action target on Direct Payments during 2008/09.

**Training and NISCC Requirements**

The Service Manager is a member of the Trust's Social Work Leads Group chaired by the Director of Social Services Family and Child Care. The Service Manager meets routinely with the Training Manager for Adult Services staff to highlight and discuss training needs for the service area.

**Clinical and Social Care Governance**

The Service Group continues to place a considerable emphasis on the development of governance arrangements and reporting structures, especially in relation to risk. A Service Governance group has been established and will meet on a bi-monthly basis, chaired by the Service Manager. The Service Manager is a member of the OPMS Assurance Group and ensures that there is a good flow of communication between operational and senior management groups.

**Contracting with the Independent Sector**

The Service Manager meets with all the Independent Providers of Care on a regular basis and at least annually. The Annual formal meeting involves the Contracts Manager and all risk issues, Adverse Incidents and Quality Matters are discussed, as well as Financial Probity and Value for money matters.

All contracts are closely monitored by staff at operational and managerial levels.

<p><b>3.4</b></p>	<p><b>Report on Directorate’s compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)</b></p>
	<p>All relevant Social Work staff have re-registered with NISCC or other regulatory body (this group includes all qualified Social Work staff, Day Centre Managers, and deputies).</p> <p>Staff who are to be registered in the next round of registration have been identified, and include Assistant Care Managers, Social Care Co-ordinators, Day Care Workers, Care Assistants, and Rehabilitation staff.</p> <p>All four day centres within the Service Group met the requisite standards in relation to the pre-registration RQIA Inspection process and were given positive feedback regarding their facilities and services. Notifications of registrations of centres are expected early in 2009-10. The draft Standards for Day Care have been issued and are now being worked to.</p> <p>The Service Group is compliant with the NISCC Induction Standards.</p> <p>The Service Manager is a member of a Trust group which meets with representatives of the RQIA to discuss all relevant matters.</p> <p>The Service Group has and will participate in RQIA self- assessment audits.</p> <p>The Service Group adheres to the Trust Adverse Incident reporting Policy and Procedures, as well as the Quality Monitoring Policy and Procedures.</p>

3.5	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>
	<p>During 2008-09 the Service Group underwent considerable change, not least the transfer from one Service Area to another. A significant number of staff transferred to the new Grove Health and Well-Being Centre. This brought together Social Work, Community Brain Injury, Care Management and Administration staff from within the North &amp; West Belfast sector into one location.</p> <p><b>Community Care</b></p> <ul style="list-style-type: none"> <li>➤ The projected financial situation for 2009 – 2010, combined with the continuing increasing demands, Priorities for Action (PfA), and the limited turnover in the use of Community Care packages will put significant pressure on the Service Group’s Community Care capacity.</li> <li>➤ Targets for hospital discharge issued by the DHSSPS are having a significant impact on the Physical &amp; Sensory Disability Service Group Care Management budget. This has resulted in significant overspends in both domiciliary care and residential care budgets.</li> </ul> <p>From April 2008 DHSSPS PfA hospital discharge targets stipulated that 90% of patients with continuing complex care needs would be discharged from an acute setting within 48 hours of being declared medically fit, and no complex discharge would take longer than seven days – in all cases with appropriate community support. All other patients would, from April 2008, be discharged from hospital within six hours of being declared medically fit.</p> <p>Staff have made great efforts to meet existing hospital discharge targets, including prioritising people being discharged and working in partnership with NIHE to secure Supporting People funding for those with complex social care and housing needs.</p> <ul style="list-style-type: none"> <li>➤ Clients with significant brain injury and consequent complex needs continue to place a great strain on the Care Management budget for placements in suitable facilities or for very large domiciliary packages of care.</li> <li>➤ Service users with complex care needs often have a combination of physical and mental health needs, which have resulted in a lack of support networks, addiction/behavioural problems, and homelessness. They do not meet the criteria for other service groups, and by default the Physical &amp; Sensory Disability Service Group invariably has to meet their complex needs.</li> </ul>



### **Physical Health & Disability Teams**

- The two teams in the North and West Belfast area moved to the Grove Health and Wellbeing Centre in June 2008; the change in location for the staff involved, placed pressures on all concerned; however, staff have made great efforts to reduce any negative impact on service delivery. This service change has been very beneficial with improved seamlessness within service teams.
- Plans to bring Social Workers out of integrated teams in the South & East Belfast area into two teams at the Mount Oriel Complex and recruit a second Senior Social Worker to lead each of the teams have been achieved.

The strategic decision to withdraw Social Work and Care Management staff from Integrated Care Teams across South & East area was taken to create a discrete Service Group across the Belfast Trust, with clarity of identity, purpose and function.

By bringing together all of the Physical & Sensory Disability Service Group's resources, work has begun on the strengthening of the Social Work role and purpose within the Service Group. Enhanced supervisory arrangements have also been achieved.

While providing specialist knowledge and skills, the Service Group is committed to working closely with other disciplines and Services Groups within the Trust and externally to provide a holistic service.

- By the end of the 2008-09 financial year, 4 Senior Social workers had been appointed, 2 in each sector area; thus ensuring equity regarding governance and supervisory arrangements.
- Children with disabilities in the North and West Belfast area transferred to the Family and Children Services Group during 2008/09.
- The Service Group was advised that there will be changes in the organisation and delivery of traditional home-help services within the North and West Belfast area during 2009-10. It is anticipated that this will impact significantly on new service users referred for this service.
- Discharges from hospitals have also impacted on Social Work/Social care staff across the Service Group with a number of clients being discharged into the community without services in place and not having been referred to Hospital Social Work Departments.

- Staff reported difficulties in accessing information regarding clients with mental health problems which has led to operational difficulties and duplication in referrals.

### **Sensory Support Services**

There are now two Sensory Support teams within the Belfast Trust. These teams are working together to standardise methods of working together to ensure continuity of care to its service users in the Belfast area.

The South and East area team currently has no waiting list to access services and can respond to people within five working days as routine practice. During 2008-09 the North and West team had to re-introduce a waiting list and currently has a small number of pending cases. It is anticipated that by the end of June 2009 staffing should be at almost full staffing levels.

During 2008-09 the South and East area team relocated from the Arches Centre to the Bradbury Centre and it is anticipated that the centralisation of the staff group will prove to be more efficient and effective for service users.

The North and West team will be relocating from Everton Complex to the new Beech Hall Health and Well-Being Centre currently under construction (completion expected Spring 2011).

Alongside individual case work both teams continue to provide visual and deaf awareness training. Across the Trust area both Sensory Support teams have developed group work as a method of intervention. Within the South and East area RNID project monies have been freed up to allow for the in-house provision of group-work for people with:

- Acquired Hearing loss
- Tinnitus
- Lip reading Loss.

In addition other group-work includes: Sight Loss and ongoing in-put to Low-Vision clinics.

The North and West team have continued the provision the facilitation of 11 groups which cater for, e.g.: Sight Loss, Hearing Loss.

The Social Services Inspectorate Report 'Challenge and Change' (2006) led to a number of "work-stream" groups which met during the past few years and made recommendations for future practice. Two of the groups have concluded their work, while two others are still meeting and have yet to conclude their objectives. A further group has been created to examine and review access to Trust Sensory Support services.

A Regional Trust Group has been created involving all 5 Trust' Sensory Support Services to ensure the standardisation of policy and procedures and the sharing of 'Best Practice'. The group is currently meeting monthly.

Formal Rehabilitation Qualification Training is an issue, with staff having to travel to England; the issue of 'succession planning' is an ongoing one.

### **Intermediate Care Services for Physically Disabled People**

There is a gap in intermediate care services for people with physical and sensory disabilities under 65 year olds and these services, which have been a success in services to older people, should be to the under 65 age group. In order to meet hospital discharge targets, it is crucial that there are adequate intermediate care services for this client group.

### **Services for Chronic Alcohol Users**

Ongoing auditing has highlighted the lack of specialist or integrated provision to meet the care and clinical needs of people with chronic alcohol problems, particularly Korsokoffs.

No additional resources have been allocated to the service group to meet the complex needs of this client group. Due to their reluctance to avail of addiction services, they are generally not eligible for Mental Health services. Due to the erratic lifestyles of some service users, care providers are frequently reluctant to provide services for them. It falls to Physical & Sensory Disability staff to manage this client group without resources or support from other Service Groups.

The substantial demand on professional resources warrants an inter service group approach within the Trust.

### **Direct Payments**

The Service Group continues to promote usage of Direct Payments as a method of intervention. The recruitment of a Support Worker for Independent Living, funded by the EHSSB, and targeting the North and West Belfast area has further expanded direct payment usage with the target for the Belfast area being achieved within the reporting year.

As of 31.03.09 the Service Group had 80 service users in receipt of direct payments, which represents more than 30% of the Trust total.

The Trust has a Direct Payments Working Group which now incorporates staff from both legacy Trusts and the service group is represented by two social workers. The Physical & Sensory Disability Services Manager is a member of the Direct Payments Steering Group which is chaired by the Co-Director of OPMS, ensuring that the promotion of Direct Payments remains a priority within the Service Group.

### **Supporting People**

The Trust was involved in the development of a 10 person supported housing facility in West Belfast which opened in April 2007. This development is in partnership with Oaklee Housing Association and the Leonard Cheshire Foundation. This is still the only supported housing facility for people with physical and sensory disabilities in North and West Belfast.

The Service Group continues to sustain a number of successful Floating Support schemes in partnership with voluntary organisations to enable people with disabilities to live independently in the community.

Within the reporting year there has been a significant number of complex situations where need could not be met by existing services. Consequently, the Trust in partnership with NIHE agreed to identify private providers to deliver specific care packages funded through Supporting People monies. The private provider undertakes a range of domiciliary-based tasks to match holistic needs. At this juncture the service has been efficient and effective, and it is anticipated this method of intervention will be developed on a case-by-case basis.

### **Day Support Services**

The Trust supports the EHSSB commissioning statement on the need for a more progressive, dynamic day support strategy.

The Trust supports a community inclusion initiative with Cedar Foundation which aims to help service users access community resources to allow activity at day centres to be focused and time limited.

The Service Group continues to engage and contract with a significant number of voluntary and community providers to offer a range of day support services to service users.

There are six day centres for people with Physical and Sensory Disabilities across Belfast Trust, four of which are managed by the Physical & Sensory Disability Service Group.

Many of the individuals who attend the Centres are wheelchair users and have severe disabilities/complex needs and require long-term support. The Centres are well equipped and aim to cater for individuals with high dependency care support needs, many of whom have their bathing/showering needs met while attending the Centre.

The Centres aim to provide a varied and structured programme, which will improve the quality of life for the individuals who attend and which are in keeping with the principles of person centred planning. This service aims to meet the social, cultural, educational and spiritual needs of each individual and by working in partnership with statutory agencies and individuals and groups from the private/voluntary sectors we believe that the choice and diversity of activities on offer will meet the needs of the members attending the Centres.

The Beech Hall Centre will be re-located to the Beech Hall Health and Well-Being Centre currently under construction (completion expected Spring/Summer 2010).

The Mourne Project was established in May 2005 as a specialist skills development centre for adults in the community, who have significant neuro-behavioural dysfunction following acquired brain injury or brain disease.

The unit was funded through the Eastern Health & Social Services Board, to provide a service to the four Community Brain Injury Teams across the four legacy Trusts. The Mourne Project provides day support and training opportunities for approximately 12 people with very complex needs post injury. These clients challenge conventional community day support programmes and therefore require a high level of staff support. There is a waiting list in place at present with 1 client awaiting commencement at the Centre.

### **Community Brain Injury Teams**

The Health Minister established a Review Group into acquired brain injury services and reported in September 2008. The Consultant Neuropsychologists in both localities and the Service Manager met with the Review Group to highlight current service provision and gaps in services for this client group. The Acquired Brain Injury (ABI) Action Plan launched in April 2009 is out for consultation and the Trust will be making a formal response.

The Action Plan recognizes ABI as a long term condition, and the complexity of community based, long term needs of people with ABI.

The Action Plan has four themes which embrace the main recommendations of the review:

- Service Redesign
- Quality Improvement
- Improved Support for Individuals, Carers and Families
- Effective Engagement and Partnership Working.

The Service Manager chairs a Trust-side Working Group on Brain Injury Services. Efforts are being made to standardise processes and services for this client group across the city, with one workshop having been completed during 2008-09.

EHSSB have allocated recurrent funding for Occupational Therapist posts for both locality teams and these are currently being recruited. Additionally, Health and Well-Being Investment Plan (HWIP) monies released during 2008-09 enabled the appointment of additional staffing comprising Social Work and Speech and Language Therapist across the service.

### **Services for Carers**

Formal and informal assessments of carers needs routinely take place and appropriate services, breaks and complementary therapies are provided. The Service Group maintains close links with the Carers Co-ordinators, one of whom is specifically linked to the Service Group to support the implementation of the Carers Strategy in the Service Group.

A number of key areas for service development to carers include: access to respite provision; the lack of residential respite which is age appropriate; and early accessibility of support services for young carers.

As the Service routinely identifies and assesses Carers needs, there is increasing pressure on the Service's limited carers' budget.

Accurate and comprehensive data collection is an issue, which has arisen given the various data collection methodologies across the Trust; and will need addressed by the Carers Co-ordinators.

### **Services for Migrant Workers and Asylum Seekers**

Clarification of the statutory responsibilities of the Trust to provide services for asylum seekers and others who have restricted entitlements to Social Security and social housing provision.

The current legislative position is unclear. Individual adults and families within this cohort people have complex and substantial social and often health and psychological needs with minimal informal networks. The Trust has previously raised this area with the Department and the Commissioner and has identified the need for coherent guidance and discrete funding to facilitate the provision of an appropriate range of services.

The Service Group in conjunction with the Trust Training Team have identified training needs and related programmes for staff working with non-nationals.

The Human Rights Commission are currently completing a report into services required by foreign nationals from public agencies. The Service Manager was one of a group of senior managers who met with the Human Rights Commission to discuss Belfast Trust services.

### **Emergency Response Team**

The Emergency Response Teams in the two community legacy Trusts have been merged and the Service Manager is the Team Co-ordinator.

The Co-ordinator and members of the team responded to the following incidents and follow-up debriefs during 2008/09:

- Bomb alert in South Belfast on 08/08/08 which resulted in Olympia Leisure Centre being opened to receive families;
- Flooding in North Belfast on 16/08/08 which resulted in the Grove Centre being opened for several days to receive families and assist with their resettlement;
- Bomb alert at Whiterock on 04/11/08 resulting in the Whiterock Family Centre being opened to receive families.

Furthermore, the Team took part in two mock incidents to test preparedness for major incidents:

- Exercise Wilmont at Belfast City Airport on 16/04/08 – mock plane crash
- Exercise Day Return at Olympia Leisure Centre on 19/10/08 – mock train crash

The Co-ordinator works closely with the Trust Senior Manager, Emergency Planning, and is a member of the following inter-agency groups:

- Belfast Trust Emergency Planning Committee
- Regional Rest Centre Working Group
- Belfast Resilience

The Co-ordinator attended a two-day residential workshop in February 2009 aimed at standardising emergency response procedures and training across the region.

### **Community Development**

The Service's Senior Manager is a member of the Trust's Disability Steering Group which brings together staff from all service groups and a wide range of voluntary and community groups to ensure that the Trust is compliant with equality legislation and services are user friendly.

### **Personal and Public Involvement**

The Service's Senior Manager is a member of the Trust Personal and Public Involvement Group which meets periodically to discuss and resolve pertinent issues with public and voluntary sector representatives.

The Service Group has a significant number of contracts with voluntary and community based organisations and has established good working relationships with local groups and communities.

A member of staff within the Sensory Support services currently chairs a Trust User Group.

The Service Group will be participating in a workshop to be held in May 2009 which will involve staff and services users/carers' representatives from across Physical and Sensory Disability stakeholder groups.



3.6	<p><b>Provide a progress report in relation to remedial action to improve performance including financial implications</b></p> <p><b>Community Brain Injury Service</b> It is intended that the Community Injury Brain Service will complete its standardisation work which will be guided by the Ministerial review of Brain Injury Services. The Acquired Brain Injury (ABI) Action Plan is out for consultation and the Trust will be making a formal response.</p> <p>An action plan is already in place to ensure that all staffing vacancies are filled early in 2009-10, which will include implementing additional HWIP monies due to be released during 2009-10.</p> <p><b>Care Management</b> Due to staffing problems within the North &amp; West area, Care Management response times and monitoring of services had not been consistent. Practitioner posts are now fully staffed. It is intended that a proactive approach will be adopted regarding recruitment to ensure that all avoidable gaps in staffing are minimised.</p> <p>The PfA target relating to hospital discharges, particularly for those with complex needs, has placed great pressures on the care management budget. This issue has been compounded by historical underfunding and the lack of a local specialist facility for individuals with a brain injury.</p> <p>The two Care Management teams will undertake and complete in-year a process of standardisation across the Trust Area to ensure consistency and equity of service delivery.</p> <p><b>Physical Health &amp; Disability Teams</b> The four Physical Health &amp; Disability teams will undertake and complete in-year a process of standardisation across the Trust Area to ensure consistency and equity of service delivery.</p> <p>Clients being discharged into the community without services in place and not having been referred to Hospital Social Work Departments has led to reactive responses at short notice. Despite this, staff will continue to make every effort to respond efficiently and effectively.</p> <p><b>Sensory Support Services</b> The two Sensory support teams will undertake and complete in-year a process of standardisation across the Trust Area to ensure consistency and equity of service delivery.</p> <p><b>Day Support Services</b> There is a requirement to review and update a Day Support Strategy for Adults with a Physical Disability. The review will take cognisance of the Trust Transport Policy and all other relevant strategies and policies. Services will be delivered against new Day Care Standards.</p>
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p><b>Budget</b>                  The Service Group will endeavour to work within its allocated budget by ensuring all available monies are carefully allocated and targeted. There has been historical under funding for this Service Group which, aligned with the increasing demands arising from people with long term, chronic health conditions and service users with other complex needs, has led to substantial budgetary pressures.</p> <p><b>Governance</b>                  As detailed above the Service Group will continue to adhere to the Trust Supervision Policy, Trust Adverse Incident and Quality Monitoring Policies, NISCC Induction Standards, Registration requirements for existing and prospective staff and RQIA Standards for Day Care.</p> <p><b>Intermediate Care Services for Physically Disabled People</b>                  It is intended that there will be discussions with the Service Manager within OPMS responsible for these services to explore accessing them on a consistent basis.</p> <p><b>Services for Chronic Alcohol Users</b>                  An inter service group approach within the Trust will be actively pursued during 2009-10.</p> <p><b>Carers</b>                  The Service Group will undertake a self-audit tool as part of the DHSSPS Review of Support Provisions for carers.</p> <p><b>Clients with Mental Health problems</b>                  The Service will seek to further develop service pathway processes with Older People and Mental Health Services in relation to accessibility of intermediate care provision and information sharing protocols to inform service delivery arrangements.</p>
<p><b>3.7</b></p>	<p><b>Indicate if the issues above are included in your Directorates Risk Register</b></p>
	<p>Due to the restructuring of the Head and Skeletal Service Area during 2008-09 existing governance/risk register arrangements were discontinued. The Service Group is in the process of re-establishing new arrangements which will accurately reflect all identified risks.</p>

<p><b>3.8</b></p>	<p><b>Any identified training issues</b></p> <p style="text-align: center;"><b>Physical Health and Sensory Disability Service</b></p> <p>The key training issues in Physical Health and Disability focus on Safeguarding Vulnerable Adults, Direct Payments, Carers Assessments, Person Centred Planning and Refresher Training for Sensory Support staff.</p> <p>Thirty staff received Awareness Level training re Safeguarding Vulnerable Adults and Joint Protocol and ABE training were also provided. Direct Payments training was delivered at Module 1 Awareness and Module 2 Advanced Level. One member of staff achieved NVQ Level II Award and funding was secured to support and train two Rehabilitation staff in England. To meet RQIA pre-registration requirements, training was provided on Recording, Report Writing and Health Care Emergencies.</p> <p>Training issues across the service area include regular updates regarding sight and hearing conditions, mental health and deafness and refresher training for sensory support staff.</p> <p>Understanding Acquired Brain Injury remains a key learning need and has been highlighted by staff across the service sector.</p> <p>Physical Health and Disability Directorate continues to support the practice learning agenda and provided a total of seventeen placements [18%] across the year.</p> <p>Staff continue to engage with the Post Qualifying framework, both in terms of completing Awards under the Old Framework and engaging in the New framework. Two staff enrolled for the Initial Professional Development Award I(PD) Award and have completed two modules. Twelve staff commenced British Sign Level I training and 14 staff participated in the “Start to Sign Programme”.</p>
-------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.9	<p><b>SUMMARY</b></p> <p>The Physical and Sensory Disability Service Group directly provides or purchases services for chronically sick and disabled adults, sensory impaired users and the families of disabled adults. This provision is delivered through a number of service delivery channels: community based social care provision; care management; day support centres; commissioning arrangements with independent providers and the community sector.</p> <p>The Physical and Sensory Disability Service Group caters for service users aged 18-65 with the exception of those with sensory impairment in respect of whom the Service has lead responsibility throughout adulthood.</p> <p>The Service Group has endeavoured to ensure safe and effective service delivery during a period of significant and substantial change, which has included the re-configuration of the Head and Skeletal Service Area resulting in Physical Health and Disability Service transferring to Older People, Acute Medicine and Surgery.</p> <p>The Service Group has undergone considerable change during 2008-09 and it is clear that significant progress has been made across a range of areas.</p> <p>A very successful 'Meet and Greet' morning was held at the Grove Centre to bring staff across the Trust together and to highlight the work of those staff located within the Grove and reduce isolation and encourage more integrated working.</p> <p>A member of the Service Group staff received commendation for work undertaken to resettle a service user with complex needs and very challenging behaviours in the community from the Acute Hospital setting, at the World Social Work Awards ceremony on 10/03/2009.</p> <p>The process of consolidating and enhancing the Service's profile will be a key ongoing theme. Within this context, the contribution of Social Services' staff to the Service's overall performance and their particular remit in relation to the discharge of statutory functions within integrated service delivery processes will be explicit.</p> <p>The Service will continue to promote practice development opportunities for Social Services' staff in both uni and multi-professional training programmes and structured events.</p> <p>There is still an amount of work to be completed with regard to the standardisation of procedures, delivery of services, and equity of access across all services within the Service Group.</p>
-----	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

A significant piece of work was undertaken, led by one the Assistant Service Managers, to look at workloads and service development opportunities with Social Work and Care Management staff. This work will be taken forward during 2009-10.

A number of staff attended a very successful Trust-wide Social Work Conference in February 2009.

Respite Services incorporating a partnership approach with the independent sector will be further developed during 2009-10 utilising HWIP monies.

The Service Manager was part of an interagency group led by the Cedar Foundation which produced the "Taking Control of My Life" report August 2008, which was a review of Training Services for people with disabilities.

Engagement with service users and carers both at individual and interest-group levels, the promotion of user and carer advocacy and participation initiatives are central to the Service's practice and delivery ethos.

The 'Review of Services for People with Acquired Traumatic Brain Injury in N. Ireland' - 2008 and the ensuing Action Plan (April 2009) have been published. In the Trust's view, the themes of participation after brain injury and the remit are of central significance. Within this context, the interface between post-acute and community based services requires to be addressed.

The Physical and Sensory Disability Service considers that it is optimally placed to lead on service development in the community. The Service would wish to promote programmes of applied research to further underpin the development of best practice and evidence based service development.

**QUANTITATIVE DATA**

<b>2.The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115</b>

<b>2.1.a</b>	<b>Number of Applications for Assessment by:</b>	
	<b>Nearest Relative</b>	
<b>2.1.b</b>	<b>Approved Social Worker</b>	1
	<b>Commentary</b>	
<b>2.2</b>	<b>ASW Response Times (measured from within one hour of requested time of arrival)</b>	
	<b>Commentary</b>	
<b>2.3</b>	<b>Number of Guardianships accepted by Trust:</b>	1
<b>2.3.a</b>	<b>New Applications</b>	1
<b>2.3.b</b>	<b>Renewal Applications</b>	
	<b>Number of Guardianships accepted by a nominated other person</b>	
<b>2.4</b>	<b>Numbers referred to Tribunals</b>	
	<b>Commentary</b>	
<b>2.5</b>	<b>Number of newly Approved Social Workers during year</b>	0
	<b>Number of Approved Social Workers removed during year</b>	0
	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	2
<b>Commentary</b>		
Please see Mental Health Services Quantitative Data 2.		

<b>Number of Adult Protection Referrals Physical and Sensory Disability Service</b>	
<b>Definition:</b> The percentage of referrals for vulnerable adult investigations within the various programmes of care	
<b>Related Indicators:</b> Number of protection plans implemented	
<b>Exclusions:</b> <b>None</b>	
<i>Belfast Trust</i>	<b>HSCT</b>
<b>NUMERATOR</b> No of vulnerable adult referrals within the year	
Physical and Sensory Disability	50
<b>DENOMINATOR</b> The relevant base population for each programme of care.	
Physical and Sensory Disability	2194*
Physical and Sensory Disability	<1%
<p>*Please note that P&amp;SD Service Group had 2194 open cases at 31.03.2009. However, there is a level of duplication in this figure in light of the complexities of the client group, the number of services accessed across the Trust and the variety of data systems in use at present.</p>	

**ADULT PROTECTION PLANS IN PLACE  
Physical and Sensory Disability Service**

**Definition:** The percentage of Vulnerable Adult Referrals who have a protection plan implemented.

**Related indicators:**

Number of Adult Protection Referrals

Belfast Trust	HSCT
<b>NUMERATOR</b>	
No of Protection Plans in each Programme of Care initiated.	
Physical and Sensory Disability	26
<b>DENOMINATOR</b>	
No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.	
Physical and Sensory Disability	50
Physical and Sensory Disability	52%

**Outcome:**



**6 DISABLED PERSONS (NI) ACT 1989**

**Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability**

<p><b>6.1</b></p>	<p><b>Number of referrals to Physical/Learning/sensory Disability</b> (Sources: SOS CARE, PROCARE, PARIS ,Manual)</p> <p><b><u>Day Care Provision (as at 31/03/09):</u></b>                  Woodlands: 71                  Beech Hall: 85                  Island: 122                  Mourne (Brain Injury): 16  <b>Total 294</b></p> <p><b><u>Sensory Support Service</u></b>                  (N&amp;W area): New Referrals: 659 caseload as of 31/03/09: 173                  (S&amp;E area): New Referrals: 1185 caseload as of 31/03/09: 325  <b>Total 1844* 498*</b></p> <p>*(Please note there has been different data capture protocols utilised during 2008-09. This will be standardised during 2009-10)</p> <p><b><u>Community Brain Injury Service:</u></b>                  (N&amp;W area): new referrals : 42 caseload as of 31/03/09:72                  (S&amp;E area): new referrals : 40 caseload as of 31/03/09:52  <b>Total 82 124</b></p> <p><b><u>Physical Disability Social Work Teams:</u></b>                  (N&amp;W area): new referrals : 344 caseload as of 31/03/09: 212                  (S&amp;E area): new referrals : 284 caseload as of 31/03/09: 652  <b>Total 628* 864*</b></p> <p>*(Please note there has been different data capture protocols utilised during 2008-09. This will be standardised during 2009-10)</p> <p><b><u>Care Management Service:</u></b>                  (N&amp;W area): Total Care Packages in effect as of 31/03/09: 285                  (S&amp;E area): Total Care Packages in effect as of 31/03/09: 132  <b>Total 417*</b></p> <p>*(Please note there has been different data capture protocols utilised during 2008-09. This will be standardised during 2009-10)</p>	
	<p><b>Number of cases allocated</b>                  *Please note that P&amp;SD Service Group had 2194 open cases at 31.03.2009. However, there is a level of duplication in this figure in light of the complexities of the client group, the number of services accessed across the Trust and the variety of data systems in use at present.</p>	<p><b>2194</b></p>
<p><b>6.2</b></p>	<p><b>Number of assessments of need carried out</b></p>	<p><b>2194</b></p>
<p><b>6.3</b></p>	<p><b>Types of need that could not be met:</b></p>	
	<p>Respite; Age-appropriate Care facility within Belfast Trust Area; Facility for ABI service users with complex needs.</p>	



<b>Service Users in Receipt of Direct Payments Physical and Sensory Disability Service</b>																															
<b>Definition:</b> The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March																															
<b>Related Indicators:</b> No. of Carers in Receipt of Direct Payments																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of service users in receipt of direct payments in each Programme of Care.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Physical and Sensory Disability</td> <td style="text-align: center;">80</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Physical and Sensory Disability</td> <td style="text-align: center;">2194*</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Physical and Sensory Disability</td> <td style="text-align: center;">3.6%</td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of service users in receipt of direct payments in each Programme of Care.								Physical and Sensory Disability	80	<b><u>DENOMINATOR</u></b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.								Physical and Sensory Disability	2194*							Physical and Sensory Disability	3.6%
Belfast Trust	HSCT																														
<b><u>NUMERATOR</u></b> No of service users in receipt of direct payments in each Programme of Care.																															
Physical and Sensory Disability	80																														
<b><u>DENOMINATOR</u></b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.																															
Physical and Sensory Disability	2194*																														
Physical and Sensory Disability	3.6%																														
<p><b>Commentary</b></p> <p>*Please note that P&amp;SD Service Group had 2194 open cases at 31.03.2009. However, there is a level of duplication in this figure in light of the complexities of the client group, the number of services accessed across the Trust and the variety of data systems in use at present.</p>																															

<b>Carers Assessment Physical and Sensory Disability Services</b>																															
<b>Definition:</b> Percentage of new Service Users/carers who have been offered a carers assessment																															
<b>Definition:</b> Percentage of new Service Users/carers who have undertaken a carers assessment																															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Physical and Sensory Disability</td> <td style="text-align: center;">74</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Physical and Sensory Disability</td> <td style="text-align: center;">2194*</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Physical and Sensory Disability</td> <td style="text-align: center;">3.3%</td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care.								Physical and Sensory Disability	74	<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.								Physical and Sensory Disability	2194*							Physical and Sensory Disability	3.3%
Belfast Trust	HSCT																														
<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care.																															
Physical and Sensory Disability	74																														
<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.																															
Physical and Sensory Disability	2194*																														
Physical and Sensory Disability	3.3%																														
<p>Commentary</p> <p>*Please note that P&amp;SD Service Group had 2194 open cases at 31.03.2009. However, there is a level of duplication in this figure in light of the complexities of the client group, the number of services accessed across the Trust and the variety of data systems in use at present.</p>																															

**3. GENERAL NARRATIVE**

**Service Area: Mental Health**

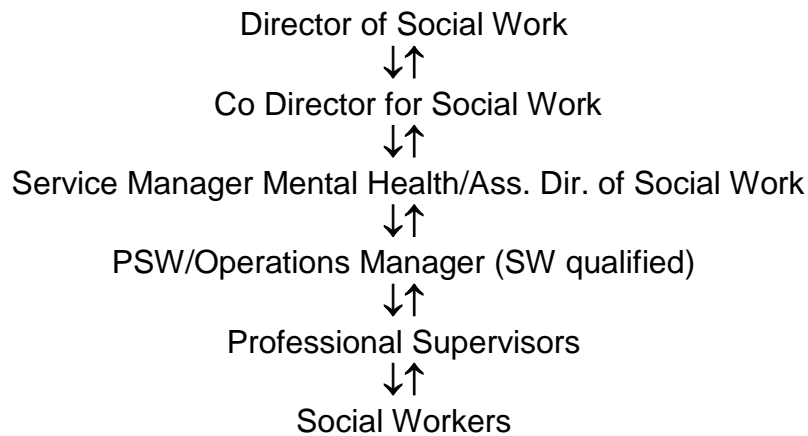
**3.1 Named Officer responsible for professional Social Work**

The Service Manager for Recovery Services has lead responsibility for the professional matters pertaining to the Social Services' workforce. As Associate Director of Social Work for Mental Health Services, the post holder has responsibility and accountability for ensuring appropriate Service area mechanisms are in place to report compliance with the Trust's statutory functions in respect of mental health.

There is a clear line of accountability from Band 5, 6 and 7 social work practitioners through the Service's professional and line management structure to the Associate Director, onto the Executive Director of Social Work and Trust Board.

A Principal Social Worker has been appointed with responsibility for professional standards, statutory functions and learning and development of social work staff in mental health services.

The organisational arrangements for professional social work responsibilities in Mental Health are:



(Please see Appendix S3)

<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>In Mental Health Services professional supervision is provided in a number of different ways. In addition to one-to-one supervision, other methods include group supervision, team supervision and mentoring by Senior or Principal Practitioner staff.</p> <ul style="list-style-type: none"> <li>➤ All staff receive regular formal supervision as follows: <ul style="list-style-type: none"> <li>Band 5 Social Worker – every 2 weeks to comply with AYE requirements.</li> <li>Band 6 Social Worker – at least every 6 weeks (or more often depending on need)</li> <li>Band 7 Social Work Practitioner – at least every 6 weeks (or more often depending on need)</li> <li>Band 7 and 8 Social work Manager – 6-8 weekly (or more often depending on need)</li> </ul> </li> <li>➤ All Qualified Social Workers also receive professional supervision on a quarterly basis (or more often if required).</li> <li>➤ A tripartite between Line manager, professional supervisor and social worker will be held annually.</li> <li>➤ All social workers subject to AYE arrangements also attend regular peer supervision groups and will be mentored by a Band 7 social worker. They meet monthly.</li> <li>➤ The Mental Health Social Worker Forum meets every 3 months, This time is used for reflective practice, to review professional issues and celebrate best practice</li> <li>➤ The Trust Approved Social Work Forum meets quarterly. This includes one day refresher training which all ASW's are expected to attend.</li> <li>➤ ASW peer supervision groups meet quarterly.</li> </ul>

**3.3 Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.**

**ASW Rota**

On 1<sup>st</sup> April 2009 the Trust moved to one Belfast-wide daytime rota. In preparation for this, an audit of all ASW's in the Trust was completed in order to review age, gender and service area of all qualified ASW's. This includes those social workers who hold an ASW qualification but did not meet the ASW standards at that time. In total there were 68 registered ASW's.

**ASWs by Programme of Care and age profile**

Programme of Care	Number of ASW's	age 30-35	age 35-40	age 40-45	age 45-50	age 50-55	age 55-60	age 60-65
Mental Health	25	4	6	4	3	3	5	
Addiction	2	1			1			
Learning Disability	14			4	4	4	1	1
Older People	11	2	1		4	3	1	
Children Disability Services	2				1	1		
CAHMS	1			1				
EDT	7	1	2		1	1	1	1
Care Management	1				1			
Sensory Impairment	2				1	1		
Planning	1				1			
Training and Development	2		1				1	

The following findings and actions were identified arising out of the audit:

- 24 ASW's are age 50 and over and therefore are likely to leave the service within the next five – ten years.
- There are 7 staff with MHO status
- Gaps in individual Service Areas in respect of ASW's were identified.
- No social workers from the Mental Health Service were nominated for the next intake of the regional ASW course to facilitate the Service's analysis of its own workforce needs and to contribute to the development of a co-ordinated Trust-wide ASW workforce strategy by December 2009.
- All social workers who do not currently meet ASW standards have been advised that only ASW's who are on the daytime rota will be nominated for re-approval training and listed on the Trust's ASW Register. Additional training is being provided for those ASW's who have not practised for some time.
- By June 2009 a revised ASW register for Belfast will be submitted to RQIA.

### **Children and Mental Health interface**

A number of audits have been conducted with regard to the recommendations of the O'Neill Report and an action plan was developed. Key themes included child protection training for all staff, and recording and discharge planning. All the recommendations of the Report have been implemented. This is monitored by a working group from both services and is chaired by the Co-Director for Mental health Services. The Trust reports on a regular basis to the DHSSPS and Commissioner on progress in relation to the action plan.

The Protocol to Safeguard Children by Promoting Collaborative Working between Mental Health Professionals and Family and Child Care staff is being reviewed to include recent developments in children's services (Gateway teams and UNICINI).

An audit of staff knowledge in relation to and experience of the Protocol will be conducted by the Commissioner in May 2009.

Child Protection, UNICINI and "Working with families who have mental health problems" training is mandatory for all professional staff and a rolling programme is in place to achieve full compliance.

A Band 7 social worker will be recruited through HWIP investment to monitor and support staff in meeting statutory functions' requirements in relation to childcare issues. It is anticipated that this post will enhance the profile of statutory functions within mental health services and develop models of good practice.



### **Early Interventions Service**

A review of the Early Interventions Service, which provides a service to young people age 17 –30 who have a first presentation of psychosis, is being conducted. The legacy Trusts provided two different models of care and this is being reviewed with the view to developing a business plan for a Belfast- wide service which will ensure comprehensive provision for this vulnerable group of young people across Belfast.

### **Arrangements for the Admission of Patients to Acute Mental Health Units**

Belfast Trust Mental Health Services have implemented a process of gate-keeping of Acute Mental Health Care via the Belfast Home Treatment Team. A single entry point for all admissions to acute mental health inpatient care within Belfast has been operationalised from March 2009.

When a clinician is considering an admission to acute mental health care:

- The clinician should contact the Home Treatment Team where a senior clinical member of staff will discuss the referral and determine if an admission to either Home Treatment or Inpatient bed is indicated.
- When a patient is accepted into Home Treatment clinical responsibility passes to the Home Treatment Team.
- Where inpatient care is indicated the Home Treatment Team will, in partnership with the Patient Flow Team, co-ordinate the admission to an inpatient bed.
- On admission, the Home Treatment team will agree with the referring clinician an estimated date of discharge for the patient and facilitate an early discharge if appropriate.

The Trust has invested in excess of £2m of new funds in the development of home treatment and crisis services in recent years including the development of an innovative community based Home Treatment Unit with six residential beds. These new services are now well established and providing alternatives to hospital provision that are more attractive to patients and families. In the first two months of 2009 (January – February 2009) of 143 referrals for admission to acute psychiatric units in Belfast, 52% were offered and accepted home treatment rather than admission. In March 2009 when home treatment had taken on the responsibility of gate-keeping referrals to acute inpatient beds, there were 93 referrals to the service and 58% were offered and accepted home treatment

The introduction of Patient Flow Co-ordinators who monitor and allocate acute beds as required across the 3 in-patient units has proven to be a more efficient way of ensuring that a bed is available to those most in need.

ASW's report that it is now easier to access a bed for a patient who is compulsorily admitted than before. The Gate-keeping Service is a further enhancement as it ensures that GP's and other clinicians have considered all the least restrictive options prior to an assessment under the Mental Health Order (NI) 1986 and when an assessment is necessary, the Home Treatment Service continues to provide an alternative to hospital if an application is not made. This is already having a positive impact as there have been 2 cases where compulsory admission was not considered necessary and Home Treatment assessment was once again offered to the individuals and their carers.

At present there is a Band 6 and Band 7 Social Worker within this service. The Band 7 practitioner, in addition to the senior clinician role, takes the lead in supporting the team in carrying out statutory functions. Although the community based Home Treatment Unit is presently nurse led, it is anticipated that it will move to a multi disciplinary model of service in the near future

#### **Single Point of Referral**

The Belfast Health and Social Care Trust introduced one point of referral for all new referrals to mental health services on 1<sup>st</sup> September 2008.

The one point of referral operates a triage model whereby all referrals received are paper assessed and are then processed to the most appropriate service which the co-ordinators feel are best skilled in dealing with the symptom profile and risk information. This ensures the client gets to the most appropriate service and ensures assessment and treatment can be commenced as soon as possible. Not all referrals will be accepted into the Community Mental Health Teams for assessment, some may be returned to the referring agent with a recommendation that they be forwarded to other services which can include community and voluntary organisations.

We have created one base for all of Belfast offering only two referral processes. One for emergency/urgent referrals and one for routine referrals. Referrals are classified to indicate the response time in offering assessment and commencing treatment.

We have created one "golden number" for GP's to call for advice and to make urgent referrals.

Emergency/Urgent Referrals are categorised as those referrals, which require assessment within the same day or within 24 hours. These referrals are always taken by the referral coordinator directly from the GP. The GP must have seen the patient within the previous 24 hours and made a first level assessment that the patient is in need of assessment and treatment right away because of the risk to his mental health and possible life threatening presentation.

Other factors which are considered include: potential for children to be at risk; post natal mothers; and any indication of planning to end own life or risk to others (this last criteria will be in consultation with the Home Treatment Team). If the GP and the coordinator feel the patient does require to be seen urgently then a member of the Unscheduled Care Team will visit on the same day or within the 24 hour period. Medical back up is available to support the assessor if required.

Routine referrals can be made either in writing or electronically to the one point of referral. These will be triaged and offered appointments using the Partial booking system. Appointments are offered fairly quickly for most of the services within the one point of referral. Most are offered within two to four weeks with only CBT having a longer wait at present.

All the services within the one point of referral have their own criteria but the first level criteria includes:

#### First Level Eligibility

1. Must be resident within Belfast Health and Social Care Trust.
2. Must be aged between 18 – 65 years.
3. Must suffer from a treatable mental health problem.
4. Must be a new referral to Mental Health services within the Belfast Trust.
- 5 Level of risk ascertained.

The referral coordinators and team manager will monitor adherence to core response times and any other details around the referrals which require change as the service develops.

The service processes 300/500 referrals per week approximately and the following is a snapshot view of how referrals are allocated.

**STATISTICAL PATTERNS**

November 3 <sup>rd</sup> – 7 <sup>th</sup> Snapshot		January 12 <sup>th</sup> –16 <sup>th</sup> Snapshot	
Psychiatry	39	Psychiatry	20
Psychological Therapies	8	Psychological Therapies	21
Community Addictions	104	Community Addictions	49
Mater Psychiatry	42	Mater Psychiatry	15
Community Mental Health	89	Community Mental Health	117

Even in this small snapshot, it can be seen that there is more clearly defined targeting of referrals which has resulted in fewer referrals to community addictions and increased referrals to psychological therapies and community mental health teams.

**Review of the role of Social Workers within the multi-disciplinary team**

Social workers are employed across the entire service and work within integrated teams.

A series of workshops have been conducted in which mental health social workers have explored their role within the multi-disciplinary team and how this can be more effectively provided. An action plan has been developed and the management team is considering the outcomes of the review.

Key themes include:

- the key role in the multi disciplinary team that all social workers have in fulfilling statutory function requirements
- the lead role that Band 7 social workers should have in providing a consultation/support role to their peers in the team with regard to statutory functions
- the role of the social worker in the acute setting

**Supervision Audit**

The Trust-wide Supervision Policy and related Service Area Procedures has been implemented and will be audited in June 2009.

**DHSSPS Discharge Guidance (2004)**

An audit on the implementation of the Discharge Guidance is conducted every 6 months to ensure compliance. Two Discharge Co-ordinators will be recruited with HWIP monies to ensure a standardised approach is applied across the three psychiatric hospital sites.

	<p>In addition, the Service has implemented standards for quality care in the acute units. This is adapted from the Royal College of Psychiatry standards for acute mental health in-patient units and aims to measure care to patients. It will be audited annually.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>3.4</b></p>	<p><b>Report on Directorate's compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)</b></p>
	<p>There is full compliance with regard to social workers registration with NISCC. Social care staff in day care and residential settings are currently registering as required.</p> <p>The Mental Health Commission have visited:</p> <ul style="list-style-type: none"> <li>➤ Shannon Unit on 9<sup>th</sup> June 2008</li> <li>➤ Shaftsbury Square Hospital on 14<sup>th</sup> January 2009</li> <li>➤ Maine, Knockbracken Healthcare Park on 4<sup>th</sup> October 2009.</li> </ul> <p>The recommendations of the MHC reports in relation to these units have been implemented.</p> <p>Further visits were conducted in the following areas but the reports are not yet available:</p> <ul style="list-style-type: none"> <li>➤ Windsor on 13<sup>th</sup> February 2009</li> <li>➤ Home treatment Team on 24<sup>th</sup> February 2009</li> <li>➤ Knockbracken Healthcare Park in March 2009.</li> </ul> <p>The Trust Service Managers meet with RQIA on a regular basis.</p> <p>Since 0/04/09 the role and functions of the Mental Health Commission has been assumed by RQIA.</p>

3.5	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>
	<p><b>1. ASW Assessments</b></p> <p>ASW's have identified regular difficulties in accessing PSNI and ambulance support for assessments in the community. Neither agency considers this to be an emergency situation. As a result, these requests are not afforded high priority and service users, carers and social work staff can be left in often difficult and, occasionally, high risk situations.</p> <p><b>2. Social Work role in Multi disciplinary teams</b></p> <p>In legacy Trusts there were different models of social work intervention within the teams. There is a need to standardise processes across the Service Area and to ensure that social workers have the capacity to take the lead or support their multi disciplinary colleagues in meeting statutory functions.</p> <p><b>3. Access NI Checks for all staff in Mental Health Services</b></p> <p>Although all newly recruited staff and all social workers have had Access NI checks completed, there is a number of nursing staff on the Knockbracken Healthcare Park site who have not been checked to date. There was no requirement to check this existing staff group as they did not meet the Protection of Children and Vulnerable Adults (POCVA) criteria to mandate checking. The legacy South and East Belfast Trust did raise this issue with the Department when the new Shannon Forensic Unit was opened and was advised that checking was not necessary.</p> <p>Although these staff work on the continuing care wards and therefore do not work with under 18 year olds, they do work with some of our most vulnerable service users. There may also be occasions due to staff shortages or redeployment in which they might be required to work in the acute wards in proximity to those under 18 year olds who are admitted at times.</p> <p>As a consequence of the numbers of staff involved, this issue presents a significant resource and logistical challenge.</p> <p><b>4. Direct Payments</b></p> <p>Although the Trust has improved its performance in this area (from 1 in 2008 to 4 and 2 pending in 2009), this still remains a challenge area within mental health services.</p>

## **5. Mixed sex wards**

Shannon, the regional medium secure unit and Avoca, the intensive care unit accommodate both male and female patients and with the merger of four recovery wards on the Knockbracken site into two, mixed sex wards are also necessary. There are, however, issues in relation to the management of extremely vulnerable patients on mixed sex wards. This can be evidenced by the vulnerable adult investigations that are conducted in relation to allegations of sexual inappropriateness and assaults. Often additional nursing staff have to be deployed in order to provide constant observations of vulnerable individuals. This has obvious financial and staffing resource implications for the Trust.

## **6. Vulnerable Adult Investigations**

There has been an increase in the volume of vulnerable adult referrals across the Service Area, particularly from the acute psychiatric wards. This increase appears to be directly related to an increase in staff awareness resulting from training in Vulnerable Adult Procedures. This has given rise to capacity issues for the Service Area as a result of the limited social work resource which is available.

## **7. Mental Health Review Tribunals Decisions**

The MHRT has discharged from detention patients for whom there has not been any suitable community placement. This has raised particular concerns in the Shannon Unit, as it is possible that the patient will decide to discharge themselves immediately with implications for their:

- Accommodation needs.
- Primary Care – GP registering
- Public Protection-the requirements of the Public Protection Arrangements for NI (PPANI) processes.
- Clinical monitoring, reviewing and provision of community supports to the client.

## **8. Under 18's in acute wards**

There were 22 young people under 18 admitted to adult psychiatric wards. The Trust has robust policies and procedures to manage such episodes which require the deployment of significant staffing resources and generate major logistical issues for the Service.



3.6	<p><b>Provide a progress report in relation to remedial action to improve performance including financial implications</b></p>
	<p><b>1. ASW Assessments/other agencies</b></p> <p>This is an issue that has regional implications. Therefore the Trust will continue to raise it as an issue at the Regional ASW Forum. The Belfast Trust will also host regular meetings with the PSNI and Ambulance Service whereby practise issues in relation to all statutory functions can be discussed and issues addressed.</p> <p><b>2. Social Work role in Multi disciplinary teams</b></p> <p>Two workshops have been held to review the role of the social worker within the multi disciplinary team and an action plan has been developed. The Band 7 social worker job description has been reviewed and there is an expectation that Band 7 staff will carry more complex cases, provide a consultative role to the team on childcare matters, vulnerable adult referrals and other statutory functions. The role of the social worker within the acute psychiatric units will also be enhanced when additional Band 6 social workers are recruited to the Community Mental Health Teams. To monitor and support all staff in relation to statutory functions, a Band 7 social worker will be recruited to work to the Principal Social Worker responsible for professional social work.</p> <p><b>3. Access NI Checks for all staff in Mental Health Services</b></p> <p>The Trust is prioritising all newly recruited staff or those who change posts or move to work in priority areas. An audit will be conducted in 2009 to determine the current level of non-compliance with Access NI checks throughout the Service.</p> <p><b>4. Direct Payments</b></p> <p>The Service will continue to promote the use of Direct Payments across all service settings. Training in Direct Payments is mandatory for all professional social work staff.</p> <p><b>5. Mixed sex wards</b></p> <p>The Service will continue to monitor the situation and deploy additional staff as required. In addition, the Trust chairs a working group, which includes representation from the South Eastern Trust to develop a business case for a purpose built intensive care unit. Shannon has raised the issue of mixed sex wards at the Regional Forensic Forum. The Trust will complete a review of Shannon Unit in 2009-2010.</p>

## **6. Vulnerable Adult Investigations**

In order to increase the capacity of the Service, it is intended that all Band 7 social workers will be trained as Designated/Investigating Officers and attain Achieving Best Practice for Vulnerable Adult Investigations (ABE) status. However this does have implications for other aspects of their workload and will take time to achieve. Therefore a review of the service model for vulnerable adults will be reviewed in 2009.

Corporately, the Trust plans to re-establish the Adult Protection Forum. In the context of new funding to support service delivery in this area, the Service will contribute to a Trust-wide review of organisational and delivery arrangements in respect of vulnerable adult services.

## **7. Mental Health Review Tribunal Decisions**

In individual cases where the patient has been re-graded and taken immediate discharge the Community Mental Health Forensic Team (CMHFT) took immediate action to ensure the identified risks were appropriately managed

However, the Service considers that this is an area which requires a co-ordinated regional strategic approach. To that end, the Trust will pursue the establishment of a multi-sectoral working group to address the accommodation needs of forensic clients in consultation with the Department and the Commissioner.

## **8. Under 18's in acute wards**

All admission of under 18's are reported as Adverse Incidents and each case is reviewed closely by both Acute Psychiatric Services and CAHMS.

3.7	<p><b>Indicate if the issues above are included in your Directorate's Risk Register</b></p>
	<p><b>ASW Assessments</b> – is included in the following risks on the register (1) Risk of staff as a result of lone working and (2) Risk of poor quality service due to ineffective communication systems and incompatible referral processes</p> <p><b>Access NI Checks for all staff in Mental Health Services</b> – is included Risk of harm to patients, clients through staff working in mental health not being Access NI checked and Risk to young people/children being cared for in adult wards.</p> <p><b>Mixed sex wards</b> – is included in Risk to staff, patient and client safety due to unsatisfactory accommodation</p>

<p><b>3.8</b></p>	<p><b>Any identified training issues</b></p> <p style="text-align: center;"><b>Mental Health Service</b></p> <p>The key training issues in Mental Health focus on Approved Social Work training, Safeguarding Vulnerable Adults, interface with Children’s Services, Guardianship, Appropriate Adults and Direct Payments.</p> <p>The Trust has reviewed workforce requirements in respect of ASW. Safeguarding Vulnerable Adults training was delivered to eighty staff at Awareness Level with Joint Protocol and Achieving Best Evidence Refresher training available across the Service Area. Staff attended Direct Payments Training at Awareness and Advanced level with Refresher training also available.</p> <p>A key focus across the Mental Health Service Area was training following the O’Neill Inquiry. A series of seminars delivered by the Director of Social Work disseminating the key findings and learning from the inquiry was attended by three hundred and ninety-five staff.</p> <p>A key driver within Mental Health Services is the Recovery ethos and related service delivery model. To achieve an agreed and consistent understanding of Recovery across the Mental Health Service, there was a major investment in training to roll out awareness level training across the Directorate. This was attended by two hundred and twenty staff with a further ninety staff attending a one day conference facilitated by an international speaker, Mary O’Hagan.</p> <p>The Mental Health Service Area continues to support the practice learning agenda and provided a total of eight placements [8.5%] across the year.</p> <p>To meet RQIA pre-registration requirements, a series of training events have been delivered across Day Care Services. These included Child Protection, Recording, Health Care Emergencies and Vulnerable Adults Refresher training.</p> <p>Four staff registered for NVQ Level II Award with four Awards achieved. A further four staff registered for NVQ Level III Award with two Awards achieved.</p> <p>Staff continue to engage with the Post Qualifying Framework, both in terms of completing Awards under the Old Framework and engaging in the New NI framework.</p>
-------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>3.9</b>	<b>SUMMARY</b>
	<p>Mental Health Services across Belfast are delivered on a community based multi disciplinary model of treatment and care which fully involves our users and carers and other partners in the voluntary and community sectors. Since RPA (April 2007) the service has embraced a recovery ethos that is person-centred, values the aims and aspirations of service users and their carers on their journey of Recovery.</p> <p>The process of developing new structures and building relationships is still in progress. The Trust has appointed third, fourth and fifth level managers. Services are organised around the following service areas: Primary Care, Recovery and Acute Services. This period of rapid change presents many challenges but also many opportunities.</p> <p>The Bamford Review underscored the need for transformational change in the provision and delivery of mental health services. The Review also detailed the gap in the range of services and the funding of mental health services in Northern Ireland as compared with Great Britain. Clearly, delivering the scale of change required will demand significant additional investment. However, Bamford not only calls for new services to be developed but also recommends that existing services need radical change and that existing resources need to be deployed differently in order to achieve real benefits for service users and their families.</p> <p>The case for additional investment in mental health services will have to be continually pressed but delivering change that enhances the treatment and care of service users and provides more effective support for carers should not be put on hold while higher levels of investment are sought.</p> <p>Within this context, the Mental Health Service has a challenging modernisation programme. This includes:</p> <ul style="list-style-type: none"> <li>➤ A reduction in the number of psychiatric in-patient units from three to two.</li> <li>➤ Reconfiguration of day treatment services.</li> <li>➤ Home Treatment Team gate-keeping in-patient beds and managing a 6- bed .home treatment unit.</li> <li>➤ Merger of four continuing care wards on Knockbracken site into two.</li> <li>➤ Development of new rehabilitation unit at Knockbracken and development of Resettlement Team.</li> <li>➤ Closure of one Day Centre and reconfiguration of Day Support services.</li> <li>➤ A Belfast-wide single point of entry to Mental Health Services with one telephone number and gateway to all services.</li> <li>➤ Introduction of a Step Care Model within psychological therapies which will give a clear pathway of quality treatment.</li> <li>➤ The development of a 4-tier model for addiction services.</li> <li>➤ Development of a Belfast wide Early Intervention Service.</li> </ul>

- Review of role of Community Mental Health Teams, and the interfaces with 'specialist' teams.

The modernisation agenda requires new ways of working for all staff and redeployment for those staff currently working in recovery wards which are merging and the in-patient unit and day centre which are to be closed.

Staff affected will be offered suitable employment in Mental Health Services. There will be no compulsory redundancies and any retraining needed will be provided. The Trust is developing an "Organisational Management of Change – Human Resource Framework" with its trade union representatives to assist with issues such as relocation. The Trust also has support mechanisms for staff including career counselling, retraining and re-skilling and advice and guidance on human resources policies and procedures.

To support and promote the implementation of a recovery ethos, a training strategy has been developed to ensure that care and treatment planning through the Service focuses on recovery. The strategy is multi disciplinary but it is intended that all social workers will eventually be trained in WRAP as this model integrates well with social work practice.

The Trust continues to comply with NISCC registration requirements. In 2009, the mental health service recruited two social workers subject to AYE provisions. Within the general management context of mental health services, the requirement for line management supervision every two weeks is challenging given that this is also supplemented with monthly mentoring/professional supervision by a band 7 social worker.

The process of change arising from RPA has resulted in the loss of skilled and experienced staff who took the opportunity for voluntary redundancy/early retirement. In order to facilitate effective workforce planning for the future, it is vital that the Trust continually monitors the age-profile of all staff working in mental health, particularly as there are twenty-five ASW's aged 50, seven of whom have Mental Health Officer status.

One of the first strategies to be endorsed by the Trust was the Community Development, Health Improvement and User Involvement Strategy. This strategy sets out the Trust's approach to health improvement, community and user engagement, tackling health inequalities and the development of more modern, flexible and responsive service provision.

In 2008/09 the Mental Health Service continued to be proactive in implementing the Trust's User Involvement Strategy and in promoting and developing user and carer involvement and feedback in all aspects of service delivery and planning.

Direct engagement with community groups in the development and delivery of services remains a key area of focus for the Mental Health Service.

The Service will review its current commissioning arrangements across the community sector over the forthcoming year.

The Trust continues to support the development of user-led groups such as Life After Mental Health Problems (LAMP) and commissions patient advocacy services from a number of local providers. The Trust Carers Advocacy Service continues to grow and develop, providing education, information and support to carers.

Residential and Day Care Services continue to be user focused through their involvement in reviews, care planning and participation in user groups and relatives' support groups.

The post of User Consultant to the Service has recently been advertised and it is intended that the post holder will support and advise the Service's Senior Management Team and ensure that user and carer issues are central to the Service's delivery, assurance and development processes.

## QUANTITATIVE DATA

<b>2.The Mental Health (NI) Order 1986</b>		
<b>Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115</b>		
<b>2.1.a</b>	<b>Number of Applications for Assessment by:</b>	
	<b>Nearest Relative</b>	17
	<b>Corporate return</b>	
<b>2.1.b</b>	<b>Approved Social Worker – Corporate return</b>	269
	<b>Commentary</b> <b>This is the total assessments for the Belfast Trust.</b> <b>167 assessments daytime</b> <b>102 assessments EDT</b> <b>19 resulted in no admission</b> <b>10 resulted in voluntary admission</b> <b>15 were under 18</b> <b>19 were learning disability</b> <b>41 were over 65.</b>	
<b>2.2</b>	<b>ASW Response Times (measured from within one hour of requested time of arrival)</b>	
	<i>Commentary</i>  <b>This is not currently collated and clarity is required as to measurement required.</b>	
<b>2.3</b>	<b>Number of Guardianships accepted by Trust:</b>	0
<b>2.3.a</b>	<b>New Applications</b>	0
<b>2.3.b</b>	<b>Renewal Applications</b>	0
	<b>Number of Guardianships accepted by a nominated other Person</b>	0
<b>2.4</b>	<b>Numbers referred to Tribunals</b>	61
	<b>Commentary</b>	
<b>2.5</b>	<b>Number of newly Approved Social Workers during year</b>	3
	<b>Number of Approved Social Workers removed during year</b>	4
	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	49



**Commentary**

**The above data only includes those ASW's who meet NI ASW standards. There are a number of ASW's who are on career breaks, maternity or sick leave who have not been included. In addition all social workers who hold the ASW award but do not currently meet the standards have been advised that only those ASW's on the daytime rota will attend re-approval training and will be on the Trust ASW Register. Additional training is being provided for those ASW's who have not practised for some time. This process will be completed by June 2009**

<b>Number of Adult Protection Referrals Mental Health</b>	
<b>Definition:</b> The percentage of referrals for vulnerable adult investigations within the various programmes of care	
<b>Related Indicators:</b> Number of protection plans implemented	
<b>Exclusions:</b> <b>None</b>	
Belfast Trust	<b>HSCT</b>
<b>NUMERATOR</b>	
No of vulnerable adult referrals within the year	
Elderly – POC 4	
Mental Health – POC 5	55
Learning Disability – POC 6	
Phy Disability – POC 7	
<b>DENOMINATOR</b>	
The relevant base population for each programme of care.	
Mental Health CMHT caseload 31/3/09	3592
Mental Health	1.53%
<p>Please note that with regard to the relevant base population, we have used only the Community Mental Health Teams' (CMHT) caseload figure and excluded people who attend outpatients and have been in-patient so as to avoid double counting individuals.</p>	

**ADULT PROTECTION PLANS IN PLACE  
Mental Health**

**Definition:** The percentage of Vulnerable Adult Referrals who have a protection plan implemented.

**Related indicators:**  
Number of Adult Protection Referrals

Belfast Trust	HSCT
<b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated.	
Mental Health	53
<b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.	
Mental Health – POC 5	55
Mental Health – POC 5	96.36%

**Outcome:**

<b>6 DISABLED PERSONS (NI) ACT 1989</b>		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
<b>6.1</b>	<b>Number of referrals to Physical/Learning/sensory Disability</b> <i>(source: SOS CARE) Mental Health Deaf Team (new referrals)</i>	<b>48</b>
	<b>Number of cases allocated</b>	<b>71</b>
<b>6.2</b>	<b>Number of assessments of need carried out</b>	
<b>6.3</b>	<b>Types of need that could not be met:</b>	
	The Team for Mental Health & Deafness liaise closely with community teams for the Hearing Impaired.	
<b>6.4</b>	<b>Number of assessments of disabled children ceasing full time education</b>	

**7 HEALTH AND PERSONAL SOCIAL SERVICES  
(NI) ORDER 1972;**

**Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]**

<b>7.1</b>	<b>Number of Article 15 (HPSS Order) Payments</b>	<b>13</b>
<b>7.2</b>	<b>Number of people in residential or nursing care</b>	<b>190</b>

**8 CARERS AND DIRECT PAYMENTS ACT 2002**

<b>8.1</b>	<b>Number of Adult carers receiving individual carers assessments</b>	<b>103</b>
<b>8.1.b</b>	<b>Number of Carers receiving a service</b>	<b>218</b>
<b>8.2</b>	<b>Number of young carers assessed</b>	<b>0</b>
<b>8.2.b</b>	<b>Number of young carers receiving a service</b>	<b>10</b>
<b>8.3</b>	<b>Number of people receiving direct payments</b>	<b>3</b>
<b>8.4</b>	<b>Number of carers receiving direct payments</b>	<b>1</b>

*Commentary*

**8.1b**The Trust commissions carer advocate services from CAUSE and Praxis. This is the number of services they provide.

**8.2b** The young carers are members of the Mental Health young carers project which ended December 2008. a working group has been set up to explore how the Trust meets the needs of young carers within all programmes of care.

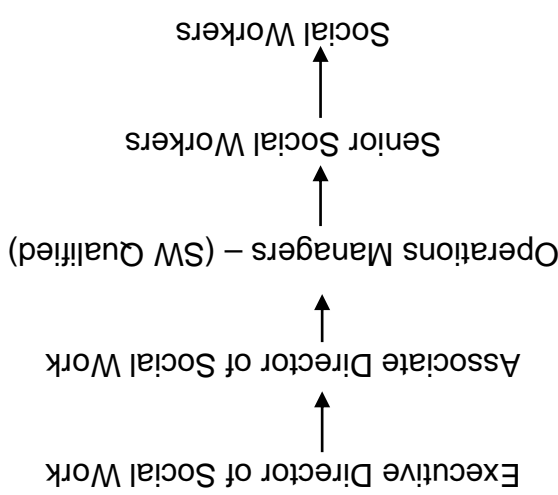
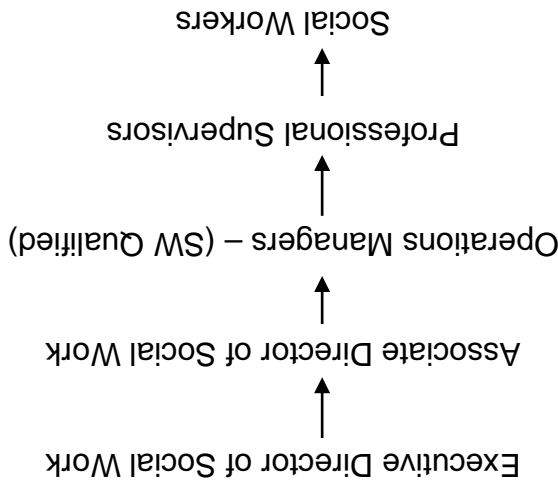
<b>Service Users in Receipt of Direct Payments Mental Health</b>	
<b>Definition:</b> The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March	
<b>Related Indicators:</b> No. of Carers in Receipt of Direct Payments	
<b>Belfast Trust</b>	<b>HSCT</b>
<b><u>NUMERATOR</u></b> No of service users in receipt of direct payments in each Programme of Care .	
Mental Health – POC 5	4
<b><u>DENOMINATOR</u></b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.	
Mental Health – POC 5 CMHT caseload 31 <sup>st</sup> March 2009	3592
Mental Health – POC 5	0.11%
<b>Commentary</b>	

<b>Carers Assessment Mental Health</b>													
<b>Definition:</b> Percentage of new Service Users/carers who have been offered a carers assessment													
<b>Definition:</b> Percentage of new Service Users/carers who have undertaken a carers assessment													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care .</td> <td></td> </tr> <tr> <td>Mental Health – POC 5</td> <td style="text-align: center;">103</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.</td> <td></td> </tr> <tr> <td>Mental Health – POC 5 CMHT caseload 31<sup>st</sup> March 2009</td> <td style="text-align: center;">3592</td> </tr> <tr> <td>Mental Health – POC 5</td> <td style="text-align: center;">2.87%</td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care .		Mental Health – POC 5	103	<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.		Mental Health – POC 5 CMHT caseload 31 <sup>st</sup> March 2009	3592	Mental Health – POC 5	2.87%
Belfast Trust	HSCT												
<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care .													
Mental Health – POC 5	103												
<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.													
Mental Health – POC 5 CMHT caseload 31 <sup>st</sup> March 2009	3592												
Mental Health – POC 5	2.87%												
<b>Commentary</b>													



3. GENERAL NARRATIVE

Service Area: Learning Disability

<p><b>3.1 Named Officer responsible for professional Social Work</b></p>	<p>The Service has a clear line of accountability for professional social work from the practitioner to the Executive Director of Social Work.</p> <p>The organisational arrangements for professional social work responsibility in learning disability in 08 – 09 were:</p>  <pre> graph BT     ED[Executive Director of Social Work] --&gt; AD[Associate Director of Social Work]     AD --&gt; OM[Operations Managers – (SW Qualified)]     OM --&gt; SSW[Senior Social Workers]     SSW --&gt; SW[Social Workers]             </pre> <p>At the end of April 2009, the service sector will be forming community multi-disciplinary learning disability teams. The organisational arrangements will then be:</p>  <pre> graph BT     ED[Executive Director of Social Work] --&gt; AD[Associate Director of Social Work]     AD --&gt; OM[Operations Managers – (SW Qualified)]     OM --&gt; PS[Professional Supervisors]     PS --&gt; SW[Social Workers]             </pre> <p>(Please see Appendix S4)</p>
--------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>The Service has a supervision policy in place covering both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, professional supervision on a quarterly basis. In addition the Service has established a Learning Disability Social Work Forum which will meet twice yearly to provide for professional development and professional support.</p> <p>AYE social workers within the Service have fortnightly supervision from a senior social worker. AYE social workers also attend the Trust's AYE support group.</p> <p>Approved social workers attend peer support groups, approved social work forums and annual refresher training.</p> <p>The Service has experienced some difficulties during the course of the year in maintaining supervision arrangements due to unfilled posts caused by the R.P.A. and sick leave. However, all supervisory posts bar one are now filled and cover arrangements for the remaining vacancy are in place.</p>

3.3	<p><b>Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.</b></p>
	<p>The Service carried out an audit and review of team members' (including social work) responsibilities and roles within the North and West area. This allowed for differentiation of children's and adult work and was in preparation for the transfer of cases, staff and resources to Children's Disability Services.</p> <p>The Service has also carried out a major review of organisational and service delivery arrangements for adults with learning disabilities. Based on this review, the Service is about to move away from the current provision of uni-disciplinary teams in the North and West area and a multi-disciplinary team and a vulnerable adult team in the South and East area. The Service is on the point of establishing four community multi-disciplinary teams based in North, South, East and West Belfast. Vulnerable adult services will be integrated into the work of these four teams.</p> <p>This review also involved an audit of all existing policies, procedures, working practices and forms across the two legacy sectors. Following this, new policies, procedures, processes and forms have been developed and the implementation of these will start with the establishment of the teams. These include arrangements for:</p> <ul style="list-style-type: none"> <li>Supervision and supervision audit.</li> <li>Recording and file audit.</li> <li>The use of statutory powers under the Mental Health (N.I.) Order 1986.</li> <li>The operation of Vulnerable Adult Procedures.</li> <li>Carers' assessments.</li> <li>Direct payments.</li> </ul> <p>The Service has also participated in an audit of the existing register of approved social workers and of current approved social work practice. This has resulted in the implementation of a Belfast Trust-wide rota, Trust-wide supervision and support arrangements and new requirements for approved social workers who wish to maintain their approved social work status.</p>

<b>3.4</b>	<b>Report on Directorate's compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)</b>
	<p>1. All social workers in the Learning Disability Service are registered with NISCC and the Service Area's assurance and professional supervision arrangements require monitoring of the registration process for each member of staff.</p> <p>Social workers are supported to meet the ongoing professional development requirements of NISCC. The Trust's Personal Contribution Framework and Knowledge and Skills Framework processes will allow for each social worker to have a Personal Development Plan which will include their training and development needs.</p> <p>The Service also provides induction for all new staff in line with NISCC's induction standards. This includes a two-day learning disability specific induction course developed and run by the Service three times a year.</p> <p>2. The Service carries out a number of functions under the Mental Health (N.I.) Order 1986 and meets the requirements of the Mental Health Commission (now RQIA) and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessments, Guardianship and Tribunals. The service sector also notifies the Mental Health Commission of any untoward incidents as per their reporting requirements. Service staff also refer to the Office of Care and Protection as appropriate and act in accordance with their instructions on financial matters for individual clients.</p> <p>3. Team leaders, including social work staff within the Service, have applied for registration with RQIA as managers of domiciliary support services. This relates to the work of support staff attached to community teams.</p> <p>4. The Service liaises with RQIA on protection of vulnerable adult issues as they relate to any registered facility. This involves reporting as appropriate and in certain cases joint investigation and joint protection planning.</p>

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>
	<p>The Service has experienced a number of primarily resource related difficulties in the discharge of statutory functions.</p> <p>The Service had responsibility for children with learning disabilities in the North and West sector up until 27<sup>th</sup> February 2009 when responsibility transferred to the Children’s Disability Team. The Service Area has kept responsibility for existing 17-year-old clients to avoid unnecessary disruption. In the South and East sector, children with learning disabilities previously transferred at the end of the school year following their 19<sup>th</sup> birthday. Transfers from children’s services now occur on a child’s 18<sup>th</sup> birthday. This change has created significant extra demand for resources this year.</p> <p>The Service has struggled to make appropriate provision for the needs of some care leavers. A number of young adults have had to remain in children’s residential services for a period of time because of a lack of alternative provision caused by both under-resourcing in services and in service infrastructure. Other care leavers have had to move from children’s services to services that were less than ideal in meeting their needs, again because of a lack of sufficiently resourced provision. The Service has also accepted the transfer of a number of foster placements to adult family placement services. While these placements are appropriate, the resourcing of them has proved problematic.</p> <p>A recent judicial review of a Mental Health Review Tribunal decision (X v MHRT [2009] NIQB 2) has created and is likely to continue to create resourcing difficulties. This decision states that the Mental Health Review Tribunal does not have the power to direct the discharge of an unrestricted patient at a future date where there is a mandatory duty to discharge the patient. This means that decisions to discharge which may previously have been deferred to allow for discharge planning will now need implemented immediately. This gives rise to very substantial challenges.</p> <p>This case and a number of other recent Tribunal discharges from hospital have also given rise to considerable risk management issues. These cases have been managed within the framework of the DHSSPS 2004 Guidance “Discharge from Hospital and Continuing Care in the Community of Mentally Disordered People Who Could Present a Risk of Serious Physical Harm to Themselves or Others.” However the implementation of the Guidance continues to highlight the inadequacy of community resources to fully meet the needs of offenders and the needs of the public for protection from offenders.</p> <p>There continue to be difficulties with the lack of consistency in Mental Health Review Tribunal judgements around the definition of “severe mental handicap” and “severe mental impairment”. This uncertainty causes problems for staff in knowing whether or not The Mental Health</p>

(N. I.) Order 1986 applies to certain clients.

The Service has been involved in the resettlement of patients from Muckamore Abbey Hospital in response to targets set within HWIP. We have been able to meet these targets. However, this process is a challenging one with difficulties arising from the need for long-term planning and consistent availability of funding. It should also be noted that the number of funding packages available in this and subsequent years is limited and far exceeded by the numbers of PTL patients with treatment completed and awaiting discharge.

We also have difficulties with patients not included on the PTL group being discharged from hospital as soon as their treatment is completed. While the numbers involved are relatively small, approximately six per year, there are major difficulties arising from lack of appropriate placements and funding.

A recently completed audit of referrals to learning disability showed an increase in young adults who were not previously known to disability services being referred and being assessed as having a learning disability. These young adults have tended to present with complex social needs, are often very vulnerable and frequently require adult protection input. This change in referral pattern is creating pressure on staff time and resources.

Other vulnerable adult issues include a need for more Achieving Best Evidence (ABE) interviewers and in particular male ABE interviewers within the Service Area. The Service Area is currently working on improving the level of service user involvement in adult protection services, for example, by producing user friendly guides to the process, user friendly minutes and enabling greater participation in case conference. While this work is underway, it is time intensive and hampered by a lack of resources.

As previously mentioned the Service Area has experienced some difficulty in maintaining full supervision cover due to staff vacancies and absence. Contingency arrangements involving the availability of senior management staff for advice and support were made during this time.

<b>3.6</b>	<b>Provide a progress report in relation to remedial action to improve performance including financial implications</b>
	<p>The Learning Disability Service has been working upon harmonising services across Belfast</p> <p>In April 2008 we had different models of community teams in the two legacy Trust areas. In South and East Belfast we had a vulnerable adults team and a multidisciplinary team consisting of social workers and nurses. In the North and West sector we had two social work teams and two nursing teams. Within the North and West sector the community teams carried children's work.</p> <p>Shortly after the end of this reporting period we will move to four community multidisciplinary learning disability teams, North, South, East and West. We have clear operational and professional management lines in the new structures.</p> <p>We have successfully transferred all children's work to Children's Disability Services. The transfer of children's work from the North and West sector resulted in two social workers and two community learning disability nurses transferring to Children's Disability Services. While there has been a reduction in overall case numbers, the transfer of four experienced members of staff from relatively small teams had a significant impact.</p> <p>Within Muckamore Abbey Hospital we have not changed our service delivery model i.e. a uni-disciplinary social work team. This provides a service to all patients in the hospital including those from other Trusts.</p> <p>The restructuring of teams and services has taken place within the general financial climate that exists across the Health and Social Care sector. There has been no new investment within these particular services and we have had to examine how these services could contribute to Service Area efficiency targets.</p> <p>The Service believes that the review of existing structures, processes and procedures has created the capacity to move forward to an improved model of service provision and that the new structures will provide a good standard of care. The new structures will allow for the implementation of good practice models across the spectrum of the work of the teams. However, the Service recognises that the existing staffing levels are insufficient and there are areas of service provision where substantially more investment is required. The Service is about to submit costed proposals to the Commissioner in relation to 2009-2010 funding. These proposals are for improved service provision for people with learning disabilities who commit criminal offences and for people with learning disability and mental health problems, autism and challenging behaviour.</p> <p>An easing of the staffing difficulties within the Service has allowed for</p>

the addressing of difficulties with supervision. However the length of time a recruitment process takes continues to be a concern.

Throughout this report we have highlighted the difficulty in providing adequate responses to patients being discharged from Muckamore Abbey Hospital and children and young people leaving care and other children's services. We have consistently drawn individual cases to the attention of the Commissioner. Furthermore we have raised the general issues at the Service Planning Group meetings and the Muckamore Resettlement Group.

Difficulties in the Social Housing Programme have also impacted upon this work. Uncertainty around capital programmes and revenue has significantly limited our access to social housing. We have raised this issue through our representative on Eastern Area Supporting People Group and within individual housing associations.



<p><b>3.7</b></p>	<p><b>Indicate if the issues above are included in your Directorate's Risk Register</b></p>
	<p>Amongst the issues included in the Learning Disability Register are:</p> <p>Risk to the quality of outcomes to patients at Muckamore Abbey Hospital due to patients' discharge being delayed and resettlement ceasing.</p> <p>Risk to the quality of outcomes for patients being discharged from Muckamore Abbey Hospital. In particular, difficulties in ensuring that discharge plans are robust and include access to a range of community services.</p> <p>Risk arising from Mental Health Review Tribunal decisions; For example, where a Tribunal orders the discharge of a patient there can be an immediate requirement on the Trust to provide a comprehensive range of support services in the community. In many instances suitable supports, such as a place to live and adequate support services, may not be available. In other cases lack of funding to develop a package of support can be the difficulty.</p> <p>Risk to patient and client safety due to inadequate funding and cost pressures.</p> <p>Difficulties in providing services in the event of staff absences.</p>

**3.8 Any identified training issues****LEARNING DISABILITY SERVICE**

The key training issues in Learning Disability focus on Safeguarding Vulnerable Adults, Guardianship, Direct Payments, Carers Assessment, Person Centred Planning and Managing Challenging Behaviour. One hundred and thirty staff received Awareness Level training re Safeguarding Vulnerable Adults, three staff attended Joint Protocol training and one staff member attended Achieving Best Evidence (ABE) training.

Staff attended Direct Payments training at Awareness Level and Advanced Level with further Refresher training also available.

Managing Challenging Behaviour continues to be a central training need with thirty-two staff attending SCIP Training and a further one hundred and forty-five staff receiving SCIP Refresher Training. NVQ Awards were delivered across the Directorate with twenty-one registrations at Level II and twenty-one Awards achieved. Ten staff registered at Level III and ten Awards were achieved.

Person Centred Planning was a key focus within the Directorate with staff attending training at a range of levels including awareness, Thinking Skills, Map and Path, Life History work.

A very positive training outcome achieved within the year was the Learning Disability Induction Programme. This programme is mapped across to the NISCC Induction Standards and was delivered three times throughout the year to fifty-six practitioner staff and eighteen management staff.

Further training needs have identified from the RQIA pre-registration inspection reports which require to be met in year. These include additional Vulnerable Adult Refresher sessions – one hundred and eighty-six staff attended; Care of Medicines – one hundred and forty staff attended; Health Care Emergencies – eighty-two staff attended; and Recording Training – forty-eight staff attended. This training was delivered onsite to facilitate staff attendance and provide continuity of service delivery.

The Learning Disability Service Area continues to support the practice learning agenda and provided a total of nine placements [9.5%] across the year.

Staff continue to engage with the Post Qualifying Framework, both in terms of completing awards under the Old Framework and engaging in the New NI Framework.

<b>3.9</b>	<b>SUMMARY</b>
	<p>The year 2008-2009 has been characterised by ongoing change caused by the RPA process. There has been considerable work in amalgamating and harmonising the legacy Trust areas. The Service is about to embark on further significant organisational change with the establishment of four community multi-disciplinary learning disability teams. The preparatory work for the establishment of these teams has included the development of processes and procedures that will allow for the effective discharge of all relevant statutory functions.</p> <p>The Service recognises that there can be challenges involved in working in multi-disciplinary settings. The Service is committed to ensuring that each profession involved in the multi-disciplinary teams, including social work and social care, has a clearly established professional role and identity. The Service is also committed to ensuring that all staff, including social work and social care staff in the multi-disciplinary teams, are adequately recognised, valued and appropriately supported.</p> <p>The Service believes that these teams, when fully established, will provide high quality, coordinated, person-centred care, treatment and support to people with learning disabilities and their carers.</p> <p>However, the teams are not sufficiently resourced to provide all the necessary service provision and the Service remains concerned about the difficulties commented on earlier in this report, particularly in relation to care leaver provision, provision for offenders and for patients leaving hospital. The HWIP investment monies will provide some community forensic capacity but the Service foresees ongoing problems with service provision in all of these areas due to lack of resources. The demand for efficiency savings will also continue to create considerable pressure on resources.</p>

## QUANTITATIVE DATA: Mental Health

<b>2.The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115</b>

<b>2.1.a</b>	<b>Number of Applications for Assessment by:</b>	
	<b>Nearest Relative</b>	0
<b>2.1.b</b>	<b>Approved Social Worker</b>	23
	<b>Commentary: There were 23 applications for assessment to Muckamore Abbey Hospital.</b>	
<b>2.2</b>	<b>ASW Response Times (measured from within one hour of requested time of arrival)</b>	
	<b>Commentary: This is not currently collated and clarity is required as to measurement required.</b>	
<b>2.3</b>	<b>Number of Guardianships accepted by Trust:</b>	
<b>2.3.a</b>	<b>New Applications</b>	2
<b>2.3.b</b>	<b>Renewal Applications</b>	13
	<b>Number of Guardianships accepted by a nominated other person</b>	0
<b>2.4</b>	<b>Numbers referred to Tribunals</b>	40
	<b>Commentary</b>	
	<b>Eight of the Tribunal referrals were for Belfast Trust community clients. Thirty two were Muckamore Abbey Hospital referrals for hospital patients from a variety of Trusts. In twenty nine of these, the social work submission to the Tribunal was made by the Belfast Trust's MAH social work team.</b>	
<b>2.5</b>	<b>Number of newly Approved Social Workers during year</b>	0
	<b>Number of Approved Social Workers removed during year</b>	
	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	14

**Commentary**

**Please see Mental Health Service Quantitative Data 2.**

<b>Number of Adult Protection Referrals Learning Disability</b>	
<b>Definition:</b> The percentage of referrals for vulnerable adult investigations within the various programmes of care	
<b>Related Indicators:</b> Number of protection plans implemented	
<b>Exclusions:</b> <b>None</b>	
Belfast Trust	<b>HSCT</b>
<b>NUMERATOR</b>	
No of vulnerable adult referrals within the year	
Learning Disability	
	57
<b>DENOMINATOR</b>	
The relevant base population for each programme of care.	
Learning Disability	
	1408
Learning Disability	
	4.04%

With regard to the relevant base population, there are 93 long-stay Belfast Trust patients in Muckamore Abbey Hospital, most of whom are not known to community teams. Those who are not known are excluded from the base population.

It also excludes 19 ex- Muckamore Abbey patients who are in care managed placements who receive social work support from the Muckamore Abbey Hospital social work team.

Although the community teams generally have no responsibility for both these groups of clients, vulnerable adult issues are referred to the community teams when an issue arises.

<b>ADULT PROTECTION PLANS IN PLACE Learning Disability</b>																									
<b>Definition:</b> The percentage of Vulnerable Adult Referrals who have a protection plan implemented.																									
<b>Related indicators:</b> Number of Adult Protection Referrals																									
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Learning Disability – POC 6</td> <td style="text-align: center;">55</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Learning Disability</td> <td style="text-align: center;">57</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Learning Disability</td> <td style="text-align: center;">96.49%</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated.				Learning Disability – POC 6	55			<b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.				Learning Disability	57			Learning Disability	96.49%				
Belfast Trust	HSCT																								
<b><u>NUMERATOR</u></b> No of Protection Plans in each Programme of Care initiated.																									
Learning Disability – POC 6	55																								
<b><u>DENOMINATOR</u></b> No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.																									
Learning Disability	57																								
Learning Disability	96.49%																								
<b>Outcome:</b>																									

<b>6 DISABLED PERSONS (NI) ACT 1989</b>		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
<b>6.1</b>	<b>Number of referrals to Physical/Learning/sensory Disability</b> <i>(source: SOS CARE)</i>	<b>45</b>
	<b>Number of cases allocated</b>	<b>45</b>
<b>6.2</b>	<b>Number of assessments of need carried out</b>	<b>45</b>
<b>6.3</b>	<b>Types of need that could not be met:</b>	
	Unmet need has typically been in the areas of; Domiciliary and intensive domiciliary support packages Supported accommodation Residential placements Insufficient respite	
<b>6.4</b>	<b>Number of assessments of disabled children ceasing full time education</b>	



**7 HEALTH AND PERSONAL SOCIAL SERVICES  
(NI) ORDER 1972;**

**Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]**

<b>7.1</b>	<b>Number of Article 15 (HPSS Order) Payments</b>	<b>279</b>
<b>7.2</b>	<b>Number of people in residential or nursing care</b>	<b>271</b>

**8 CARERS AND DIRECT PAYMENTS ACT 2002**

<b>8.1</b>	<b>Number of Adult carers receiving individual carers assessments</b>	<b>32</b>
<b>8.1.b</b>	<b>Number of Carers receiving a service</b>	
<b>8.2</b>	<b>Number of young carers assessed</b>	<b>0</b>
<b>8.2.b</b>	<b>Number of young carers receiving a service</b>	
<b>8.3</b>	<b>Number of people receiving direct payments</b>	<b>32</b>
<b>8.4</b>	<b>Number of carers receiving direct payments</b>	

***Commentary***

The service sector does not currently record the number of carers it has contact with.

<b>Service Users in Receipt of Direct Payments Learning Disability</b>	
<b>Definition:</b> The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March	
<b>Related Indicators:</b> No. of Carers in Receipt of Direct Payments	
Belfast Trust	<b>HSCT</b>
<b>NUMERATOR</b> No of service users in receipt of direct payments in each Programme of Care .	
Learning Disability	32
<b>DENOMINATOR</b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.	
Learning Disability – POC 6	1408
Learning Disability – POC 6	2.272%
<b>Commentary</b>	

<b>Carers Assessment Learning Disability</b>													
<b>Definition:</b> Percentage of new Service Users/carers who have been offered a carers assessment													
<b>Definition:</b> Percentage of new Service Users/carers who have undertaken a carers assessment													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care .</td> <td></td> </tr> <tr> <td>Learning Disability</td> <td style="text-align: center;">32</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.</td> <td></td> </tr> <tr> <td>Learning Disability – POC 6</td> <td style="text-align: center;">45</td> </tr> <tr> <td>Learning Disability</td> <td style="text-align: center;">71.11%</td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care .		Learning Disability	32	<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.		Learning Disability – POC 6	45	Learning Disability	71.11%
Belfast Trust	HSCT												
<b><u>NUMERATOR</u></b> No of completed individual carers needs assessments in each Programme of Care .													
Learning Disability	32												
<b><u>DENOMINATOR</u></b> No of new service users receiving a service by Programme of Care.													
Learning Disability – POC 6	45												
Learning Disability	71.11%												
<b>Commentary</b>													

**3. GENERAL NARRATIVE**

<b>Service Area: Family and Child Care</b>
--------------------------------------------

<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>Mr Allan Liddell                  Children’s Services Manager / Associate Director of Social Work/Social Care.</p> <p>Responsible along with the Co-Director of Family and Child Care and the Service’s Senior Management Team for the provision of professional leadership of the Social Work/Social Care workforce within Children’s Services and the discharge of the Service’s statutory functions.</p> <p>Within Children’s Services there is an unbroken line of managerial and professional accountability from the individual practitioner through the professional service delivery line onto the Cop-Director-Director and Trust Board.</p> <p><b>(Please see Appendix S5)</b></p>

<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>Each legacy Trust had a Supervision Policy which required that Supervision for Social Work staff took place on a monthly basis. From January 2009 the Regional Implementation Team Supervision Policy, Standards and Criteria has been implemented. This requires all staff to have written Supervision Contracts in place and to be supervised on a monthly basis other than staff in their Assessed Year in Practice (AYE) who are to be supervised on a fortnightly basis.. This Regional Supervision Policy, Standards and Criteria also includes a quality assurance dimension which is to be undertaken by Principal Social Workers by the end of June 2009 and by Children’s Services Managers by the end of September 2009.</p> <p>An Assessed Year in Employment (AYE) Forum was established in March 2008 to support the learning and development of AYE staff within the Belfast Trust. This Forum is facilitated by the Trust’s Principal Practitioners.</p>

3.3	<p><b>Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.</b></p>
	<p>RQIA undertook a Child Protection Inspection of the Gateway and Family Support Services in January 2009. The Trust is currently awaiting the Final Report.</p> <p>The Trust participated in the updated Laming Audit and submitted its return and commentary to the Department.</p> <p>The recommendations from the SSI Overview Report continue to be actioned by the Trust. These are reviewed by a Trust Project Team and Trust Project Board on a regular basis. The Trust has developed a Quality Improvement Plan in response to the recommendations of the SSI Overview Report. This is reviewed regularly by the Project Team and Project Board. The Quality Improvement Plan has been submitted to RQIA as part of the RQIA Inspection referred to above.</p> <p>An audit of the Gateway Service took place at the end of March 2009 by the EHSSB. The Trust is awaiting the final report.</p> <p>The Beeches completed an audit of pathways into the Family and Child Care Service. The audit identified that assurance processes with regard to the controls surrounding pathways into the Service were satisfactory.</p> <p>A Regional Review of the Out of Hours Social Work Service was completed in January 2009 in line with recommendations arising from the SSI Overview Report and the McElhill Report. The Belfast Trust took the lead role in this Review. The outcome of this Review is being considered by the Department of Health, Social Services and Public Safety.</p> <p>A new Kinship Fostering Payment system has been implemented and managed through the Fostering Service to ensure information is captured on numbers of kinship placements at an early stage.</p> <p>This is assisting in tracking kinship placements and ensuring procedures for fieldwork approved placements are adhered to.</p> <p>Residential Care is audited through Monthly Monitoring Reports. These are reviewed along with RQIA Inspection Reports on a quarterly basis by senior managers with the Director of Family and Child Care. These reports have been positive in their appraisal of the Trust's service provision in this area.</p> <p>The Article 20 Review of Early Years Services 2005 – 2008 has been completed and disseminated.</p>

The Trust contributed to a regional profile of those young people who were eligible, relevant, formerly relevant and qualifying under the Leaving and After Care legislation in September 2008. The report, Statistics about the Wellbeing of Young People Leaving Care, provides key information to assist in the development and delivery of services to this user group.

An overview of the Trust's implementation of the Assessed Year in Employment was completed in March 2009 and submitted to the Department. This identified the operational impact of the additional formal supervisory and related evidencing and reporting processes on the Team Leader, difficulties in relation to the delivery of the requisite fortnightly supervisory requirement and the need to take forward the respective roles of Senior and Principal Practitioners in the mentoring, practice development and supports for AYE staff.

An audit of professional supervision within the Service was completed in February 2009. The final report has not yet been disseminated. The audit addressed practice in the period prior to the implementation of the Regional Children's Social Services Supervision Policy. The audit sought to establish a benchmark against which performance in relation to the Regional Policy could be measured.

The audit identified positive levels of compliance in relation to the frequency of supervision and the recording of casework decision-making in supervision. However, it identified a spectrum of performance in relation to the area of individual practitioner practice development and learning needs. The Trust is seeking to address this theme in its implementation of the Personal Contribution/Personal Development Training framework, in a discrete training initiative targeted on Team Leaders and Principal Social Workers and in progressing the mentoring and practice development/supports remits of the Principal and Senior Practitioner grades.

In the context of its response to the Overview Report recommendations, the Trust submitted a Service Self Regulation and Audit Framework which was endorsed by the Commissioner. There was recognition of the need to develop the Family and Child Care Service's audit and assurance resource to take forward the agenda detailed in the Overview Report and subsequent regional and national child protection inquiry reports. The Trust bid for an 8a post and related administration support in this regard. At this point, the Trust is awaiting confirmation of the Commissioner's position on this matter.



<b>3.4</b>	<b>Report on Directorate's compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)</b>
	<p>The Family and Child Care Service is compliant with regard to NISCC's workforce registration requirements</p> <p>A working group involving staff from the Learning and Development Team and Principal Practitioners has developed a Draft Service Area Induction Workbook, Folder and Manual which will be piloted within the Service.</p> <p>The Trust is also developing a data base with dedicated administrative support to provide assurance with regard to compliance with NISCC registration requirements.</p> <p>The Trust has provided Quality Improvement Plans in response to requirements and recommendations arising from RQIA inspections of Children's Homes. These are reviewed by senior managers on a quarterly basis as per 3.3 above.</p> <p>The Trust has developed a Quality Improvement Plan in response to the recommendations of the SSI Overview Report. This is reviewed regularly by the Project Team and Project Board. The Quality Improvement Plan has been submitted to RQIA as part of the RQIA Inspection.</p> <p>An audit of the Trust's practice against the recommendations of the Cherry Lodge report was undertaken and forwarded to RQIA which included compliance with this area in its most recent inspections of the Trust's Children's Homes.</p> <p>A Child Protection Inspection was undertaken by RQIA into the Gateway and Family Support Services in January 2009. The Trust is currently awaiting the Final Report.</p>

3.5	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>
	<ul style="list-style-type: none"> <li>• <b>Young People aged 16+ requiring accommodation.</b> There are a number of aspects to this issue. <p>(a) Looked After Children over the age of 16 in residential care. With developments in residential care including greater differentiation arising from the combining of resources from the legacy community Trusts and the introduction of the Intensive Support Units the longer- term Children's Homes have been generally more settled and a greater number of young people are remaining beyond their seventeenth birthday. This is a positive development which in many cases enables a planned transition to supported after care arrangements for the young people. However, if this trend is to continue, it will impact upon the overall throughput and capacity of the longer-term differentiated units.</p> <p>(b)<b>Supported Living:</b> The Trust has secured 34 supported after care placements under the Joint Commissioning process. These places are for Looked After Children leaving the care system. Further placements may be required to meet future levels of demand.</p> <p>(c) <b>Unregistered Accommodation:</b> Increasingly 16/17 year olds with no care background are being referred for care placements. Historically such young people would often have been provided with supported living/hostel accommodation which was unregulated. With the Joint Commissioned beds now being used exclusively by care leavers there is often no alternative for these young people other than a Children's Home. Whilst this can be an appropriate placement for some of these young people, for others it does not assist in preventing their involvement in on-going risk taking behaviours and can have a detrimental impact on younger residents in these units.</p> </li> <li>• <b>Secure Accommodation:</b> The Trust has access to four Secure Accommodation beds in Lakewood commissioned by the Board as an apportionment of the overall resource. For the majority of the reporting period these placements were sufficient to meet the needs of those young people fulfilling the criteria for Secure Accommodation who were presented to the Trust's Restriction of Liberty Panel. However, from December 2008 there have been several occasions when young people have met the criteria for Secure Accommodation but no bed has been available. On one such occasion it was possible to "borrow" a bed from another Trust. On other occasions it has been necessary to manage the risks within existing placements.</li> </ul>

- **Gateway Service:** Since January 2009 there has been a significant increase in the number of referrals to the Gateway Service which has put additional pressure on staff in relation to the completion of UNOCINI Initial Assessments within the timescale of 10 days.
- **Family Support:** Since the establishment of the Gateway Service in December 2008 there has been pressure at the transfer point with Family Support Teams in respect of unallocated cases which have been initially assessed by Gateway as having no child protection issues identified.
- **Leaving and After Care:** During this reporting period the Trust has been working towards greater compliance with statutory requirements in respect of Personal Advisors. Since January 2009 the Trust has recruited its full complement of 11.4 wte Personal Advisors. An audit in September 2008 identified 72 per cent compliance with the requirements for Pathway Plans to be completed in respect of all qualifying LAC.
- **Child Protection Case Conference Minutes:** As a consequence of the volumes of child protection conferences, the Trust has not achieved full compliance with the requirement to distribute minutes within 14 working days as per the Regional Policy and Procedures.
- **Fostering/Kinship Placements:** The Service has identified this area as one in which it is not fully discharging its statutory functions. The Trust is required to complete an interim assessment within six weeks of a child's placement with a relative or friend. If the placement is extended beyond six weeks, a full fostering assessment and approval of the carer/s is required.
- **Early Years:** The manager of the Early Years Services had identified a number of difficulties in relation to the discharge of the Trust's regulatory and inspection responsibilities in respect of Childminders and Day Care.

3.6	<p><b>Provide a progress report in relation to remedial action to improve performance including financial implications</b></p>
	<ul style="list-style-type: none"> <li>• <b>Young people aged 16+ requiring accommodation:</b> The Trust welcomes the Department's initiative to review the standards in respect of accommodation for the 16+ age range with a view to piloting a number of innovative projects outside of the current Children's Homes/Joint Commissioning supported accommodation range of options. This is likely to have considerable financial implications.</li>   <li>• <b>Secure Accommodation:</b> The Trust's Restriction of Liberty Panel meets on a regular basis once a fortnight and will continue to keep under review both individual children who meet the criteria for Secure Accommodation and for whom no secure placement is available and also the general level of demand for the Trust's allocation of secure beds in Lakewood.</li>   <li>• <b>Family Support:</b> The Trust is currently recruiting for an additional Family Support Team in order to address the current pressures arising out of caseload volumes generally and unallocated cases in particular. The Trust is also progressing a Family Support Strategy aimed at contracting a range of support services from voluntary/community providers to promote early and accessible, local provision. In addition the Trust welcomes the recent ministerial announcement of additional resources for the Gateway and Family Support Teams. The Trust notes the PSA target by March 2010 to provide family support interventions to 2,000 children in vulnerable families.</li>   <p><b>Gateway Service:</b> The Trust welcomes the recent ministerial announcement of additional resources for the Gateway Service which will provide an increase in staff.</p>   <li>• <b>Leaving and After Care:</b> The Trust has now recruited the full complement of Personal advisors. The introduction of Transition Teams as part of the overall restructuring of Family and Child Care fieldwork services should enable progress to be made towards full compliance in respect of Pathway Plans.</li>   <li>• <b>Child Protection Case Conference minutes:</b> The Trust recently held a workshop to address this issue and a standardised format for minutes is being implemented. This introduction of a streamlined, consistent format should assist in achieving compliance with the required timescales for distribution of minutes.</li> </ul>

	<ul style="list-style-type: none"><li>• <b>Early Years:</b> The Trust's Early Years Service Manager completed a review of caseloads which identified an imbalance across the two Sector Teams. Operational boundaries were changed and workloads re-distributed across the Teams. The respective Team Leaders report on a monthly basis in relation to the discharge of statutory functions. The Service is now fully compliant with its statutory remit.</li><li>• <b>Kinship Placements:</b> Revised kinship fostering payments and related information collation procedures and processes were implemented in October 2008. The Service has piloted an initiative with Fostering Network and the South Eastern Trust in which fostering staff will complete an assessment of the viability of a kinship placement from the point of a child's placement to determine whether a full fostering assessment should be actioned. The Service has prioritised for assessment all those kinship placements which have not been formally approved within the requisite six months with a view to completion of assessments and regularising of the placement arrangements.</li></ul>

<p><b>3.7</b></p>	<p><b>Indicate if the issues above are included in your Directorate's Risk Register</b></p>
	<p><b>Young People aged 16+:</b> The use of unregulated places for 16 -18 year olds outside of the care system is included on the Risk Register. There is a need for additional investment in this area in order to provide accommodation which will meet the levels of need and comply with the pending regulatory standards currently being developed.</p> <p><b>Family Support and Gateway:</b> Potential operational , logistical and resource issues arising from the Service's re-organisation and transition to the new structures within Family and Child Care, in particular the area of case transfers, is included on the Risk Register.</p> <p><b>Fostering:</b> Lack of placement choice is highlighted on the Risk Register with the implementation of the Trust's Resource Panel and the new recruitment team noted as the action plan in respect of this issue.</p> <p><b>Case Conference Minutes:</b> Included on the Risk Register. The review of administrative supports is included in a proposed Service action plan to address same.</p> <p>The issue of <b>Secure Accommodation</b> placements is not currently on the Risk Register – it is too early to assess if the pressure for places December 2008 – March 2009 was a temporary issue due to a number of particular factors in respect of individual young people.</p> <p>The issues in respect of <b>Leaving and After Care</b> are being successfully addressed through the implementation of Personal Advisors and Transition Teams and therefore are not currently on the Risk Register</p> <p>As noted in 3.6 above the issues within <b>Early Years</b> have been resolved and, therefore, are not included on the Risk Register.</p>

**3.8 Any identified training issues**

The Family and Child Care Service's Learning and Development plan reflects key strategic priorities and the principal training needs across the Service as determined through the aggregation of individual needs identified in the staff supervision process. The Service's Learning and Development Plan is informed by core themes such as child protection, family support work, services to looked after children and young people in Transitions and Leaving and After Care services, domestic violence, mental health, court skills, risk assessment and management and is contextualised within an overarching multi-disciplinary/multi-sectoral/legislative framework.

**Reflections on Learning and Development in 2008-2009**

The Belfast Trust's Personal Social Services Monitoring Report on Learning and Development Activity for 2008-2009 was submitted to the EHSSB on 31<sup>st</sup> March 2009. A significant proportion of training activity was directed at enhancing multi-disciplinary and multi-agency working. The delivery of UNOCINI training (Understanding the Needs of Children in Need in Northern Ireland) evidenced the Trust's commitment to enhancing multi-disciplinary/multi-sectoral training opportunities to promote integrated working and service delivery. The Trust collaborated with the Belfast Education and Library Board, Children in Northern Ireland, Barnardo's and the Beeches Centre for Nursing and Midwifery to jointly deliver the module to multi-agency attendees.

The 2009-10 Learning and Development Plan which was submitted to the Health and Social Care Board on 15<sup>th</sup> April 2009 sets out the Trust's response to the following key themes.

**Effective Leadership**

Effective leadership ultimately drives the quality and the effectiveness of the services delivered. Training programmes and workshops will explore how managers can be confident that decision-making, communication and information sharing within and between local services is effective in keeping children safe. It is anticipated that a central part of this work will explore the role of audit and quality assurance.

**Supervision**

Safeguarding children is a complex area of work and regular high-quality, organised supervision is critical to ensuring that casework is analysed, that there is opportunity for reflection and that there is space to explore the emotional stresses integral to child protection service delivery. The continued roll out of UNOCINI Module 3 and a discrete focus on the skills-base underpinning managerial professional supervision for first line managers will explore this area.

**Mentoring and Coaching**

The roles of the Principal and Senior Practitioners need to be consolidated and further developed. These experienced staff have key roles in the learning and development of new staff and in the profile and promotion of qualitative practice. The proposed Regional Coaching and Mentoring Course will provide an opportunity for Principal Practitioner and Learning and Development staff to capture how the mentoring role can be more effectively operationalised to improve practice.

**Developing Opportunities for Reflective Practice**

It is important that a blended approach to learning is maintained and developed. As a result of the emphasis on the UNOCINI Training Strategy over the year 2008-2009, there was a substantial focus on direct training programme delivery. This year's Family and Child Care Learning and Development Plan will incorporate action learning and developing learning opportunities within teams. Learning groups with Chairs of Case Conferences and Joint Protocol Workers are already underway.

**Supporting and Developing the Assessed Year in Employment Staff**

In the previous year systems have been developed to identify, track and support the worker. The continued development of these staff is critical to the securing of a stable and experienced workforce. A key challenge is to develop appropriate supports for this staff cohort which do not exacerbate pressures on the individual Team Leader through the development of mentoring and reflective practice learning opportunities facilitated by Senior and Principal Practitioners.

**Northern Ireland Post Qualification Framework (PQ)**

The Trust has previously achieved positive outcomes in relation to PQ uptake and attainments within Family and Child Care. The introduction of the New Northern Ireland PQ Framework at Masters level presents a number of challenges and opportunities. It is essential that access routes reflect and are sensitive to the range of operational pressures within Family and Child Care. A continuum of flexible programmes and accreditation routes is essential if the substantial benefits of the New PQ Framework are to be realised. An incremental approach linked to the provision of short modules is likely to be the optimal option for the majority of staff.

The availability of individual and informal learning supports will be central to the profiling and promotion of the Framework. In 2008-2009 work was completed with Learning and Development staff across the province to align Joint Protocol Modules 1 and 2 with New PQ accreditation processes. Plans are also underway to align other in-house courses including Therapeutic Crisis Intervention and a Pedagogy Programme.



**Inter-disciplinary/agency Training**

The Trust had submitted a funding proposal to the Commissioner in the context of its response to the recommendations of the Child Protection Overview Report to secure additional resources necessary to deliver the multi-professional safeguarding training agenda within the Trust. The Trust is awaiting the Commissioner's response to this proposal.

**Practice Learning Opportunities (PLO)**

To prepare Social Work students for the realities of working with children and families with complex needs, it is important that there are opportunities for a PLO in a front line statutory Children's Social Work Team. Approximately 40% of the Trust's PLO's are presently provided in Family and Child Care.

Operational pressures linked to the role of the on-site practice teacher and the withdrawal of honorarium payments are likely to impact on the Trust's capacity to deliver its apportionment of 108 PLO's in-year.

**Evaluation**

The Trust is seeking to develop performance /evaluative mechanisms which evidence the impact of learning and development activities on service delivery outcomes.

<b>3.9</b>	<p><b>SUMMARY</b></p> <p>The overarching strategic context has been informed by the ongoing modernisation and reform agenda, the evolving RPA change processes and the challenges related to the Comprehensive Spending Review.</p> <p>Against this background, there has been the continuing implementation of recommendations from the Child Protection Overview Report-Our Children and Young People-Our Shared Responsibility (December 2006) alongside the reform and modernisation agenda across children's services.</p> <p>At the same time there has been the national publicity and attendant criticisms arising out of the Baby Peter case which has impacted on staff morale.</p> <p>The Service has completed its restructuring with the establishment of Gateway and the Pathways service delivery model. Central to the re-organisation has been a consolidation of the 8a line to enhance management capacity and oversight in respect of the delivery of statutory services. The management structure has been consolidated to Tier 5 across the Service. Changes in the way fostering services have been delivered have been implemented and the Trust's Residential Strategy has been progressed over the course of the year.</p> <p>The workforce, professional, practice and assurance themes highlighted across the O'Neill, McElhill, Baby Peter and subsequent Laming recommendations will continue to inform the Service's emphasis on the priorities of workforce retention and improving practice through the accessing of learning and development opportunities within a culture of individual responsibility and accountability underpinned by strong professional and organisational supports.</p> <p>The Service has been fully engaged in the RIT process.</p> <p>The Service has sought to achieve consistency of service delivery systems and processes and to consolidate and further promote a Service identity across the legacy Trusts within the new structure while taking forward the implementation of a range of service, policy and practice developments including a professional supervision policy, caseload weighting system and UNOCINI framework.</p> <p>Other developments have included the implementation of Trust-wide panels to cover a range of functions including the Resource Panel, Restriction of Liberty Panel and Permanence Panel. The Trust's Family Support Strategy is also being progressed with the contracting of a continuum of services from voluntary/community providers.</p>
------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The Trust has continued to profile multi-sectoral/multi-professional approaches to the delivery of services to children and their families. In that regard, the Belfast-wide Trust Child Protection Panel, the Domestic Violence Forum, Court Welfare Service Team, and Outreach Service to support young people returning home from short-term Children's Homes, the Board's Intensive Support Service and wrap around supports to Looked After Children through the Children Looked After Support Service model reflect a focus on integrated working at both strategic and operational levels.

Public Protection Arrangements for Northern Ireland (PPANI) have been implemented from October 2008 in respect of Sexual, Violent and Potentially Dangerous Persons. A number of staff undertook the Stable and Acute Harris Risk Assessment Training in respect of PPANI.

Work has also commenced on a NI version of the Public Law Outline which introduced significant changes to care proceedings in England and Wales in 2008. It is anticipated that a NI draft version will be published later this year.

Issues related to service provision for ethnic minority communities, in particular the area of the Trust's statutory responsibilities in respect of adults with limited entitlements to financial and housing supports as a result of their residency and employability status, will continue to give rise to challenging legal, resource and professional issues. The Trust has identified the need for clarity in relation to its statutory duties in this area to the Department and the Commissioner. Practice issues include: services for unaccompanied minors; access to interpreter services and sensitivity to cultural issues when dealing with domestic violence and child protection matters; and development of accessible community based services.

The Service is committed to a strong user and community engagement across all aspects of service development, delivery and review. This is reflected in its representation on a range of local partnerships, its support for community and voluntary service providers and its engagement with VOYPIC (Voice of Young People in Care), the Children's Law Centre and the Commissioner for Children and Young People.

The above changes and developments have taken place against a background of considerable financial pressures arising from the Comprehensive Spending Review with Children's Services required to contribute £3.5 million over three years towards the overall Trust's savings target in this area.

Workforce issues have centred on: the maintenance and retention of experienced staff in practice settings; the development of supports for AYE staff; a focus on the discrete professional and managerial needs of Team Leaders across the Service; the development of the Senior and Principal Practitioner roles; and the promotion of learning opportunities linked to re-registration.

<p>In conclusion the fusion of organisational change, service modernisation and the overarching financial context are likely to raise significant challenges and opportunities in relation to the Trust's discharge of its Statutory Functions to children and families over the forthcoming period.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## QUANTITATIVE DATA

## Family and Child Care Service

2

<b>2.The Mental Health (NI) Order 1986</b>		
<b>Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115</b>		
<b>2.1.a</b>	<b>Number of Applications for Assessment by:</b>	
	<b>Nearest Relative</b>	
<b>2.1.b</b>	<b>Approved Social Worker</b>	<b>23</b>
	<i>Commentary</i>	
<b>2.2</b>	<b>ASW Response Times (measured from within one hour of requested time of arrival)</b>	
	<b>Commentary</b> This is not currently collated and clarity is required as to measurement required.	
<b>2.3</b>	<b>Number of Guardianships accepted by Trust:</b>	<b>0</b>
<b>2.3.a</b>	<b>New Applications</b>	<b>0</b>
<b>2.3.b</b>	<b>Renewal Applications</b>	<b>0</b>
	<b>Number of Guardianships accepted by a nominated other Person</b>	<b>0</b>
<b>2.4</b>	<b>Numbers referred to Tribunals</b>	<b>0</b>
	<b>Commentary</b>	
<b>2.5</b>	<b>Number of newly Approved Social Workers during year</b>	<b>0</b>
	<b>Number of Approved Social Workers removed during year</b>	<b>0</b>
	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	<b>7 (EDT)</b>
	<b>Commentary</b> Please see Mental Health Services Quantitative Data 2.	

<b>Duration of time on the Child Protection Register Family and Child Care Service</b>																							
<b>Definition:</b>																							
<ol style="list-style-type: none"> <li>1. The percentage of children whose names have been on the child protection register continuously for 2 years or more as at 31 March as a total of the number of children on the register; and</li> <li>2. The percentage of children as at 31 March whose names had been on the register continuously for 2 years or more and were removed from the Child Protection Register</li> </ol>																							
<b>Related Indicators:</b>																							
Re-registrations on the Child Protection Register																							
<b>Exclusions:</b>																							
<b>None</b>																							
<b>Outcome:</b> Living in safety and with stability																							
Number of Children on Child Protection Register as at 31 March	671																						
Number of children as at 31 March who were on the Child Protection Register continuously for 2 or more years	138																						
Number of children during the year whose names were removed from the register	306																						
Number of children during the year whose names were removed from the register who on the day of de-registration had been on the register for 2 or more years	59																						
The percentage of children whose names have been on the child protection register continuously for 2 years or more as at 31 March as a total of the number of children on the register	21%																						
The percentage of children as at 31 March whose names had been on the register continuously for 2 years or more and were removed from the Child Protection Register during the year	17%																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><b>Belfast Trust</b></th> <th style="width: 50%;"><b>HSCT</b></th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b></td> <td></td> </tr> <tr> <td>1. No of children whose names were on the register for 2 or more years.</td> <td style="text-align: center;">138</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b></td> <td></td> </tr> <tr> <td>1. Total number of children on the child protection register</td> <td style="text-align: center;">671</td> </tr> <tr> <td><b>%</b></td> <td style="text-align: center;"><b>20.5%</b></td> </tr> <tr> <td><b><u>NUMERATOR</u></b></td> <td></td> </tr> <tr> <td>2. No of children whose names were removed from the register who had been on the register for 2 or more years.</td> <td style="text-align: center;">59</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b></td> <td></td> </tr> <tr> <td>2. Total number of children whose names were removed from the child protection register.</td> <td style="text-align: center;">306</td> </tr> <tr> <td><b>%</b></td> <td style="text-align: center;"><b>19%</b></td> </tr> </tbody> </table>		<b>Belfast Trust</b>	<b>HSCT</b>	<b><u>NUMERATOR</u></b>		1. No of children whose names were on the register for 2 or more years.	138	<b><u>DENOMINATOR</u></b>		1. Total number of children on the child protection register	671	<b>%</b>	<b>20.5%</b>	<b><u>NUMERATOR</u></b>		2. No of children whose names were removed from the register who had been on the register for 2 or more years.	59	<b><u>DENOMINATOR</u></b>		2. Total number of children whose names were removed from the child protection register.	306	<b>%</b>	<b>19%</b>
<b>Belfast Trust</b>	<b>HSCT</b>																						
<b><u>NUMERATOR</u></b>																							
1. No of children whose names were on the register for 2 or more years.	138																						
<b><u>DENOMINATOR</u></b>																							
1. Total number of children on the child protection register	671																						
<b>%</b>	<b>20.5%</b>																						
<b><u>NUMERATOR</u></b>																							
2. No of children whose names were removed from the register who had been on the register for 2 or more years.	59																						
<b><u>DENOMINATOR</u></b>																							
2. Total number of children whose names were removed from the child protection register.	306																						
<b>%</b>	<b>19%</b>																						

**PERFORMANCE INDICATORS FOR SOCIAL CARE STATUTORY  
FUNCTIONS 08/09**

<b>STABILITY OF PLACEMENT OF LOOKED AFTER CHILDREN Family and Child Care Service</b>									
<b>Definition:</b> The percentage of looked after children as at 31 March who had 3 or more separate placements over any 6 month period in the preceding year									
<b>Related Indicators:</b> Long term stability of looked after children Permanency - % of looked after children placed for adoption and the timescales									
<b>Exclusions:</b> Planned respite (up to 28 days at a time) Holidays Hospital admissions <i>These exclusions would not be considered to be a change in placement resulting in instabilities.</i>									
<b>Outcome:</b> <b>Living in Safety and with Stability</b>									
<b>Number of looked after children as at 31 March who had 3 or more separate placements (over any 6 month period in preceding year)</b>	<b>3</b>								
<b>Total number of looked after children as at 31 March</b>	<b>587</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%; text-align: center;">HSCCT</th> </tr> </thead> <tbody> <tr> <td><b><u>NUMERATOR</u></b> No of LAC at 31 March that had 3 or more separate placements over a six month period.</td> <td align="center">3</td> </tr> <tr> <td><b><u>DENOMINATOR</u></b> No of LAC on 31<sup>st</sup> March 2009.</td> <td align="center">587</td> </tr> <tr> <td><b>%</b></td> <td align="center"><b>&lt;1%</b></td> </tr> </tbody> </table>			HSCCT	<b><u>NUMERATOR</u></b> No of LAC at 31 March that had 3 or more separate placements over a six month period.	3	<b><u>DENOMINATOR</u></b> No of LAC on 31 <sup>st</sup> March 2009.	587	<b>%</b>	<b>&lt;1%</b>
	HSCCT								
<b><u>NUMERATOR</u></b> No of LAC at 31 March that had 3 or more separate placements over a six month period.	3								
<b><u>DENOMINATOR</u></b> No of LAC on 31 <sup>st</sup> March 2009.	587								
<b>%</b>	<b>&lt;1%</b>								
<b>Comments</b>									



<b>Long Term Stability of Looked After Children Family and Child Care Service</b>									
<b>Definition:</b> The percentage of children as at 31 March who had been looked after continuously for at least 2 ½ years, who were currently in a foster placement where they had spent the last 2 years									
<b>Related Indicators:</b> Stability of placements of looked after children									
<b>Exclusions:</b> Children looked after at any time during that period under an agreed set of short term placements A child placed for adoption with their existing foster carers is not counted as a change of placement									
<b>Outcome:</b> Living in safety and with stability									
<b>Number of children who had been continuously looked after at least 2 ½ years as at 31 March</b>	<b>402</b>								
<b>The number of those who were in a foster placement as at 31 March</b>	<b>422</b>								
<b>Of the number of those in foster placement at 31 March, how many had been with the same foster carer continuously for at least 2 years</b>									
<b>Percentage</b> of children as at 31 March who had been looked after continuously for at least 2 ½ years, who were currently in a foster placement where they had spent the last 2 years									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Belfast Trust</th> <th style="width: 50%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b>NUMERATOR</b> No of children in foster placement, who have been with the same foster carer continuously for at least 2 years</td> <td></td> </tr> <tr> <td><b>DENOMINATOR</b> No of children looked after continuously for at least 2.5 years</td> <td style="text-align: center;">402</td> </tr> <tr> <td>%</td> <td></td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b>NUMERATOR</b> No of children in foster placement, who have been with the same foster carer continuously for at least 2 years		<b>DENOMINATOR</b> No of children looked after continuously for at least 2.5 years	402	%	
Belfast Trust	HSCT								
<b>NUMERATOR</b> No of children in foster placement, who have been with the same foster carer continuously for at least 2 years									
<b>DENOMINATOR</b> No of children looked after continuously for at least 2.5 years	402								
%									
<b>Comments</b>									
SOSCARE does not provide a report which identifies whether or not a child has remained in the same fostering placement, as opposed to remaining in foster care, over a period of time.									



## 4 ADOPTION (NI) ORDER 1987

### Article 3(as amended by HPSS Order 1994)

<b>4a</b>	<b>Prospective Adopters</b>		
4a.1	No of adoption enquiries		74
4a.2	No of adoption applications		21
4a.3	No of Prospective Adopters (Domestic) counselled		31
4a.4	No of prospective adopters where full assessment completed		15
4a.5	No of prospective adopters where assessment terminated		10
4a.6	No of prospective adopters approved		7
4a.7	No of prospective adopters awaiting assessment		10
4a.8	Previously approved prospective adopters (domestic) waiting for placement		15
4a.8	Details of recruitment, assessment, training, support for prospective adopters		
	(i)	Recruitment Events	1
	(ii)	Information Days/Preparation courses for 1 <sup>st</sup> time applicants	2
	(iii)	Training courses for approved adopters	2
<b>4b</b>	<b>Children</b>		
4b.1	No of birth parents counselled	Trust	8
		Vol Adoption Agencies	15
		<i>Total</i>	23
4b.2	No of children referred to the Adoption Panel		19
4b.3	No of children freed for adoption		9
4b.4	No of children placed on a dual approval basis		6
4b.5	No of children placed for adoption (freeing and agreement)		20
4b.6	No of Adoption Orders granted (child placed by Trust)		18
4b.7	No of Adoption Orders granted (step family/family adoption)		1
4b.8	No of children awaiting placement (freed for adoption or agreement given)		3
<b>4c</b>	<b>Post Adoption (Children)</b>		
4c.1	Adoption Allowances		74
4c.2	Post Box – Referrals for 01.04.2008 to 31.03.2009	Total no of children	34
		Total no of exchanges	60
4c.3	Post Box – Active at 31.03.2009	No of children	88
		No of exchanges	164
4c.4	Direct contact arrangements	No of children	28
		No of meetings	43
4c.5	Birth parent counselling		8
4c.6	Post adoption support		20
<b>4d</b>	<b>Post Adoption (Adults) – Service provided for both Belfast &amp; South Eastern Trusts</b>		
4d.1	No of active cases (monthly average)		158
<b>4e</b>	<b>Permanence</b>		
4e.1	Number of children referred for Permanence Planning		23

## 4 ADOPTION (INTERCOUNTRY ASPECTS) ACT (NI) 2001

**The ICA Team in the Belfast Trust provides the service for both the Belfast and South Eastern Trust.**

<b>4f</b>	<b>Intercountry Adoption (Belfast and South Eastern Trust)</b>	
<b>4f.1</b>	<b>No of enquiries re intercountry adoption</b>	<b>39</b>
<b>4f.2</b>	<b>No of Prospective Adopters counselled</b>	<b>25</b>
<b>4f.3</b>	<b>No of adoption applications</b>	<b>24</b>
<b>4f.4</b>	<b>No of Prospective Adopters where full assessment completed</b>	<b>15</b>
<b>4f.5</b>	<b>No of Prospective Adopters approved</b>	<b>15</b>
<b>4f.6</b>	<b>Previously approved prospective adopters (ICA) waiting for placement</b>	<b>7</b>
<b>4f.7</b>	<b>No of Prospective Adopters awaiting assessment</b>	<b>34</b>
<b>4f.8</b>	<b>No of placements from convention countries</b>	<b>0</b>
<b>4f.9</b>	<b>No of Adoption Orders from Convention countries</b>	<b>1</b>
<b>4f.10</b>	<b>No of placements from Non-Convention countries</b>	<b>2</b>
<b>4f.11</b>	<b>No of Adoption Orders from Non-Convention countries</b>	<b>1</b>
<b>4f.12</b>	<b>Information Days/Preparation Courses for Intercountry adopters provided by the Belfast Trust on a regional basis</b>	
	<b>(i) Information Days</b>	<b>6</b>
	<b>(ii) Preparation courses for 1<sup>st</sup> time applicants</b>	<b>6</b>
	<b>(iii) Adopting Again courses</b>	<b>1</b>

**8 CARERS AND DIRECT PAYMENTS ACT 2002**

<b>8.1</b>	<b>Number of Adult carers receiving individual carers assessments</b>	<b>31</b>
<b>8.1.b</b>	<b>Number of Carers receiving a service</b>	<b>31</b>
<b>8.2</b>	<b>Number of young carers assessed</b>	<b>-</b>
<b>8.2.b</b>	<b>Number of young carers receiving a service</b>	<b>12*</b>
<b>8.3</b>	<b>Number of people receiving direct payments</b>	<b>31</b>
<b>8.4</b>	<b>Number of carers receiving direct payments</b>	<b>31</b>

**Commentary**

Direct payments were made to carers / parents following Carer's Assessments. These allowed parents to identify resources required to support them and their children in their ongoing care. Direct payments were made in respect of a range of services incorporating day-care, alternative therapies and specialist play/living equipment in respect of children with special needs.

Direct payments afforded parents the opportunity to choose Care / Support Services to best match their child's needs while retaining responsibility for the quality care provided to their children.

\*Family and Child Care in partnership with the Mental Health Programme jointly funds a Young Carers' Group. In addition 12 young carers have been funded to complete the Duke of Edinburg award under the family support strategy.

<b>Service Users in Receipt of Direct Payments Family and Child Care Service</b>																															
<b>Definition:</b> The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March																															
<b>Related Indicators:</b> No. of Carers in Receipt of Direct Payments																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Belfast Trust</th> <th style="width: 30%;">HSCT</th> </tr> </thead> <tbody> <tr> <td><b>NUMERATOR</b> No of service users in receipt of direct payments in each Programme of Care. Family and Child Care Service</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">31</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><b>DENOMINATOR</b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria. Family and Child Care Service</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">4062</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>% Family and Child Care Service</td> <td style="text-align: center;">&lt;1%</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		Belfast Trust	HSCT	<b>NUMERATOR</b> No of service users in receipt of direct payments in each Programme of Care. Family and Child Care Service			31							<b>DENOMINATOR</b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria. Family and Child Care Service			4062							% Family and Child Care Service	<1%						
Belfast Trust	HSCT																														
<b>NUMERATOR</b> No of service users in receipt of direct payments in each Programme of Care. Family and Child Care Service																															
	31																														
<b>DENOMINATOR</b> No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria. Family and Child Care Service																															
	4062																														
% Family and Child Care Service	<1%																														
<b>Commentary</b>																															
The Denominator relates to the Service's Children in Need caseload as of 31/03/09.																															

**3. GENERAL NARRATIVE**

**Service Area: Children’s Disability Service/CAMHS**

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>William Morrow – Service Manager for Children’s Disability.</p> <p>This Is a designated social work post to ensure there are effective social work/social care governance arrangements in Children’s Disability Services and CAMHS.</p> <p>There is a line of professional accountability from the individual practitioner through the managerial and professional supervisory line to the Associate Director of Social Worker and on to the Director of Social Work and Trust Board in relation to Services to children with a disability.</p> <p>(Please see Appendix S6)</p>

<p><b>3.2</b></p>	<p><b>Supervision arrangements for social workers</b></p>
	<p>In Children’s Disability Services there is a direct professional line management structure which facilitates professional supervision arrangements for Social Workers.</p> <p>The Co-Director Children’s Disability Services/CAMHS is a registered Social Worker and the Service Manager and Assistant Service Manager are designated social work posts. The Team Leader posts are designated social work posts with the exception of Forest Lodge and the Schools Interdisciplinary Team. Forest Lodge is registered as a nursing home and is a nurse led unit. It is jointly inspected by Nursing &amp; Social Work as part of the RQIA regulatory arrangements. There is one designated social work post in the Schools Interdisciplinary Team. Professional supervision is provided by a fieldwork team leader.</p> <p>The Trust is presently reviewing professional supervision arrangements for designated Social Work posts within CAMHS Services. Although staff are supervised on line management basis and participate in a bi-monthly practice and reflective learning group, the current arrangements do not meet the requisite standard for individual professional supervision. As a contingency arrangement, the Service Manager will provide professional supervision to those staff in designated posts pending a resolution of professional supervisory arrangements for the Service.</p> <p>This situation has resulted from ongoing difficulties in recruiting an 8a post to the Service.</p>



<b>3.3</b>	<p><b>Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.</b></p>																		
	<p>There is a Service Group Governance Group which oversees assurance arrangements and the delivery of statutory functions. There is Children’s Services Incident Reporting and Review Group which feeds through to this group as well as specific teams. Key items include supervision, risk registers, learning from case management reviews etc.</p> <p>A line management audit of supervision records focused on frequency, specific case discussions/action, personal/professional development and feedback on performance. The audit identified a range of performance across the service sector. The key findings included:</p> <p>In Disability Services, there was general compliance with the frequency of supervision requirements. In residential (Willow Lodge) the frequency was high with the exception of a two month period.</p> <p>There was strong evidence of attention to personal/professional development across the Sector. There was limited evidence of feedback on performance other than in the case of those staff engaged in the Assessed Year in Employment (AYE).</p> <p>Monthly monitoring reports were completed in relation to Forest Lodge and Willow Lodge. Case files sampled revealed the following:-</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">LAC Reviews held</td> <td style="text-align: right;">100%</td> </tr> <tr> <td style="padding-left: 20px;">LAC Reviews held within required timescales</td> <td style="text-align: right;">92.5%</td> </tr> <tr> <td style="padding-left: 20px;">Review of Arrangements in file</td> <td style="text-align: right;">50%</td> </tr> <tr> <td style="padding-left: 20px;">Section of Review of Arrangements in file</td> <td style="text-align: right;">42.5%</td> </tr> <tr> <td style="padding-left: 20px;">No prescribed LAC documentation in file</td> <td style="text-align: right;">7.5%</td> </tr> </table> <p>An audit of LAC review processes was carried out in Muckamore for the period April 08 – December 08. This provided strong evidence of compliance with LAC requirements. In relation to six children the evidence was as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">LAC Review held and within timescales</td> <td style="text-align: right;">100%</td> </tr> <tr> <td style="padding-left: 20px;">Chaired by APSW or more senior manager</td> <td style="text-align: right;">100%</td> </tr> <tr> <td style="padding-left: 20px;">Family attendance</td> <td style="text-align: right;">90%</td> </tr> <tr> <td style="padding-left: 20px;">School attendance</td> <td style="text-align: right;">50%</td> </tr> </table> <p>An action plan has been developed to take forward remedial actions in relation to supervision and LAC documentation.</p> <p>A system has been introduced where team leaders are required to keep a file containing copies of NISCC registration details. They are also expected to use this as an alert system for re-registration.</p>	LAC Reviews held	100%	LAC Reviews held within required timescales	92.5%	Review of Arrangements in file	50%	Section of Review of Arrangements in file	42.5%	No prescribed LAC documentation in file	7.5%	LAC Review held and within timescales	100%	Chaired by APSW or more senior manager	100%	Family attendance	90%	School attendance	50%
LAC Reviews held	100%																		
LAC Reviews held within required timescales	92.5%																		
Review of Arrangements in file	50%																		
Section of Review of Arrangements in file	42.5%																		
No prescribed LAC documentation in file	7.5%																		
LAC Review held and within timescales	100%																		
Chaired by APSW or more senior manager	100%																		
Family attendance	90%																		
School attendance	50%																		

The number of unallocated cases at month end has remained low.

In relation to the provision of services to children within the Autistic Spectrum, the Trust has established a strategic forum with representation from Adult Learning Disability Services, Child Health and CAMHS to develop a coherent, seamless service pathway. HWIP monies will provide a resource base within which to take forward the development of referral, assessment and service delivery processes.

There were 105 new referrals to one of the Children's Disability Teams between April 2008 and March 2009. Sixty one (58.1%) of these were children with ASD/Aspergers. The referral sources were Paediatricians (38) and Child Development Clinics (23)

There is now a greater level of publicity and recognition of the needs of children with ASD and their families. This is increasing expectations and the demand for support services. It is essential that the discrete needs of Children within the Autistic Spectrum are appropriately profiled and resourced.



<p><b>3.4</b></p>	<p><b>Report on Directorate's compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)</b></p>
	<p>Monthly monitoring reports were provided to RQIA in respect of Forest Lodge and Willow Lodge. There was an announced inspection in Willow Lodge on 07.10.08 and an unannounced inspection on 15.10.08. There was generally a high level of compliance with standards. The main concern was the continuing placement of a young person over 18 in the home. He has now moved to accommodation in Adult Services.</p> <p>There was an announced inspection in Forest Lodge on 26.02.09 and an unannounced inspection on 27.09.08. The announced inspection report has not been received to date. Verbal feedback on the announced inspection and the unannounced report confirm a high level of compliance with standards.</p> <p>The EHSSB conducted an audit of Disabled Children's Residential Units against the recommendations of the Cherry Lodge Report. (Willow Lodge 22.09.08 and Forest Lodge 24.09.08). The written report has not been received by the Trust but verbal feedback raised no significant concerns for remedial action.</p> <p>The Service is compliant with workforce requirements in relation to NISCC registration.</p> <p>A sampling of a fieldwork team demonstrated that the team leader had maintained a team record of copies of individual social worker's registration certificate.</p>

<p><b>3.5</b></p>	<p><b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b></p>
<p>1.  2.  3.  4.</p>	<p>Historically there has been an underfunding of services, particularly in the North and West Sector, in relation to children with a disability. This issue has been recognised by the Commissioner and will be addressed to some degree through the current HWIP monies allocation.</p> <p>The Service has recently completed a re-structuring with the transfer of responsibility for children from the North and West Sector. A key issue for the Trust is the equitable distribution of the available workforce resource across the Trust and ensuring the equitable line management arrangements across both Sectors.</p> <p>The Service currently has 132 children receiving residential or short break respite services. The audits/monitoring indicate that LAC Reviews are carried out at the required time intervals. In light of these volumes and available staff capacity, the Service has not been able to ensure that all individual reviews are chaired by an APSW.</p> <p>As a result of ongoing recruitment issues, the Trust has not been able to meet the requisite standard for individual professional supervision for those CAMHS' staff in designated social work posts.</p> <p>The Neo-natal unit in the Royal Victoria Hospital has only eight hours social work cover. This is an important service in terms of early intervention, family support and ensuring comprehensive assessment and holistic care. The Trust has previously addressed the implications for service delivery of this resourcing with the Commissioner.</p>

<p><b>3.6</b></p>	<p><b>Provide a progress report in relation to remedial action to improve performance including financial implications</b></p>
<p>1.  2.  3.  4.</p>	<p>A demand and capacity caseload analysis will be carried out across the Service. This will also look at the deployment of staffing against priority areas. Proposals will be submitted to the commissioner for ASD and additional respite services.</p> <p>The Service has previously addressed with the Commissioner span of control issues in relation to the Team Leader post in the South and East sector. In the context of the re-configuration of staff related to the assimilation of North and West sector staff and HWIP funding, the Service intends to recruit an additional Team Leader post to resolve this situation.</p> <p>An APSW in Family &amp; Child Care has assisted with LAC Reviews. It is anticipated this will continue. An Assistant Service Manager with extensive experience in children’s disability services took up post in September 2008.</p> <p>The Trust is reviewing current professional supervisory arrangements for CAMHS staff in designated social work posts with a view to ensuring requisite standards in relation to individual supervision are met. As an interim measure, professional supervision will be provided to those staff in designated posts by the Community Services Manager.</p> <p>The Trust will continue to pursue the development of Social Work Supports to the Neo-natal Unit in the Royal Victoria Hospital with the Commissioner.</p>

<p><b>3.7</b></p>	<p><b>Indicate if the issues above are included in your Directorates Risk Register</b></p>
	<p>The following are included on the Service Sector Risk Register.</p> <p>The establishment of appropriate managerial arrangements across the restructured Children’s Disability fieldwork services.</p> <p>The lack of adequate neo-natal social work cover has been included on the Service Group Risk Register.</p> <p>The issue of professional supervisory arrangements in CAMHS will be considered at the next Service Sector Governance meeting with a view to it’s inclusion on the Service Sector Risk Register.</p>

3.8	Any identified training issues
	<p>The following are issues specific to Children's Disability Services:</p> <ul style="list-style-type: none"><li>➤ Child Protection training for the members of the North and West Children's Team (Social Work and Nursing). They have all received training in their previous posts but did not work in a dedicated Children's Service. They have had to deal with more child protection issues in their new role.</li><li>➤ Supervision training for the team leader and the Band 5 &amp; 6 Nurses in Forest Lodge Children's Respite Unit.</li><li>➤ Managing Challenging Behaviour and Physical Intervention training. This will need to be customised to particular units e.g. Forest Lodge.</li><li>➤ The need for Direct Payments and Carers Needs Assessment training is ongoing.</li></ul> <p>(Please see 3.8 Training Issues commentary Family and Child Care Service.).</p>

<b>3.9</b>	<b>SUMMARY</b> <p>The reporting year 2008/09 has been one of transition for Children's Disability Services with a number of key developments:</p> <ul style="list-style-type: none"><li>➤ The Belfast children in Muckamore Abbey have moved to Somerton Road meeting the Ministerial target to have no children living in Muckamore Abbey by 31<sup>st</sup> March 2009.</li><li>➤ Work has commenced on the new assessment and treatment unit at Iveagh. This is scheduled to be opened in early 2010 when admissions of children to Muckamore Abbey should no longer be necessary.</li><li>➤ A Business Case has been finalised for 10 additional residential beds in the community (4 residential, 4 respite and 2 shared care). This will be a vital component in the continuum of care from hospital provision to Iveagh to home based support.</li><li>➤ A dedicated Children's Disability Service has now been established across the Trust with fieldwork teams comprising social work and nursing in both South and East and North West localities. This brings with it the expectation to deliver the service in a more effective and equitable way across the Trust. Managing demand and securing the necessary resources to meet our legal requirement will be a major challenge.</li><li>➤ There are a number of areas of work associated with the establishment of the children's service and the interface with adult services which require careful attention. These include:<ul style="list-style-type: none"><li>- The transition between children's and adult services.</li><li>- The utilisation of behavioural support services and Psychology Services.</li><li>- Children with complex physical health care needs.</li></ul></li></ul>
------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## QUANTITATIVE DATA

<b>2.The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115</b>

<b>2.1.a</b>	<b>Number of Applications for Assessment by:</b>	
	<b>Nearest Relative</b>	<b>0</b>
<b>2.1.b</b>	<b>Approved Social Worker</b>	<b>2</b>
	<i>Commentary</i>	
<b>2.2</b>	<b>ASW Response Times (measured from within one hour of requested time of arrival)</b>	
	<i>Commentary</i> <b>This is not currently collated and clarity is required as to measurement required.</b>	
<b>2.3</b>	<b>Number of Guardianships accepted by Trust:</b>	<b>0</b>
<b>2.3.a</b>	<b>New Applications</b>	<b>0</b>
<b>2.3.b</b>	<b>Renewal Applications</b>	<b>0</b>
	<b>Number of Guardianships accepted by a nominated other person</b>	<b>0</b>
<b>2.4</b>	<b>Numbers referred to Tribunals</b>	<b>2</b>
	<i>Commentary</i>  <b>This relates to one particular young person. A Tribunal was held in May 08 and recommended discharge from hospital by 31<sup>st</sup> July 2008. They were re-admitted for assessment in December 08 and a Tribunal is scheduled for 28.04.09.</b>	
<b>2.5</b>	<b>Number of newly Approved Social Workers during year</b>	<b>0</b>
	<b>Number of Approved Social Workers removed during year</b>	<b>0</b>
	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	<b>3</b>

**Commentary**

**The number of Approved Social Workers in Children's Disability and CAMHS is under review in the context of the utilisation of the Trust's overall ASW resource.**

**Please see Mental Health Services Quantitative Data 2.**



<b>8 CARERS AND DIRECT PAYMENTS ACT 2002</b>
----------------------------------------------

<b>8.1</b>	<b>Number of Adult carers receiving individual carers assessments</b>	<b>30</b>
<b>8.1.b</b>	<b>Number of Carers receiving a service</b>	<b>--</b>
<b>8.2</b>	<b>Number of young carers assessed</b>	<b>2</b>
<b>8.2.b</b>	<b>Number of young carers receiving a service</b>	<b>-</b>
<b>8.3</b>	<b>Number of people receiving direct payments</b>	<b>49</b>
<b>8.4</b>	<b>Number of carers receiving direct payments</b>	<b>49</b>

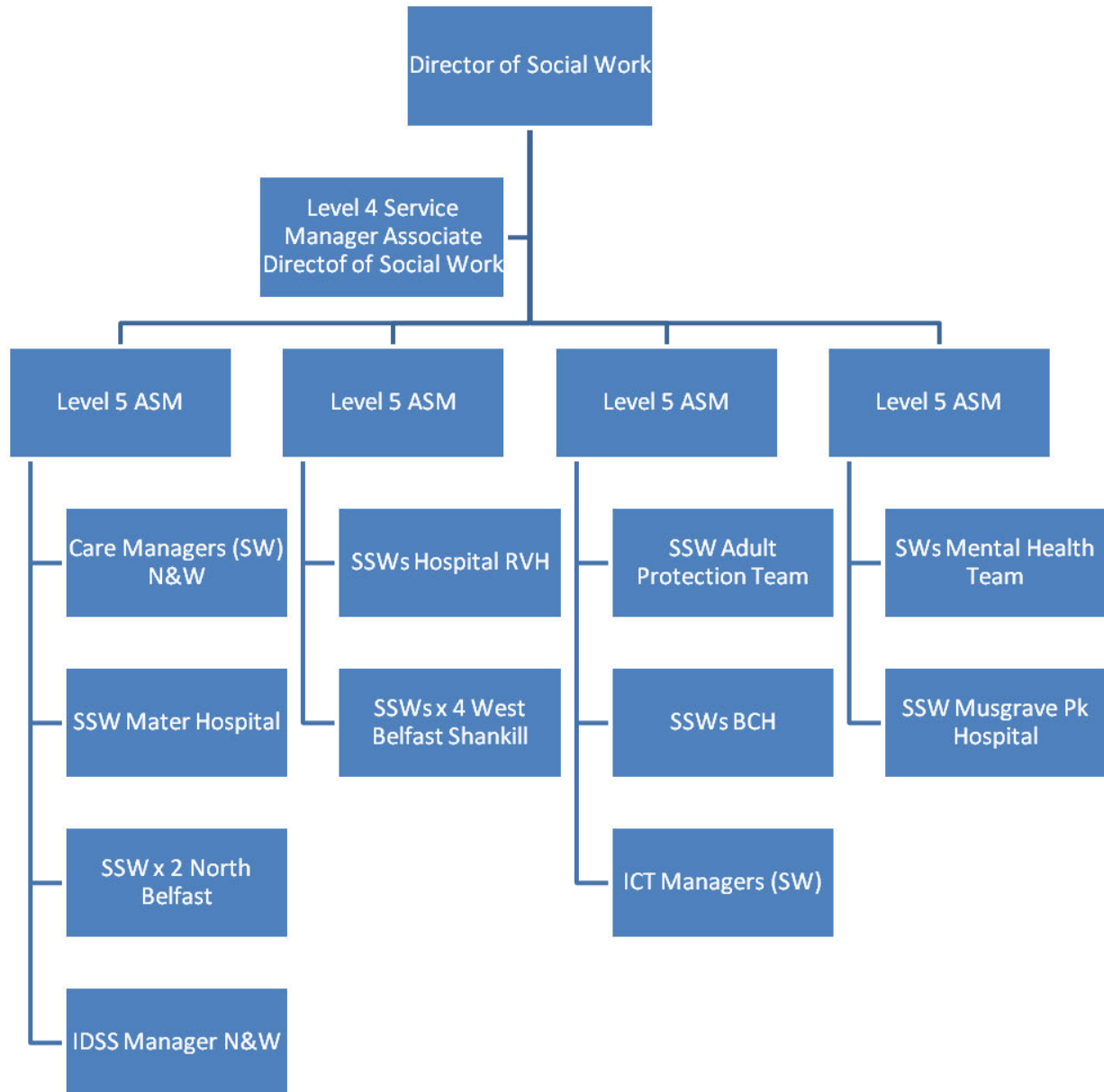
**Commentary**

For children with a disability the Direct Payment is ordinarily given to the parents. The needs of siblings within families are recognised and supported through agencies like the 174 Trust, Aspergers Network and Autism N.I.

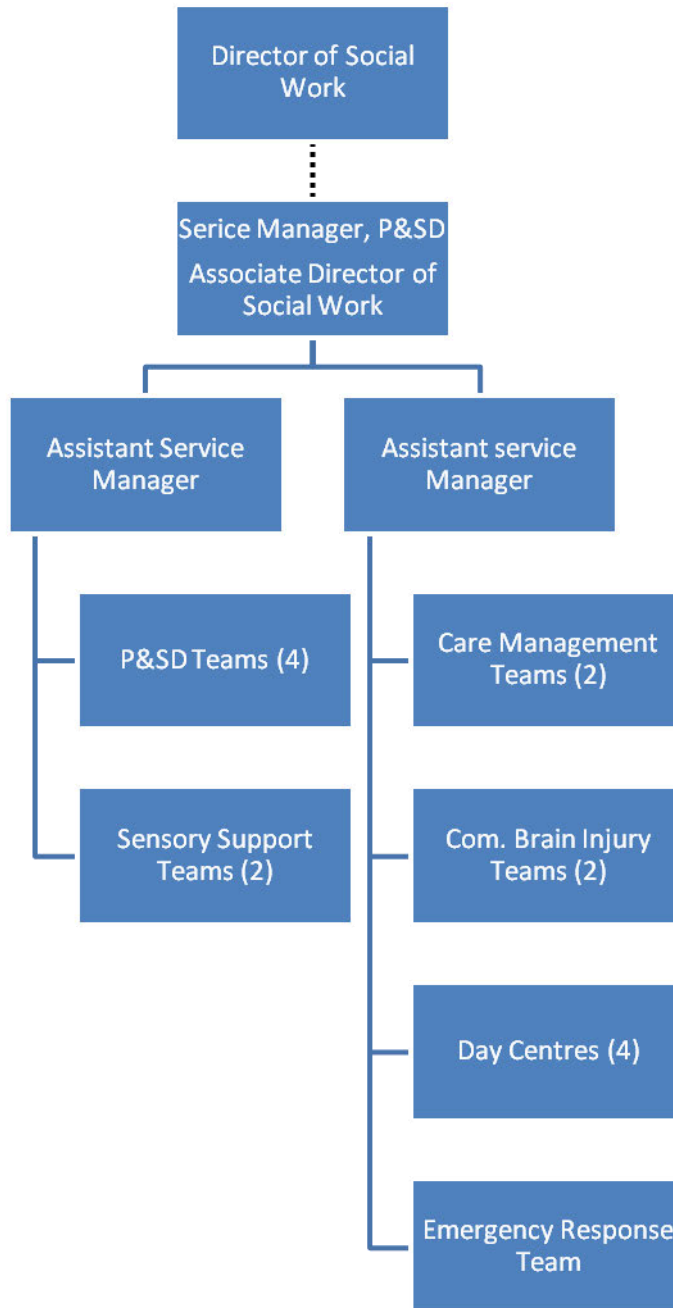
<b>Service Users in Receipt of Direct Payments Children's Disability Services/CAMHS</b>	
<b>Definition:</b> The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March	
<b>Related Indicators:</b> No. of Carers in Receipt of Direct Payments	
Belfast Trust	<b>HSCT</b>
<b>NUMERATOR</b>	
No of service users in receipt of direct payments in Programme of Care.	
Children's Disability Service	49
<b>DENOMINATOR</b>	
No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.	
Children's Disability Service/CAMHS	708
%	
Family and Child Care Service	6.9%

# APPENDICES

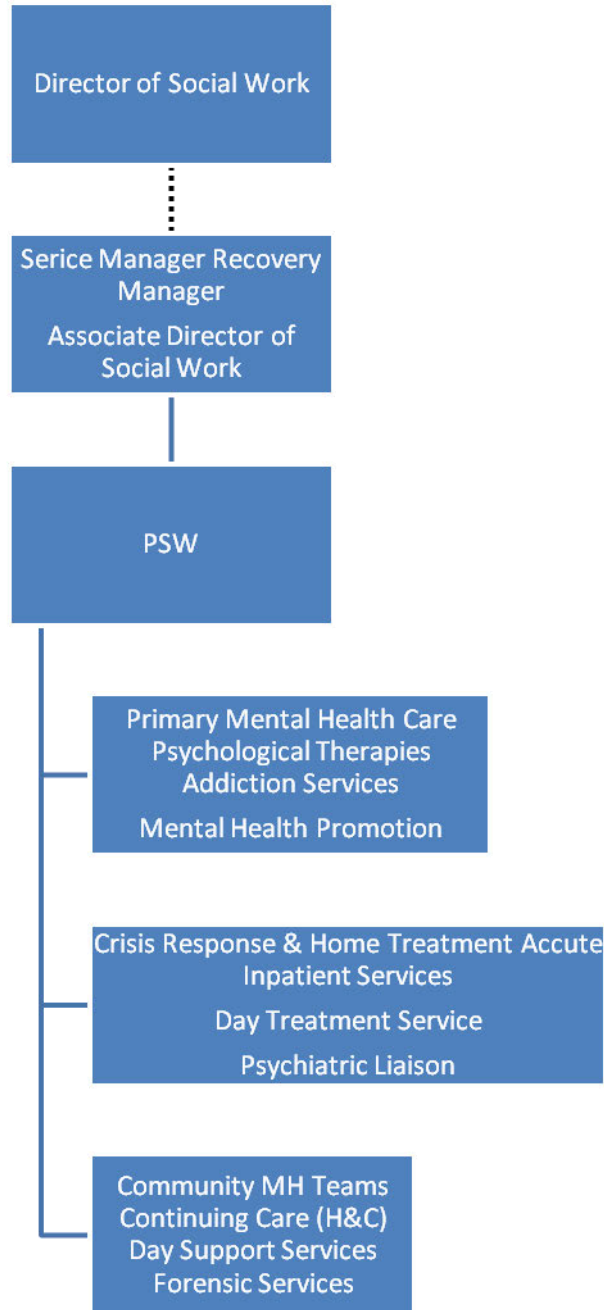
**Professional Social Work Lines of Accountability  
Older People Medicine and Surgery**



### Professional Social Work Lines of Accountability Physical & Sensory Disability Services



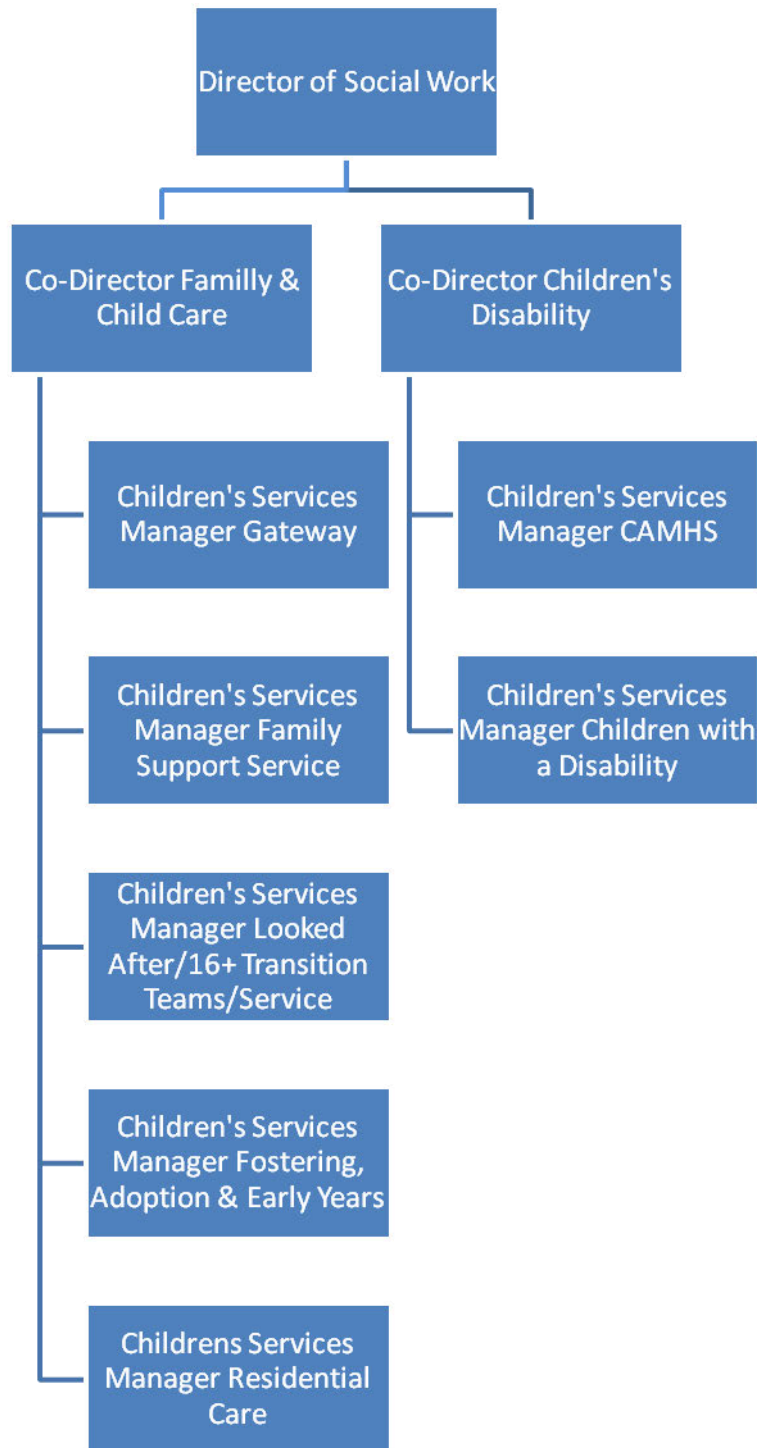
### Professional Social Work Lines of Accountability Mental Health Services



## Professional Social Work Lines of Accountability Learning Disability Services

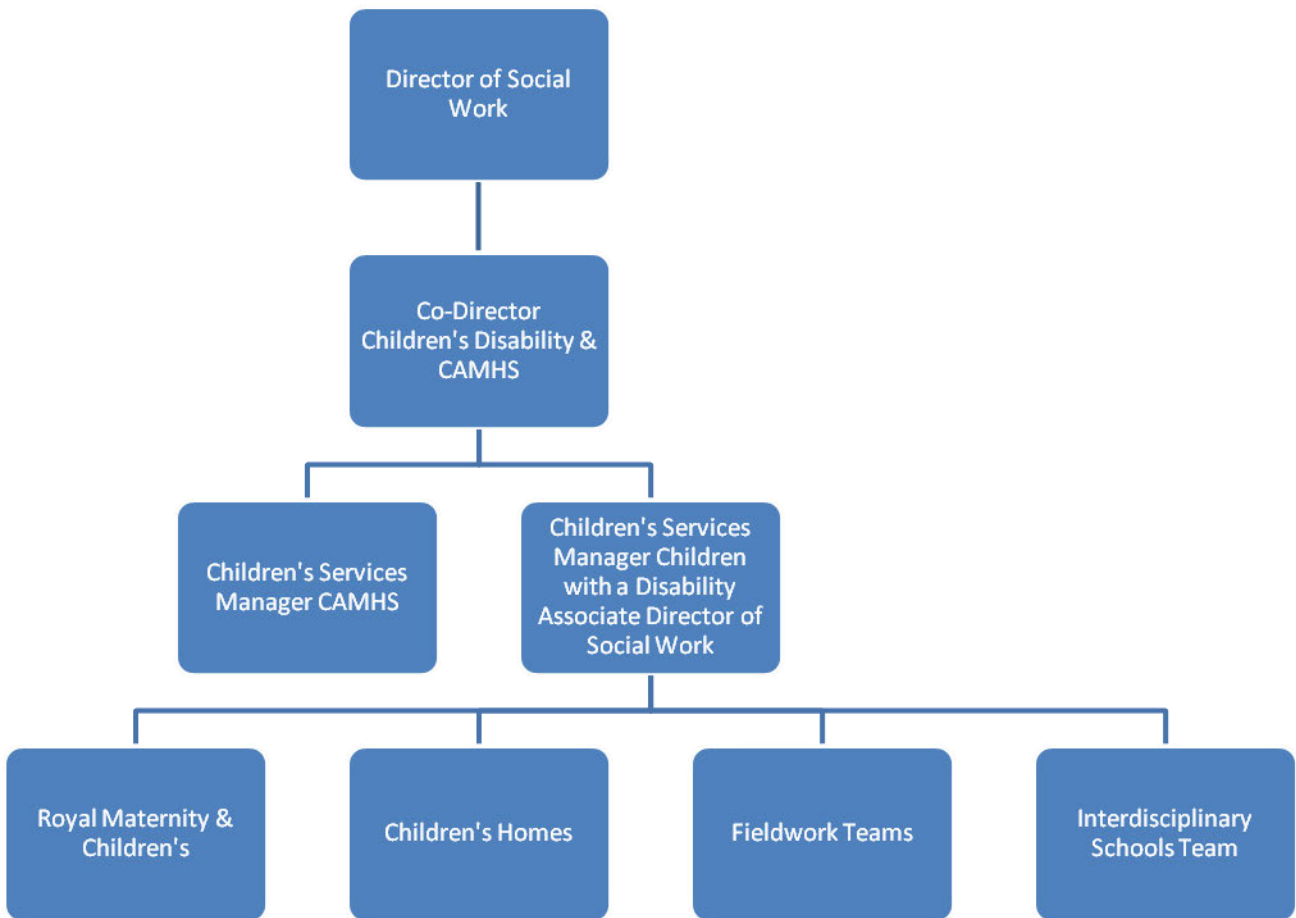


### Professional Social Work Lines of Accountability Family and Child Care Services/





**Professional Social Work Lines of Accountability  
Children's Disability/  
Child and Adolescent Mental Health Services**





**HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

*For Year end 31 March 2012*

## REPORTING TEMPLATE INDEX

### SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

### SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

### SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme
- the data returns 1-9 for each programme should follow the narrative
- all Programmes must complete an individual Data Return 1 – 9 inclusive
- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme
- the additional Data Return 10 is only to be completed by the Family & Child Care Programme
- please ensure complete reporting of all Data Returns (**nil returns or non applicable should be reported**)

### DATA RETURNS

- 1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
- 2 Chronically Sick and Disabled Persons
- 3 Disabled Persons (NI) Act 1989
- 4 Health and Personal Social Services Order
- 5 Carers and Direct Payments Act 2002
- 6 Safeguarding Adults
- 7 Social Work Teams and Caseloads
- 8 Assessed Year in Employment
- 9 Mental Health
- 10 Family and Child Care specific returns (CC3/02)

**CONTENTS SHEET**

	<b>Page</b>
<b>Section 1:</b> Introduction	<b>4-5</b>
<b>Section 2:</b>	<b>6-13</b>
<b>Section 3:</b> Service Areas	
Older Peoples	<b>14-45</b>
Physical and Sensory Disability	<b>46-78</b>
Mental Health (Adults)	<b>79-105</b>
Learning Disability (Adults)	<b>106-137</b>
Family and Child Care	<b>138-160</b>
Children's Disability/Child and Adolescent Mental Health Services	<b>161-187</b>
Data Return 7 Directorate Workforce Commentary	<b>188-189</b>
Data Return 8 Directorate AYE Annual Report	<b>190-197</b>
<b>Appendices: (Attached Separately)</b>	<b>Appendix</b>
<b>OPS Audit Activity</b>	<b>1</b>
<b>Data Return 7 Directorate Workforce Excel Spreadsheets</b>	<b>2</b>
<b>Local Adult Safeguarding Panel (LASP) Report 2011-2012</b>	<b>3</b>
<b>Intercountry Adoption Services Costings Schedule</b>	<b>4</b>
<b>PSS Development &amp; Training Summary of Activity</b>	<b>5</b>
<b>April 2011 – March 2012</b>	

## 1.0 INTRODUCTION

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce (the social care workforce). It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme) and identifies ongoing and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The Scheme provides the overarching assurance framework for the discharge of statutory social care functions. It outlines the powers and duties which are delegated to the Trust; the principles and values which underpin the delivery of statutory services; the policies, circulars and guidance to which the Trust must adhere in the discharge of such functions; and the organisational assurance arrangements in respect of same.

During the reporting period the Trust has participated in a DHSSPSNI and HSCB-led regional review of the Scheme. It is anticipated that a Draft Revised Scheme will be disseminated for consultation in the near future.

The Scheme requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public interest and scrutiny.

The Executive Director of Social Work is professionally accountable and is required to report to the Trust Board on the discharge of statutory social care functions. An unbroken line of professional accountability runs from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work.

The Report has been prepared on an HSCB template and is sub-divided into the following sections:

**Section 1:** an introduction to the Report.

**Section 2:** a strategic overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

**Section 3:** individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; difficulties with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns pertaining to statutory social care service delivery.

**Section 4:** social care workforce information returns (referenced as Data Return 7).

**Section 5:** an overview return on the Trust's Assessed Year in Employment staff cohort (AYE Year).

Central to the delivery of statutory functions has been a strong commitment to multi-professional working across all Trust service settings, the integration and optimising of available resources to provide qualitative and efficient services and the promotion of inclusive partnerships with service users, localities, community, statutory and voluntary sector providers. I would wish to formally acknowledge the professionalism, collaboration and commitment of Trust staff across all Directorates in contributing to the delivery of statutory social care services.

The discharge of statutory functions is demanding, complex, challenging, and rewarding work. In my role as Executive Director of Social Work, I would wish to express my particular appreciation of the professionalism, knowledge, skills and dedication of the Trust's social care workforce.

Bernie McNally  
Executive Director of Social Work

May 2012

## EXECUTIVE SUMMARY

### 2 GENERAL

**Executive Director of Social Work: Miss Bernie Mc Nally**

#### 2.1 Statement of Controls Assurance

**(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)**

**Reference to RQIA should be included.**

**Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.**

The Trust has achieved reasonable compliance with the requirements specified in the Scheme in relation to the discharge of its statutory responsibilities.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectations and related scrutiny and an ongoing drive for modernisation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory functions.

The Trust has co-operated fully with the Regulatory and Quality Improvement Authority (RQIA) in its discharge of its regulatory and inspectorial functions. The Trust has established quarterly meetings with RQIA to review organisational and operational interfaces.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has operationalised a corporate NISCC data base which facilitates assurance arrangements in respect of the workforce's registration and renewal status. The Trust is engaged in regular contacts with NISCC through its participation in a range of partnership structures and bi-annual meetings between NISCC senior staff and the Trust's Associate Directors of Social Work Group to address organisational and professional matters.

**2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.**

**This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.**

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's Social and Primary Care Service Group incorporates community and specialist hospital-based provision across Mental Health, Child and Adolescent Mental Health (CAMHS), Learning Disability, Older People, Family and Child Care and Children's Disability Services.

The Director of Social and Primary Care discharges the responsibilities of the Trust's Executive Director of Social Work.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for: the professional leadership of the social care workforce within their respective Service Areas, including the promotion of the learning and development needs of the social care workforce; the provision of specialist advice to their respective Service Area Senior Management Teams on the discharge of statutory functions and professional issues pertaining to the social care workforce; and the provision of assurance that appropriate organisational arrangements are in place within the Service Area to facilitate the discharge of statutory functions.

The Trust's Professional Social Work Supervision Policy meets the requirements in relation to supervision detailed in the Scheme and the NISCC Code of Practice for Employers and provides the framework for the delivery of professional supervision for social work staff in Adult Services.

A Trust Social Care Supervision Policy (revised March 2012) affords a structure for the provision of supervision for social care staff.



### **2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.**

The Trust has achieved reasonable compliance with the requirements of the Scheme.

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports and include: audits of compliance with: professional supervision standards; NISCC registration requirements; adult protection investigatory processes; maintenance and quality of case file records; Approved Social Work Standards; quality of engagement with service users; outcomes-focused assessments and case planning in Children's Services; a series of thematic inspections and statutory monitoring of regulated services by RQIA across Adults and Children's Services; external and internal performance management arrangements incorporating scrutiny of PFA targets; Serious Adverse Services Events Reporting arrangements; and compliments and complaints management processes.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the soundness and effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes. The Framework is informed by the principle of reasonable as opposed to absolute assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

The Executive Director of Social Work is responsible for ensuring the effective discharge of statutory functions across all Service Areas and the establishment of organisational arrangements and structures to facilitate same. She/he is required to report directly to Trust Board on the discharge of these functions, including the presentation of the annual Statutory Functions and six-monthly Corporate Parenting Reports. The Executive Director of Social Work provides professional leadership to and is responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social care workforce.

The Associate Directors of Social Work Group is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The Group's remit has been consolidated to include similar responsibilities in respect of the Trust's Child Protection and Vulnerable Adults Panel arrangements (pending

the operationalising of the statutory Children's Safeguarding Board's regional and local structures).

Each Service Area has its local Risk Register which informs the populating of the Directorate and the Trust's Corporate Risk Registers and Principal Risks Document respectively.

## **2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.**

**Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.**

This has been a challenging year for the Trust as a consequence of the overarching financial context, the ongoing drive for modernisation and reform of service delivery processes; the rise in referrals and caseload volumes across all Service Areas; and the enhanced levels of public expectations and scrutiny.

The Trust has continued to prioritise investment in its workforce knowledge and skills base; to consolidate and enhance service user engagement; to strengthen its partnerships with local communities and voluntary, private and statutory agencies; to promote community capacity building and the creation of social enterprise initiatives within localities which provide early interventive, accessible services; and to progress person-centred, integrated, efficient and effective service delivery.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. (Please see the individual Service Area reports).

**(1) Unscheduled Care:** The development of a community based infrastructure to support the strategic shift referenced in Transforming Your Care is central to the effective management of unscheduled care. While the focus on structures and process is of central importance, the emphasis on an outcomes-centred reablement approach which promotes enablement and independence within robust assessment and review arrangements will present significant cultural challenges for both service users and the workforce.

Within Older People's Services in particular, there are significant operational difficulties as a consequence of the increasing numbers of frail elderly people with complex needs being discharged within forty-eight hour timescales. The absence of an appropriate intermediate care resource base, limited domiciliary care capacity and risks associated with the potential for un-coordinated discharges resulting from multiple discharge pathways have generated substantial challenges. There have been considerable operational challenges in maintaining service delivery levels and requisite standards in respect of the

discharge of statutory functions. This position is likely to be exacerbated over the forthcoming year.

**(2) Adult Safeguarding Services:** While the operationalising of the Regional Adult Safeguarding structures (NIASP) and the establishment of the Local Adult Safeguarding Panel (LASP) has positively impacted on the co-ordination of multi agency service delivery processes and the profile of vulnerable adults issues, the significant rise in referral volumes, particularly in relation to residential provision, the complexity of investigations and the ongoing resource issues related to the delivery of protection plans and participation in MASRAM and PPANI arrangements has resulted in substantial capacity pressures across all Service Areas.

**(3) Supported Living for Care Leavers:** The Trust has previously identified the ongoing issue of delayed discharges of young people over seventeen years from residential care (including young people with a Learning Disability) as a result of limited, appropriate supported living capacity.

Appropriate risk assessment and management processes and peripatetic supports are provided for young people in those circumstances in which they are placed in unregistered accommodation. The Trust is compliant with HSCB reporting requirements in respect of such episodes.

**(4) Discharge of long stay patients to community facilities:**

The lack of an appropriately developed community infrastructure to support the discharge of service users with significant needs has continued to impact on the Trust's performance in relation to the discharge of its statutory functions in this area.

**(5) Services for those without Recourse to Public Funds:** The Trust has continued to seek clarification of the policy position informing its statutory responsibilities to those adults without recourse to public funds and has highlighted its view of the need for a discrete commissioning focus on the needs of ethnic minority communities.

**2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.**

**(1) Schedule of Meetings:** The HSCB in consultation with the Trust has established a schedule of meetings and related Action Planning Review processes to address performance with regard to the discharge of statutory functions.

Progress on the Action Plans emanating from the Annual and Interim Statutory Functions Reports, ongoing difficulties and emerging challenges are addressed within the individual Service Area meetings with HSCB staff.

**(2) Workforce:** The Trust has continued to promote the development of its social care workforce through ongoing investment in learning and development in line with the Regional Workforce Development and Training Strategy.

The Trust has achieved relative stability across its professional social work staffing base.

**(3) User Involvement:**

The Trust is seeking to consolidate and further develop its engagement in partnerships with users, community, voluntary and statutory sectors. It commissions a range of services directly from local groups promoting service accessibility and developing resilience, innovative social enterprises and related skills infrastructure across user and community providers in particular.

**(5) Finance:** As previously noted, this has been a challenging year in relation to the discharge of statutory functions with rises in demand and activity across all Service Areas in the context of significant budgetary constraints.

In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an ongoing basis with the HSCB those areas where demand, resource and capacity issues have been most challenging.

The Trust is committed to progress its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services and the strengthening of community infrastructures.

**2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register**

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risks pertaining to its discharge of statutory functions are presently listed in the Trust's Principal Risks Document:

- Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.
- Suicide/ Self harm (Ensuring identification of individuals at risk of self harm).
- Ability to deliver safe and effective care to elderly patients in residential/nursing homes due to risk of economic closure because of failure to comply with RQIA regulations and standards.

**2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.**

**This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc, conducted by the Trust or by others, including Recommendations and progress.**

The Trust is continuing to consolidate and develop its assurance processes in respect of the discharge of statutory functions.

- RQIA thematic and facility inspections offer external assurance mechanisms. As noted in the individual Service Area reports, RQIA has reported positively across Service Areas on the implementation of requisite standards and compliance with action plans.
- In the context of mental health related matters, RQIA and the Mental Health Review Tribunal continue to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is answerable to the Courts in relation to proceedings arising out of its discharge of its statutory duties.
- The Trust's discharge of its statutory functions is directly monitored on an ongoing basis by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory services delivery.
- The PFA and related external and internal performance management arrangements facilitate scrutiny of the Trust's performance in respect of a range of statutory services.
- The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented for consideration and approval by Trust Board.
- The Children's Services Case Management Review arrangements.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning of significant events emanating from the discharge of statutory functions.
- The Trust's arrangements for the investigation and management of compliments and complaints.
- The Trust's engagement with the Regional Adult and Children's safeguarding structures.

**Conclusion:**

Transforming Your Care has synthesised the principles underpinning the vision and strategic priorities for the delivery of statutory services. Its emphasis on: person centred care and service user/local community engagement in the delivery and development of services; integrated and seamless pathways, innovative and evidence-based outcomes; sustainable, responsive and efficient

services within an incentivising business model of provision delivered within an enabling and inclusive practice culture are reflected in the Trust's Belfast Vision document and have informed its reform and modernisation processes.

The social care workforce will have a central role in delivering this vision in partnership with its multi-disciplinary colleagues across acute and community care.

It is essential that the learning and development needs of the workforce are appropriately profiled and resourced to ensure the availability of the requisite skills and knowledge to take forward the priorities identified in Transforming Your Care, in particular the discrete needs of social care staff engaged in direct service provision to vulnerable groups.

The independent role of the Children's Safeguarding Board and its local structures will be an emerging area of interest and significance across the safeguarding and child protection spectrum.

The implementation of the Community Information System (CIS) will hopefully significantly enhance data collation and assurance within the Trust in respect of the discharge of statutory functions.

In the challenges of the overarching financial context, the increased demands for services and the levels of public scrutiny, the Trust will continue to prioritise the safe, qualitative and effective discharge of its statutory functions.

Miss Bernie Mc Nally  
Executive Director of Social Work  
May 2012

**3. GENERAL NARRATIVE**

**To be completed for each Programme of Care.**

<p><b>Older Peoples Service Area Primary and Social care Directorate</b></p>
----------------------------------------------------------------------------------

<b>3.1</b>	<p><b>Named Officer responsible for Professional Social Work</b></p> <p>Mrs Una Macauley Co-Director (Acting) was the Associate Director of Social Work within the Service Area for this reporting period until 31<sup>st</sup> December 2011. Mrs Katie Campbell, Service Manager for Older Peoples Services (Acting) subsequently assumed responsibility for this role.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Director of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social care workforce within the Service Area.</li> <li>➤ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce’s learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director of Social Work has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**3.2 Supervision arrangements for social workers**

There were no social workers within the Service Area undergoing their Assessed year in Employment as at the end of the reporting period.

The Belfast Trust has two distinct supervision policies outlining the standards and requirements to assure the provision of formal and regular supervision for all social workers and social care staff. The Trust undertook an audit of social work supervision in December 2011. Findings of the audit have highlighted that professional supervision within the Service Area is provided in accordance with Trust procedures. It has also highlighted areas for improvement as follows:

- Required frequency of supervision meetings = 100%
- Evidence of planning sessions = 100%
- Evidence of reflection and discussion = 100%
- Evidence of signatures by both parties = 100%
- Evidence of record retained in file = 100%
- Evidence of a written contract in place within timescales = 50%
- Evidence that professional development is being addressed = 90%
- Evidence of a personal contribution plan and personal development plan in place = 70%
- Evidence of support for PRTL = 90%

**Structure**

In light of recent changes to the Senior Team and internal movement of other staff, the Service Area's professional social work structure has been reviewed to ensure continuity of the unbroken line of professional accountability.

The structure assures that all social work staff regardless of where they work will have clear reporting professional lines and regular and formal supervision.

In reference to last year's report, a senior social work practitioner (Band 7) with the appropriate knowledge and skills for the discharge of statutory functions in relation to the MHO has now been appointed to the Community Mental Health Team for Older People.

In the last six months the Service Area provided workshops on social care governance for the social care workforce. The workshops sought to earth an appreciation of governance responsibilities at an individual practitioner and Team/facility level, to make explicit the linkages with the corporate assurance arrangements and to promote local and self auditing processes.



	<p>Some services have proceeded to review and improve the way they undertake audits of supervision. For example, in Mental Health Services for Older People, where in previous years the audit had focussed on the standards around regular and formalised supervision, the emphasis has been changed to the actual and perceived experience of staff and how supervision may become more effective and meaningful.</p> <p>All regulated services have demonstrated that they are compliant with the Trust's supervision policies in this reporting period. This is evidenced in the RQIA audits and inspection reports.</p>
<p><b>3.3</b></p>	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p><b>Area Multi-Disciplinary Research and Audit Group</b>  Social work/social care staff participate in the Service Area Multi-Disciplinary Research and Audit Group which supports best practice development of audit and research. Regulated services routinely conduct annual audits and use findings to inform service improvement plans, in line with regulations and minimum care standards. Examples of audits by the Research and Audit Group and examples of local audit routinely carried out are contained in <b>Appendix 1</b>.</p> <p><b>Professional Supervision Audit</b>  As reported in 3.2 an audit of professional supervision was undertaken within the Service Area.</p> <p>In addition to formal supervisory processes, there are a number of service area fora to facilitate reflective practice and shared learning and to promote evidence based practice. Reflective practice groups are held regularly across all Teams. The Associate Director of Social Work led two social work fora this year covering issues which included:</p> <ul style="list-style-type: none"> <li>• Deprivation of Liberty Guidance and implications for Practice</li> <li>• Reablement Models</li> <li>• NI Dementia Strategy and priorities</li> <li>• Changing Role of Hospital Social Work</li> <li>• Safeguarding and service model developments</li> <li>• Modernisation and unscheduled care</li> </ul> <p><b>NISAT Carers Assessment Audit</b>  In March 2012 an audit of the Service Area's implementation of the NISAT Carers Assessment tool was undertaken by RQIA to assess the Trust's planning, commissioning, quality and delivery of services to carers.</p>

The outcome of this is pending; however it was evident from discussions between senior management and RQIA that there is a need for improvement in some areas. In particular there is the need to review processes for identifying carers, to increase the number of carers assessments offered and to evidence how need is being addressed. It is also necessary to collate and analyse unmet need in a more effective way. These findings have been communicated to managers and an action plan is being drafted to address this. One action will be to introduce local and regular audit at Team level.

#### **Direct Payments Audit**

Last April the Service Area participated in an internal audit of case note files for compliance with the Direct Payments Policy. The outcome was the development of a policy checklist for practitioners and supervisory managers to improve the monitoring of compliance with procedures. It is intended to re-audit this year to measure the impact of this.

An internal audit was undertaken by the Trust with regards to compliance with financial aspects of Direct Payments procedures. The audit highlighted the need for staff who are key workers to ensure that there is a regular review regarding financial management and that this is recorded. All issues identified are being addressed.

#### **Adult Safeguarding Audit**

The Service Area undertook a review of Adult Safeguarding casework with regards to evidencing that standards in relation to risk assessment are met in Adult Safeguarding investigations.

The audit also focussed on establishing whether due consideration was given to human rights issues throughout the assessment and protection planning processes and decision making.

Findings of this audit are contained in the Belfast Trust Annual Adult Safeguarding Report.

#### **Service Review**

In the last 12 months the Service Area undertook a review of the current organisational arrangements for the care and protection of vulnerable adults. Based on best practice, the key recommendation of the review was to proceed with the development of a Gateway service model.

This will lead to the establishment of a single specialist Team within the Older Peoples and Physical and Sensory Disabilities Service Areas using a Gateway service delivery model. The remit of the Team will be the initial screening, investigation, co-ordination and management of all nursing and residential care homes' investigations and all complex high-risk cases in the community.

	<p>The responsibility for the management of long term protection cases transferred from the Gateway Team will lie with the mainstream Teams, as will the responsibility for initial screening, investigation, co-ordination and management of less complex cases. Plans are now proceeding to take these recommendations through to implementation.</p> <p><b>Social Care Governance</b> Following on from workshops piloted last year and using the learning obtained through this process, the Service Area delivered additional workshops for all social care and social work staff using the Social Care Governance Practice Workbook framework. A key focus of the workshops was to encourage and provide services and individuals with a set of tools to carry out regular self-audits at local level and on a regular basis. This will be used to develop an annual social care audit cycle and improvements will be made to how findings are communicated to senior management and to assist service and professional development.</p> <p><b>Restrictive Practice</b> The Service Area has recently undertaken a baseline audit of restrictive practice across all establishments/ facilities including inpatient services. The purpose of this audit is to establish a baseline of current practice, from understanding of restrictive practice measures to application of policies and guidance and consideration of human rights. Data received through the audit is currently being analysed</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b> <b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p><b>Judicial Review - Direct Payments</b> Following the Judicial Review with regards to the ‘Fisher case’ in the South Eastern Trust area, the Belfast Trust is working with the HSCB and DHSSPSNI to put in place measures to enable the lawful payment of Direct Payments to adults who lack the capacity to consent to agree to the provision of a payment.</p> <p>All current cases have been identified and the Service Area has identified this as a risk on the Service Area’s Risk Register. The Trust is awaiting final regional guidance on this area and is not initiating new payments in the interim.</p> <p><b>Regulation Quality and Improvement Authority</b> Overall the Service Group is achieving levels of reasonable compliance and full compliance in most standards.</p>

Themes for inspection have focussed on the following standards listed below. Managers are asked to submit their own self- assessment of compliance in advance of the inspection.

**Standard 1:** The views of service users and their carers/representatives shape the quality of services provided by the agency

**Standard 3:** Referral arrangements to ensure the service user's identified needs can be met by the agency.

**Standard 6:** The agency contributes to the review of the service user's care plan.

**Standard 14:** Service users are protected from abuse.

**Standard 15 :** Management of complaints

In this reporting year work has been undertaken by the Home Care providers in collaboration with Integrated Care Teams on the development of documentation (comprehensive referral, assessment and care planning information) to support the requirements of standard 3.

**Northern Ireland Housing Executive – Supporting People Validation Process**

In 2011 Sydenham Court and Mullan Mews, supported housing schemes for people with dementia, were subjected to the Quality Assessment Audit Framework (QAF) validation process. The Service was audited in all five standards listed below. The outcome of the report demonstrated that, not only was the Service meeting the minimum requirements at level C, but it was performing at a higher level in many areas.( Please see below).

Assessment and Support Planning – **A**

Security, Health and Safety – **B**

Safeguarding and Protection from Abuse - **B**

Fair Access, Diversity and Inclusion– **C**

Client Involvement and Empowerment – **B**

**Level C** – Service meets minimum Supporting People standards. The service is responsive to individual's clients needs, has policies and procedures in place which are followed, engages in partnership working to meet the needs of individuals and demonstrates a commitment to continuous improvement.

**Level B** – Service can evidence good practice. The service takes a proactive approach, goes beyond statutory requirements, meaningfully engages with clients and engages in partnership working at a service

level, has staff that are confident to take the initiative, challenges its own performance and demonstrates a commitment to continuous improvement.

**Level A** – Denotes excellence and a provider that is striving to be a leader in their field. The provider takes a strategic approach and is a learning organisation in terms of engaging with clients and partnership working. It is able to demonstrate vision, leadership and creativity that influences practice beyond the boundaries of the service.

**MAHI - STM - 088 - 2608**

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p><b>Unscheduled Care/ safe and effective discharge from hospital</b></p> <p>The Trust's integrated care Teams and hospital social workers have been at the centre of major reform and face significant challenges in discharging their statutory functions.</p> <p>Ensuring safe and effective discharge from hospital, with care packages in place in a timely and co-ordinated way.</p> <p>A number of factors that affect this are as follows:</p> <ul style="list-style-type: none"> <li>• Increasing numbers of frail older people being discharged within 48 hour timescales</li> <li>• Lack of timely response from Domiciliary Care providers due to capacity</li> <li>• Delay in notification/planning for</li> </ul>	<p>Work has commenced in the hospitals to transfer resource from the BCH to the RVH to match the increase in volume of work due to the temporary closure of Belfast City Hospital A&amp;E</p> <p>There is a need to extend and enhance the menu of community services available to support hospital discharges.</p> <ul style="list-style-type: none"> <li>• Further re-balancing and re-configuring the social work compliment in hospitals to meet changing pressures and facilitate rapid assessment in hospital</li> <li>• Increasing hours of social work to include evening and weekends</li> <li>• Implementation of the Reablement Model</li> <li>• Development of a single point of referral from hospital to community for all complex discharges</li> </ul>	<p>Risks of poor hospital discharge is on the Service Area's risk register – moderate.</p> <p>All incidents of poor hospital discharge are reported and analysed</p>

MAHI - STM - 088 - 2609

<p>discharge where essential equipment is required</p> <ul style="list-style-type: none"><li>• Available transport to deliver equipment for urgent discharges</li><li>• Insufficient EMI Nursing and Residential places. In particular, placements for individuals experiencing behavioural disturbances due to delirium/agitation related to their dementia.</li><li>• Limitations on capacity of an appropriate range of intermediate care services</li><li>• Compliance with domiciliary and care home regulations, for example, arrangements of pre-admission visits by nursing home managers, leading to discharge delays and registration categories restricting access to care environments</li><li>• Significant evidence of increasing quality of care issues, resulting in an increase in RQIA enforcement</li></ul>	<ul style="list-style-type: none"><li>• Expanding rapid response social care service</li><li>• Procuring interim beds in the independent sector for people who require assessment on long term care needs, to avoid decisions being made in hospital and delays in discharging</li></ul>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>actions reducing the bed stock available in nursing and residential homes</p> <ul style="list-style-type: none"> <li>• Top-up Payments – leading to a reduction of affordable nursing homes. In the Belfast Trust area the issue of ‘Top ups’ is particularly marked and is an important factor in delaying placements and provoking complaints. It has very serious financial consequences for the Trust</li> <li>• Increasing numbers and complexity of investigations of safeguarding concerns in care homes and domiciliary care providers, leading to sustained interventions by Trust staff to safeguard. This requires resources and skills at short notice and is an area that requires further discussion and clarification of roles and responsibilities.</li> <li>• Multiple discharge pathways to community care services can result in un-coordinated discharge</li> </ul>	<p>The Trust would welcome discussions with RQIA and the Board on this issue. It will also be tabled at the LASP group and, in the Trust’s view, should be considered by the NIASP The Trusts is currently modernising discharge pathways</p> <p>The implementation of the Community Information System, CIS</p>	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



**MAHI - STM - 088 - 2611**

	<ul style="list-style-type: none"> <li>• Impact of Transforming Your Care on activity and volume of work in the community</li> </ul> <p><b>Recruitment</b> Vacancy controls, which can lead to recruitment delays continue to have significant impact on service provision. This affected hospital and community social work adding additional challenges to the discharge of statutory functions</p> <p><b>NISAT</b> The Service Area is continuing to implement NISAT across older people's services and the assessment can now be put onto the PARIS system. This is limited to the south and east locality. However the implementation of the Community Information System (CIS) will facilitate this across all services.</p> <p>There remains a capacity issue within the integrated care Teams to carry out the NISAT assessment on all older people being referred to the service.</p>	<p>This will be further explored through development of a Belfast local economy population plan</p> <p>All vacant social work posts have been identified and are proceeding through recruitment processes</p> <p>All identified vacant posts have now gone through the scrutiny process</p> <p>Within Integrated Care Teams, work has commenced in the streamlining of uni-disciplinary processes from referral, to assessment, care planning and review etc.</p> <p>This work will lead to more cohesive and co-ordinated multidisciplinary working and improved client pathway and experience. Streamlining of these processes will reduce duplication of effort and time for social work staff and, in doing so, build capacity to undertake NISAT and Carers Assessments more effectively</p> <p>The Trust-wide implementation of CIS will</p>	<p>Staff vacancies is listed on the Trust's Risk Register – moderate.</p> <p>n/a</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

	<p><b>Carers Assessment</b>                  The RQIA audit on carers' assessment using the NISAT tool has highlighted areas for improvement in the Trust's performance in relation to the differential between referrals received and carers assessments offered. There is limited evidence to indicate that carers' assessments are routinely reviewed.</p>	<p>assist this greatly.</p> <p>The Trust has received additional resource from the Regional NISAT project to support the implementation of NISAT within CIS.</p> <p>Feedback on the audit has been provided to managers in advance of the RQIA report being issued.                  It is intended to audit performance against this locally at Team level.</p> <p>With this and the many other priorities for social work within social care, (for example, developing role in adult safeguarding, NISAT, hospital discharge, reviewing care packages and risk management in complex cases) the roles and social work resource within these Teams requires to be reviewed.</p> <p>Workshops are scheduled for a review of priorities within Integrated Care Teams in June 2012. Central to this is the review of social work priorities and the need to increase social work profile and capacity within the Teams</p>	<p>n/a</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

<p><b>Protection of Vulnerable Adults</b>                  Last year the Trust conducted a review of its safeguarding arrangements.</p> <p>The review proposed that the current Care and Protection Team should be reconfigured to a Gateway model. These arrangements will cover Older Peoples and Physical and Sensory Disability Service Areas..</p> <p>The remit of the Gateway Team will focus on the initial screening, investigation, co-ordination and management of all nursing and residential homes investigations and all complex high-risk cases in the community.</p> <p>This model relies on the availability of core Teams to take responsibility for transferred adult safeguarding cases and to screen, investigate, co-ordinate and manage lower risk less complex cases.</p> <p>Ability to continue to deliver safe and effective care to elderly patients in</p>	<p>Additional Social work staff are currently being appointed to support the projected increase in activity for the Gateway Team</p> <p>Work is underway to plan the implementation of the new arrangements, including the development of referral criteria, exit criteria, transfer arrangements and protocols</p> <p>A risk assessment will be undertaken to minimise the risk of cases ready for transfer not being accepted or prioritised due to lack of capacity in mainstream Teams.</p> <p>Increased monitoring arrangements will be put in place to monitor specifically cases picked up and managed within the core Teams, to safeguard against reduced rates of detection.</p> <p>The overall social work complement in these Teams and within hospital social work will be reviewed within the context of these and other changes occurring.</p> <p>The Trust holds joint meetings with RQIA on a quarterly basis to facilitate discussion on</p>	<p>On Service Area Risk Register – moderate.</p> <p>Principal Risks and Controls – Red Risk.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

**MAHI - STM - 088 - 2614**

<p>residential / nursing homes due to risk of economic closure or closure because of failure to comply with RQIA regulations and standards</p> <p>Services destabilising due to staff leaving and modernisation programmes within the directorate.</p>	<p>the overarching position with regard to availability of provision, to address specific situations as appropriate and to ensure that there are good communication systems in place with RQIA and providers to alert of problems as they arise in all residential/ nursing homes.</p> <p>The Trust has sought to consolidate and develop good communications with service users and their families to inform them in advance of any emerging issues/potential changes.</p> <p>However, the Trust is dependent on the integrity of the providers in relation to their financial health and is not in a position to exercise direct control over the providers as such.</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

3.8	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p>
	<p>The skill mix within the social work workforce is an emerging issue within Integrated Care Teams. There is a need to review the number of professionally qualified social work staff involved in the provision of a comprehensive assessment of older people, especially to older people with long term chronic or palliative health conditions. Central to this is the review of social work priorities and the need to increase social work profile and capacity within Integrated Care Teams.</p> <p>Additional temporary social work staff were put in place in Hospital Social Work Departments in response to the Temporary Closure of Belfast City Hospital A&amp;E Department in November 2011. In addition to this, Hospital Social Work Teams operated an evening social work service on the acute hospital sites during November 2011 until January 2012.</p> <p>In line with the strategic reform of acute hospitals, it will be necessary to reinstate this type of extended flexible and responsive service. A weekend social work service continues to be provided across all acute hospital sites including the Ulster Hospital.</p> <p>Vacancy controls within the Trust have impacted on the Integrated Care and Hospital Social Work Teams, with short term recourse to agency social work staff being required to respond to immediate need to maintain effective and safe delivery of services. All current vacancies at band 6 and 7 in Hospital Social Work and Care Management services are being progressed through recruitment processes.</p> <p>The Service Area is considering a social work workforce review to determine best deployment of social work resources over the next three years.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were 8 permanent Band 6 Social Work posts vacant in this Service Area as at 31 March 2012.</p>

<p><b>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b></p>
	<p><b>Home help Service</b> – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p><b>Residential &amp; Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p> <p>Since the development of supported housing and supporting people funding arrangements, it is becoming evident that the number of older people who are not eligible for housing benefit and supporting people funding is increasing. There is a need to review current practice and develop a charging policy.</p>
<p><b>3.10</b></p>	<p><b>Social Workers who work within designated hospitals Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>Hospital Social Work Team’s in Older Peoples services are located within the three main acute hospital sites across the Belfast Trust and also in Meadowlands and Musgrave Park Hospital. Social work staff within the Community Mental Health Team for Older People take a lead role in the co-ordination of the discharge of older people from Dementia Inpatient services in Rathlin (Knockbracken), Windsor (BCH) and the Mater Hospitals.</p> <p>Social workers work across a range of diverse multi-disciplinary wards and departments. These include A&amp;E, Medical and surgical wards, specialist services and inpatient treatment units i.e., Neurosciences, Spinal Injury Unit, Regional Acquired Brain Injury Unit, Stroke Unit and mental health services wards including dementia.</p> <p>Core social work tasks of assessment, risk management, care and support planning are central activities, carried out within a multi-disciplinary setting. These often involve development of safe and effective discharge plans into a community or secondary care setting.</p> <p>Hospital social work staff have a significant regional aspect to their work in co-ordinating and care planning for hospital discharges across other Trust areas.</p> <p>Child and adult safeguarding referrals are screened and assessed by hospital social work staff. Staff are trained and act as Designated and Investigating officers in adult safeguarding investigations.</p> <p>Specialist Teams based within acute hospital settings are also involved</p>

	<p>in outreach work with service users' families and carers, e.g. Regional HIV Team, (RVH), the Cystic Fibrosis Team (BCH). This is also the case for those social workers in the Dementia Inpatient Service, Knockbracken and Meadowlands Intermediate Care wards.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. One of the Trust's four core values is to treat everyone with respect and dignity – including colleagues, patients and clients.</p> <p>Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust policy makers and managers, when screening a policy, use a template which incorporates the human rights dimensions alongside the prescribed statutory equality and disability considerations.</p> <p><b>Adult Safeguarding Audit</b>          Recently the Belfast Trust undertook an audit of Adult Safeguarding cases with regard to consideration of Human Rights issues. The outcome of the audit demonstrated that there was strong evidence of due consideration being given to Human Rights in the majority of cases. However, there was a lack of consistency in relation to how this was evidenced within the records</p> <p>An action from this has been to amend Adult Safeguarding forms in order to specifically and consistently record and address Human Rights issues, particularly in relation to Articles 5 and 8.</p> <p>The findings of the audit will be disseminated across services and safeguarding training will be adjusted to incorporate this learning</p> <p><b>Mental Health Order</b>          All staff involved in activities and actions under the Mental Health Order (NI) Order 1986 are required to give clear consideration to any potential breaches or engagements of rights referenced in Articles 5 and 8 with regards to assessments which address potential deprivation of liberty or choice of individual service users, carers and or families.</p> <p><b>Training</b>          Mandatory Human Rights training is provided by the Social Services Workforce Learning and Development Team for the social care workforce. Training delivery has been focussed on social care staff in the acute sector during the reporting period.</p>

The Service Area's quarterly social work forum provides opportunities for updates regarding practice development. Deprivation of Liberty Guidance and Best Practice has been included in this year's presentations and discussions.

**Documentation**

Mental Health Services for Older People, (Dementia Inpatient Service) has revised all documentation for recording multi-disciplinary inpatient review meetings with patients and family carers to include the identification of any issues pertaining to the human rights of patients.

**Restrictive Practice**

The Service Area has recently undertaken a baseline audit of restrictive practice within all facilities and wards for older people. This is currently being analysed. There is evidence of awareness amongst staff completing the self audit of what constitutes restrictive practice and for the need to review continuously the necessity for such interventions, consideration and implementation of the least restrictive actions and consideration of human rights within this.

It is expected that the audit will assist in the development of clearer guidance for staff, improve consideration of human rights issues in these circumstances and in addressing future workforce training requirements.

**RQIA Inspections**

Last year RQIA inspections for residential homes, supported housing schemes, domiciliary care agencies and dementia wards have focussed on the systems and standards in place to safeguard vulnerable adults from abuse or degrading practice and service users' participation in decision making.

RQIA reports indicate that the services have well developed systems to support good practice in this area, that staff receive regular training on protecting vulnerable adults and that practice reflects the ethos and value base as detailed in their respective statements of purpose and operational policies.

There were no major concerns reported in either of these areas for any of the services for older people inspected. These care facilities will continue to develop their practice in these areas and continue to improve practice and outcomes in the promotion of decision making and autonomy.

**Best Practice examples**

RQIA in their annual workshops for registered managers, used practice examples from Sydenham Court and Mullan Mews supported housing schemes, to demonstrate good practice in relation to balancing rights and risks.



**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The Trust is continuing to progress the promotion and safeguarding of the rights of service users and carers. Work will continue to drive this forward through training and audit.</p> <p>A key challenge for the Trust, however, is ensuring that the rights of service users are given due priority particularly at times when the organisation has to achieve more demanding discharge targets in economically challenging times.</p>	<p>In order to ensure capacity to manage high degrees of complexity and significant levels of risk associated with complex discharges, a rebalancing of the social work resource from BCH to RVH was undertaken after the temporary closure of BCH A&amp;E. Further re-alignment is taking place in light of the Trust’s strategic reform in the acute hospitals.</p> <p>Establishment of a Re-ablement Steering Group to develop the infrastructure and systems to ensure that all older people can avail of the same opportunities for independence and goal-driven supports on discharge from hospital</p> <p>All referrals for a Home care package or a request for an increase of an existing care package will go through re-ablement assessment processes.</p> <p>Service users will be afforded the opportunity to receive intensive time limited support with everyday tasks to regain independence.</p>	<p>Review the social work compliment and skill mix within the hospital and community integrated care Teams to ensure that there is the right level of capacity and skill to meet the demands and complexity required.</p> <p>Refocus and increase reviews on the effectiveness of care packages in meeting the needs of older people in the community</p> <p>Implementation of the re-ablement service model</p>

	<p><b>Safeguarding Vulnerable Adults Procedures</b></p> <p>There is some concern that the procedures for protecting vulnerable adults can create a tension in the roles between protecting from harm and upholding human rights. The operationalising of the Safeguarding Vulnerable Adults Procedures give rise to challenges in securing a proportionate balancing of the potentially competing priorities of protection, respecting a capacitous adult's expressed views and wishes and individual practitioner and organisational accountabilities. For example, there is a requirement to notify the PSNI of a theft regardless of the amount. Social workers are required to report this even though the person who has suffered the loss may not want to disclose this.</p> <p>Similar circumstances arise when there is the need to balance rights and risks. - for example, a vulnerable adult not wanting to report a son to the PSNI and feeling it necessary to cut off all contact from social services if the social worker proceeds to follow procedures.</p>	<p>None at this stage</p>	<p>There is a need to raise such issues through the LASP and NIASP fora in order to achieve clearer guidance and supports for practitioners in these complex decision making processes.</p> <p>Develop a best practice group to support practitioners discuss, reflect and achieve the most effective outcome for the service user while upholding their human rights.</p> <p>Monitor the experience of service users involved in strategy discussions and protection planning meetings and reviews</p> <p>Monitor capacity and unmet need in the use of advocacy services</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>The experiences of strategy meetings and arrangements are not always empowering for service users and family representatives.</p> <p>The use of advocacy services to support service users is increasing however the demands for this service are beginning to impact on capacity</p>		
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

<p><b>3.15</b></p>	<p><b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b></p>
	<p>Currently a number of social work staff are progressing toward the achievement of PQ awards</p> <p>One practitioner achieved a specialist award One practitioner achieved credits at specific award level</p> <p>Within social care 70 staff have achieved an NVQ /QCF qualification as follows:</p> <ul style="list-style-type: none"> <li>• NVQ level 2 – 55 staff</li> <li>• NVQ level 3 – 11 staff</li> <li>• NVQ Level 4 – 4 staff</li> <li>• QCF Level 2 – 4 staff</li> </ul>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>This report has provided the opportunity to review and reflect on the achievements and challenges facing social workers in discharging their statutory functions in a rapidly changing and demanding environment.</p> <p>It reflects a year of increasing pressure for the Service Area with a growing older population, poorer health and growth in chronic conditions and an economically challenging climate with increased pressures on health and social care.</p> <p>Key challenges beginning to emerge more forcibly this year and which have been having an impact on the role of social workers and social care staff have been the radical modernisation of acute hospital care, with priorities focussed on shifting care traditionally carried out in hospitals into the community.</p> <p>This report has demonstrated how the Service Area has planned for and re-organised the work of social workers in acute hospitals in order to respond more effectively and to provide more flexible working patterns to meet needs and changing expectations.</p> <p>Moving forward to support the implementation and achieve the outcomes expected in the Compton Review “Transforming Your Care” will require the social work and social care workforce to take a lead role in the development of responsive, fully integrated community based services, embarking on different ways of working, exploring and supporting different care models.</p> <p>Key to this will be the creation of the right enablers and supports for social workers to ensure they can deliver across the full social work</p>

practice continuum, from early intervention and prevention through to the right levels of support, protection and when necessary control.

To achieve this we will be further rebalancing and reconfiguring the social work compliment in hospitals to meet changing pressures and facilitate rapid assessment and safe and effective discharge. To support this we will expand the rapid response social care service and implement a re-ablement model across the Service Area, offering all older people discharged from hospital the opportunity to regain independence and remain in the community.

Within the planned review of the integrated care teams, the Service Area will review social work priorities, profile and capacity in terms of workforce and skills. Alongside this the Service Area will proceed with the implementation of the Gateway model for safeguarding vulnerable adults and strengthening the arrangements for the safeguarding and protection of older people.

The Service Area will seek to continually improve practice and the experience of service users and will support this through the further development of our social care audits and research.

## DATA RETURN 1 a

**Older Peoples Service Area  
Primary and Social Care Directorate**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year?	10	3344
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	10	2257
1.3	How many adults are in receipt of social care services at 31 <sup>st</sup> March?	13	6492
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	a. Residential Home care	a	713
	b. Nursing Home care	b	1679
	c. Domiciliary care managed	c	3714
	d. Domiciliary non care managed	d	2846
	e. Supported Living	e	90
	f. Permanent Adult Family Placement	f	0
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care		
	Statutory sector	0	622
	Independent sector	0	12
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	5	80
1.7	Of those at 1.6 how many are EMI / dementia		
	Statutory Sector	0	154
	Independent sector	0	10
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	0	1
1.10	Complaints	Board return	Board return

MAHI - STM - 088 - 2625  
DATA RETURN 1b – Hospital

Older Peoples Service Area  
Primary and Social Care Directorate

1GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year?	465	5,803	9,524
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year?	465	5,803	9,524
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	59	1,609	1,963

Age is at date of referral for 1.1 and 1.2  
Age at 31<sup>st</sup> March for 1.3

**Hospitals included in this return**

BCH, Musgrave Park, Meadowlands, Mater, RVH, KBH, Dementia Inpatient Service

Due to differences in the ICT systems for collating social work activity across the Trusts hospital sites, the figures for RVH and Mater could not be separated in terms of 18- 65 and 65+ group.

For the purposes of completing both columns in the table above, the percentage difference between the two age groups for the BCH and MPH has been applied to the RVH and Mater Hospital referrals

See below for the referral figures obtained from the system for the age group over 18 in the RVH and Mater:

**18 – 65+ age group only**

1.1 - 7839

1.2 – 7839

1.3 - 1238

**DATA RETURN 2**

**Older Peoples Service Area  
Primary and Social Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		>65	65+
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	0	0
2.2	Number of adults known to the Programme of Care who are:		
	Blind	0	794
	Partially sighted	0	376
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	0	80
	Deaf without speech	0	66
	Hard of hearing	0	2110
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	0	Not available

**There is no mechanism to identify accurately the numbers of people who are Deaf/Blind. The Physical and Sensory Disability Service Area is reviewing the register to accommodate this in the future.**



## DATA RETURN 3

**Older Peoples Service Area  
Primary and Social Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b> <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>Not available</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>Not available</b>
3.2	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>Not available</b>
3.3	Types of need that could not be met: <b>Narrative</b>  <b>The Service Area is currently not in a position to collate this information.</b>	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>0</b>

## DATA RETURN 4

**Older Peoples Service Area  
Primary and Social Care Directorate**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>		
<b>Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	5
	Total expenditure for the above payments	50
4.2	Number of TRUST FUNDED people in residential care	621
4.3	Number of TRUST FUNDED people in nursing care	1201
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	202
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	17

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

**DATA RETURN 5****Older Peoples Service Area  
Primary and Social Care Directorate****5 CARERS AND DIRECT PAYMENTS ACT 2002**

5.1	Number of adult carers offered individual carers assessments during the year.	<b>871</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>393</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>658</b>
5.5	Number of young carers offered individual carers assessments during the year.	<b>1</b>
5.6	Number of young carers assessments undertaken during the year.	<b>1</b>
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>1</b>
5.8	Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>136</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	<b>Not available</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.11	Number of one off Carers Grants made in-year.	<b>61</b>
Note: sections 5.8,5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b>		

**DATA RETURN 6****Older Peoples Service Area  
Primary and Social Care Directorate**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN THE BELFAST TRUST LASP REPORT (PLEASE SEE ATTACHED)**

**6 SAFEGUARDING ADULTS**

**MAHI - STM - 088 - 2629**

**DATA RETURN 7**

**Older Peoples Service Area  
Primary and Social Care Directorate**

**7SOCIAL WORK STAFF**

**PLEASE SEE CORPORATE RETURN Page 186-187**

**DATA RETURN 8**

**Older People Service Area  
Primary and Social Care Directorate**

**8 Assessed Year in Employment**

**PLEASE SEE CORPORATE AYE REPORT Page 188-195**

## DATA RETURN 9

**Older People Service Area  
Primary and Social Care Directorate**

<b>9The Mental Health (NI) Order 1986</b>						
<b>Article 4 (4) (b)Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115</b>						
<b>Admission for Assessment Process Article 4 and 5</b>						
9.1	Total Number of Assessments made by ASWs under the MHO	32				
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	32				
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"><b>Daytime Rota</b></th> <th style="width: 50%;"><b>EDT</b></th> </tr> </thead> <tbody> <tr> <td>Over 65 - 22</td> <td>Over 65 - 10</td> </tr> </tbody> </table>	<b>Daytime Rota</b>	<b>EDT</b>	Over 65 - 22	Over 65 - 10	
<b>Daytime Rota</b>	<b>EDT</b>					
Over 65 - 22	Over 65 - 10					
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	7				
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	9				
<b>Form 5s</b>						
9.2	Total Number of Form 5s/5as completed)					
9.2a	Of these, how many resulted in an application being made					
	<i>Commentary – provide explanation as to Form 5s not resulting in application</i>					
	<b>The information returns in respect of Form 5s is not categorised by age.</b>					
<b>ASW Applicant reports</b>						
9.3	Number of ASW Applicant reports completed	20				
9.3.a	How many of these were completed within 5 working days	20				
<b>Social Circumstances Reports (Article 5.6)</b>						
9.4	Total number of Reports completed	2				
9.4.a	Number of completed reports which were completed within 14 days	2				
<b>Mental Health Review Tribunal</b>						
9.5	Number of referrals to MHRT in relation to detained patients	0				
9.5.a	Number of MHRT hearings	0				
9.5.b	Number of patients regraded by timescales:	0				
	a. <6 weeks before MHRT hearing	0				
	b. > 6 weeks before MHRT hearing	0				
<b>Guardianships Article 18</b>						
9.6	Number of Guardianships in place in Trust at year end	2				
9.6.a	New Applications for Guardianship during year	1				
9.6.b	How many of these were transfers from detention	0				

9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the year	1
9.6.e	Number of Guardianships Renewed	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Numbers referred to MHRT	2
9.6.h	Number discharged from guardianship following MHRT	0
<b>ASW Register</b>		
9.7	Number of newly Approved Social Workers during year	0
9.7.a	Number of Approved Social Workers removed during year	2
9.7.b	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	12
	<p><b>Commentary</b></p> <p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.</p>	
9.8	Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.	0
9.9	<b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b>	Not available
	This information has not been routinely collected by the Trust.	

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A (6).</b> <b>Schedule 2A Supervision and Treatment Orders.</b>		
9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31 <sup>st</sup> March	0
9.11	Of the Total shown at 9.8 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	0
	<b>Commentary</b> <i>(include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i>	

**3. GENERAL NARRATIVE**

**To be completed for each Programme of Care.**

**Physical and Sensory Disability Service Area  
Primary and Social Care Directorate**

<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>Ms Bernie Kelly is the Associate Director of Social Work who has responsibility for the professional issues pertaining to the social work and social care workforce within the Physical and Sensory Disability Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Directors of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social care workforce within the Service Area.</li> <li>➤ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce’s learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>
------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>With the exception of the two Community Brain Injury Teams and the Care Management Team, all of the first line manager posts within the Service Area have a designated Social Work status. The Associate Director of Social Work has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
<p><b>3.2</b></p>	<p><b>Supervision arrangements for social workers</b></p>
	<p><b>Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and caseload weighting arrangements.</b>  As of the 31<sup>st</sup> March 2012 the Service Area did not have any social workers in the Assessed Year in Employment (AYE).</p> <p>The Service Area can confirm that it complies with the Trust's Professional Supervision Policy which meets the requirements specified in both the Scheme and the NISCC Code of Practice for Employees. It is also compliant with the Social Care Supervision Policy.</p> <p>Arrangements are in place to ensure that all social workers receive formal supervision on a monthly basis. This enables staff to reflect on specific cases, discuss and confirm caseload management and professional functions relating to their role and address their personal development needs.</p> <p>The Service Area also ensures that Professional Supervision arrangements are in place for the two social workers in the Community Brain Injury Teams and the three social workers within the Care Management Team who are managed by line managers who do not have a social work qualification.</p> <p>In addition the Service Area has established peer support fora which meet bi-monthly to enable staff with a managerial responsibility an opportunity to share good practice and reflect on learning from incidents which supports the formal supervision process.</p> <p>Peer support fora for other grades of staff are being developed by the Service Area to enhance their learning and development.</p> <p>An audit of Professional Supervision was carried out in this reporting period which confirmed the Service Area's levels of compliance with workforce supervision requirements.</p> <p>In addition, file audits are undertaken periodically by Team Leaders and Assistant Service Managers.</p>



3.3	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p><b>Duty, Referral and Allocation Procedure</b> The Service Area has a written Duty, Referral and Allocation Procedure which details the screening and allocation responsibilities of staff. The Procedure identifies that all urgent referrals must be responded to within 24 hours. The Team Leader is responsible for assuring adherence to the Procedure.</p> <p><b>Reviews</b> The Service Area has arrangements in place to ensure reviews are completed for those service users with ongoing service provision to ensure that the service continues to be appropriate and required.</p> <p><b>Recording Procedure</b> The Service Area has procedures in place to ensure an appropriate recording process is in place from the point of referral to closure.</p> <p>During this reporting year the Service Area has commenced recording assessments using NISAT. This arrangement is in place for the Physical Disability Teams and Sensory Support Team. It is anticipated that the remainder of the Service Area will implement NISAT in 2012-2013.</p> <p>Systems will be developed this year to record using the upgraded Community Information System (CIS).</p> <p><b>NISCC Requirements and Training</b> The Service Area meets routinely with the Learning and Development Team to identify and prioritise workforce training needs. All staff within the Service Area have Personal Contribution Plans and Personal Development Plans in place which assist in identifying training needs.</p> <p>The Social Work Forum is a quarterly event which provides opportunities for staff to reflect on and discuss key policies, research and practice themes.</p> <p>The Service Area is compliant with the Trust Procedure ensuring registration of staff with the Northern Ireland Social Care Council (NISCC).</p> <p><b>Vulnerable Adults Audits</b> In this reporting year, the Service Area participated in a joint agency audit with RQIA and CJI. The purpose of the audit was to review the operationalising of the Joint Protocol arrangements with the PSNI with</p>

regard to of vulnerable adults. Overall the audit indicated positive levels of compliance.

The Trust is involved in developing revised arrangements to inform Joint Protocol arrangements which will address the practice issues highlighted in the audit. The Service Area is represented in this working group.

#### **Direct Payments Audits**

As part of a Trust-wide response to the outcome of a Judicial Review, the Service Area undertook an audit to identify service users without capacity who have Direct Payments.

#### **Supervision/Professional Supervision Audit**

An audit of Professional Supervision was carried out In this reporting period which confirmed the Service Area's levels of compliance with workforce supervision requirements.

#### **Service User Audits**

A random sample of current caseload continues to be periodically audited with service users completing questionnaires regarding satisfaction levels and outcomes specific to the staff intervention process. Recommendations from these are implemented as appropriate.

#### **Carers**

Towards the end of this reporting year the Service Area reviewed its engagement, intervention and performance with carers. This work was carried out in collaboration with Carers Northern Ireland, staff and carers.

The Service Area plans to formulate and implement the recommendations and actions in the next reporting period.

#### **Serious Adverse Incidents**

The Service Area is compliant with the Trust's Serious Adverse Incidents reporting and review processes. Incidents are reviewed regularly within the Service Area's Governance Group and lessons learned are shared with all personnel accordingly.

#### **Contracts with Voluntary Sector**

All contracts are monitored by staff at managerial level. Staff hold regular meetings with the voluntary agencies throughout the year to review performance in respect of activity levels, value for money, assurance and quality. Any concerns are raised with the Service Manager who meets with providers at least annually to agree the contract for the forthcoming year if appropriate. Voluntary agencies are also required to complete internal audits to ensure service user satisfaction. These are subsequently shared with the Service Area.

#### **Contracts with the Independent Domiciliary Care Organisation**

All contracts are monitored by staff at managerial level. The Service

Manager meets with all commissioned providers at least annually to ensure value for money and qualitative service delivery.

**RQIA**

The Service Area continues to ensure its compliance with the Day Care Standards. All four day centres have been inspected in this reporting period. All were commended on their performance and upgraded to leading with no recommendations.

The Sensory Support Team completed the RQIA Review of Sensory Services. There have been a number of recommendations identified for the Trust. The Disability Steering Group which the Service Manager is a member of will take forward the corporate recommendations. The Sensory Support Service will take forward the recommendations specific to service delivery in collaboration with the Trust's Regional Sensory Group.

The Service Manager is a member of the Trust Group which meets representatives of the RQIA to address organisational interfaces and related matters.

The Assistant Service Managers continue to complete monthly audits of day centre files as required by RQIA.

**NISCC**

The Service Area is compliant with the Trust's Professional Registration and Verification Policy as required by NISCC.

The Service Area is compliant with NISCC Induction Standards.

The Service Area facilitates staff to access training and other learning opportunities so that they are able to complete their PRTL re-registration requirements as required by NISCC.

**PHA**

The Service Area participated in a working group facilitated by the PHA to address the barriers that exist for disabled people accessing cancer screening services. Recommendations to improve access for people with physical and sensory disabilities were shared with the PHA which is planning to implement positive changes.

**DHSSPSNI**

The Service Area is hosting a visit for staff from the Physical and Sensory Disability Unit, Castle Buildings, on the 13<sup>th</sup> June 2012 to familiarise them with the work of the Service Area.

**PSNI**

The Service Area continues to engage regularly via the Joint Protocol arrangements with the Public Protection Unit.

	<p>Following the Joint Agency audit, the Service Area will participate in the Regional Working Group to develop revised Joint Protocol arrangements to ensure compliance with the requisite practice standards.</p> <p><b>MARAC</b> The Service Area has participated in local MARAC panels as appropriate.</p> <p><b>Judicial Reviews</b> Following the PF Judicial Review the Service Area has identified the number of current service users in receipt of Direct Payments who do not have capacity to consent. In the interim, pending the publication of DHSSPSNI guidance, the Service Area has not progressed any new Direct Payment arrangements. A waiting list has been established in respect of same until further direction is received.</p> <p>The Service Area has used a number of mechanisms to share the learning from this Review including training and reflective workshops provided to consider the challenges of implementing service provision and the sharing of the outcomes with the Service Area's Direct Payments Working Group.</p> <p><b>Investors in People</b> The Service Area is participating in the Trust's IIP re-accreditation preparations.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b></p> <p><b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p><b>NISCC</b> The Service Area is compliant with the Trust's professional Registration and Verification Policy as required by NISCC.</p> <p>The Service Area is compliant with NISCC Induction Standards.</p> <p>The Service Area facilitates staff to access training and other learning opportunities so that they are able to complete their PRTL re-registration requirements as required by NISCC.</p> <p><b>RQIA</b> The Service Area continues to ensure its compliance with the Day Care Standards. All four day centres have been inspected in this reporting</p>

period. All were commended on their performance and upgraded to leading with no recommendations.

The Sensory Support team completed the RQIA Review of Sensory Services. There have been a number of recommendations identified for the Trust. The Disability Steering Group which the Service Manager is a member of will take forward the corporate recommendations. The Sensory Support Service will take forward the recommendations specific to service delivery in collaboration with the Trust's Regional Sensory Group.

The Service Manager is a member of the Trust Group which meets representatives of the RQIA to address organisational interface and related matters.

The Assistant Service Managers continue to complete monthly audits of day centre files as required by RQIA.

#### **PHA**

The Service Area participated in a working group facilitated by PHA to improve the barriers that exist for disabled people accessing cancer screening services. Recommendations to improve access for people with physical and sensory disabilities were shared with PHA who is planning to implement positive changes.

#### **DHSSPS**

The Service Area is hosting a visit for staff from the Physical and Sensory Disability unit, Castle Buildings, on the 13<sup>th</sup> June 2012 to familiarise them with the work of the Service Area.

#### **PSNI**

The Service Area continues to engage regularly via the joint protocol arrangements with the Public Protection Unit to safeguard Vulnerable Adults.

Following the joint agency audit the Service Area will participate in the established regional working group to develop new joint protocol arrangements to ensure compliance of practice issues raised.

#### **MARAC**

The Service Area has participated as appropriate in local MARAC panels.

#### **Judicial Reviews**

Following the judicial review in relation to PF and the use of direct payments the Service Area has identified the number of Service Users in receipt of Direct Payments who do not have capacity to consent. Remedial action is in place however the Service Area has considered appropriate mechanisms to share the learning of this review. There have

	<p>been training and reflective workshops provided to consider the challenges of implementing service provision. The Service Area also has a Direct Payment Working Group and the learning from the judicial review has been shared at this forum.</p> <p>This review has impacted directly on service provision as the Service Area is unable to commission direct payments where capacity is an issue. Currently a waiting list has been established until further direction is received.</p> <p>There is a challenge for the Trust to ensure that learning and outcomes of judicial judgements are shared across the social care workforce and that mechanisms are in place to do so effectively.</p> <p><b>Investors in People</b> The Service Area is working towards achieving reaccreditation of IIP. This involvement will be a substantial piece of work over the next reporting period to ensure its investment in the Trust workforce.</p>
<p><b>3.5</b></p>	<p><b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b></p>
	<p><b>Community Care</b> Domiciliary and Institutional Care budgets continue to be significantly overspent as a consequence of the financial context, rising levels of demand and complexity and particular pressures associated with hospital discharges.</p> <p>In addition, care packages for service users with significant brain injury, behavioural challenges and related complex needs generate significant financial demands. Such service users often require specialised accommodation.</p> <p>Service users with complex care needs often have a combination of mental health and physical health needs which have resulted in a lack of support networks and/or behavioural problems and homelessness. They do not meet the criteria for other Service Areas and, as a result, the Physical and Sensory Service Area has assumed responsibility to assess and meet their needs without access to additional funding.</p> <p>The increased demand on community care services has negatively impacted on timely service delivery and service requests for those whose assessed needs are not deemed urgent or major.</p> <p><b>Intermediate Care Services</b> A continued lack of intermediate care services for this Service Area is ongoing. In order to embrace an effective reablement model and facilitate hospital discharges, it is imperative that access to an appropriate range of intermediate care provision is available.</p>

**Hospital Discharges**

There have been increased demands on available capacity as a result of the demands arising from hospital discharge performance requirements. This can result in a lack of person centred assessments prior to discharge. In such situations the appropriate community services have not been accessed at the point of discharge.

**Physical Health and Disability Teams**

In this reporting year the Service Area is pleased to report that it has successfully recruited two Senior Practitioner posts to assist the Team Leaders and to promote the development of practice across the workforce.

However, increased caseload volumes and workforce continuity issues have given rise to significant operational and service delivery pressures.

**Sensory Support Service**

In this reporting period the two Sensory Support Teams merged to form one Sensory Support Service based at the Bradbury Health and

Wellbeing Centre. In consultation with service users and voluntary organisations the Service Area has commenced a LEAN Project to standardise practice and reduce duplication.

Sensory staff has also taken on additional duties to support service delivery in the acute sector by providing social work and rehabilitation support to the audiology and low vision clinics at the Royal Victoria Hospital.

In the context of a small, specialised staff group, there has been relatively significant workforce throughput across the reporting period as a result of a number of staff leaving the Service Area for promotional opportunities and retirements.

Formal rehabilitation qualification training is an ongoing issue with staff having to travel to England for training.

**Community Brain Injury Teams**

There continue to be concerns regarding access to appropriate placements for service users with acquired brain injury. Service users are often delayed in hospital as a result of not having suitable community accommodation and care packages in place to sustain potential placements. In addition there is limited availability of suitable residential/nursing home provision.

**Vulnerable Adults**

Both Physical Disability Teams have had a significant increase in Vulnerable Adult referrals and this has implications for completing the

Vulnerable Adult documentation in the agreed timescales.

In addition the increased volume of safeguarding referrals has impacted on response times to other referrals.

### **Day Care**

Many of the service users who are accessing day care provision have severe and complex disabilities which require high staffing ratios. During this reporting period social care staff have worked to standardise day care procedures and recording documentation for Physical and Sensory Disability services. This work has required substantial input from staff with no additional funding.

### **Direct Payments**

The Service Area's efforts to promote the use of Direct Payments has been hindered by financial constraints and the need to change practice following the judicial review of PF. Until further direction is provided regarding this issue it is unlikely that there will be a significant increase in Direct Payments' level.

An additional barrier may be the fiscal challenge with regard to the payroll increase request from the Centre for Independent Living, resulting in the employers having to source additional money to meet this requirement.

### **Respite**

The securing of appropriate respite for service users is particularly challenging for the Service Area. This is due to the complexities of service user needs, the limited suitable placement base and financial/ budgetary constraints.

### **Asylum Seekers and Migrant Workers**

There have been a growing number of referrals relating to individuals from these groups. In light of the range of complex issues pertaining to residency status, service entitlement, communication, access to public funds and employment and, in many instances, their vulnerability to exploitation, interventions are frequently resource and staff intensive.

The Service Area is mindful of the pending publication of DHSSPSNI guidance on access to social care services for individuals who are not normally resident in the United Kingdom.

### **Carers**

There continues to be an increasing demand for assessment of carers/young carers needs and this has had a significant impact on the carers' budget. Data collection continues to pose challenges for staff in this reporting year however it is anticipated that data requirements will be improved in the year ahead.



**Non Compliance**

The circumstances of those service users who are deemed to have capacity but refuse to comply with service delivery requirements resulting in adverse impact on their health and wellbeing present particular challenges from ethical, professional and organisational perspectives.

Individual case situations are subject to robust risk assessment review processes.

**Community Emergency Response Team (CERT)**

CERT has continued to engage in training exercises during this reporting year and has noticed an increase in activity due to security alerts. These episodes directly impact on core business due to staff redeployment. The Service Area is pursuing appropriate levels of funding to meet service delivery and related workforce requirements arising from this area.

**Workforce, Recruitment and Staffing Issues**

The Service Area has found this reporting period challenging in light of the impact of workforce management processes on recruitment arrangements. In relation to administration staffing, the Service Area has secured funding to fill permanent vacancies. However, logistical issues have continued to impact on recruitment timelines.

**NISAT**

The implementation of NISAT for both Physical Disability Teams and the Sensory Support Service has necessitated additional training and support for social work staff. There are challenges for staff who do not have access to PARIS as NISAT cannot be appropriately shared with other relevant professionals as required.

In addition staff who have serious sight loss have difficulty completing the NISAT in its current format.

The Community Brain Injury Team and Day Support services plan to implement NISAT later this year.

**Implementation of CIS**

While the Service Area recognises the significant potential benefits of CIS implementation, the implementation process will be challenging and demanding from logistical, organisational and professional perspectives.

**Finance**

This has been a particularly challenging reporting period as a consequence of the overarching financial context which has compounded historical underfunding of specialist community, residential, nursing and respite disability placements for adults with physical and sensory disabilities.

	<p>The increasing demand for services from individuals with complex health needs and carers has given rise to substantial pressures on existing resources.</p>
<p><b>3.6</b></p>	<p><b>Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b></p>
	<p><b>Investors in People</b>                  The Service Area is participating in the Trust's IIP re-accreditation processes. The Service Area has established an IIP Working Group to co-ordinate preparations for the assessment. It is envisaged that this will be a substantive area of work over the next reporting year.</p> <p><b>Community Care</b>                  The Service Area continues to prioritise cases on the basis of need and in line with commissioning priorities specifically hospital discharges, palliative care and vulnerable adults cases.</p> <p>The Service Area continues to review its referral criteria and waiting lists to utilise support packages and identify those service users and carers most in need.</p> <p>There is an ongoing review of existing care packages and the adoption of reablement strategies as part of a service reform and modernisation process to maximise available capacity and resources to deliver efficient and effective person centred services which secure positive outcomes for service users.</p> <p>During the forthcoming reporting year the Service Area will focus its modernisation agenda on community Care Management Teams, Day Care and the Sensory Support Service.</p> <p>The Service Area continues to develop systems to streamline service delivery processes in respect of hospital discharges. The Service Area is pleased to report that there is a dedicated Care Manager Assistant role to review care packages at 6-8 weeks following hospital discharge to determine if there is an ongoing need for service provision.</p> <p>The Service Area has consolidated its engagements with Mental Health and Learning Disability Service Areas to manage interfaces and enhance integrated service delivery arrangements.</p> <p><b>Intermediate Care Services</b>                  The Service Area continues to have difficulty accessing these services. It is hopeful that the newly established Reablement Team within the Older</p>

Peoples Service Area will enhance access to intermediate care services.

### **Hospital Discharges**

The Service Area ensures adverse incidents are recorded to highlight inappropriate discharges and to promote the dissemination of shared learning from such episodes to enhance practice and assurance processes.

The Service Area participates in the Older Peoples Service Area Modernisation Group which has a principal focus on improving hospital discharge pathways. The Group has continued to review the operationalising of discharge protocols to profile and promote best practice and to address those aspects of performance which require remedial actions.

As previously noted the Service Area has a designated worker who reviews all hospital discharges at 6-8 weeks to determine the need for ongoing service provision.

### **Physical Health and Disability Teams and Vulnerable Adults Referrals**

The Service Area, in partnership with the Older Peoples Service, plans to implement a centralised Team operating a Gateway model for the management of vulnerable adult referrals.

### **Sensory Support Services**

The Service Area has commenced a service re-design programme for Sensory Support utilising a LEAN project approach which will focus upon standardising service delivery processes, quality of service provision and reducing areas of duplication particularly in relation to recording and documentation.

As part of the LEAN project the Service Area will consider the skill mix of the workforce needed to deliver qualitative and safe services.

The Service Area is pleased to report that the HSCB has agreed funding for a Trainee Rehabilitation post and the Team hopes to recruit in the next reporting period.

The Service Area participates in the newly established Regional Sensory Services Improvement Steering Group which is seeking to develop an efficient and effective service model for rehabilitation and reablement through partnership working between the HSCB, the Trusts and the Voluntary Sector.

The Service Area continues to meet regularly with the Regional Group which is addressing service development and assurance standards within social work and rehabilitation practice.

**Community Brain Injury Teams**

The Service Area has worked in collaboration with Mental Health services to submit a joint supported housing scheme bid to develop the range of appropriate placement options for those with complex needs.

There is an ongoing process of scoping current residential, nursing and supported living provision to identify the most appropriate accommodation for service users with Brain Injury and complex care needs.

The Community Brain Injury Teams provide training to community and residential facilities to promote an understanding of the diverse needs of this service user group and offer practical solutions and support.

The Service Manager chairs the Trust Steering Group for Brain Injury Services to address the standardising and better integration of service delivery.

The Service Area plans to merge the two Teams as part of a service development and modernisation strategy which will seek to streamline service delivery and make full use of the specialist skill mix within the Teams.

**Day Care**

The Service Area has recently commenced a service modernisation and reform programme in respect of day care services. This work is expected to continue into the next reporting period.

**Direct Payments**

The Service Area will continue to promote and profile Direct Payments as appropriate.

The Service Area currently has 121 recipients of direct payments.

In the light of the judicial review, the Service Area will be unable to progress any further direct payments requests for those service users without capacity until further direction from the DHSSPSNI is provided.

**Respite**

The Service Area has recently agreed contracts for two respite beds in a residential and nursing facility.

The Service Area continues its yearly contract with a domiciliary provider which provides sitting services and respite for service users and carers.

The Service Area continues to review demand and prioritise need to ensure it is maximising the limited respite resources available.

**Asylum Seekers and Migrant Workers**

The Service Manager participates in the Trust Ethnic Minorities Health and Wellbeing Steering Group

The Service Area continues to work in partnership with appropriate agencies to address the needs of this group.

Following the recruitment of the Senior Practitioner posts, the Service Area envisages part of their role will be to develop protocols and establish a best practice pathway to engage with and continue to provide service provision to this group of service users.

**Carers**

The Service Manager and Carer's Coordinator meet regularly to review the carers' budget and amend accordingly to ensure carers' needs can be met as appropriately and equitably as possible.

**Non-Compliance**

The Service Area will continue to risk assess and action plan for those service users with non-compliance whilst aiming to promote their rights to choice and self determination.

The Senior Practitioners will develop best practice pathways to support service users, staff and care plans and to provide effective interventions for service users who are non-compliant.

**Community Emergency Response Team**

The Service Area is pursuing appropriate levels of funding to meet service delivery and related workforce requirements arising from this area.

The Trust is currently reviewing the organisational, logistical, funding, assurance and workforce issues informing the operationalising of the CERT Service as part of its ongoing review of its overarching contingency and emergency response arrangements.

**Workforce Recruitment and Staffing**

The Service Area will continue to pursue the reform and modernisation of service delivery processes which facilitate the realisation of the Trust's strategic priorities. In that regard the present initiatives to review Service Area organisational processes are predicated on promoting safe, efficient, effective, person centred services.

The Service Area is committed to further enhancing the skills and knowledge base of its staff.

**NISAT**

There will be ongoing training for staff in the use of NISAT. The Service Area is working with the IT Department and the Disability Steering Group

	<p>to ensure staff with disabilities can access NISAT.</p> <p><b>Implementation of CIS</b>                  The Service Area has established a working group which meets bi-monthly to identify and streamline requirements for the pending implementation of CIS.</p> <p>It is envisaged that the Sensory Support Service will implement CIS in July 2012 and the remainder of the Service Area in December 2012.</p>
<p><b>3.7</b></p>	<p><b>Indicate if the issue is included on your Trust Risk Register and at what level</b></p>
	<p>The Service Area has assumed responsibility for managing its own Risk Register. This is regularly reviewed and updated within the overarching Directorate assurance arrangements.</p> <p><b>The Service Area Risk Register includes the following:</b></p> <ul style="list-style-type: none"> <li>➤ Risk of service users being discharged to unsuitable accommodation – moderate.</li> <li>➤ Risks associated with the present situation pertaining to Direct Payments recipients without capacity – moderate.</li> <li>➤ Risks associated with service users who are non-compliant with their care plans – moderate.</li> <li>➤ Risks of service users choking while being fed within day care settings – moderate.</li> <li>➤ Risk of trips and falls within day care settings – moderate.</li> <li>➤ Risks arising from workforce pressures associated with corporate workforce management processes – moderate.</li> <li>➤ Risks associated with staff working alone – moderate.</li> </ul>
<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place. Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p>The Physical Disability Teams are anticipating appointments for three replacement WTE Social Work posts in the next reporting year and one WTE Social Work post for the Community Brain Injury Team.</p>

	<p>Sensory Support has had a reduction in its workforce due to the merger, staff leaving, maternity and sick leave. It is anticipated that on completion of the Sensory LEAN Project, reconfiguration of the Team can commence to ensure services are delivered more effectively and with appropriate skill mix.</p> <p>The registration of the social care workforce will reinforce the importance of providing requisite training and development opportunities to enable compliance with the NISCC Code of Practice in relation to post registration training and learning. It will afford opportunities and challenges for the workforce with regard to enhanced accountability for their own learning and practice while raising the profile of their role and status in the delivery of complex services.</p> <p>The Service Area facilitates flexible working and promotes family friendly arrangements to accommodate staff need where possible via part time, flexi-hours, compressed hours and term time options.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were 4 permanent Band 6 Social Work vacancies in this Service Area as at 31March 2012.</p>
<p><b>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b></p>
	<p><b>Home help Service</b> – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p><b>Residential &amp; Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p>
<p><b>3.10</b></p>	<p><b>Social Workers who work within designated hospitals Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>The Service Area has no cohort of hospital-based social work staff.</p>

	<p>The Service Area has established strong, reciprocal working arrangements across the acute sector in relation to the management of hospital discharges in particular.</p> <p>The Sensory Support Service has developed a service delivery initiative involving the provision of direct social work and rehabilitation interventions at the Royal Victoria Hospital Audiology and Low Vision Clinics.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>The Service Area actively undertakes a human rights approach in its work with service users. Human rights are inseparable from social work values, ethics and practice. The Service Area is committed to promoting, upholding and fostering individual and community human rights needs.</p> <p>All staff within the Service Area have attended training on Human Rights. Assessments, reviews, risk assessments and vulnerable adult documentation reflects human rights issues. If there are particular concerns raised regarding the breach of individual human rights, staff will record this and provide written explanation as to why it had been necessary.</p> <p>The Community Brain Injury and Sensory Support Service provide training to Trust staff and external organisations. Part of this training is aimed at promoting the human rights of disabled people and what approaches can be made to remove barriers which will ensure equitable access for all.</p> <p>The Service Area is committed to engaging with service users and carers through consultation groups. These groups support and assist staff to develop and implement a human rights approach and ensure it is embedded in service delivery.</p>

**HUMAN RIGHTS**

<p><b>3.12</b></p>	<p><b>Identify any challenges encountered in the balancing of Rights.</b></p>
	<p>There are particular challenges with regard to deprivation of liberty and the implementation of care plans that incorporate restrictive practices, notably if a service user needs protection to prevent self harm. It has on occasion been necessary to implement a care plan that prevents maximum freedom of movement. These cases are risk assessed and care plans reflect the challenges. In all such situations the service</p>



	<p>user's consent to the requisite actions is sought in respect of individuals with capacity. Where a service user lacks capacity, efforts are made to engage with family members, carers to ascertain their views and support for any proposed actions.</p> <p>In addition the Service Area has noted an increase in capacitous service users who do not comply with their care plans. In such instances staff are require to balance the risks of harm to an individual or others and the right to self determination.</p> <p>At a regional level Sensory Support services recognise that there is a challenge to ensure that equipment for people with sensory loss is provided on an equitable basis. A regional, Policy has been developed to address this area.</p>
<b>3.13</b>	<b>What action have you taken to manage this challenge?</b>
	<p>Staff within the Service Area have completed training which provides an opportunity for them to reflect on the human rights implications involved in their practice and engagement with service users. In the next reporting year the Service Area is keen to provide specific training on the implications of human rights for disabled people.</p> <p>In addition staff ensure that comprehensive risk assessments are completed and if a breach of human rights is identified it is recorded and an explanation provided as to why this was necessary. All risk assessments are shared and agreed with service users, particularly those who are non-compliant so that their right to self determination can be recorded and promoted.</p> <p>In collaboration with the Care and Protection Team, vulnerable adult documentation is being reviewed to ensure that it captures consideration of human rights.</p>
<b>3.14</b>	<b>What additional actions (if any) do you propose to manage any ongoing challenges?</b>
	<p>In collaboration with the Learning and Development Team the Service Area is considering a proposal to train a member of the workforce in human rights issues pertinent to disabled people who will then be able to train others and act as a champion for the Service Area.</p>
<b>3.15</b>	<b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b>
	<p>The Service Area is committed to promoting and acknowledging the efforts and achievements of its workforce.</p>

	<p>Monthly returns of compliments are captured and shared to celebrate good practice with staff.</p> <p>RQIA inspections have incorporated service user feedback regarding service delivery. Overall there have been positive comments from service users who perceive that the Service Area focuses on person centred delivery of efficient services by committed and motivated staff.</p> <p>The Service Area is keen to acknowledge this good practice and this year nominated three social workers for the individual Annual Social Work Awards together with a Team nomination for the work carried out by the Community Emergency Response Team. We are pleased to report that two of these applications have been shortlisted for the Award Ceremony in June 2012.</p> <p>In addition the Service Area is pleased to report that the Community Brain Injury Team achieved third place in the Trust's Annual Chairman's Awards.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>There have been a number of significant challenges within the 2011/2012 reporting period primarily related to the overarching budgetary situation and related workforce management processes.</p> <p>There have been significant pressures due to increased vulnerable adults referrals and meeting requirements pertaining to hospital discharge targets.</p> <p>The Service Area continues to prioritise those service users and carers who are vulnerable and at risk while seeking to manage this challenging service delivery context.</p> <p>It is envisaged that the Service Area will be able to recruit replacement staff in the next reporting period and it is hoped that this will alleviate some of these pressures.</p> <p>The Service Area in collaboration with the Older Peoples Service plans to implement a centralised adult safeguarding referral service.</p> <p>The Service Area has continued to pursue a reform and modernisation agenda.</p> <p>➤ Sensory Support Services are currently undertaking a review of structures and service delivery processes utilising LEAN methodology to enhance service delivery, address skills mix and optimise the use of technology. This parallels the Regional Sensory Improvement Group's progressing of action plans to reform strategic planning and service development in partnership with the voluntary</p>

and independent sectors.

- Care Management staff are currently participating in a Team development process to review the challenges of the Trust's strategic priorities in relation to the reform and modernisation of community care services.
- A review of present Day Care service delivery models will be progressed during the next reporting period with a focus on enablement, participation and citizenship models of provision.

The reconfiguration of managerial structures within the Service Area has facilitated the appointment of two Senior Practitioners who will have responsibility for driving forward and supporting the development of practice in the Physical Health and Disability Teams.

The training requirements related to the implementation of NISAT and CIS will provide significant logistical challenges for the Service Area. CERT will continue to provide support in emergency situations under the obligations and responsibilities of the Civil Contingencies Act 2004.

Ongoing training exercises are planned for the next reporting period and the Service Area will continue to engage with Belfast Resilience and all relevant agencies to ensure a collaborative response to major incidents.

## DATA RETURN 1a

Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year?	2046	397
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	1446	380
1.3	How many adults are in receipt of social care services at 31 <sup>st</sup> March?	1262	165
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement		
		A 23	0
		B 102	0
		C 639	0
		D 143	0
		E 22	0
	F 0	0	
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	244	41
		1	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	Not available	Not available
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	0	0
		0	0
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	2	0
1.10	Complaints	Board return	Board return

## DATA RETURN 1b

**Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year?	N/A	N/A	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year?	N/A	N/A	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	N/A	N/A	N/A

Age is at date of referral for 1.1 and 1.2

Age at 31<sup>st</sup> March for 1.3

This Service Area has no managerial responsibility for Hospital social work staff.

## DATA RETURN 2

**Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		>65	65+
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	0	n/a
2.2	Number of adults known to the Programme of Care who are:		
	Blind	322	794
	Partially sighted	194	376
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	145	80
	Deaf without speech	106	66
	Hard of hearing	990	2110
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	N/A*	N/A*

**There is no mechanism to identify accurately the numbers of people who are Deaf/Blind. The Service Area is reviewing the register to accommodate this in the future.**

**Staff are reporting that there are fewer certification forms (CVNI) being received from Ophthalmology Departments, therefore reducing the number of people who are eligible to be registered.**

**DATA RETURN 3**

**Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b> <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>2987</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>1427</b>
3.2	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>1602</b>
3.3	Types of need that could not be met:	
	<p><b><i>Narrative</i></b></p> <p>Care Managed services                      Access to homecare provision                      Access to specialist services                      Respite</p> <p>These themes are addressed in the body of the Service Area report.</p>	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>7</b>

**DATA RETURN 4****Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>		
<b>Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	17
	Total expenditure for the above payments	490.47
4.2	Number of TRUST FUNDED people in residential care	25
4.3	Number of TRUST FUNDED people in nursing care	<b>96</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>6</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	17

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)



**DATA RETURN 5****Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate****5 CARERS AND DIRECT PAYMENTS ACT 2002**

5.1	Number of adult carers offered individual carers assessments during the year.	<b>259</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>112</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>107</b>
5.5	Number of young carers offered individual carers assessments during the year.	<b>35</b>
5.6	Number of young carers assessments undertaken during the year.	<b>19</b>
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>7</b>
5.8	Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>120</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	<b>0</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>44</b>
5.11	Number of one off Carers Grants made in-year.	<b>115 adults 24 children</b>

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

**Commentary****DATA RETURN 6****Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN THE BELFAST TRUST LASP REPORT (PLEASE SEE  
ATTACHED)**

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**

**Physical and Sensory Disability Service Area  
Primary and Social Care Directorate**

**7 SOCIAL WORK STAFF**

**PLEASE SEE CORPORATE RETURN Page 186-187**

**DATA RETURN 8**

**Physical and Sensory Disability Service Area  
Primary and Social Care Directorate**

**8 Assessed Year in Employment**

**PLEASE SEE CORPORATE AYE REPORT Page 188-195**

**DATA RETURN 9**

**Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

**9 The Mental Health (NI) Order 1986**

**Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115**

**Admission for Assessment Process Article 4 and 5**

9.1	Total Number of Assessments made by ASWs under the MHO	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	0
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0
<b>Form 5s</b>		
9.2	Total Number of Form 5s/5as completed)	0
9.2a	Of these, how many resulted in an application being made	0
	<i>Commentary – provide explanation as to Form 5s not resulting in application</i>	
<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed	0
9.3.a	How many of these were completed within 5 working days	0

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Reports completed	0
9.4.a	Number of completed reports which were completed within 14 days	0
<b>Mental Health Review Tribunal</b>		
9.5	Number of referrals to MHRT in relation to detained patients	0
9.5.a	Number of MHRT hearings	0
9.5.b	Number of patients re-graded by timescales:	
	a. < 6 weeks before MHRT hearing	0
	b. > 6 weeks before MHRT hearing	0
<b>Guardianships Article 18</b>		
9.6	Number of Guardianships in place in Trust at year end	0
9.6.a	New Applications for Guardianship during year	0
9.6.b	How many of these were transfers from detention	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the year	0
9.6.e	Number of Guardianships Renewed	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Numbers referred to MHRT	0
9.6.h	Number discharged from guardianship following MHRT	0
<b>ASW Register</b>		
9.7	Number of newly Approved Social Workers during year	0
<b>9.7.a</b>	<b>Number of Approved Social Workers removed during year</b>	0
<b>9.7.b</b>	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	2
	<p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the</p>	

	discharge of its statutory functions by ASWs.	
9.8	Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.	0
9.9	<b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b>  This information has not been routinely collected by the Trust.	Not available
<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).</b>		
<b>Schedule 2A Supervision and Treatment Orders.</b>		
9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31 <sup>st</sup> March	0
9.11	Of the Total shown at 9.8 how many have their treatment required as:  Treatment as an in-patient Treatment as an out patient Treatment by a specified medical practitioner.	0
9.12	<b>Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)</b>	0
9.13	<b>Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.</b>	0
	Commentary ( <i>include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient</i> )	

**Table 2 Incidents notified to BHSCT Community Emergency Response Team**

Date	Timing/ Duration	Location	Incident Type	Organisations Involved
16.03.12	03:00-06:30	Hannah Glen Heights, West Belfast	Security alert	BHSCT, BCC
12.03.12	18:54	Flora Street Beersbridge Road	Security alert	BHSCT, BCC, PSNI
10.03.12	12:19	Invernook Drive Inverary	Security alert	BHSCT, BCC, PSNI
10.02.12	09:27	Lower Falls-	Security alert	BHSCT (CDT), PSNI, BCC
15.11.11	09:30-10:40	Clonard Youth Club RC- no attendees	Security alert	BHSCT (CDT), PSNI, BCC
17.10.12	In hours	428 Antrim Road	Security alert	BHSCCT (CDT), PSNI, BCC
30.09.11	12MN-04:00	Malone Place	Sandy Row Community Centre	BHSCT, BCC, PSNI
14.8.11	15:00-19:00	Mater/ BCH/ RVH	Translink bus crash	NIAS/ BHSCT/ PSNI
27/05/2011	Afternoon	Dock Street	Suspicious vehicle under Dock Street. Severe congestion and issues of emergency services response times. Crown Princess in dock and passengers affected.	PSNI, MoD, TICC, Translink, BHP, NIAS, NIFRS, BHSCT (Hospitals), BCC on standby
26/05/2011	04:30-08:40	Iris Close	Security alert. Evacuation lead to 30 residents attending rest centre at St Mary's Convent.	PSNI, MoD, BCC, BHSCT

**MAHI - STM - 088 - 2664**

Date	Timing/ Duration	Location	Incident Type	Organisations Involved
20/05/2011	09:10-12:30	522 Donegal Road	Suspicious object outside a house. 60 houses evacuated. Rest centre opened at St John the Evangelist Church, Falls Road. 3 residents (1 required NIAS when leaving home and Trust transportation home due to medical vulnerability) attended.	PSNI, MoD, BCC, BHSCT, NIAS
17/05/2011	Morning	Victoria Square	Security alert. 150 staff & customers whose car was parked in the centre evacuated to the Waterfront Hall.	PSNI, BCC, BHSCT (standby)
14/05/2011	22:00-00:45	Hartwell Place, New Lodge	Pipe bomb (children playing with). Lifted by member of community and put in alleyway and children lifted again. Rest centre opened at Fitzgerald's Bar (community opened for 10 approx). North Queen St. Community Centre on standby (none attended)	PSNI, MoD, BCC, BHSCT (on standby)
09/05/2011	09:10-12:45	Falls Rd & Upper Springfield	Suspicious device at Falls Rd near Library and SF Offices. Also Upper Springfield Rd at St. Gerard's High School. BCC Falls Leisure Centre on standby. No residents attended. St. Gerard's School declared hoax fairly quickly, no need for Rest Centre.	PSNI, MoD, BCC, BHSCT
08/05/2011	15:20-18:15	Woodland Ave/Cliftonville Rd	Suspicious devices at corner of Woodland Ave/Cliftonville Rd. Holy Family Pastoral House on Limestone Rd on standby. No residents attended.	PSNI, MoD, BCC, BHSCT
29/04/2011	00:05- 03:00	Suffolk, West Circular & Upper Crumlin - all at same time	Suspicious devices at Suffolk, West Circular Rd and Upper Crumlin Rd. BCC Suffolk and Highfield Community Centres opened and Ballysillan Leisure Centre on standby. Three residents attended Highfield CC.	PSNI, MoD, BCC, BHSCT

**MAHI - STM - 088 - 2665**

<b>Date</b>	<b>Timing/ Duration</b>	<b>Location</b>	<b>Incident Type</b>	<b>Organisations Involved</b>
04/04/2011	10pm-MN	Fortwilliam Presbyterian Hall, Antrim Road	Security alert, Limestone road. Families advised to leave their homes. Stood down as families did not show up at the rest centre.	BHSCT (B. Kelly) BCC



**3. GENERAL NARRATIVE**

**To be completed for each Programme of Care.**

**Mental Health Service Area  
Social and Primary Care Directorate**

<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>Mrs Brenda Quinn, Service Manager for Recovery Services, is the Associate Director for the Mental Health Service Area.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Director of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social care workforce within the Service Area.</li> <li>➤ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce’s learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director of Social Work has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>In Mental Health Services professional supervision is provided in a number of different ways. In addition to one-to-one supervision, other methods include group supervision, Team supervision and mentoring by Senior or Principal Practitioner staff.</p> <p>All staff receive regular formal supervision as follows:</p> <ul style="list-style-type: none"> <li>➤ Band 5 Social Worker – every 2 weeks to comply with Assessed Year in Employment (AYE) supervision standards as referenced in the Revised Guide for Registrants and their Employers NISCC July 2010. As at 31<sup>st</sup> March 2012, one AYE staff member was working in the Service Area.</li> <li>➤ Band 6 Social Worker – at least every 6 weeks (or more often depending on need).</li> <li>➤ Band 7 Social Work Practitioner – at least every 6 weeks (or more often depending on need).</li> <li>➤ Band 7 and 8 Social Work Manager – 6-8 weekly (or more often depending on need).</li> <li>➤ All Qualified Social Workers also receive professional supervision on a quarterly basis (or more often if required).</li> <li>➤ The Mental Health Social Worker Forum meets every 3 months, This time is used for reflective practice, to review professional issues and celebrate best practice</li> <li>➤ The Trust Approved Social Work Forum meets quarterly. This includes one day refresher training which all ASW's are expected to attend.</li> <li>➤ ASW peer supervision groups meet quarterly.</li> <li>➤ The Trust's Social Care Supervision Policy has been implemented. The Service Area is seeking to establish social care fora which will be held twice per year to promote learning and reflective practice opportunities across the social care workforce.</li> <li>➤ A caseload weighting system is in operation within Recovery Community Mental health Teams and consideration is being given to how it can be implemented throughout Mental Health Services.</li> </ul>

3.3	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p>The Mental Health Service has standardised documentation processes in relation to the Mental Health Order (NI) 1986 across the Trust and all disciplines attend training in respect of same. The Service Area carries out quarterly “spot check” audits to assure the quality of documentation and the Trust has been commended by RQIA on the improvements that have been made.</p> <p>There are monthly audits conducted under the DHSSPSNI Safer Patient initiative in respect of risk assessment, care planning and multidisciplinary reviews. The latest figures were very encouraging and evidenced approximately 95% compliance levels.</p> <p>In addition, the Service Area has implemented standards for quality care in the acute unit in Ward J in the Mater Hospital. This is adapted from the Royal College of Psychiatry Standards for Acute Mental Health In-patient Units and seeks to measure quality of care of patients. It is audited annually and the Service Area is awaiting the outcomes of the most recent audit.</p> <p>The Mental Health Service Area was audited as part of a Trust-wide audit of the Trust Professional Social Work Supervision Policy and was found to have good compliance levels.</p> <p>An audit of the Approved Social Work (ASW) Service against the SSI Quality Standards for Approved Social Work was completed in March 2012. Standards 1, 3 and 4 were audited last year and standards 2, 5 and 6 this year. The audit found that the Trust was generally compliant and, in some standards, exceeded the requirement. In addition to refresher training every three years which every ASW must undertake, the Trust also provides an annual training day which is mandatory for all ASWs. However, there are areas that require further consideration. Although all ASWs attend quarterly supervision groups which are co-ordinated by senior social workers, they do not receive individual supervision in relation to their ASW role. The Trust intends to review the organisational and assurance arrangements to take this process forward in light of proposals for future legislative changes.</p> <p>The Trust has in place a Language Interpreting Service and Interpreters for the Deaf are available on request. However, leaflets are not available in other languages. The need for this will be reviewed in 2012.</p> <p>The Trust also conducted an audit on individuals who had been assessed</p>

by an ASW on more than one occasion within a year. It found that there were nineteen individuals who were assessed more than once. Of this

cohort, sixteen had been assessed by an ASW on at least two occasions but had been detained on only one occasion. The audit established that the least restrictive measures had been adopted to obviate the use of compulsory processes-voluntary admissions and referrals to the Home Treatment Team being the most common. Of the other three within the audit cohort, one related to a CAMHS case and was not included in the audit process. One of the remaining two cases related to an individual who had recently been discharged from hospital and was attending with the Home Treatment Team. His mental health had deteriorated. The other was a service user who had presented at different A&E departments with high risk and challenging behaviours. The service user had failed to engage with services on discharge.

The audit identified good standards of practice in relation to assessments including attention to an individual's human rights.

All ASW Risk Assessment Forms are forwarded to the Lead ASW for quality assurance and are audited on annual basis for the Statutory Functions Report. SCR's are audited randomly by Senior Social Workers and Team Managers.

RQIA has also recently commenced an inspection of the Trust with regard to child and adult safeguarding within psychiatric hospitals. Initial feedback has been positive.

Research undertaken by a social work manager within the Trust to explore decision making in relation to adult safeguarding investigations found that Designated and Investigating Officers were thoughtful, reflective and consistent in their decision making. However, the research did indicate that staff would welcome additional opportunities to discuss cases and share good practice in addition to the existing Trust fora. Therefore, the Service Area has introduced a quarterly peer support group at which case presentations are given.

<b>List of Audits conducted in Mental Health Services</b>		
	<b>Audit title</b>	<b>Project stage</b>
	Mental Health Order Use in General Hospital	Data collection clinicians
	Audit of procedures at the weekly multidisciplinary psychiatry ward rounds	Design/Planning
	A Survey of Weight Change in Inpatients at Shannon Clinic and Medication Prescribed	Abandoned
	Mental Health Service Improvement Project	Continuous Quality Improvement Project
	Physical health monitoring in patients with SMI (severe and enduring mental illness)	Presented/awaiting action plan
	Evaluation of implementation of the HSCB Integrated Elective Access Protocol	Report/presentation
	Completion of Regional Risk Screening Tool by Unscheduled Care Team	Data collection clinicians
	POMH Lithium monitoring audit	Report/presentation
	Evaluation of patient experience in acute day treatment	Design/planning
	Audit of referrals & new patients assessments at centre for psychotherapy	Design/planning
	Audit of quality of risk assessment completion within the Belfast Trust Addiction Service	Design/planning
	Monitoring ECG's of Patients on High Dose Methadone	Presented/awaiting action plan
	Evaluate neurophysiology provision for psychiatric patients in BHSCT	Data input SQA
	Audit measuring quality of documentation of unscheduled care assessments in Belfast Trust	Design/planning
	Early intervention in Psychosis Team	Design/planning
<b>3.4</b>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b></p> <p><b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>	
	<b>Compliance with NISCC regulatory requirements</b>	

All social workers and all social care workers who are required to register with NISCC have done so.

The Mental Health Service Area has implemented the Trust procedure for the assurance of the registration status of the social care workforce. Compliance is assured through audit.

The Service Area has also completed a process to identify all social care posts and ensure that those which require registration have been processed. In addition residential staff who work in supported living units are required by the Trust to register with NISCC although this is not yet a statutory requirement.

The Service Area supports the social care workforce in accessing learning and development opportunities to meet its NISCC Post Registration Training and Learning (PRTL) requirements

#### **Expert patient report**

RQIA has interviewed patients in psychiatric facilities using the tool developed for patient experience reviews. The reports are then considered by the Senior Management Team with a view to improving services.

#### **RQIA Inspections**

The Service Area has complied with recommendations and related Action Plans emanating from RQIA inspections of services and facilities.

#### **Serious Adverse Incident Reporting**

The Trust has complied with DHSSPSNI requirements in respect of the reporting of Serious Adverse Incidents (SAI's).

#### **ASW Register**

The Trust maintains an up to date register of Approved Social Workers authorised to practice by the Trust.

#### **Judicial Reviews**

A Judicial Review of the decision making of a Mental Health Review Tribunal was shared with practitioners. In 2011. The Tribunal had upheld a detention of a patient in Windsor. The Review challenged the Tribunal's interpretation of the levels of psychological and emotional risk which the individual applicant might pose to others.

Also within the reporting period, a service user requested a judicial review of the care that she could expect to receive from mental health services on discharge from prison. The Trust has implemented a comprehensive care plan to meet her needs.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p><b>Vacancy Controls</b> The current financial climate continues to impact on the recruitment of front line workers. This is particularly evident in community Teams which are under extreme pressure due to the accumulation of slow recruitment process, lost posts and sickness leave.</p> <p><b>Social Work Provision in Acute Services</b> A pilot to provide a limited, dedicated social work service has identified a high level of need for social work intervention to in-patient service users.</p> <p><b>Adult_Safeguarding</b> The number of Adult Safeguarding investigations is continuing to increase. Adult Protection investigations are complex and resource-intensive, placing additional pressures on social work caseloads. Within the reporting period there have been a number of</p>	<p>The case for maintaining social work posts will continue to be made. It would be helpful if Commissioners could provide a benchmark as to how many social workers per population are required to meet statutory functions.</p> <p>The Trust will review the pilot and consider how this deficit in service provision can be addressed. Also social work practitioners will participate in a practice development project that aims to develop a therapeutic model of care for the inpatient units. This will inform the future role of the social worker within the hospital. Individuals in need of immediate protection or at high risk can be assured of a timely response with all other investigations being prioritised as to current risk and need. Demand is being monitored by the Principal Social Worker.</p> <p>The Service Area intends to review its structures for managing adult safeguarding cases with a view to prioritising additional posts.</p>	<p>This is included in Risk of being unable to provide services due to inability to recruit and retain sufficient levels of all staff –moderate. Mental Health/CAHMS Risk Register-moderate.</p> <p>This is included in Risk of harm due to failure to provide appropriate service relevant to their needs. Mental Health/CAHMS Risk Register-moderate.</p> <p>Failure to comply fully with child protection and vulnerable adults procedures. Risk of allegations of abuse by staff is included in Mental Health/CAHMS Risk Register - moderate.</p>

<p>investigations within care facilities which had required substantial commitment of resources and impacted on capacity to meet other statutory requirements.</p> <p><b>Modernisation</b> Whilst recognising the value of the current modernisation programme within Mental Health Services, there is concern that, as wards close, nursing staff will again be redeployed into vacant posts previously held by social workers.</p> <p><b>ASW Interface with other Agencies</b> The Trust has found the GAIN Working Group helpful in identifying and clarifying some of the interface issues with the PSNI and NI Ambulance Trust. However, it has been noted that increasingly GP's are refusing to assess patients under the Mental Health Order (NI) 1986 as they state that it is not within their contractual arrangements. In a number of instances Police and ambulance have been able to respond to ASW requests as a result of other service pressures.</p> <p><b>ASW Rota</b> The demand for ASW assessments remains</p>	<p>It would be helpful if the HSCB could give some consideration to benchmarking the number of social workers required per population in to deliver statutory mental health services.</p> <p>The Trust is monitoring workforce trends to ensure maintenance of appropriate social work levels across the Service Area.</p> <p>This matter has been reported to RQIA and the GAIN group.</p> <p>The Trust has established a Working Group of</p>	<p>Not on Risk Register</p> <p>This is included in the following risks on the register (1) Risk of staff as a result of lone working and (2) Risk of poor quality service due to ineffective communication systems and incompatible referral processes. Mental Health/CAHMS Risk Register-moderate.</p> <p>Not on Risk Register</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>high. In addition, the enhanced role that the new legislation proposals have outlined for social workers suggests that service delivery structures and organisational arrangements will require to be reviewed.</p> <p><b>ASW Selection for Training</b>                  In 2011, the Trust implemented a recruitment and selection process for the ASW Programme. This was administered by Human Resources Department and provided an equitable process. However, it was noted that the course requirements for either PQ1 or the Mental Health component of specific award disadvantaged social workers outside of Mental Health, Learning Disability and Psychiatry of Old Age. This is likely to have cumulative implications for the delivery of ASW provision to Children's Services (outside of CAMHS) in particular</p> <p><b>Direct Payments</b>                  The Service Area is awaiting the DHSSPSNI revised guidance to address the area of Direct payments to individuals without capacity.</p> <p><b>Under 18's</b>                  There were 19 under 18's admissions to adult psychiatric wards in the reporting period.</p>	<p>ASW's to review the model of service and will review the workload management of ASW's via CAPA process</p> <p>At an individual level the Trust is endeavouring to enable staff to complete the training requirements. This will be kept under review.</p> <p>The Service Area is compliant with the requisite procedures and reporting processes in relation to under 18 admissions.</p>	<p>Not on Risk Register</p> <p>Not on Risk Register</p> <p>Mental Health and CAMHS Risk Register -- Moderate.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------



<p><b>Suicide Prevention</b> The issue of identifying those individuals who pose a risk of suicide is one of particular significance for the Trust.</p> <p><b>Delayed discharges/resettlement</b> The majority of delayed discharges are due to an inability to access appropriate placements. In addition there are individuals in continuing care wards who could be resettled if appropriate resources were available. It should be noted that the experience of the Trust Resettlement Team suggests that these individuals will require intensive supports in the years following discharge.</p>	<p>The Trust continues to promote a person centred approach to suicide prevention.</p> <p>The Trust has robust policies and procedures to manage such episodes which require the deployment of significant staffing resources and generate major logistical issues for the service.</p> <p>The Trust has developed partnerships with the community sector in supporting individuals at risk of suicidal behaviour. This is a key aspect of the Trust's Mental Health Promotion Strategy. Within the Service Area there is a strong focus on staff training, comprehensive assessment processes and the dissemination of learning from SAI's.</p> <p>The Trust continues to make the case for resettlement monies and to strengthen community resources. The Resettlement Team has been effective in supporting individuals who have been resettled from Knockbracken and the Trust intends to enhance this service further.</p>	<p>Risk of failure to identify individuals known to services is graded red and therefore on the Corporate Risk Register - red.</p> <p>Risk of harm due to failure to provide appropriate services relevant to their needs Mental Health and CAMHS Risk Register-moderate.</p> <p>Not on Risk Register.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place. Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p><b>Vacancy Controls</b> Please see Sections 3.5 and 3.6.</p> <p><b>Senior Social Workers</b> The Senior Social Work role is a key post. Unlike their nursing manager counterparts, they also provide professional supervision to social workers who are not members of their core Team. They are Designated Officers for Vulnerable Adult Procedures and manage referrals from acute, community and voluntary sectors. The development of Band 7 social work practitioner roles has given rise to difficulties in recruiting senior social workers as there is no increased financial reward for the additional management duties.</p> <p><b>Approved Social Workers (ASW) Role</b> The need to plan for ASW succession is urgently required as the majority of ASWs are aged over forty. It is likely that the proposed Mental Health and Capacity legislation will enhance the remit and responsibilities of ASWs. This will have significant resource implications for the Trust. (Please see Section 3.3).</p> <p>In 2011, The Trust introduced a recruitment and selection process for applicants to the ASW Programme. This proved to be successful with applicants well prepared in relation to the demands of the course and their role as an ASW.</p> <p><b>Workforce Management</b> The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were 4 permanent Band 6 Social Work posts vacant in this Service Area as at 31 March 2012.</p>

<p><b>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to.</b></p>
	<p><b>Home help Service</b> – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p><b>Residential &amp; Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p>
<p><b>3.10</b></p>	<p><b>Social Workers that work within designated hospitals. Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>A dedicated social work Team provides a service to the Recovery wards in Knockbracken, the Regional Medium Secure Unit and Avoca (PICU). However, within the acute wards liaison social workers from the Community Teams attend the ward on a weekly basis to identify cases that require social work intervention. In addition the wards can contact the Teams directly if a more urgent response is required. The role of the social worker in the hospital is currently being reviewed (Please see Sections 3.5 and 3.6).</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. One of the Trust’s four core values is to treat everyone with respect and dignity – including colleagues, patients and clients.</p> <p>Staff attend Trust mandatory training on Human Rights and it is a regular theme at ASW Training. In addition training programmes are provided in relation to specific issues within the Service Area. In 2012 training on “Restraint and Human Rights” will be provided to in-patient staff.</p> <p>Prompts are provided on the ASW Risk Assessment and Adult Safeguarding documentation to ensure that staff record the process, details of the issues informing decision making and justification for any service delivery actions which impact on an individual service user’s human rights. Social workers are encouraged to reference the European Convention on Human Rights (ECHR) in their case file records. File audits have evidenced compliance with regard to same.</p> <p>All policies are screened and proofed to ensure compliance with Equality and Human Rights considerations.</p>

Service users and carers are involved at all levels in the design and delivery of services and a Service User Consultant is in post as a member of the Senior Management Team. The principle of partnership working is central to the Service Area's values.

The Service Area's recovery ethos provides a template for the delivery of mental health services which promote citizenship, inclusion and empowerment-supporting and enabling an individual service user to make their own decisions regarding their life goals, care and treatment through the provision of holistic services which respect diversity and individual integrity.

For Individuals who lack capacity and require secure accommodation, a review process involving extended family members has been established to ensure that the needs of the individual are being met in the least restrictive way.

**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>Deprivation of liberty of individuals who lack capacity and require secure residential provision.</p> <p>Assessment under the Mental Health Order (NI) 1986</p> <p>Restraint of individuals within psychiatric hospital</p> <p>Within adult safeguarding investigations the need to protect the individual vis a vis their autonomy to make decisions which could continue to place them at risk.</p>	<p>A review process involving the family has been established to ensure the needs of the individual are being met in the least restrictive way. Guardianship is also considered as appropriate.</p> <p>Regular training for ASW's in relation to the implementation of the legislation. Practice issues are discussed at ASW forums. Services which provide an alternative to hospital are considered as less restrictive measures.</p> <p>Training for all relevant staff in relation to the use of restraint. Robust policies and procedures on the use of restraint and a review process when restraint has been used.</p> <p>The Service Area promotes an individual's human rights by endeavouring to develop a protection plan that meets their needs in partnership with the service user and recording the impact that decisions could have on their human rights. Practice is assured through audit.</p>	<p>Learning Disability Services are taking the lead in relation to the Trust response to DHSSPSNI guidance.</p> <p>Training on "Restraint and Human Rights" will be conducted in the Summer 2012.</p>

3.15	<p><b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b></p>
	<p>The Service Area has nominated social workers for the Regional Social Work Awards to promote the achievements of the individual practitioner/manager and to enhance the profile and status of mental health social work within the Trust and the wider community.</p> <p>Within the reporting period, Mental Health Services were delighted to have achieved first prize in the Public Health Agency's Mental Health Patient Experience, Safety Improvement Award 2012 in respect of innovative service initiatives in the Regional Medium Secure Unit and the Mental Health and Deafness Team.</p> <p>"Oasis", a new day-care facility within the inpatient unit at the Mater Hospital, won first prize in the Trust's Chairman's Awards. Two other services, "25 hours in Shannon" and the "Recovery Star in Daycare Services" both received awards.</p>
3.16	<p><b>SUMMARY</b></p>
	<p><b>Financial Climate</b></p> <p>Current financial constraints are impacting on the delivery of mental health services. The Service Area has continued to pursue a reform and modernisation agenda which seeks to develop models of service delivery which provide person centred, non-stigmatising, enabling and effective supports in partnership with service users and localities and optimises the available resource base.</p> <p>It is important that the social work role in mental health services is secured and promoted in the context of the logistical implications for the profile of the workforce related to the redeployment of nursing staff to vacant posts in the community.</p> <p><b>Adult Safeguarding</b></p> <p>The number of adult protection investigations is rising which places increasing demands on the service. In addition, there have been increasing referrals from the voluntary and independent sector for individuals who have mental health problems but who were not previously known to the Service Area.</p> <p>The Service Area intends to complete a review of its adult safeguarding arrangements.</p> <p><b>Proposed Legislation</b></p> <p>As the new Mental Health and Capacity legislation progresses, the Trust recognises the need to profile the workforce, learning and development, capacity, logistical and organisational challenges</p>

attendant upon same.

**Social Work Provision in Acute Services**

The Business Case for a new psychiatric inpatient unit for Belfast has been approved. At present the social work provision to acute services is limited. This area requires review to ensure the configuration of social work services' resourcing into the planning and commissioning processes.

**DATA RETURN 1a**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	<b>How many adults were referred for assessment of social work / social care need during the year?</b>	* 14026	985
1.2	<b>Of those reported at 1.1 how many adults commenced receipt of social care services during the year?</b>	* 11033	703
1.3	<b>How many adults are in receipt of social care services at 31<sup>st</sup> March?</b>	*8616	958
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement	A 23	OPS
		B 39	OPS
		C 96	OPS
		D 1	OPS
		E 72	OPS
		F 0	OPS
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	404 417	OPS
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	821	OPS
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	404 417	OPS
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	13	0
1.10	Complaints	Board return	Board return

**\*This figure relates to whole Service Area.**



## DATA RETURN 1b

**Mental Health Service Area  
Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year?	120	<b>178</b>	<b>4</b>
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year?	120	<b>178</b>	<b>4</b>
1.3	<b>How many adults or children are on Hospital Social Workers caseloads at 31<sup>st</sup> March?</b>	<b>27</b> (13 BHSCT & S E Trust)	<b>84</b>	<b>2</b>

Age is at date of referral for 1.1 and 1.2

Age at 31<sup>st</sup> March for 1.3

This information pertaining to adults 18-65 relates to the Social Work Team which provides a service to the Recovery Wards and PICU on the Knockbracken Hospital site. The social work service in the Acute Inpatient Wards (Rathlin, Windsor and Mater) is provided by the Community Mental Health Teams and is not recorded separately.

The figure for those children and young people under 18 relates to the provision of multi-disciplinary services including social work delivered by the CAMHS Regional Inpatient Service which is managed within the Adult Mental Health Service Area.

**DATA RETURN 2**

**Mental Health Service Area  
Social and Primary Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<b>&gt;65</b>	<b>65+</b>
<b>2.1</b>	<b>Details of patients &lt;65 in hospital for long term (&gt;3months) care who are being treated in hospital ward for &gt;65</b>	<b>0</b>	<b>0</b>
<b>2.2</b>	<b>Number of adults known to the Programme of Care who are:</b>	<b>Not available</b>	<b>Not available</b>
	<b>Blind</b>		
	<b>Partially sighted</b>		
<b>2.3</b>	<b>Number of adults known to the Programme of Care who are:</b>		
	<b>Deaf with speech</b>	<b>36</b>	<b>0</b>
	<b>Deaf without speech</b>	<b>12</b>	<b>0</b>
	<b>Hard of hearing</b>	<b>2</b>	<b>0</b>
<b>2.4</b>	<b>Number of adults known to the Programme of Care who are:</b>	<b>Not available</b>	<b>Not available</b>
	<b>Deaf/Blind</b>		

**The Service Area does not collect information in relation to those individuals who are visually impaired.**

**DATA RETURN 3**

**Mental Health Service Area  
Social and Primary Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b> <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
<b>3.1</b>	<b>Number of referrals to Physical/Learning/Sensory Disability during the reporting period.</b>	<b>Not available</b>
	<b>Number of Disabled people known as at 31<sup>st</sup> March.</b>	<b>Not available</b>
<b>3.2</b>	<b>Number of assessments of need carried out during year end 31<sup>st</sup> March.</b>	<b>Not available</b>
<b>3.3</b>	<b>Types of need that could not be met:</b> <i>Narrative</i>	
<b>3.4</b>	<b>Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.</b>	<b>0</b>

**The Service Area does not collect information in relation to the disabled status of those individuals in respect of whom it provides services.**

## DATA RETURN 4

**Mental Health Service Area  
Social and Primary Care Directorate**

**4 HEALTH AND PERSONAL SOCIAL SERVICES  
(NI) ORDER 1972;**

**Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]**

4.1	Number of Article 15 (HPSS Order) Payments	<b>30</b>
	Total expenditure for the above payments	<b>£5990</b>
4.2	Number of TRUST FUNDED people in residential care	<b>56</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>71</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>0</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	<b>17</b>

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

**DATA RETURN 5**

**Mental Health Service Area  
Social and Primary Care Directorate**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

5.1	Number of adult carers offered individual carers assessments during the year.	<b>288</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>195</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>117</b>
5.5	Number of young carers offered individual carers assessments during the year.	<b>4</b>
5.6	Number of young carers assessments undertaken during the year.	<b>4</b>
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	Not available
5.8	Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>23</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	<b>0</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.11	Number of one off Carers Grants made in-year.	<b>43</b>

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

**Commentary**

The number of carers receiving a service relates to carer specific services e.g. Carer grants, complimentary therapies, one off events and training. It does not include referrals to the carer advocates who are commissioned by the Trust or those services provided to carers as part of the service user care plan.

Carer therapies	25
Carer grants	43
Carer away days	19
Carer one off events	20
Training	10
<b>Total</b>	<b>117 carers</b>

**MAHI - STM - 088 - 2688**  
**DATA RETURN 6**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

**7 SOCIAL WORK STAFF**

**PLEASE SEE CORPORATE RETURN page 186-187**

**DATA RETURN 8**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

**8 Assessed Year in Employment**

**PLEASE SEE CORPORATE AYE REPORT page 188-195**

**DATA RETURN 9**

**Mental Health Service Area  
Social and Primary Care Directorate**

**9 The Mental Health (NI) Order 1986**

**Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115**

**Admission for Assessment Process Article 4 and 5**

9.1	Total Number of Assessments made by ASWs under the MHO  <table border="1" data-bbox="352 577 1283 763"> <thead> <tr> <th>Daytime Rota Total</th> <th>EDT</th> </tr> </thead> <tbody> <tr> <td>Total Assess - 198</td> <td>Total Assess – 122</td> </tr> <tr> <td>Compulsory - 143</td> <td>Compulsory - 85</td> </tr> <tr> <td>Voluntary - 19</td> <td>Voluntary - 10</td> </tr> <tr> <td>No Admission - 36</td> <td>No Admission - 27</td> </tr> </tbody> </table> Under 18 – 25 assessments Over 65 – 35 assessments Learning disability – 8	Daytime Rota Total	EDT	Total Assess - 198	Total Assess – 122	Compulsory - 143	Compulsory - 85	Voluntary - 19	Voluntary - 10	No Admission - 36	No Admission - 27	<b>320</b> corporate		
Daytime Rota Total	EDT													
Total Assess - 198	Total Assess – 122													
Compulsory - 143	Compulsory - 85													
Voluntary - 19	Voluntary - 10													
No Admission - 36	No Admission - 27													
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)  <table border="1" data-bbox="352 1059 1283 1435"> <thead> <tr> <th>Daytime Rota Total</th> <th>EDT</th> </tr> </thead> <tbody> <tr> <td>Compulsory - 143</td> <td>Compulsory - 85</td> </tr> <tr> <td>Of the 143 assessments</td> <td>Of the 85 assessments</td> </tr> <tr> <td>Under 18 – Compulsory - 11</td> <td>Under 18 - Compulsory – 5</td> </tr> <tr> <td>Over 65 - Compulsory - 16</td> <td>Over 65 – Compulsory - 7</td> </tr> <tr> <td>Muckamore - Compulsory 5</td> <td>Muckamore Compulsory 3</td> </tr> </tbody> </table>	Daytime Rota Total	EDT	Compulsory - 143	Compulsory - 85	Of the 143 assessments	Of the 85 assessments	Under 18 – Compulsory - 11	Under 18 - Compulsory – 5	Over 65 - Compulsory - 16	Over 65 – Compulsory - 7	Muckamore - Compulsory 5	Muckamore Compulsory 3	<b>228</b> corporate
Daytime Rota Total	EDT													
Compulsory - 143	Compulsory - 85													
Of the 143 assessments	Of the 85 assessments													
Under 18 – Compulsory - 11	Under 18 - Compulsory – 5													
Over 65 - Compulsory - 16	Over 65 – Compulsory - 7													
Muckamore - Compulsory 5	Muckamore Compulsory 3													
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>7</b> corporate												
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>9 MH</b> <b>1 LD</b>												
<b>Form 5s</b>														
9.2	Total Number of Form 5s/5as completed)	<b>135 MH</b> <b>16 LD</b>												
9.2a	Of these, how many resulted in an application being made	<b>125 MH</b> <b>16 LD</b>												
<p><b>Commentary – provide explanation as to Form 5s not resulting in application</b></p> <p><b>It is not possible to report at present as the clinical decision for not making an application is only recorded in the patient’s notes.</b></p>														

<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed  <b>ASW report is completed on all assessments irrespective of outcome of assessment.</b>	<b>319</b> corporate
9.3.a	How many of these were completed within 5 working days	<b>279</b> corporate
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Reports completed	<b>9 MH</b>
9.4.a	Number of completed reports which were completed within 14 days	<b>7 MH</b>
<b>Mental Health Review Tribunal</b>		
9.5	Number of referrals to MHRT in relation to detained patients	<b>60 MH</b> <b>24 LD</b>
9.5.a	Number of MHRT hearings	<b>37 MH</b> <b>24 LD</b>
9.5.b	Number of patients regraded by timescales: a. < 6 weeks before MHRT hearing b. > 6 weeks before MHRT hearing – <b>(clarity on the information required in this section would be appreciated)</b>	<b>13 MH</b> <b>2 LD</b> <b>6 MH</b> <b>2 LD</b>
<b>Guardianships Article 18</b>		
9.6	Number of Guardianships in place in Trust at year end	<b>1 MH</b>
9.6.a	New Applications for Guardianship during year	<b>2 MH</b>
9.6.b	How many of these were transfers from detention	<b>1 MH</b>
9.6.c	How many were Guardianship Orders made by Court (Article 44)	<b>0 MH</b>
9.6.d	Number of new Guardianships accepted during the year	<b>2 MH</b>
9.6.e	Number of Guardianships Renewed	<b>1 MH</b>
9.6.f	Number of Guardianships accepted by a nominated other person	<b>0 MH</b>
9.6.g	Numbers referred to MHRT	<b>0 MH</b>
9.6.h	Number discharged from guardianship following MHRT	<b>0 MH</b>
<b>ASW Register (corporate)</b>		
9.7	Number of newly Approved Social Workers during year	<b>1</b>
9.7.a	Number of Approved Social Workers removed during year	<b>4</b>
9.7.b	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	<b>53</b>
	<b>Commentary</b>  There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.  The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been	



	<p>placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p>	
<p>9.8</p>	<p><b>Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.</b></p> <p>There were 17 under 18's admitted to adult mental health wards.</p> <p>There were 25 assessments by ASW in the period, 16 of which were compulsory admitted to a hospital ward, 5 were voluntarily admitted and 4 were not admitted.</p>	
<p>9.9</p>	<p><b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b></p> <p>Referrals to the Office of Care and Protection are not collated separately at present. Records of such referrals are within individual case files.</p>	

**The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).**

**Schedule 2A Supervision and Treatment Orders.**

9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31 <sup>st</sup> March	<b>1</b>
9.11	Of the Total shown at 9.8 how many have their treatment required as:	<b>1</b>
	Treatment as an in-patient	<b>1</b>
	Treatment as an out patient	<b>1</b>
	Treatment by a specified medical practitioner.	<b>1</b>
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	<b>1</b>
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	<b>1</b>
	<b>Commentary</b>	

**3. GENERAL NARRATIVE**

**To be completed for each Programme of Care.**

<p><b>Adult Learning Disability Service Area Social and Primary Care Directorate</b></p>	
<p><b>3.1</b></p>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>The Associate Director of Social Work in Learning Disability for the year 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012 was Mr John McCart. Following his retirement, Mr Barney McNeany has been appointed to the role and will take up post in June 2012. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. He is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Director of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social work and social care workforce within the Service Area.</li> <li>➤ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area interim and annual Statutory Functions' reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance within NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions pertaining to the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>

<p><b>3.2</b></p>	<p><b>Supervision arrangements for social workers</b></p>
	<p>The Service Area’s supervision policy covers both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, professional supervision on a quarterly basis. This policy meets the requirements of the Trust’s professional social work supervision policy.</p> <p>Operations Managers are required to carry out a monthly audit of the quality of supervision provided by Team leaders.</p> <p>The Service Area also provides a Learning Disability Social Work Forum that meets twice yearly to provide opportunities for professional development and professional support. The Service Area runs reflective practice groups for social workers which meet two to three times a year.</p> <p>Learning Disability social workers also attend Approved Social Work fora, Designated Officer support fora and Achieving Best Evidence support fora as appropriate.</p> <p>In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and their Employers NISCC July 2010. AYE social workers are facilitated to attend the Trust’s AYE forum. The Service Area has employed two AYE staff member during this reporting year.</p> <p>The Service Area performed well in a recent Trust wide internal audit of professional supervision, achieving 100 % compliance with the audited standards.</p> <p>The Service Area does not operate a formal caseload weighting system but Team Leaders consider case complexity in making allocation decisions.</p>
<p><b>3.3</b></p>	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p>The Service Area continues to maintain a Community Teams’ Handbook which specifies the expectations, protocols and procedures for all aspects of the Teams’ work. The Handbook covers statutory functions responsibilities such as the operation of vulnerable adult procedures, carers’ assessments, direct payments, supervision and the use of The Mental Health (NI) Order 1986.</p> <p>The procedures require Team Leaders to carry out random file audits</p>

during each supervision session with Team members. Operations managers are required to carry out a quarterly audit of the standard of these file audits.

Operations managers are also required to carry out a monthly audit of the quality of supervision provided by Team leaders.

A wide variety of statistics are gathered on a monthly basis from the four Community Teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends.

As noted in 3.2, the Service Area was recently audited regarding compliance with professional social work supervision standards.

The Service Area's adherence to Promoting Quality Care guidance was audited recently by RQIA. Informal feedback was positive but we await the formal outcome.

Adult safeguarding arrangements in mental health and learning disability hospitals including Muckamore Abbey Hospital were also recently inspected by RQIA. Informal feedback was again positive but we await the report.

The RQIA also conducted a recent review of Guardianship involving some of the Service Area's cases. Again informal feedback indicated approval of our use of guardianship. Formal feedback is due in May 2012.

The Service Area was also included in a recent Trust-wide internal audit of adherence to vulnerable adult practice standards. Informal feedback was very positive. This was in addition to a Service Area internal audit of adherence to vulnerable adult practice standards. This audit revealed some inconsistencies in recording practice which have since been addressed.

The Service Area completed an internal audit of adherence to the requirements of Adult Placement Regulations. The Service Area has a contract with Positive Futures, Families Matter Service for the provision of adult placements and Trust staff have a number of responsibilities under the regulations. The audit showed that compliance was generally poor and that staff lacked knowledge of their responsibilities. This has been addressed and the audit will be repeated this year.

The Service Area has finished a scoping exercise in relation to the numbers of community clients who could be described as being deprived of their liberty as per the Bournewood criteria. This information is

	<p>currently being collated and analysed.</p> <p>The Service Area's compliance with RQIA requirements for the use of The Mental Health (NI) Order 1986 forms continues to be audited internally on a regular basis. The Service Area performs well in these audits.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b></p> <p><b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p>All social work and social care staff in the Service Area who are required to do so are registered with NISCC. This is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this.</p> <p>Social workers are supported to meet NISCC's ongoing professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a personal contribution and development plan.</p> <p>The Service Area also provides induction for all new staff which meets NISCC's induction standards. This includes a two day learning disability specific induction course developed and run by the Service Area.</p> <p>The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and tribunals.</p> <p>The Service Area's day care facilities, residential and supported living services and its community support service are all registered with the RQIA and subject to ongoing inspection and monitoring.</p> <p>The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements.</p> <p>The Service Area liaises with RQIA on protection of vulnerable adult issues as they arise in relation to any registered facility.</p> <p>The Service Area has contributed as appropriate to MARAC and PPANI processes.</p> <p>Service Area staff refer to the Office of Care and Protection as</p>

appropriate and act in accordance with their instructions on financial matters for individual service users.

The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate.

The Service Area reported on JR50 in this year's Interim Statutory Functions Report. Since then discussions with its legal advisors to determine the implications of JR50 for practice have continued. Meanwhile the Law Centre (NI), acting for a learning disability service user, is currently seeking leave for judicial review of the Trust's interpretation of its powers under guardianship. The Court reference for this case is 11/086012/01. The service user is arguing that the Trust's interpretation of the power of residence to include restrictions on temporary absences from the accommodation is too wide.

The issues in JR50 and 11/086012/01 are not exactly the same but bear some similarities.

The Trust is currently challenging the service user's capacity to undertake legal proceedings and is also opposing the service user's application for a protective costs order. We are awaiting the outcome of the court's deliberations on these matters.

If leave for judicial review in 11/086012/01 is granted, the Trust intends to defend its position but also to apply under the inherent jurisdiction of the High Court for orders permitting the Trust to continue the present arrangements in respect of the applicant. It is intended that this application would be heard at the same time as the judicial review so that in the event of the court being of the view that the present arrangements are ultra vires of the Mental Health (NI) Order 1986, the High Court can consider whether these should be continued under the inherent jurisdiction provisions.

The intention of this course of action is to test the applicability of the inherent jurisdiction in this case but also to establish the overall applicability of the inherent jurisdiction to other cases and circumstances. It is hoped that this would also clarify some of the broader questions raised by JR50.

In last year's Statutory Functions Report, the Trust was awaiting the outcome of a judicial review in which a Muckamore Abbey Hospital patient challenged the DHSSPSNI in relation to the lack of funding provided for resettlement. The judicial review found that the Department had not acted unlawfully.

The judicial review in relation to PF and the use of Direct Payments continues to present difficulties for the Service Area. The Trust is still awaiting a Departmental resolution to this issue.

**MAHI - STM - 088 - 2698**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
1.	<p>The Service Area continues to struggle to make appropriate provision for the accommodation and support of care leavers who have a learning disability. These young people often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. During this reporting period, two care leavers were provided with accommodation and intensive support packages and two care leavers were provided with adult family placements. In the coming year, seven young people will require accommodation and intensive support packages and two care leavers will require adult family placements. As noted in previous reports, the Service Area has not been resourced to provide this service in the same way as Children's Services which can mean that a child transitioning to adulthood is unable to access a similar service to that provided by Children's Services.</p>	<p>This issue has been raised with the HSCB. Funding requests for individual packages have been made to the HSCB as necessary but these requests have not always been successful. The Service Area recognises the importance of appropriate and timely transition planning and is working closely with Children's Disability and Family and Child Care Services to ensure this happens.</p> <p>The Service Area has recognised late diagnosis of learning disability in children known to Family and Child Care Services as a significant problem. The Service Area has encouraged Family and Child Care Services to refer for assessment as early as possible if a learning disability is suspected.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>



**MAHI - STM - 088 - 2699**

3.5	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
2.	<p>The Service Area continues to experience some difficulty in achieving resettlement targets. Lack of finance, lack of appropriate service provision and lack of community infrastructure all present significant barriers to achieving progress. The target for the year ending 31/3/12 was the discharge of sixteen patients on the Priority Target List (PTL). Only four patients on the PTL were discharged on target although the Service Area did achieve the discharge of eight delayed discharge patients, thereby exceeding its target of three. The Service Area believes that considerable momentum was lost during the initial six months of this year in anticipation of new project arrangements through the community integration project. This resulted in a consequent delay in achieving the 31/3/12 target. The Service Area also adhered to the project plan in focusing exclusively on the identified wards for 2011/12 of Oldstone and Finglass and has only recently broadened its approach, in consultation with the Board, to consider patients elsewhere in the hospital who may</p>	<p>The Service Area has plans in place for the discharge of a further twelve PTL patients and anticipates that these will be achieved by September 2012. The focus for 2012/13 is for the patients in Erne and Ennis wards to be prioritised with a target of twenty-two PTL patients. This is a challenging target but the Service Area is working closely with the Project Team and the HSCB to develop procurement and tender proposals for specialist community service provision for patients with complex and challenging needs. The Service Area is committed to delivering a better quality of life for patients being resettled.</p> <p>The Service Area is in the process of exploring the targeting of staffing resources to support the resettlement process. For example; it has been identified that occupational therapy input could facilitate quicker discharge processes. Occupational therapists could screen possible properties to help facilitate the purchase of accommodation in line with the Supporting People Department proposals.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

<p>be more easily resettled.</p>	<p>Despite the difficulties which have been encountered this year, the Service Area remains optimistic that resettlement of the identified patients at Muckamore Abbey Hospital can be completed by 2015 and considers that significant progress has been made in recent months to advance plans for this. For example, a small number of new providers are emerging and the Service Area has successfully submitted two new build schemes at Peters Hill and Annadale for approval through the Supporting People partnership although these are not likely to be available until 2013/14.</p> <p>The Service Area recognises the importance of building community infrastructure to support patients on discharge. The Service Area welcomes the investment in community infrastructure which was made this year which has enabled the Community Multi-disciplinary Learning Disability Teams and treatment services to increase their capacity. This allows Community Teams to better support resettlement planning as well as provide better support post resettlement. However, while welcome, the Service Area would note that significant further community infrastructure investment is needed.</p>	
----------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**MAHI - STM - 088 - 2701**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
3.	<p>The Service Area’s target for this year was to achieve 75% of discharges within seven days of the patient being assessed as medically fit for discharge. The Service Area was, in the main, able to deliver on this target. The target to discharge 100% of patients assessed as medically fit for discharge within ninety days was not consistently achieved. This was due to the arrangements required for the discharge of patients with more complex needs including the provision of bespoke packages and individual accommodation arrangements. At the end of March 2012, twelve patients were waiting longer than ninety days.</p> <p>The Service Area’s target for the coming year is to achieve all discharges within seven days of the patient being assessed as medically fit for discharge. This target is extremely challenging and the Service Area anticipates that it will not be achieved.</p>	<p>An inter hospital and community working group continues to meet regularly to promote effective co-ordination, communication and planning to achieve timely discharge. This working group also reviews all admissions for appropriateness.</p> <p>The Service Area continues to engage in discussion with the Board about the barriers encountered in achieving some targets. The Service Area wishes to further discuss the 2012 seven day discharge target with the Board in light of the anticipated difficulties meeting it.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

**MAHI - STM - 088 - 2702**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
4.	<p>The Service Area's caseloads continue to rise. In this reporting period they rose by an additional sixty-eight cases. There were one hundred and eight new referrals but only forty closures. This echoes the pattern of previous years where referral numbers exceed closures resulting in increased caseloads. This year's increase of sixty-eight adds to the pressure created by the extra one hundred and thirty eight cases in the preceding two years. Without any corresponding increase in provision, this remains a major concern for the Service Area creating as it does, the potential to be unable to meet statutory functions' requirements.</p>	<p>The Service Area continues to prioritise cases according to need. It has also introduced a key-working system to help avoid duplication of staff resources. The investment in community infrastructure via resettlement has increased capacity although it has not taken into account the increase in case numbers from community sources.</p>	<p>This issue is on the Service Area's Risk Register and is categorised as a red risk.</p>

**MAHI - STM - 088 - 2703**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
5.	<p>The Service Area is currently having difficulties promoting Direct Payments uptake. There has been a very modest increase of nine this year. This difficulty is largely caused by the need to change practice following the judicial review in relation to the PF case and the use of Direct Payments. Until a resolution is found to this issue, it is unlikely that there will be much further progress in increasing Direct Payment numbers.</p>	<p>The Service Area is linked into the ongoing discussions about a resolution to the implications of the PF case.</p> <p>Service Area staff participate as appropriate in the Trust's Direct Payment's training programme of initial awareness, advanced and reflective practice.</p> <p>As detailed in this year's Interim Statutory Functions Report, the Service Area continues to promote Direct Payments usage in a number of ways including the use of communication tools designed to build and assess capacity in relation to Direct Payments.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

**MAHI - STM - 088 - 2704**

3.5	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
6.	<p>The Service Area remains concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists.</p>	<p>The Trust has made the Department aware of the difficulties it perceives in the guidance. The issue has been raised in consultation processes on the new legislation which is to deal with this problem.</p> <p>The Service Area has completed a scoping exercise in relation to the number of service users who may be deprived of their liberty as per the Bournewood criteria. This has taken some time because of the large number of service users involved. When the information is analysed, the Service Area will consider if any additional case management actions would provide further safeguards for service users.</p> <p>It is hoped that the current legal debates as detailed in Section 3.4 will provide some clarity on how Trusts can make a range of decisions for those who lack capacity. This would hopefully clarify issues around best interests decisions relating to welfare and adult protection.</p>	<p>This issue is on the Trust's Risk Register and is categorised as a red risk.</p>

**MAHI - STM - 088 - 2705**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
7.	The Service Area, while welcoming the Promoting Quality Care Guidance, continues to find the twenty-eight day target for completing a comprehensive risk management plan largely unachievable. The Service Area currently has fifty comprehensive risk management plans in place in the community and in fifty-eight in Muckamore.	<p>The Service Area presented on its experience of PQC at a HSCB-led regional learning event.</p> <p>Following this event, a regional learning disability PQC forum was established and the Service Area has a representative on this. The Service Area welcomes the development of this group and is raising any practice difficulties there.</p>	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

**MAHI - STM - 088 - 2706**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
8.	<p>The PSNI/Social Services interface in vulnerable adult processes continues to cause some difficulties. As detailed in last year's report, we have been informed by the PSNI that a lack of police personnel is the reason for some delays in achieving a consultation, delays in investigation and lack of availability to attend meetings. The Service Area has also noted differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity and to vulnerable adults who have capacity but do not wish to make a complaint.</p>	<p>The Service Area reported on these difficulties in the recent joint RQIA and CJ1 inspection of Joint Protocol procedures. It has also raised them in the current RQIA review of safeguarding arrangements in mental health and learning disability hospitals.</p> <p>The Service Area is actively involved in LASP and NIASP groups who are reviewing these issues.</p>	<p>This issue is on the Service Area Risk Register and is classified as a moderate risk.</p>



**MAHI - STM - 088 - 2707**

<b>3.5</b>	<b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b>	<b>3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b>	<b>3.7 Indicate if the issue is included on your Trust Risk Register and at what level</b>
9.	The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care packages, domiciliary care, direct payment and residential/nursing care are all affected and requests are often agreed in only the most urgent and critical circumstances. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans as detailed in the Learning Disability Adult Safeguarding Report.	<p>The Service Area scrutinises and prioritises requests for service provision as far as possible. The Service Area is awaiting legal advice on its proposed process to assess, categorise and prioritise need.</p> <p>Vulnerable adult procedures are followed (see Learning Disability Adult Safeguarding Report).</p> <p>Information on unmet need is collected and analysed.</p>	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

3.8	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p><b>Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p>The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high.</p> <p>However, the Service Area has experienced considerable pressure in covering a career break, three maternity leave positions and filling a retirement vacancy. The Service Area has also had staffing difficulties caused by a number of long term sickness absences.</p> <p>Delays in scrutiny and recruitment processes have left Teams quite short staffed at times.</p> <p>Progress has been made in filling these positions and the Service Area hopes to have a better staffing position in the coming year.</p> <p>The Service Area welcomes the additional Community Teams' posts, including a social work post, which was funded by Muckamore Abbey Hospital resettlement monies to improve community infrastructure.</p> <p>Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible.</p> <p>The Service Area had hoped to train a further Approved Social Worker this year. This did not prove possible but an interested, appropriately qualified candidate is seeking admission to this year's course.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were no permanent social work vacancies in the Service Area as at 31<sup>st</sup> March 2012.</p>

3.9	<b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b>
	<p><b>Home Help Service</b> – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p><b>Residential and Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p>
3.10	<b>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b>
	<p>Muckamore Abbey Hospital has a small social work Team, comprising of one senior social worker, one senior practitioner and one social worker.</p> <p>The Team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services.</p> <p>Social workers are core members of the multi-disciplinary Teams on the following wards; Cranfield Men, Cranfield Women, Cranfield ICU, Killead, Donegore, Sixmile Assessment and Treatment and Oldstone where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key.</p> <p>Other wards may request a social work service in individual cases.</p> <p>The Muckamore social work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and has become skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the Hospital Team, they will provide this.</p> <p>The social work service at Muckamore leads the work on vulnerable adult protection providing advice, support and guidance to other hospital staff. The Senior Social Worker is the lead Designated Officer and processes the majority of the hospital's vulnerable adult referrals. The social workers in the Team act as investigating officers. Both the social workers and the senior social worker are trained to Joint Protocol and clarification discussion standards. Vulnerable adult protection work</p>

	<p>forms a very significant part of the Team's workload.</p> <p>The social work Team has also taken a lead in the implementation of the Promoting Quality Care guidance. The Team has particular skill and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work.</p> <p>In a related function, the social work Team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues.</p> <p>The Team Leader sits on the hospital's management committee to provide a social work perspective on all operational and governance arrangements.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>The Service Area is committed to incorporating human rights considerations into all aspects of its work.</p> <p>All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate.</p> <p>Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for;</p> <ul style="list-style-type: none"> <li>i) Vulnerable Adult Protection</li> <li>ii) Capacity, Consent and Best Interests Issues</li> <li>iii) Guardianship Decisions</li> <li>iv) Admission for Assessment Decisions</li> <li>v) Mental Health Review Tribunal Reports</li> <li>vi) Risk Assessment and Risk Management</li> </ul> <p>The Service Area has a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user forums, user consultation, user participation in staff interviews, user led training at induction and the provision of accessible information.</p>

**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 requires careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. Feedback to consultation processes by the Service Area on new legislation which will have a rights based approach.	All ongoing.
2.	As noted in previous Service Area reports, the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment remains problematic. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.
3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission of assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.

**MAHI - STM - 088 - 2712**

4.	Vulnerable adult protection work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the victim, raises significant human rights' challenges.	Staff training on human rights. Staff training on data protection. Staff training on vulnerable adult processes. Learning disability input into the regional group revising the joint protocol.	All ongoing,
5.	The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights- balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.	Staff training on human rights. Staff training on data protection. Staff training on the Promoting Quality Care guidance	All ongoing.

<b>3.15</b>	<b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b>
	<p>The Service Area is particularly positive about its efforts to involve and empower service users in decision making about their lives and their care. The provision of user-friendly information is an important part of this. For example; the Service Area has produced easy-read guides on Guardianship, admission for assessment, Direct Payments and individual easy read risk management plans. The Service Area is also about to launch a common assessment and referral tool for use across the Service Area's Community Teams, residential and supported living services and day care services. This has been designed to be an individualised, person-centred, accessible document which the service user will contribute to and own in so far as that is possible.</p> <p>The Service Area is looking forward to the launch of a new parenting support service which will promote the human rights of people with learning disability to parent by providing the right information, appropriate assessment and suitable support. The need for this sort of service has been identified for quite some time and planning to design an appropriate service model has been underway over the last year. Staff recruitment issues have delayed its start but it is hoped that the service will be available from September 2012 at the latest. This development is one part of ongoing service improvement arising from a joint family and childcare and learning disability project Team. The project Team has been in operation for approximately 18 months and is working to improve services for parents with learning disability by improving co-ordination and communication between the two Service Areas, raising awareness of the needs of parents who have a learning disability, developing appropriate assessment skills amongst staff and seeking to improve the quality of available supports.</p>
<b>3.16</b>	<b>SUMMARY</b>
	<p>The Service Area believes that its model of service provision is generally effective at delivering a good quality service to people with a learning disability and that its organisational and governance arrangements largely achieve good compliance with statutory responsibilities.</p> <p>However, the Service Area continues to seek to improve its performance in line with the aims and objectives of The Big Plan, the Service Area's blueprint for the next two years. The Big Plan is very much in line with the recommendations of the Compton Review which outlines the need for partnership working and personalised services that meet individual need.</p>

	<p>Achieving partnership working with service users, carers and the private, voluntary and independent sectors continues to be a major aim.</p> <p>The ongoing financial situation and the pressures of increasing demands for services are, however, of major concern. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risks it manages. Insufficient resources clearly impact on the Service Area's capacity to manage these pressures.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



## DATA RETURN 1a

Adult Learning Disability Service Area  
Social and Primary Care Directorate

1 GENERAL PROVISIONS			
		<65	
1.1	How many adults were referred for assessment of social work / social care need during the year?	108	Not available
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	108	Not available
1.3	How many adults are in receipt of social care services at 31 <sup>st</sup> March?	1771	Not available
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement	A149	Not available
		B161	Not available
		C196	Not available
		D91	Not available
		E151	Not available
		F9	Not available
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	696	Not available
		65	
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	103	Not available
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	17	Not available
		0	
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	1	Not available
1.10	Complaints	Board return	Board return

## DATA RETURN 1b

Adult Learning Disability Service Area  
Social and Primary Care Directorate

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year?	0	438	Not available
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year?	0	438	Not available
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	0	98	Not available

Age is at date of referral for 1.1 and 1.2

**1.1 This includes 310 vulnerable adult referrals. Age at referral is unavailable.**

**DATA RETURN 2**  
**Adult Learning Disability Service Area**  
**Social and Primary Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		>65	65+
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	0	0
2.2	Number of adults known to the Programme of Care who are:		
	Blind	6	Not available
	Partially sighted	30	Not available
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	Not available	Not available
	Deaf without speech	11	Not available
	Hard of hearing	13	Not available
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	2	Not available

**2.2 – 2.4 Age profile of clients with sensory impairments is not known. The Service Area does not collate information on sensory impairments centrally. These figures are based on information from Team leaders and daycare managers and are likely to be underestimates.**

**DATA RETURN 3**

**Adult Learning Disability Service Area  
Social and Primary Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Learning Disability during the reporting period.  108 community referrals  438 hospital referrals including vulnerable referrals	<b>108</b> <b>438</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>1771</b>
3.2	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>546</b>
3.3	Types of need that could not be met:	
	Unmet need occurs in all aspects of our service provision including; <i>Domiciliary Care</i> <i>Daytime Support</i> <i>Respite Care</i> <i>Supported Living</i> <i>Social and Leisure provision</i> <i>Community Teams and Treatment Services</i> This may involve a complete lack of service provision, inadequate service provision or a poorer quality of provision.	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>33</b>

## DATA RETURN 4

**Adult Learning Disability Service Area  
Social and Primary Care Directorate**

**4 HEALTH AND PERSONAL SOCIAL SERVICES  
(NI) ORDER 1972;**

**Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]**

4.1	Number of Article 15 (HPSS Order) Payments	170
	Total expenditure for the above payments	<b>Not available</b>
4.2	Number of TRUST FUNDED people in residential care	149
4.3	Number of TRUST FUNDED people in nursing care	161
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	1
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	17

**4.1 Information on total expenditure not available.**

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

**DATA RETURN 5****Adult Learning Disability Service Area  
Social and Primary Care Directorate**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>		
5.1	Number of adult carers offered individual carers assessments during the year.	<b>115</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>84</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>n/a</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>Not available</b>
5.5	Number of young carers offered individual carers assessments during the year.	<b>16</b>
5.6	Number of young carers assessments undertaken during the year.	<b>11</b>
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>0</b>
5.8	Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>66</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>n/a</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	<b>n/a</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>3</b>
5.11	Number of one off Carers Grants made in-year.	<b>147 + 49</b>
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<p><b>5.4 The Service Area does not collate information on total number of carers involved with clients.</b></p> <p><b>5.7 The Service Area does not collate information on total number of young carers involved with clients.</b></p> <p><b>5.11 There were 147 grants made and 49 alternative therapies sessions provided for carers.</b></p>		

**DATA RETURN 6****Adult Learning Disability Service Area  
Social and Primary Care Directorate**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN THE BELFAST TRUST LASP REPORT (PLEASE SEE ATTACHED)**

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**  
**Adult Learning Disability Service Area**  
**Social and Primary Care Directorate**

**7 SOCIAL WORK STAFF**

**PLEASE SEE CORPORATE RETURN page 186-187**

**DATA RETURN 8**

**Adult Learning Disability Service Area**  
**Social and Primary Care Directorate**

**8 Assessed Year in Employment**

**PLEASE SEE CORPORATE AYE REPORT Page 188-195**

## DATA RETURN 9

**Adult Learning Disability Service Area  
Social and Primary Care Directorate**

**9 The Mental Health (NI) Order 1986**

**Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115**

<b>Admission for Assessment Process Article 4 and 5</b>		
9.1	Total Number of Assessments made by ASWs under the MHO	320 Corporate Figure
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	228 Corporate Figure
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	7 Corporate Figure
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1 L&D
<b>Form 5s</b>		
9.2	Total Number of Form 5s/5as completed)	16 L&D
9.2a	Of these, how many resulted in an application being made	16 L&D
<i>Commentary – provide explanation as to Form 5s not resulting in application</i>		
<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed	320 Corporate Figure
9.3.a	How many of these were completed within 5 working days	279 Corporate Figure
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Reports completed	9 Corporate Figure
9.4.a	Number of completed reports which were completed within 14 days	7 Corporate Figure
<b>Mental Health Review Tribunal</b>		
9.5	Number of referrals to MHRT in relation to detained patients	24 L&D
9.5.a	Number of MHRT hearings	24 L&D
9.5.b	Number of patients re-graded by timescales:	
	a. < 6 weeks before MHRT hearing	2 L&D
	b. > 6 weeks before MHRT hearing	2 L&D
<b>Guardianships Article 18</b>		
9.6	Number of Guardianships in place in Trust at year end	15
9.6.a	New Applications for Guardianship during year	1
9.6.b	How many of these were transfers from detention	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the year	1
9.6.e	Number of Guardianships Renewed	11
9.6.f	Number of Guardianships accepted by a nominated other person	0



9.6.g	Numbers referred to MHRT	7
9.6.h	Number discharged from guardianship following MHRT	0
<b>ASW Register</b>		
9.7	Number of newly Approved Social Workers during year	0
9.7.a	<b>Number of Approved Social Workers removed during year</b>	1
9.7.b	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	8
	<p><b>Commentary</b></p> <p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.</p>	
9.8	Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.	0
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	This information has not been routinely collected by the Trust.	Not available

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).</b> <b>Schedule 2A Supervision and Treatment Orders.</b>		
<b>9.10</b>	<b>Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31<sup>st</sup> March</b>	<b>0</b>
<b>9.11</b>	<b>Of the Total shown at 9.8 how many have their treatment required as:</b>	<b>0</b>
	<b>Treatment as an in-patient</b>	
	<b>Treatment as an out patient</b>	
	<b>Treatment by a specified medical practitioner.</b>	
<b>9.12</b>	<b>Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)</b>	<b>0</b>
<b>9.13</b>	<b>Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.</b>	<b>0</b>
	<b>Commentary (include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</b>	

**3. GENERAL NARRATIVE**

**To be completed for each Programme of Care.**

**Family and Child Care Service Area  
Social and Primary Care Directorate**

<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>Mr Allan Liddell is the Associate Director of Social Work for the Family and Child Care Service Area.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Director of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social care workforce within the Service Area.</li> <li>➤ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce’s learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director of Social Work has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>3.2</b></p>	<p><b>Supervision arrangements for social workers</b></p>
	<p>The Reform Implementation Team Supervision Policy, Standards and Criteria informs the delivery of supervision within the Service Area and regular audits are undertaken to ensure compliance with the Policy.</p> <p>The Reform Implementation Team Caseload Management Model has recently been rolled out and is being implemented across the Service Area. This model will be subject to ongoing overview via Senior Management and feedback provided to RIT.</p> <p>AYE staff are supervised in accordance with the requirements specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 NISCC.</p>
<p><b>3.3</b></p>	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p>The Service Area has established a Threshold working group which is reviewing the quality of referrals made into and the response provided by the Gateway Service. It is also reviewing the thresholds used for the transfer of cases into Family Support and other community services. Two peer reviews have been undertaken jointly with Gateway/BELB and Gateway/Health Visiting and the outcome of these reviews are due to be considered by the working group.</p> <p>A multi-professional audit was undertaken by social work/health visiting Senior Managers of children who had been on the Child Protection Register (CPR) for over three years. The findings of this audit highlighted a complexity of inter-related factors including alcohol and drug misuse, parental mental health and domestic violence alongside the birth of additional children into the household as contributing to the decision to maintain the children on the CPR. An action plan is currently being developed in response to areas identified for improvement such as; additional training for staff regarding child protection plans, improved domestic violence risk assessment processes and developing more appropriate responses to cases where domestic violence is known.</p> <p>A GAIN audit was conducted in January 2012. The audit evidenced good levels compliance with requisite administrative and practice standards. The Service Area is currently developing action plans to address those aspects of service delivery which require improvement.</p> <p>The Trust is still awaiting the final report into two Case Management</p>

	<p>Reviews (CMRs) and is continuing to address any outstanding actions arising from previous internal reviews.</p> <p>The 2008 – 2011 Review of Early Years Services (Article 20 Report) has been completed and submitted to the HSCB. The Trust will also be publishing a report.</p> <p>There has been a LEAN Project undertaken in relation to administrative processes in adoption to assist the social work staff and managers in the delivery of Adoption Services in the Trust. The pressure continues to find suitable adoptive placements to meet the complex and challenging needs of Looked after children where the care plan is adoption.</p> <p>Assurance arrangements with regard to residential care services include the completion of monthly reporting to RQIA, the RQIA independent inspection processes, regular monitoring of service delivery by Senior Managers and the HSCB scrutiny arrangements in respect of Untoward Incident reports. The Monthly Monitoring and Inspection Reports are reviewed on a quarterly basis by the Director of Social and Primary Care and Service Area Senior Managers.</p> <p>These processes have consistently identified positive levels of practice and service delivery across the residential sector.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b></p> <p><b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p>The Service Area is compliant with NISCC’s workforce registration requirements.</p> <p>As noted above, the Trust has provided Quality Improvement Plans in response to requirements and recommendations arising from RQIA inspections of Children’s Homes. These are reviewed by senior managers within the Trust on a quarterly basis.</p>
<p><b>3.5</b></p>	<p><b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b></p>
	<p><b>Supported Living For Care Leavers</b></p> <p>The Trust has twenty-six supported aftercare placements under the Regional Joint Commissioning arrangements to meet the needs of those young people leaving care. The demand for these places continues to</p>

outstrip supply. As a result, there is a delay in discharging 17 year olds from residential care which in turn is impacting upon capacity across residential services.

**Homeless 16/17 year olds**

The Trust continues to place 16/17yr olds on occasion in unregulated accommodation due to the lack of appropriate resources for this age group. The Trust has complied with the HSCB reporting requirements in relation to same. Such arrangements are managed within robust risk assessment and review processes.

**Personal Advisor Service**

The Trust has 11.4 wte Personal Advisors. The caseload is 1:25. Currently there is a waiting list of thirty-six young people awaiting allocation of a Personal Advisor.

**Multi-Agency Risk Assessment Conferencing (MARAC)**

The MARAC structure has now been in place for two years and continues to put pressure on the Trust in terms of the 95% attendance requirement. The significant area of Information Sharing has yet to be resolved.

**Unallocated cases**

The Trust continues to have unallocated cases within the Family Support Teams.

Pressures remain in effecting transfers between the Family Support Teams to Looked After and Transition Teams at the three month interface. This has had a significant impact upon ability to allocate new work following transfer from Gateway. Unallocated work is reported on a monthly basis. The unallocated cases are subject to ongoing risk assessment by the responsible Senior Social Worker and Principal Social Worker.

**Case Conference Minutes**

The Trust continues to report to the Regional Child Protection Committee on the number of case conference minutes that it is able to distribute within fifteen working days of the case conference. For the final quarter in 2012 52% of minutes were distributed within timescale.

**Separated Children**

The Trust continues to receive referrals in relation to separated children. Challenges for the Trust with this group of young people include identification of appropriate placements particularly when the individual's age is in dispute, ensuring cultural and religious needs are met, communication barriers due to language and young people having being advised prior to approaching Gateway to share very limited information about their circumstances.

	<p><b>Secure Accommodation</b></p> <p>The Belfast Trust has access to four secure accommodation placements in Lakewood commissioned by the HSCB. Referrals are prioritised at the Trust’s fortnightly Restriction of Liberty Panel. For the majority of the reporting period there have been young people meeting the criteria for secure accommodation but for whom no secure placement has been available. The Service Area reviews the individual circumstances of each young person in such situations within a risk management matrix to identify robust contingency service delivery arrangements.</p> <p><b>Adoption</b></p> <p>As a result of demographic and societal factors paralleled by the evolving nature of the concept of adoption, in particular the adoption of children from looked after backgrounds, there is an insufficient number of appropriate adoptive placements to meet the needs of those children with care histories in respect of whom permanence via adoption has been determined as the optimal care plan. These children’s backgrounds are characterised by neglect, parental alcohol and drug abuse, domestic violence and mental health problems.</p> <p>The lack of such placements is impacting on the possibility of these children securing their future and therefore being able to achieve better outcomes.</p> <p>There can also be delays in referring children to the Adoption Panel due to protracted court proceedings. This has led to difficulties in placing children for adoption who, due to these delays, are older than the optimal age for adoption placement.</p>
<p><b>3.6</b></p>	<p><b>Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b></p>
	<p><b>Supported Living For Care Leavers</b></p> <p>The Trust, in conjunction with Supporting People, has reconfigured the placements provided by MACS to ensure that there is twenty four hour support in line with the other Joint Commissioned placements. However, the Trust recognises that this does not fully address the need for a greater range and number of aftercare placements for those young people leaving residential care. This matter has been identified as a cost pressure to the HSCB.</p> <p><b>Homeless 16/17 year olds</b></p> <p>The Trust has been working in partnership with the NIHE to develop a service model to address the needs of this age group. A ten-bedded unit has been secured at 242 Antrim Road which will provide three assessment beds and seven “move on” beds for 16-21 year old homeless young people which will be managed by Simon Community. This unit is due to open on 1<sup>st</sup> May 2012 and funding has been secured</p>

from HSCB for two years.

### **Multi-Agency Risk Assessment Conferencing (MARAC)**

A Regional MARAC Operational Group has been established to address issues arising out of the implementation of MARAC and the Trust has agreed to chair this group for the first year on behalf of the Region.

### **Unallocated cases**

The Service Area has secured additional funding from the HSCB and has recruited an additional Family Support Team to assist with the reduction of unallocated cases. The Trust has agreed a target-reduction strategy with the HSCB to ensure that the number of unallocated cases continues to reduce.

In addition, staff are involved in the development as a transfer protocol aimed at resolving the interface difficulties between the two service sectors. This protocol is to be piloted for a three month period to assess effectiveness.

### **Case Conference Minutes**

The Service Area is continuing to undertake measures to improve its performance including the recruitment of an additional Personal Secretary (PS) and monitoring the administrative processes between the PS and the Case Conference Chair. Feedback on performance is provided to both parties.

### **Separated Children**

The Service Area has reviewed all of the separated children currently in receipt of services and is undertaking some work in relation to ensuring a consistent response to these individuals. Three staff have been trained in age assessments and additional staff will be identified over the next year.

The Service Area has a homeless worker placed at Gateway who takes a lead role with young homeless, including separated children. The Trust is in the process of recruiting a second worker who will be based within Family Support.

### **Secure Accommodation:**

The Trust's Restriction of Liberty Panel meets on a fortnightly basis to consider new referrals and to review those young people meeting the criteria for secure accommodation for whom no secure placement is available in order to ensure that young people are prioritised on the basis of need. The Trust understands that the Commissioner is drafting proposals regarding a possible regional Restriction of Liberty Panel in light of RQIA's review of pathways into secure accommodation. This may develop a system of allocating secure beds on a regional needs-led basis.



	<p><b>Adoption</b></p> <p>The Service Area is working with the Regional Fostering and Adoption Team to improve recruitment levels and every effort is being made to identify potential suitable matches for children and adopters. There are financial implications in relation to the current need to purchase adoptive placements from the voluntary sector.</p> <p>The UNITE Document Planning Project has progressed well and the Service Area has made the two placements which were agreed at the outset. Feedback has been positive and the Trust would wish to increase the number but this has financial implications for the Trust.</p> <p>The LEAN Project has been helpful in identifying and addressing administrative processes which required reform. The next stage is a Comprehensive Service Review of adoption to enhance performance, including the role and function of the Permanence Panel.</p>
<p><b>3.7</b></p>	<p><b>Indicate if the issue is included on your Trust Risk Register and at what level</b></p>
	<p><b>Supported Living For Care Leavers/Homeless 16/17 year olds</b></p> <p>This issue use has been placed on the Trust's Service Area Risk Register - red.</p> <p><b>Multi-Agency Risk Assessment Conferencing (MARAC)</b></p> <p>This issue has not been placed on the Trust's Risk Register.</p> <p><b>Unallocated cases</b></p> <p>The issue has been placed on the Service Area Risk Register - red.</p> <p><b>Case Conference Minutes</b></p> <p>This issue has been placed on the Service Area Risk Register - moderate.</p> <p><b>Separated Children</b></p> <p>This issue has been added to the Service Area Risk Register - moderate.</p> <p><b>Secure Accommodation</b></p> <p>This issue has not been added to the Risk Register at this point. The Trust's Restriction of Liberty Panel meets on a fortnightly basis to review and prioritise those young people who meet the criteria for secure accommodation but for whom no placement is immediately available.</p>

	<p>Risk strategy/management meetings are held in respect of individual young people as appropriate.</p> <p><b>Adoption</b></p> <p>This issue has been placed on the Service Area Risk Register - moderate.</p>
<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place. Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p><b>Flexible Working Arrangements</b></p> <p>The Trust has developed a protocol to facilitate the effective management of the Trust’s Improving Working Lives Policy. The Service Area has facilitated movement of staff from full-time to part-time/ job share/ compressed working week arrangements.</p> <p><b>Internal Transfer</b></p> <p>The Service Area Management Team is currently developing an Internal Transfer Policy to facilitate the movement of staff from one service sector to another to optimise and enhance the workforce skills base and promote staff retention.</p> <p><b>Recruitment</b></p> <p>The Trust has engaged in an extensive recruitment campaign following the allocation of additional funding to reduce unallocated cases. The Trust received two hundred and one applications for Band 5 / 6 social work positions and created a healthy waiting list for future vacancies which may arise during 2012.</p> <p>The Trust is currently undertaking pre employment checks on successful applicants for the new Family Support Team which should be in place in June 2012.</p> <p>The Trust has also recruited ten “permanent locum” social workers to cover for long-term sickness absences and maternity leave. These appointments should significantly reduce the need for and use of agency workers.</p> <p>Caseload numbers across fieldwork services, particularly in Family Support, remain high and the complexity and risk profile of cases brings attendant pressures on the workforce. Although additional staffing and other measures to assist with workload have been identified NIPSA remain in formal dispute with the Trust. Current industrial action includes non completion of Essential Information Part 2, Placement Plan Part 2 and Family Support Plans. There have been on-going negotiations with</p>

	<p>Staff Side representatives which have been successful in preventing escalation and there is a staff ballot on 22<sup>nd</sup> May re standing down the action.</p> <p>Within the residential sector the issue of cost pressures related to staff complement funding remain outstanding. In light of the nature of the service, staffing levels require to be maintained. The RIT Residential Workstream had highlighted the need for a substantial increase in the staffing complement for differentiated units - up to seventeen residential staff and five waking night staff to provide adequate levels of cover for individual units. The Trust is currently funded for one Team Leader, one Deputy and 9.5 wte residential social workers per unit leading to a continuing reliance on overtime/bank staff. The issue of compliance with the Working Time Directive is also unresolved and the Trust continues to highlight to the Commissioner cost pressures arising from these issues within the residential sector.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>As at 31 March 2012 there were 2 permanent Senior Practitioner and 5 permanent Social Work vacancies within the Family and Child Care Service Area.</p>
<p><b>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b></p>
	<p>Intercountry Adoption Services – Costs related to assessment and approval process. Please find attached copy of the Regional Charges and Fees document. <b>Appendix 4</b></p>
<p><b>3.10</b></p>	<p><b>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>The Service Area has no responsibility for staff working in hospital settings.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human</b></p>

	<p><b>Rights based approach in your work with service users and carers.</b></p> <p>Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. One of the Trust's four core values is to treat everyone with respect and dignity – including colleagues, patients and clients.</p> <p>Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust policy makers and managers, when screening a policy, use a template which incorporates the human rights dimensions alongside the prescribed statutory equality and disability considerations.</p> <p>This ensures that an analysis of the proposal incorporating the human rights principles of dignity, equality, respect, fairness and autonomy is conducted and considered:</p> <ul style="list-style-type: none"> <li>• in the context of the articles of the Human Rights Act 1998;</li> <li>• who the rights holders are; and</li> <li>• how the Trust will ensure that those rights are protected, promoted and fulfilled.</li> </ul> <p><b>Staff Training Provision</b></p> <p>Quarterly - a half day training programme on a Human Rights based approach to service provision</p> <p>Bi -monthly - a mandatory equality and diversity training programme which includes a section devoted to a Human Rights based approach to health and social care.</p> <p>The Belfast Trust manages the Northern Ireland Health and Social Care Interpreting Service on behalf of the HSCB across the region. The primary aim of the service is to ensure that service users who are not competent in English as a first or second language can avail of their fundamental right to attain the highest level of physical and mental health. The service also ensures that HSC staff and primary care practitioners are affording service users their right to equality of access to services and equity of arms in terms of information. Working Well with Interpreters training is delivered to staff and practitioners and a core section of the training focuses on human rights connotations.</p> <p>A human rights leaflet is also being designed and disseminated in coming months which will be specific to health and social care provision.</p> <p>In 2012, the Trust's Health and Social Inequalities Team shall develop and deliver a training package on the United Nations Convention on Rights of Persons with a Disability. This is an acknowledgement that</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

this is a key legislative framework and one in which health and social care professionals should be fully trained. The Trust will commit in its forthcoming second Disability Action Plan that Executive and Non Executive Directors shall receive this training in the first instance and senior management and other levels shall also avail of this opportunity.

Communication and awareness of human rights issues and investigations by the Northern Ireland Human Rights Commission amongst Trust staff and practitioners is a vital element of keeping human rights considerations to the fore e.g. In Defence of Dignity and No Home From Home. The Health and Social Inequalities Manager disseminates important relevant information across the Trust.

HSC Trust Equality Leads convened a conference entitled Plugging the Gaps which was aimed at helping a number of public authorities who were increasingly facing issues when dealing with migrant workers/members of black and minority ethnic communities who were ineligible for assistance from the government, i.e. no recourse to public funds.

The conference, organised by Health and Social Care Trusts, brought together representatives from the Northern Ireland Housing Executive (NIHE), Department of Health, Social Services and Public Safety (DHSSPS), South Tyrone Empowerment Programme (STEP), Women's Aid, Northern Ireland Human Rights Commission (NIHRC), the Law Centre and other health and social services organisations with a view to addressing the apparent 'gaps' through which citizens of some EU states, namely the more recent Accession states, seem to 'fall' through as they are not eligible to receive certain types of support, financial or otherwise.

It is anticipated that guidance will be developed in 2012 to help support practitioners and staff on the interpretation of service delivery to those with no recourse and to help ensure the protection and promotion of fundamental human rights of potential service users.

Human Rights considerations are fundamental to the delivery of all services pertaining to children and families. Respect for the integrity of the individual child, their parents and carers, their engagement with and active participation in decision making affecting them and the proportionate exercise of statutory authority in any intervention while retaining a focus on the paramountcy of a child's welfare provide the core template underpinning the Service Area's discharge of its statutory functions.

**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The Trust continues to receive a significant number of referrals in relation to families with No Recourse to Public Funds (NRPF). In assessing the needs of the families, the Trust is required to balance the right to family life in any decisions that it takes regarding the provision of funding or the offer of returning the families to their country of origin.</p> <p>The expectations and levels of post adoption contact for children who are subject to Freeing Orders and subsequently placed for adoption is a major issue in balancing the rights of parents and children who are adopted.</p>	<p>This is a relatively new but expanding area of work for the Trust. The Trust is developing its experience and skills base in working with NRPF Families and is establishing relationships with the key agencies involved e.g. the United Kingdom Border Agency (UKBA).</p> <p>Collaborative work is ongoing with the Looked after Children Teams. The Service Area has re-organised its Senior Management structure to bring together Looked after Children/Adoption Services.</p>	<p>The Trust is planning to avail of training from the NRPF Network to assist in ensuring a consistent response to these families.</p> <p>To maximise the potential of every opportunity to engage in discourse with the Judiciary and Guardian ad Litem (GAL) Service in relation to this area.</p> <p>To ensure relevant, up to date research is available for all staff and contributes to practice and planning approaches.</p>

3.15	<p><b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b></p>
	<p>A range of Family and Child Care Services including Fostering, Family Support, LAC and Transition moved from older unsuitable buildings into modern accommodation in Knockbreda, Shankill and Beech Hall Wellbeing and Treatment Centres over the past year.</p> <p>The Service Area has played a central role in securing the establishment of a unit for homeless 16-25 year olds which is due to open on 1<sup>st</sup> May 2012.</p> <p>The Trust held a total of six multi-agency, multi-disciplinary workshops to disseminate the key messages of CMRs and Internal Reviews undertaken within the Trust area over the past ten years. These were attended by over four hundred staff.</p> <p>The Trust in conjunction with Opportunity Youth and Include Youth has developed a successful Employability Scheme to provide a service to Looked after Children and care leavers (sixteen to twenty-three year olds). The Scheme provides training and employment opportunities within the Trust and other settings. The Scheme has also formed close links with the Careers Service to make accessible appropriate career and skills training advice for Looked after children.</p> <p>The Trust has fifty-one places for young people leaving care on the Going the Extra Mile (GEM) Scheme. The Scheme promotes continuity and stability of living arrangements for young care leavers aged eighteen years to twenty-one years who are engaged in education, training, pre-vocational personal development, volunteering and/or employment who continue to reside with foster carers/kinship carers. Appropriate and agreed levels of financial support are available to assist carers to meet the care, accommodation and support needs of these young people on an ongoing basis.</p> <p>The Service Area has previously highlighted the difficulties it has experienced in recruiting foster carers. This has led to a high level of reliance on independent fostering agencies. However, this is largely due to the demand for placements and it is not the case that the Trust is losing carers to the independent sector. A Service Area initiative centred on the delivery of supports to Trust foster carers was successful in this year's Chairman's Award Partnership Category.</p> <p>The Service Area has pursued innovative marketing campaigns centred on business partnerships with a range of organisations including Belfast Giants, Belfast Zoo and Streamvale Farm aimed at recruiting additional carers.</p>

	<p>The Trust was commended by the HSCB in relation to the work undertaken to radically reduce the level of overdue statutory inspections to childminders and day-care facilities.</p> <p>A very successful Achievements Award ceremony was held in conjunction with Fostering Network in the Ulster Folk Park and Transport Museum during the reporting period with over forty looked after children receiving recognition for a variety of achievements. A second event is planned for May 2012 in the new Titanic Centre and on this occasion the event has attracted eighty nominations from the Trust's looked after population.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>The Service Area undertook a major review of its Senior Management structure following the retirement of two Children's Services Managers (CSM'S). This has resulted in some changes of responsibilities for the CSM's reflecting the pathways from Early Intervention through to Looked after Children. For example Fostering and Residential Services are now the responsibility of one Children's Services Manager which has resulted in a more cohesive placements service. In addition, changes at Directorate level in the Trust will result in the Service Area's reconfiguration into a Children's Community Directorate with Community Child Health and Children's Disability Service.</p> <p>The Service Area continues to discharge the range of statutory social care functions pertaining to children within a challenging financial climate. The targets regarding efficiency savings have been met and performance continues to be reviewed across a number of areas including kinship care, family support provision, respite care and adoption with a view to enhancing outcomes.</p> <p>The work of the Children and Young People's Strategic Partnership is taken forward locally by the Belfast Outcomes Group. The aim of the work is to improve the outcomes for children and young people by putting in place arrangements for integrated planning of services. The Outcomes Group has representation from key voluntary, community and statutory stakeholders</p> <p>The Trust continues to contribute to a range of regional fora including Reform Implementation Workstreams, the Regional Adoption and Fostering Taskforce and the regional commissioning exercise in respect of future residential child care provision.</p>



## DATA RETURN 1a

**Family and Child Care Service Area  
Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year?	0	0
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	0	0
1.3	How many adults are in receipt of social care services at 31 <sup>st</sup> March?	0	0
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement	0	0
		a	
		b	
		c	
		d	
		e	
		f	
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	0	0
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	0	0
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	0	0
1.10	Complaints	Board return	Board return

## DATA RETURN 1b

**Family and Child Care Service Area  
Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		<18	18-65	65+
<b>1.1</b>	How many adults or children were referred to Hospital Social Workers for assessment during the year?	0	0	0
<b>1.2</b>	Of those reported at 1.1 how many assessments of need were undertaken during the year?	0	0	0
<b>1.3</b>	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	0	0	0

Age is at date of referral for 1.1 and 1.2

Age at 31<sup>st</sup> March for 1.3

This Service Area has no managerial responsibility for Hospital social work staff.

## DATA RETURN 2

**Family and Child Care Service Area  
Social and Primary Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		>65	65+
<b>2.1</b>	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	0	0
		0	0
<b>2.2</b>	Number of adults known to the Programme of Care who are:		
	Blind	0	0
	Partially sighted	0	0
<b>2.3</b>	Number of adults known to the Programme of Care who are:		
	Deaf with speech	0	0
	Deaf without speech	0	0
	Hard of hearing	0	0
<b>2.4</b>	Number of adults known to the Programme of Care who are:	0	0
	Deaf/Blind	0	0

## DATA RETURN 3

Family and Child Care Service Area  
Social and Primary Care Directorate

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
<b>3.1</b>	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>0</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>0</b>
<b>3.2</b>	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>0</b>
<b>3.3</b>	Types of need that could not be met: <b>Narrative</b>	
<b>3.4</b>	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>0</b>

## DATA RETURN 4

Family and Child Care Service Area  
Social and Primary Care Directorate

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>	
<b>Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>	

4.1	Number of Article 15 (HPSS Order) Payments	<b>0</b>
	Total expenditure for the above payments	Not available
4.2	Number of TRUST FUNDED people in residential care	<b>0</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>0</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>0</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	<b>17</b>

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

**DATA RETURN 5**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

<b>5.1</b>	Number of adult carers offered individual carers assessments during the year.	<b>34</b>
<b>5.2</b>	Number of adult individual carers assessments undertaken during the year.	<b>34</b>
<b>5.3</b>	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>0</b>
<b>5.4</b>	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>Not available</b>
<b>5.5</b>	Number of young carers offered individual carers assessments during the year.	<b>0</b>
<b>5.6</b>	Number of young carers assessments undertaken during the year.	<b>0</b>
<b>5.7</b>	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>Not available</b>
<b>5.8</b>	Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
<b>5.9</b>	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
<b>5.9.a</b>	Of those at 5.9 how many of these payments are in respect of another person?	<b>0</b>
<b>5.10</b>	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
<b>5.11</b>	Number of one off Carers Grants made in-year.	<b>22</b>
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b>		
6 adult carers/parents were awarded complimentary therapy sessions.		

**DATA RETURN 6**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**7 SOCIAL WORK STAFF**

**PLEASE SEE CORPORATE RETURN page 186-187**

**DATA RETURN 8**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**8 Assessed Year in Employment**

**PLEASE SEE CORPORATE AYE REPORT Page 188-195**

## DATA RETURN 9

## Family and Child Care Service Area Social and Primary Care Directorate

## 9 The Mental Health (NI) Order 1986

Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115

<b>Admission for Assessment Process Article 4 and 5</b>		
<b>9.1</b>	Total Number of Assessments made by ASWs under the MHO	<b>25</b>
<b>9.1.a</b>	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>19</b>
<b>9.1.b</b>	How many assessments required the input of a second ASW (Article 5.4a)	<b>n/a</b>
<b>9.1.c</b>	Number of applications made by the nearest relative (Article 5.1.a)	<b>n/a</b>
<b>Form 5s</b>		
<b>9.2</b>	Total Number of Form 5s/5as completed)	<b>n/a</b>
<b>9.2a</b>	Of these, how many resulted in an application being made	<b>n/a</b>
	<i>Commentary – provide explanation as to Form 5s not resulting in application</i>	
<b>ASW Applicant reports</b>		
<b>9.3</b>	Number of ASW Applicant reports completed	<b>19</b>
<b>9.3.a</b>	How many of these were completed within 5 working days	<b>14</b>
<b>Social Circumstances Reports (Article 5.6)</b>		
<b>9.4</b>	Total number of Reports completed	<b>0</b>
<b>9.4.a</b>	Number of completed reports which were completed within 14 days	<b>0</b>
<b>Mental Health Review Tribunal</b>		
<b>9.5</b>	Number of referrals to MHRT in relation to detained patients	<b>n/a</b>
<b>9.5.a</b>	Number of MHRT hearings	<b>n/a</b>
<b>9.5.b</b>	Number of patients re-graded by timescales:	<b>n/a</b>
	a. < 6 weeks before MHRT hearing	
	b. > 6 weeks before MHRT hearing	
<b>Guardianships Article 18</b>		
<b>9.6</b>	Number of Guardianships in place in Trust at year end	<b>0</b>
<b>9.6.a</b>	New Applications for Guardianship during year	<b>0</b>
<b>9.6.b</b>	How many of these were transfers from detention	<b>0</b>
<b>9.6.c</b>	How many were Guardianship Orders made by Court (Article 44)	<b>0</b>
<b>9.6.d</b>	Number of new Guardianships accepted during the year	<b>0</b>
<b>9.6.e</b>	Number of Guardianships Renewed	<b>0</b>
<b>9.6.f</b>	Number of Guardianships accepted by a nominated other person	<b>0</b>
<b>9.6.g</b>	Numbers referred to MHRT	<b>0</b>
<b>9.6.h</b>	Number discharged from guardianship following MHRT	<b>0</b>
<b>ASW Register</b>		
<b>9.7</b>	Number of newly Approved Social Workers during year	<b>0</b>
<b>9.7.a</b>	Number of Approved Social Workers removed during year	<b>0</b>
<b>9.7.b</b>	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	12 (inc.EDT & Training)

	<p><b>Commentary</b></p> <p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.</p>	
<p><b>9.8</b></p>	<p>Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.</p> <p>A total of 25 assessments and 19 applications under Article 5.1b were made in respect of young people under 18 years.</p>	
<p><b>9.9</b></p>	<p><b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b></p> <p>This information has not been routinely collected by the Trust.</p>	



<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).</b> <b>Schedule 2A Supervision and Treatment Orders.</b>		
9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31 <sup>st</sup> March	0
9.11	Of the Total shown at 9.8 how many have their treatment required as:	0
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	0
	<b>Commentary</b> <i>(include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i>	

**3. GENERAL NARRATIVE**  
**To be completed for each Programme of Care.**

**Children’s Disability Service Area**  
**Social and Primary Care Directorate**

<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>Ms Pauline McDonald is the Senior Manager and Associate Director of Social Work for the Children’s Disability Service Area.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for assurance in respect of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Directors of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social care workforce within the Service Area.</li> <li>➤ The establishment of appropriate structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce’s learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director of Social Work has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.2	<p><b>Supervision arrangements for social workers</b></p> <p>The Service Manager for Children’s Disability and the Assistant Service Manager’s post are designated Social Work posts.</p> <p>Team Leader posts are also designated social work posts with the exception of Forest Lodge and the Children’s Interdisciplinary Schools Team. There is one designated social work post in the Children’s Interdisciplinary Schools Team in respect of whom professional supervision is delivered by the Senior Social Worker from the Service Area’s Early Intervention Team.</p> <p>Forest Lodge Short Break service is dually registered as a nursing home and children’s home although it is a nurse-led unit. It is jointly inspected by Nursing and Social Work inspectors as part of the RQIA regulatory arrangements and is monitored monthly by the Monitoring Officer in line with Children’s and Nursing Home Regulations.</p> <p>Social work services to the Royal Belfast Hospital for Sick Children (RBHSC) and Royal Jubilee Maternity Hospitals (RJMh) are delivered through a uni-professional organisational model which facilitates requisite professional supervision arrangements for staff.</p> <p>Children’s Disability Services are currently implementing the Regional Case Management Model and are working closely with the Change Co-Ordinator to deliver effective caseload weighting and management.</p> <p>The Assistant Children’s Service Manager provides professional supervision to all first line managers. Assessed Year in Employment staff (AYE) are supervised in line with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010. As at 31<sup>st</sup> March 2012, there were three AYE staff working in the Service Area.</p> <p>The Service Area has established a Social Work Forum (meeting twice yearly) which has been positively evaluated and which seeks to promote opportunities for reflective learning, personal development, a sense of professional and Service Area identity and collegiality and reciprocity of supports across the workforce. Meetings to date have addressed issues such as modernisation of social work structures, risk assessment, managing change and developing resilience within Teams.</p> <p>The Service Area’s Associate Director of Social Work is also a member of the Trust’s Associate Directors of Social Work Group.</p>
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.3	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p><b>Referral and Allocation Procedure</b>  The Service Area has a written Referral and Allocation Procedure which details the screening responsibilities and accountabilities of Team Leader and Practitioners. The Procedure mandates that all urgent referrals must be responded to within 24 hours.</p> <p><b>Recording Procedure</b>  A Service Area Recording Procedure covers all aspects of the recording process from the point of referral to the point of closure. The Service Area has implemented a Team Leader auditing of case files to ensure compliance with both processes.</p> <p><b>Child Protection</b>  Service Area staff have participated in training in respect of the Regional Child Protection Policy and Procedures and regularly co- work with Family and Child Care Service Area colleagues. Case management responsibility is carried by Family and Child Care staff in such instances.</p> <p><b>Supervision</b>  The Trust has achieved reasonable compliance with regard to the delivery of supervision.</p> <p><b>Direct Payments</b>  An internal audit of Direct Payments showed a need for improved practice in the completion of Access NI forms, timesheets and quarterly returns. The Service Area has taken forward actions to address same and staff must complete, sign and date a check list which will remain on file as a record of process. It is anticipated that this will provide for a more efficient, robust and transparent process.</p> <p>The Service Area's social care workforce is currently participating in the annual review of their individual Personal Contribution (PCP) and Personal Development (PDP) Plans.</p> <p>The Service Area is compliant with the Trust's procedures in respect of the professional registration of the social care workforce. The Trust's NISCC Data Base has a central role in providing assurance in relation to same.</p> <p><b>Service User Audit</b>  The Service Area regularly seeks feedback from children and parents who access short break and residential services and their carers. This is reported monthly to RQIA and incorporated into service development plans.</p>

The Children's Interdisciplinary Schools Team (CIDS) run service user Focus Groups to assist the Service Area in shaping and improving practice and service delivery. CIDS has also completed several satisfaction surveys and outcome audits.

The Service Area ran four parent focus groups last year in which fifty parents took part. Parents indicated that they liked the key worker role provided by the Team and the accessibility of the service. They preferred not having to take their child out of school and that the progress they made was due to the joint approach between teachers and Trust staff. They reported having previously being discharged from core health services for non-attendance and reported that social circumstances were not taken into consideration. Parents felt supported by the Team and noted that, as school based service, CIDS was less stigmatising.

All parents who responded to the questionnaires strongly agreed or agreed that they were satisfied with the support, advice and intervention they received from the Team.

The CIDS Team has established a consultancy group of twelve Principals and Special Educational Needs Co-ordinators who meet twice a year to help inform and develop the service. An agreed assessment summary and goal setting form has facilitated the informing of teacher goals, increased whole class activity to support targeted groups of children and provided dedicated time for teachers so that they can discuss concerns with Team members outside of the classroom.

Teachers report that they are highly satisfied or satisfied with the service they receive from the Team, the "one-stop shop referral process" and accessibility.

Feedback from the children suggests that they feel enhanced confidence and a greater sense of inclusion.

During the reporting period, Forest Lodge Short Break Service issued a patient/carer satisfaction survey. The responses indicated high levels of satisfaction with the quality of care of children and the professionalism of staff.

A key challenge is to develop tools to capture children's perspectives on service provision and mechanisms to actively engage children and parents in service review and development across the Service Area.

#### **Adverse and Serious Adverse Incidents**

The Service Area is compliant with the Trust's Adverse and Serious Adverse Incident reporting and review processes. Quarterly Learning from Incident Review meetings attended by relevant managers are

	<p>convened to disseminate lessons from individual incidents and Service Area Governance meetings are held on a bi-monthly basis to address a range of quality and assurance matters.</p> <p><b>Contracting with the Voluntary Sector</b> All contracts are monitored by staff at operational and managerial levels. The Service Manager meets with all commissioned providers at least annually. Annual review meetings facilitate value for money, assurance and quality monitoring.</p> <p><b>Performance</b> The Service Area participates in the Service Group and Trust's performance and accountability processes which incorporate a focus on delivery against PFA targets and statutory requirements.</p> <p><b>Complaints</b> Following a review of the Service Area's complaints processes, leaflets have been developed with inputs from young people resident in Trust facilities to assist children and young people to comment on services and to secure supports/advocacy to make a complaint.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b> <b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p><b>Compliance with NISCC Regulatory Requirements</b> All Service Area social work and social care staff who are required to register with the Northern Ireland Social Care Council (NISCC) have complied with same.</p> <p>The Service Area is compliant with NISCC's Code of Practice for Employers.</p> <p><b>RQIA Inspections</b></p> <p><b>Somerton Road Children's Home:</b> Annual Announced Inspection on 31.05.11 Annual Unannounced Inspection on 18.01.12</p> <p><b>Willow Lodge Children's Home:</b> Annual Announced Inspection on 24.08.11 and Estates inspection on 23.08.11 Annual Unannounced Inspection on: 28.03.12 Announced Pharmacy Inspection: 01.12.11</p>

**Forest Lodge Respite Unit**

Annual Announced Inspection 07.10.11 Estates

Annual Unannounced Inspections on 15.09.11 and 31.03.12

The inspections have consistently reflected high standards of care, planning key working and good levels of compliance with standards. However, the unannounced inspection of Somerton Road on 18.01.2012 Led to the issuing of a failure to comply notice due to the placement of a young adult beyond his 18<sup>th</sup> birthday. RQIA also stipulated the suspension of new admissions until this issue was resolved. The Service Area returned to compliance within the required timescale. This situation highlights the pressures caused by the lack of sufficient resources or investment in services for care leavers who have a learning disability.

Quality Improvement Plans were submitted to RQIA for all of regulated services following inspection and have been implemented within each service as directed.

The Service area complies with NISCC and Trust Induction standards and requirements and a working group is developing a service specific induction package for use within Children's Disability Services.

The Service Area has also complied with notification requirements in relation to Adverse Incidents. Arrangements are in place to liaise with colleagues in Child Protection, LAC and Family Support services to ensure the safe and efficient discharge of relevant Statutory Functions and best practice for children and families.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p><b>Workforce Management</b>                      The Trust's workforce management requirements have presented particular challenges in addressing demand and capacity issues within the Service Area. The discharge of statutory functions was prioritised to ensure the Trust continued to fully discharge all of its statutory responsibilities.</p> <p><b>Transitions Planning</b>                      The Service Area continues to work closely with Adult Learning and Physical Disability services to ensure appropriate and timely transitions planning in respect of children with disabilities. The Service Area has previously identified the need for additional investment in the range of available services for the cohort of looked after children whose needs are complex and resource intensive. Such services incorporate accommodation, peripatetic community based supports, access to supported employment, daytime activities and advocacy provision.</p>	<p>The Service Area has pursued a pro-active approach to recruitment.</p> <p>Managers and staff within Children's Disability continue to liaise with the Adult Learning and Physical and Sensory Disability Services to improve Transition practice and to accurately profile need in a timely manner to allow for more effective plans and resource allocation. The Service Area has put systems in place to ensure that all children eligible for Transitions services are identified by the age of 14 and have worked with colleagues in Adult Disability Services to review and amend the existing Transition protocol. It is clear that early identification of individual needs and</p>	<p>Not on Risk Register</p> <p>Not on Risk Register</p>



	<p><b>Community Services Infrastructure:</b>                  A key Service Area strategic priority is the consolidation and further development of the continuum of family support and domiciliary care services. The Trust has highlighted: the need for additional investment in community-based services to promote the maintenance of children with disabilities and related complex needs in community settings; to enhance the range of supports for carers; to obviate unnecessary admission to hospital or residential care; and to develop flexible locality provision delivered in partnership with user groups, community and voluntary providers. In this regard, increased availability of short break provision is required to enhance the small levels investment in recent years. The Trust has modernised the services delivered by the Willow Lodge staff Team during this reporting period and it now provides short breaks to eight families and will increase that number further as much as existing resources will allow. This has been a key component in three discharges from the</p>	<p>emerging trends is vital as is more structured joined up working.</p> <p>The Service Area has improved referral and allocation management processes and is moving to implement a single point of referral. The Children’s Services Caseload Management Model has been adopted and is now being used to enable Team Leaders to appropriately weight cases and caseloads within community Teams. We are working closely with the Trust’s Change Co-ordinator to ensure compliance and to identify practice issues. The Service Area has continued to review and improve processes in order to scope, access and prioritise all service requests and to ensure the equitable allocation of available resources on the basis of assessed need using transparent criteria.</p>	<p>This issue is included on the Service Area Risk Register -moderate.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

<p>Iveagh Centre within the last six months.</p> <p><b>Community Pressures</b>  Historic underinvestment in services particularly early intervention to children with disabilities, including children with ASD, has resulted in existing services being stretched in the context of rising demands for access to short break and domiciliary care services for children with complex needs.</p> <p><b>Delayed Discharge</b>  Three children from Belfast have remained in the Iveagh Assessment and Treatment Centre beyond the ninety-day PFA discharge target as a result of the absence of appropriate community based treatment and support services. The Trust is endeavouring to facilitate their discharge as soon as possible.</p>	<p>Efficient Service Area management and resource allocation processes and the modernisation of community Teams structures have facilitated the appropriate targeting of available resources on the basis of assessed need. Joint working between multi-professional Teams and Education and voluntary agencies is delivering improved outcomes for children deemed to have additional needs or to be disengaged from school and social opportunities.</p> <p>Modernisation of a former Shared Care service has created additional short break capacity.</p>	<p>This issue is listed on the Service Area Risk Register - moderate.</p> <p>Not on Risk Register.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

<p><b>Review of Arrangements: Short Break Services (formerly Respite Care).</b></p> <p>The Trust has previously reported difficulties in respect of chairing of reviews in relation to children with disabilities' Short Break arrangements. In those circumstances in which an 8A manager is not available, the review of respite arrangements is chaired by a Senior Social Worker and the subsequent review by the 8A manager.</p> <p><b>Autistic Spectrum Disorder:</b></p> <p>The publishing of the Autism Bill last year has increased expectations and focus on provision of family support services to children and young people with Autism (ASD). The Trust's Autism Intervention Team is continuing to develop and has focused on meeting PFA targets and early intervention. Family Support services are delivered via Children's Disability Teams or Family and Child Care services, depending on presenting need and fit with service criteria.</p> <p>The Service Area funds several social</p>	<p>The Service Area continues to maximise management resources and has secured additional supports from the Family and Child service Area.</p> <p>The service area has previously identified the need to secure appropriate levels of resource to meet the additional responsibilities related to the implementation of Autism legislation and the need to develop appropriate Family Support resources, including Short Breaks.</p> <p>The Service Area has identified 0.5 wte Band 6 social work resource for the development of family support services to families of children with ASD.</p> <p>The CIDS has Team continued to provide support for children referred who have ASD and attend mainstream nursery and primary schools.</p>	<p>Not on Risk Register.</p> <p>This issue is listed on the Service Area's Risk Register - moderate.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

<p>support, mentoring and Short Break services in partnership with established voluntary organisations (Autism Initiatives, Autism NI, Barnardos and the Eagle Project/Belfast Central Mission).</p> <p>There are significant demand, resource and capacity issues pertaining to service delivery to children with autism. The Service Area has previously identified the need to develop a community based infrastructure to support carers and children which is characterised by a continuum of accessible, local, specialist and peripatetic services.</p> <p><b>Interfaces with Family and Child Care and Adult Disability Services:</b>          Children’s Disability Services continue to Consolidate and develop working relationships with the Trust’s Gateway and Family Intervention Teams to ensure the appropriate management of child protection and Family Support cases where the child or children concerned have a disability. Senior Managers are currently reviewing operational protocols which inform the management of same.</p>	<p>The Service Area recognises this area of service delivery as a priority</p>	<p>Not on Risk Register.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------	------------------------------

	<p><b>Management of Aggression in the Community</b></p> <p>The management of aggression and accommodation of emotionally damaged or vulnerable young people remains a challenge in a community setting, particularly so as only limited psychological and behaviour support or Home Treatment services are available outside of a hospital setting. The absence of adequate community supports for complex children has resulted in three delayed discharges for the Belfast Trust within the Iveagh Assessment and Treatment Centre during the reporting period.</p>	<p>The Service Area has developed robust protocols for the management and review of incidents and physical Interventions and is working closely with colleagues from Muckamore Abbey to ensure good practice and governance standards are maintained. The lack of home treatment and adequate family support services is likely to lead to further admissions to hospital and possibly further delayed discharges. The Trust is continuing to look at community budgets in order to address this issue however in the current financial climate it is unlikely that resource can be released to address this issue.</p>	<p>This issue is listed on the Service Area's Risk Register - moderate.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p><b>Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p>The Service Area complies with the corporate workforce management arrangements as part of the Trust's overarching budgetary management processes. This has proved challenging as a result of the timeline for the replacement of posts on occasions.</p> <p>A key part of the Service Area's workforce retention strategy is the potential accessibility of a range of flexible employment opportunities to maximise the retention of the staff group's experience, skills and knowledge base provided that service delivery needs are not compromised.</p> <p>The Service Area is engaged in a process of review and modernisation of its structures. It has developed a strategic document which enunciates its vision, underpinning values and proposed service development pathway which will be publicly consulted upon from June 2012.</p> <p>There were no social work vacancies as at 31<sup>st</sup> March 2012.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p>
<p><b>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b></p>
<p><b>3.10</b></p>	<p><b>Social Workers that work within designated hospitals?? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>Within the Royal Jubilee Maternity Hospital (RJMh) the social work task is focused on assessing potential risks to an unborn child associated</p>

	<p>with a mother's vulnerability. In those circumstances in which child protection concerns are extant, referrals are made to the Family and Child Care Service and the Regional Child Protection Procedures operationalised.</p> <p>RJMH social work staff also provide supports to families with babies in the Neo-natal Unit.</p> <p>Within the RBHSC, the social work task is centred on supporting children and families who are admitted to hospital, many of whom have debilitating chronic illnesses while others have experienced traumatic injuries in accidents.</p> <p>A number of the services are provided on a regional basis and social work staff are required to liaise and network with professionals across Northern Ireland.</p> <p>Social work staff have a key role in responding to and co-ordinating the multi-disciplinary hospital-based response to the spectrum of child protection issues which are presented/emerge from a child's attendance at hospital and in liaising with community colleagues in the initial assessment and investigation processes.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>Human Rights principles are at the forefront and central to the design, development and practice of all Belfast Trust policies and proposals. One of the Trust's four core values is to treat everyone with respect and dignity – this includes colleagues, patients and service users.</p> <p>Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust policy makers and managers, when screening a policy, use a template which incorporates the human rights dimensions alongside the prescribed statutory equality and disability considerations.</p> <p>This ensures that an analysis of the proposal incorporating the human rights principles of dignity, equality, respect, fairness and autonomy is conducted and is considered:</p> <ul style="list-style-type: none"> <li>• in the context of the articles of the Human Rights Act 1998;</li> <li>• who the rights holders are;</li> <li>• and how the Trust will ensure that those rights are protected, promoted and fulfilled.</li> </ul> <p><b>Staff Training Provision</b>  <b>Quarterly</b> - a half day training programme on a Human Rights based approach to service provision  <b>Bi-monthly</b> - a mandatory equality and diversity training programme</p>

which includes a section devoted to a Human Rights based approach to health and social care.

The Belfast Trust manages the Northern Ireland Health and Social Care Interpreting Service on behalf of the HSCB across the region. The primary aim of the service is to ensure that service users who are not competent in English as a first or second language can avail of their fundamental right to attain the highest level of physical and mental health. The service also ensures that HSC staff and primary care practitioners are affording service users their right to equality of access to services and equity of arms in terms of information. Working Well with Interpreters training is delivered to staff and practitioners and a core section of the training focuses on human rights connotations.

A human rights leaflet is also being designed and disseminated in coming months which will be specific to health and social care provision.

In 2012, the Trust's Health and Social Inequalities Team will develop and deliver a training package on the United Nations Convention on Rights of Persons with a Disability. This is an acknowledgement that this is a key legislative framework and one in which health and social care professionals should be fully trained. The Trust will commit in its forthcoming second Disability Action Plan that Executive and Non Executive Directors shall receive this training in the first instance and senior management and other levels shall also avail of this opportunity.

Communication and awareness of human rights issues and investigations by the Northern Ireland Human Rights Commission amongst Trust staff and practitioners is a vital element of keeping human rights considerations to the fore e.g. In Defence of Dignity and No Home From Home. The Health and Social Inequalities Manager disseminates important relevant information across the Trust.

HSC Trust Equality Leads convened a conference entitled Plugging the Gaps which was aimed at helping a number of public authorities who were increasingly facing issues when dealing with migrant workers/members of black and minority ethnic communities who were ineligible for assistance from the Government, i.e. no recourse to public funds.

The conference, organised by Health and Social Care Trusts, brought together representatives from the Northern Ireland Housing Executive (NIHE), Department of Health, Social Services and Public Safety (DHSSPS), South Tyrone Empowerment Programme (STEP), Women's Aid, Northern Ireland Human Rights Commission (NIHRC), the Law Centre and other Health and Social Services organisations with a view to addressing the apparent 'gaps' through which citizens of some EU states, namely the more recent Accession states, seem



to 'fall' through as they are not eligible to receive certain types of support, financial or otherwise.

It is anticipated that guidance will be developed in 2012 to help support practitioners and staff on the interpretation of service delivery to those with no recourse and to help ensure the protection and promotion of fundamental human rights of potential service users.

### **Rights of Carers**

The Trust has long since recognised the important role that carers play and have engaged with them on an ongoing basis to help support them and to develop a Carers' Strategy. The vision of the Belfast Health and Social Care Trust Carers' Strategy is to deliver the highest quality support, for the estimated 44,000\* carers living in the Belfast area (\* 2001 Census figures).

Within the strategy, the Trust commits that Carers will be at the heart of service provision alongside the people they care for and they will be respected as expert care partners, with their support services being tailored to their individual needs. Carers will be able to have a life of their own alongside their caring role and be supported to stay mentally and physically well, being treated with dignity. Children and young people will also be protected from inappropriate caring roles. There are currently two Carer Co-ordinators working within the Belfast Trust to develop support for carers. Their responsibility is to drive the implementation of the Trust Carers Strategy under the direction of the Trust Carers' Strategy Steering Group which includes representatives from Senior Management across a range of services and carers.

The Service Area is continuing to expand the opportunities to engage with carers through the offices of the Carer Co-ordinators. The CIDs Team regularly involves children, parents, teachers and school communities in evaluating service delivery. The Service Area is in the process of preparing for a public consultation to address future service delivery direction and priorities.

Human Rights considerations are fundamental to the delivery of all services pertaining to children with disabilities and their families. Respect for the integrity of the individual child, their parents and carers, their engagement with and active participation in decision making affecting them and the proportionate exercise of statutory authority in any intervention while retaining a focus on the paramountcy of a child's welfare provide the template underpinning the Service Area's discharge of its statutory functions.

**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The Service Area experiences ongoing challenges in balancing a parent's/ carer's rights whilst seeking to establish a child's views and preferences.</p> <p>During one Short Break placement this year, a young person did not accept the boundaries and guidelines necessary for his safety. Staff made strenuous efforts to minimise any restriction to his liberty, however the young person chose to leave the service</p> <p>Consent and capacity issues continue to present in relation to restrictive practices for older children.</p>	<p>Staff will continue to work in a child-centred way and to advocate on behalf of the child as appropriate while fully respecting the rights of parents and carers..</p> <p>Each individual young person's situation is risk assessed and managed in as flexible and child centred a manner as possible within the organisational and professional constraints informing the proportionate exercise of the statutory responsibility to promote the paramouncy of a young person's welfare.</p> <p>The Trust has developed a Best Interest Decision Making process which involves multidisciplinary professionals fully considering a child's best interests the child and parents' perspectives.</p>	

<b>3.15</b>	<b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b>
	<p>One of the Service Area social work staff received the individual award at the Regional Social Work Awards ceremony for the previous reporting period.</p> <p>The Service Area has prepared a strategic plan for public consultation under the aegis of the Excellence and Choice process in which it has sought to articulate a coherent service vision, underpinning values and principles and key service priorities reflecting the core themes referenced in Transforming Your Care and the Trust's Belfast Way.</p> <p>The consultation process will be challenging and demanding. It affords an opportunity to engage directly with our service users, communities, professional and multi-agency/multi-sectoral stakeholders to discuss proposals for the future delivery of services to children with disabilities and their families.</p>
<b>3.16</b>	<b>SUMMARY</b>
	<p>The reporting period has been challenging in light of the overarching budgetary context and the delivery of Service Area modernisation and reforms of organisational and service delivery processes. Pressures on existing services remain significant</p> <p>The Service Area is scheduled to complete its re-alignment of its social care workforce by the end of June 2012. By that stage it is anticipated that a single point of referral into the service will be operational within a Belfast-wide service structure. Integral to this process has been a systematic review of all open fieldwork cases to ensure that there is clear purpose and related outcomes which inform ongoing intervention. This is an important part of the Service Area's drive for efficiency, equity of service provision and effectiveness and has resulted in a reduction in caseload numbers as at 31 March 2012 relative to the figure as at the 31 March 2011.</p> <p>The Service Area is refining its assessment processes to ensure that resources are allocated on an equitable and consistent basis related to assessed levels of need. The impact of pending Judicial Reviews may have significant implications for service delivery, resources and capacity.</p> <p>The level of change and accountability which is necessary in the current climate is substantial and challenging. The Service Area has focussed time and energy on the reform and modernisation of structures and the development of resilience within Teams. It will continue to press for further efficiencies and enhanced performance while prioritising the discharge of its statutory functions.</p>

## DATA RETURN 1a

Children's Disability Service Area  
Social and Primary Care Directorate

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year?	0	0
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	0	0
1.3	How many adults are in receipt of social care services at 31 <sup>st</sup> March?	0	0
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement	0	0
		a	
		b	
		c	
		d	
		e	
1.5	Number of adults provided with respite during the year	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	0	0
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	0	0
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	0	0
1.10	Complaints	<i>Board return</i>	<i>Board return</i>

**MAHI - STM - 088 - 2767**  
**DATA RETURN 1b**  
**Children's Disability Service Area**  
**Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		<b>&lt;18</b>	<b>18-65</b>	<b>65+</b>
<b>1.1</b>	How many adults or children were referred to Hospital Social Workers for assessment during the year?	<b>615</b>	<b>0</b>	<b>0</b>
<b>1.2</b>	Of those reported at 1.1 how many assessments of need were undertaken during the year?	<b>615</b>	<b>0</b>	<b>0</b>
<b>1.3</b>	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	<b>269</b>	<b>0</b>	<b>0</b>

Age is at date of referral for 1.1 and 1.2  
Age at 31<sup>st</sup> March for 1.3

## DATA RETURN 2

**Children's Disability Service Area  
Social and Primary Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		>65	65+
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	<b>0</b>	<b>0</b>
2.2	Number of adults known to the Programme of Care who are:	<b>0</b>	<b>0</b>
	Blind	<b>0</b>	<b>0</b>
	Partially sighted	<b>0</b>	<b>0</b>
2.3	Number of adults known to the Programme of Care who are:	<b>0</b>	<b>0</b>
	Deaf with speech	<b>0</b>	<b>0</b>
	Deaf without speech	<b>0</b>	<b>0</b>
	Hard of hearing	<b>0</b>	<b>0</b>
2.4	Number of adults known to the Programme of Care who are:	<b>0</b>	<b>0</b>
	Deaf/Blind	<b>0</b>	<b>0</b>

## DATA RETURN 3

**Children's Disability Service Area  
Social and Primary Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>151</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>703</b>
3.2	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>151</b>
3.3	Types of need that could not be met:	
	<b>Narrative</b>	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>40</b>

## DATA RETURN 4

**Children's Disability Service Area  
Social and Primary Care Directorate**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>		
<b>Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		

4.1	Number of Article 15 (HPSS Order) Payments	18
	Total expenditure for the above payments.....	£3016.16
4.2	Number of TRUST FUNDED people in residential care	6
4.3	Number of TRUST FUNDED people in nursing care	<b>Not available</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>Not available</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	17

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

## DATA RETURN 5

**Children's Disability Service Area  
Social and Primary Care Directorate**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

5.1	Number of adult carers offered individual carers assessments during the year.	<b>122</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>114</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>114</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	Not available
5.5	Number of young carers offered individual carers assessments during the year.	<b>10</b>
5.6	Number of young carers assessments undertaken during the year.	<b>10</b>
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>0</b>
5.8	Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>105</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	<b>0</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>105</b>
5.11	Number of one off Carers Grants made in-year.	<b>116</b>
69 carers applications for the complementary therapy service* also approved in year (*6 sessions per carer)		
<b>Commentary</b>		
<p>The vision of the Belfast Health and Social Care Trust Carers' Strategy is to deliver the highest quality support, for the estimated 44,000 carers within its boundaries. We profile the needs of our carers at initial referral and assessment and Carer Assessments are offered at this point.</p> <p>Our carer support budget is fully used and carer's report that they appreciate the opportunity to avail of complimentary therapies and small grants.</p> <p>We continue to work closely with the Carer co-ordinator and the service area is represented on the Carer's Steering Group and Communication sub Group.</p> <p>Carer views will be key to our consultation on the service areas' strategic document and we plan to hold several consultations to facilitate this.</p>		



**MAHI - STM - 088 - 2771  
DATA RETURN 6 – SAFEGUARDING ADULTS**

**Children’s Disability Service Area  
Social and Primary Care Directorate**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN ADULT SAFEGUARDING REPORTS**

**DATA RETURN 7**

**Children’s Disability Service Area  
Social and Primary Care Directorate**

**PLEASE SEE CORPORATE RETURN page 186-187**

**DATA RETURN 8**

**Children’s Disability Service Area  
Social and Primary Care Directorate**

**8 Assessed Year in Employment**

**PLEASE SEE CORPORATE AYE REPORT Page 188-195**

## DATA RETURN 9

**Children's Disability Service Area  
Social and Primary Care Directorate**

<b>9 The Mental Health (NI) Order 1986</b>		
<b>Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115</b>		
<b>Admission for Assessment Process Article 4 and 5</b>		
9.1	Total Number of Assessments made by ASWs under the MHO	<b>0</b>
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>0</b>
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>0</b>
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>0</b>
<b>Form 5s</b>		
9.2	Total Number of Form 5s/5as completed)	<b>0</b>
9.2a	Of these, how many resulted in an application being made	<b>0</b>
	<i>Commentary – provide explanation as to Form 5s not resulting in application</i>	
<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed	<b>0</b>
9.3.a	How many of these were completed within 5 working days	<b>0</b>
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Reports completed	<b>0</b>
9.4.a	Number of completed reports which were completed within 14 days	<b>0</b>
<b>Mental Health Review Tribunal</b>		
9.5	Number of referrals to MHRT in relation to detained patients	<b>0</b>
9.5.a	Number of MHRT hearings	<b>0</b>
9.5.b	Number of patients re-graded by timescales:	<b>0</b>
	a. < 6 weeks before MHRT hearing	<b>0</b>
	b. > 6 weeks before MHRT hearing	<b>0</b>
<b>Guardianships Article 18</b>		
9.6	Number of Guardianships in place in Trust at year end	<b>0</b>
9.6.a	New Applications for Guardianship during year	<b>0</b>
9.6.b	How many of these were transfers from detention	<b>0</b>
9.6.c	How many were Guardianship Orders made by Court (Article 44)	<b>0</b>
9.6.d	Number of new Guardianships accepted during the year	<b>0</b>
9.6.e	Number of Guardianships Renewed	<b>0</b>
9.6.f	Number of Guardianships accepted by a nominated other person	<b>0</b>
9.6.g	Numbers referred to MHRT	<b>0</b>
9.6.h	Number discharged from guardianship following MHRT	<b>0</b>
<b>ASW Register</b>		
9.7	Number of newly Approved Social Workers during year	<b>0</b>
9.7.a	Number of Approved Social Workers removed during year	<b>1</b>
9.7.b	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	<b>2</b>

	<p><b>Commentary</b></p> <p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.</p>	
9.8	<p>Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.</p>	0
9.9	<p><b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b></p>	
	<p>This information has not been routinely collected by the Trust.</p>	Not available

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).</b> <b>Schedule 2A Supervision and Treatment Orders.</b>		
9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31 <sup>st</sup> March	<b>0</b>
9.11	Of the Total shown at 9.8 how many have their treatment required as:	<b>0</b>
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	<b>0</b>
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	<b>0</b>
<b>Commentary</b> <i>(include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i>		

## Section 7

### Social Work Teams and Caseloads Social and Primary Care Directorate

***Please see Excel Spreadsheets***

#### Introduction

This section requires a detailed analysis of the Trust's social work workforce. This task proved a challenge to the Trust as existing Information Management Systems do not contain the span of required information, nor can they be interrogated to present information in the requested format. The information presented has been collated through a manual review of several sources of information. While considerable progress was made in collating the information, the Trust where unable to map the post-qualifying achievements of staff to the management, Team or singleton practitioner reports within the reporting timescales. In the next year the Trust will continue to explore whether the newly developed Human Resource Information Management System [BSTP] will assist in providing a more robust information system.

#### Explanatory Notes on Information Presented in Section 7

##### Abbreviations

The following abbreviations are used in the Social Work Team Reports 7.3:-

Governance, Learning and Development	G, L&D
Family and Child Care	FCC
Children with Disability Services	CDS
Learning Disability Services	LD
Mental Health Services	MH
Children and Adolescent Mental Health	CAMHS
Older People's Services	OPS

(General Hospital Services are managed with Older People's Services and these Teams are identified by the Team name and location).

##### Identification of Approved Social Workers and Senior Practitioners:

In the BHSCT Band 7 Approved Social Workers (ASW) also have the responsibilities of a Senior Practitioner (SP).

This situation is further complicated within the multi-disciplinary Teams, particularly in Older People's Services, where '*Social Work Leads*' have been appointed at Band 7 to take responsibility for professional supervision and related professional development and practice issues. There are staff in these positions who are also ASW's.

For the purposes of this report (to avoid double counting), the Trust has reviewed all of these Band 7 posts and has counted them in the following way:

- Approved Social Workers with Senior Practitioner responsibilities have been counted as Approved Social Workers only.
- Senior Practitioners/Social Work Leads in Adult Services who have particular responsibility for professional supervision and professional issues but who are also Approved Social Workers have been counted as Senior Practitioners.
- Information on Approved Social Workers in management posts and the Emergency Duty Team has not been captured.

In light of the above anomalies the number of ASW's that are counted in this report total 30 however the total number of ASW's in the Trust is actually 53.

### **Post-Qualifying (PQ) Awards/Requirements**

As already indicated, the Trust has been unable to map PQ achievements to the reports on managers, Teams or singleton practitioners. To begin the process the Trust has reviewed the PQ achievements of staff under the Northern Ireland PQ Framework which commenced in 2007. These PQ reports are presented for social work management posts and social work posts.

The data presented does not include achievements under the United Kingdom PQ Framework.

### **DHSS PQ Targets**

The Trust has approximately 750 Social Workers, and it is a challenge to identify and track the workforce in relation to these targets. The Trust has encountered the following barriers:-

- The Human Resources Management System (HRMS) is unable to provide a report identifying only Senior Practitioners or only Senior Social Workers. These posts have the same banding and the HRMS cannot disaggregate the information.
- HRMS provides information on staff entering and leaving the Trust, plus staff who move between bands. Information is not available for staff moving between a Senior Practitioner and Team Leader post thus leaving it difficult to identify the new first line management cohort.
- The Trust has endeavoured to address these issues by creating links with managers and relying on the Learning and Development Team's local workforce knowledge to update our workforce information, however, this is not robust arrangement.

The Learning and Development Team are being consulted on BSTP (the eventual replacement of HRMS) and the Trust will highlight the need for these required reports.

The organisation of Social Care Services and the structure of the workforce is continually evolving and the Trust would welcome discussion with the Commissioner and other Trusts on how the definition of titles, for example, Senior Practitioner and the inclusion/exclusion of staff who are referred to as Singleton Practitioners (required to be professionally registered).

## DATA RETURN 8

## Social and Primary Care Directorate

## 8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2011 - 2012  
Return for Employers year ending 31<sup>st</sup> March 2012

1. Please complete the table below which provides an overview of all staff who were subject to an assessed Year in Employment (AYE) in your organisation for the year 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012.

Table 1 asks for the number of AYE by setting that were in post at any time during the year and for those who are in post at 31<sup>st</sup> March 2012. These should be counted as **mutually exclusive**, that is if the person is in post on 31<sup>st</sup> March **they should not be returned** in the column for 'during' the year.

Table 1		During year 1/4/11 to 31/3/12	At 31 <sup>st</sup> March 2012
	Job setting		
1	Gateway	3	1
2	Family support/intervention Team	5	10
3	Looked after Team (LAC)	3	4
4	Fostering Team		
5	Adoption		
6	Leaving and after care (Transition)	1	
7	Children's disability		3
8	Residential child care	1	1
9	Early years		
10	Other Children's		
11	Hospital social work Team	1	
12	Older people		
13	Mental health	1	1
14	Health and Sensory Disability (Adults)		
15	Sensory impairment		
16	Learning Disability	2	
17	Vulnerable adults		
18	Other (Adult)		
	<b>Total number of AYE</b> s	<b>17</b>	<b>20</b>

**2. Of the Total AYE's employed, describe their employment status?**

<b>Table 2 Employment Status</b>	<b>During year 1/4/11 to 31/3/12</b>	<b>At 31<sup>st</sup> March 2012</b>
Permanent	9	13
Temporary	8	5
Recruitment agency	0	2
<b>Total number of AYE's</b>	<b>17</b>	<b>20</b>

**3. Were all new social work graduates who were employed by the Trust during the year, in posts that required a Social work Qualification?**

Yes  No

If you answered 'NO'; Please give details of the number of staff this applied to, and the posts in which they were employed.

**4. Have all AYE's in the Trust undertaken (or be in a position to undertake) the minimum required 10 development days?**

Yes  No

Please provide details of what arrangements are in place to ensure that this requirement (Standard 4) is met.

Local Induction Programmes specify the Statutory and Mandatory Training for new staff. All of these programmes are in excess of 10 development days. The Local Induction Requirements are detailed on a proforma and registrants record the date and the time that they spent on the specified learning and development activities.

Assessed Year in Employment registrants and their Line Managers are advised of the relevant Local Induction arrangement when a Learning and Development Consultant provides induction on the AYE requirements.

Compliance with the NISCC Standard of '*at least 10 development days*', is quality assured via the Trust Annual Review of AYE arrangements.

**5. Number of AYE's that received a formal Social Work Induction as per the NISCC guidance.**

**Please provide details of the Induction Procedure.**

Induction is a three-fold process consisting of:-

- Corporate Welcome which is a half-day corporate induction event for newly appointed staff to gain an understanding of broad organisational messages.



- Local Induction which consists of departmental orientation arrangements to detail job requirements, processes, procedures and policies.
- Induction to the NISCC (July 2010) AYE FOR Newly Qualified Social Workers, revised Guidance for Registrants and Employers.

It is the manager’s responsibility to ensure the provision of an effective local induction for all new staff. This induction will be facilitated by a combination of coaching, supervision, introduction to procedures and training programmes. This Local Induction is also supported by a:-

- Local Induction Workshop for Family and Child Care and Children with Disability Services. This is hosted by the Co-Director of Family and Child Care, the Principal Practitioner and Learning and Development.
- Learning Disability Services also facilitate a 2-day Induction Programme for all their staff.

Induction to NISCC’s requirements for AYE Registrants is facilitated by Learning and Development. A Consultant meets within two weeks of appointment all newly Assessed Year in Employment staff and their Line Manager to advise them of the requirements plus to provide an AYE Registrants Folder that contain all relevant information and documentation that is necessary to support and evidence the NISCC Standards.

**Comments from AYE Registrants in Exit Questionnaires on Induction to AYE**

**AYE Registrant:** *“The meeting provided me with detailed information about the AYE and more than adequately prepared me. I came away knowing exactly what is expected of myself”.*

**AYE Registrant:** *“I felt overwhelmed by the information but it was useful.”*

6. **Please answer Yes or No for each of the following systems that are required to be in place and available to all AYE. Provide a separate explanation for each instance that ‘No’ has been ticked.**

<b>Table 3</b>		<b>Yes</b>	<b>No</b>
	<b>Systems required</b>		
1	Human Resource system to track AYE progress	√	
2	Personal development plans	√	
3	Performance appraisal	√	
	6 monthly	√	
	Year end	√	
4	25% Sample of AYE performance	√	
5	Management of AYE workload	√	

**7. What processes has the Trust put in place to ensure that every AYE produces a University transcript of learning upon commencement of post? (Narrative)**

This requirement is brought to the attention of staff and their Line Managers in the Induction to AYE. In addition the Trust’s AYE Registrant’s File has a section to file the transcript.

How many AYE’s failed to produce the transcript?

In the Annual Review of AYE there were 7 files sampled. Of these, one registrant had not presented a transcript.

**8. Please report on the frequency of professional supervision afforded to the AYE’s in post at 31<sup>st</sup> March.**

<b>Table 4</b> Job setting	<b>Frequency of AYE supervision</b>		
	<b>Fortnightly</b>	<b>Monthly</b>	<b>Other</b>
Children’s (1 to 10 from Table 1)	12	8	0
Hospital (11 from Table 1)			
Adults (12 to 18 from Table 1)			

How many of those shown above as ‘Fortnightly’ have been in post for more than 6 months at 31<sup>st</sup> March?

How many of those shown above as ‘Monthly’ have been in post for more than 6 months at 31<sup>st</sup> March?

Trust should provide details and explanations of situations where professional supervision of AYE’s is less than fortnightly, and what steps are being taken to fully achieve this requirement.

**Comments from AYE Registrants in the Exit Questionnaire on supervision.**

**Line Manager Adult Services:** “I think the balance between a protected caseload and more frequent formal supervision is an appropriate approach for AYE workers in this period. Whilst the supervision arrangements are very time consuming I believe it is necessary.”

**AYE Registrant:** “Regular supervision provided invaluable support and was the best part of the learning process.”

**9. What proportion of staff that provide professional social work supervision to AYE’s has undertaken relevant training in ‘professional supervision and appraisal’? (Number of staff with supervision/appraisal training as a percentage of the Total number of staff who supervise AYE).**

**Team Leaders Supervising AYE Registrants**

**on the 31/3/11**

**Total Population of 15 Managers**

<b>0-1 years</b>	<b>1-2 years</b>	<b>2-5 years</b>	<b>5-10 ears</b>
2 (appointed January 2012)	2	7	4
<ul style="list-style-type: none"> <li>Plans to undertake Professional Supervision Course in September 2012</li> </ul>	<ul style="list-style-type: none"> <li>One completing Regional Supervision Course</li> <li>One planning to commence in September 2012. This person has completed UNOCINI Module 3 that includes supervision responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>4 are Practice Teachers Award holders</li> <li>All have completed other Supervision Courses</li> </ul>	<ul style="list-style-type: none"> <li>Completed Supervision Cou earlier in SSW po</li> </ul>

**What arrangements are in place within the Trust to ensure that all such supervising Social Workers have undertaken the appropriate training?**  
(Narrative)

Staff who are appointed to Band 7 posts that involves professional supervision are identified by Human Resources. The Learning and Development Team has created a database to track these staff. The staff will subsequently be required to undertake the Regional Professional Supervision Course. In addition, they are asked to attend a course or complete a workbook that introduces them to the role of the Reviewer/Appraiser in line with the requirements specified in the Trust's Framework for Personal Contribution and Personal Development Plans.

The Trust are working towards the DHSSPS target that all Line Managers will complete training in supervision and appraisal within Personal Social Services within two years of appointment to post.

- 10. Please provide an account of how the Trust assesses practice against the six key roles as set out in the Northern Ireland Social Care Council (NISCC) guidance (The Assessed Year in Employment (AYE) for Newly Qualified Social Workers in NI, NISCC, July 2011).**

The six key roles are assessed in the following ways:

**Supervision with Line Manager:**

- The candidate provides evidence to the Line Manager who assesses competence against the six key roles. This occurs within the supervisory process and is recorded on a pro-forma designed by the agency.
- At the midpoint the candidate submits a review of learning needs, progress of the six key roles and identifies any future gaps in learning to be completed for the remaining period of the AYE.
- The candidate's performance is assessed at six months against the six key roles and then reviewed again at 11 months.

**Audit:**

AYE candidates are required to keep a portfolio of evidence that demonstrates compliance with NISCC's AYE Standards. In the Annual Review of AYE, a minimum of 25% of these are sampled by the Learning and Development Team and audited against the NISCC AYE Standards. Any issues arising from these are recorded and fed back to the Line Managers and candidates.

In 2011-12 the Annual Review was staged in July and March. The Trust prefers to split the audit into 2 phases as the majority of AYE Registrants complete their assessed year in the summer. The Trust then accordingly reviews and improves upon existing practices when the new cohort of graduates is joining the workforce.

In the period 2011-12 the Trust sampled 41% (7 out of a total of 17) of the performance appraisals of the new social work graduates (see Appendix 1 AYE Improvement Plan).

**Exit Questionnaires:**

All AYE registrants and their Line Managers receive a questionnaire when they complete the AYE. These are collated and inform the Annual Review of AYE. 15 out of 17 questionnaires were returned. 2 of the non returned questionnaires were only requested at the end of March and they may be returned in the near future.

## IMPROVEMENT PLAN

### Assessed Year in Employment

#### August 2011 – July 2012

##### 1. Initial Learning and Development Plans:

- 1.1 **Findings:** The majority of candidates included their transcripts which identified their subsequent learning needs. On occasions learning needs are not concretely expressed or they are not amended at the beginning of their employment to reflect the context of their present post.

**Action: Provide advice and guidance in the Induction Meeting on agreeing specific and relevant learning needs and highlight how the Trust Regional Contribution and Development Plan can support this system.**

##### 2. Learning and Development Days:

- 2.1 **Findings:** It was apparent that AYE registrants were availing of the 10 development days, however, it was not possible to confirm whether all of the mandatory training had been completed.

**Action: Create a template to record the date and time spent on the identified mandatory training requirements.**

**When:** August 2011.

**Status:** Completed.

- 2.2 **Findings:** AYE registrant who had completed a final year practice learning opportunity in the BHSCT stated in the Exit Questionnaire that it was repetitive to complete mandatory training that had been completed in the final PLO.

**Action:** Template to record mandatory training will include space for a Line Manager to record the reason and approval for exempting a registrant from a particular course.

**When:** August 2011.

**Status:** Completed.

##### 3. Induction:

- 3.1 **Findings:** AYE registrants via Exit Questionnaires confirmed their satisfaction with induction. However, evidence of an induction plan was not always evident.

**Action: The Learning and Development Team in conjunction with the Children's Services Co-Director will facilitate an Induction Workshop for Child Care Services and Children with Disability Services.**

**When:** August 2011 and following recruitment campaign.

**Status:** Completed.

**4. Supervision Records:**

- 4.1 Findings:** There is evidence of full compliance with the supervision requirements and the majority of supervision records indicated discussion of relevant theory and evidence based practice.

**Action:** Registrants will be advised to include a range of supervision records that will evidence the candidate's development and reflection within the six key roles.

**When:** August 2011.

**Status:** Completed.

**5. Six-month and Final Reviews:**

- 5.1 Findings:** There were very good examples of completed reflections of practice that identified learning and development at the six-month stage. These reflections can be enhanced by registrants making more explicit links to their learning needs at the beginning of the AYE by reviewing their progress and then setting new objectives for the remainder of the AYE.

**Action:** The induction to AYE will include information on the need to identify specific learning objectives and to review and amend individual learning plans as a registrant progresses through the AYE. The Trust Personal Contribution and Development Plan will inform the registrant's learning needs post AYE.

**When:** August

**Status:** Achieved.