

# Learning Disability Capitation Review

## Draft Data Definitions Paper

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## **INTRODUCTION**

This paper has been compiled to support the discussions between the HSCB Finance, Department of Health and PMSID around gaining regional agreement to specific definitions to be applied when Trusts are returning the requested datasets for the Learning Disability Capitation Review Group (CRG) exercise.

The purpose of this exercise is to attribute Learning Disability service costs to each individual Trust area by provider Trust, irrespective of the client's Trust of Residence.

This paper has been facilitated by PMSID Information staff at the Health and Social Care Board to support the LD CRG.

## Demographic Definitions – applicable to all service areas

**Please ensure this formatting for demographic details is maintained throughout the provision of all data extracts**

### 1. Health and Care Number (HCN)

A unique client identification number allocated to an individual to enable identification within Northern Ireland for Health & Social Care purposes.

Format: 10 Numeric (This is the same format and structure as the English & Welsh NHS number and the Scottish CHI number.)

### 2. Date of Birth (DOB)

The date of birth of the patient as displayed in human readable forms, for example patient identity bands. The DOB should be as formally recorded on the birth certificate. (Source: HSCIC Data Dictionary)

Format: 8 numeric (DDMMYYYY)

### 3. Gender

A classification of the gender of a person. PERSON STATED GENDER CODE is self-declared or inferred by observation for those unable to declare their Person Stated Gender.

Format: As below (U, M, F or I) Source: *International Standard ISO 5218*

CODE	DEFINITION
U	NOT KNOWN / NOT AVAILABLE <i>The sex of the person is not provided in the personal details, i.e. the data has not been supplied and sex cannot be ascertained from the data.</i>
M	MALE
F	FEMALE
I	NOT SPECIFIED / INDETERMINATE <i>The sex of the person cannot be determined for physical reasons, e.g. a new-born baby.</i>

*Please ensure U or I is used only in extreme circumstances.*

#### 4. Originating Postcode

Defined as:

- a) EITHER the full postcode relating to the client's address in the community where they are currently residing at a private address,
- b) OR the full postcode relating to the client's last private address on record prior to admission to any residential home, nursing home, hospital, institutional facility or supported living scheme placement where they currently reside.

A postcode is used primarily for the delivery of correspondence to an address.

Postcodes may also be used to define a geographic area.

Format: 7 alphanumeric uppercase characters with a space between the Outcode and the Incode. Examples: BT74 6AY or BT03 4FD

**This is an absolute requirement and every effort should be made to source this element of demographic information.**

**If the postcode data is not robustly included, Trusts will risk their activity data being excluded from this exercise.**

#### 5. Owing Trust

The Northern Ireland Health and Social Care Trust which assumes fiscal responsibility for the patient's care.

Format: BHSCT, NHSCT, SEHSCT, SHSCT or WHSCT

*Where a patient originates from outside the Northern Ireland region and fiscal responsibility is not assumed by one of the NI Trusts, please state the country against any relevant activity.*

## Currencies (for each Separate Service Area)

### A. Hospital Inpatients

#### Definitions (Long Stay & Short Stay)

- To include the beddays which occur between 01 Apr 2015 and 31 Mar 2016 for each patient who was either admitted within, discharged within or resident for the entire period.
- Include all beddays where the patient was under the care of a Consultant in Learning Disability.
- When calculating a length of stay as long or short, the whole length of stay is used from date of admission to end of period or discharge date.
- A continuous length of stay must be of **365 days duration or more** to count as long-stay.
- A continuous length of stay must be of **less than 365 days duration** to count as short-stay.
- A single bedday should be counted for every patient occupying a bed in any ward at midnight.
- Day cases or regular day admissions should be excluded.
- Beds reserved for patients on short term leave e.g. home leave or temporary transfer should be included.
- Beds reserved for patients on longer term leave e.g. leave-on-trial, trial leave or trial resettlement should be included.
- Please provide separate lines where a client has transferred from one ward to another ward i.e. count the bed days to the patient to the ward.
- Include any children under the age of 18 years admitted to an adult ward.

#### Definitions (Children)

- To include the beddays which occur between 01 Apr 2015 and 31 Mar 2016 for each patient who was either admitted within, discharged within or resident for the entire period.
- Include all beddays where the patient was under the care of a Consultant in Learning Disability.

- A single bedday should be counted for every patient occupying a bed in any ward at midnight.
- Beds reserved for patients on short term leave e.g. home leave or temporary transfer should be included.
- Beds reserved for patients on longer term leave e.g. leave-on-trial, trial leave or trial resettlement should be included.
- **Activity relates solely to the Iveagh Centre - BHSCT sited Regional Learning Disability Children's Inpatient Unit (8 bedded).**

### **Beddays Definition – Applicable to Long Stay/Short Stay and Children**

Occupied beddays are recorded only for wards which are open overnight and should be counted as at midnight. Day cases and regular day admissions are not included, as these patients do not stay overnight, and would therefore not be occupying the bed at the midnight count. Beds reserved for patients on leave should be counted as occupied; the specialty is that of the consultant in charge of the patient's care before home leave.

### **Ward Name**

The name of the specific ward within a Learning Disability hospital, in which the patient has spent time as an inpatient e.g. Cranfield 1 (Muckamore Abbey) or Strule Lodge (Lakeview).

### **WARD (Source: Activity Definitions Paper)**

A group of hospital beds with associated treatment facilities managed as a single unit for the purposes of staffing and treatment responsibilities.

- All the rooms in a small hospital may be managed by one senior nurse and as a single unit, thus counted as one ward.
- A ward may be available all the time or for only limited time periods during the day or week.
- A critical care unit will comprise of one ward if the beds and associated treatment facilities are managed as a single unit.

## B. Consultant Outpatient Clinics

### Definitions:

- Provide each single appointment for each individual who attended (was seen at) a LD Consultant led outpatient clinic within 2015/16.
- LD Consultant-led Clinics are to be counted irrespective of site on which they occurred.
- Count attendances irrespective of medical staff seen (e.g. Consultant, Registrar, Associate Specialist, Junior Doctor).
- Do not include any Did not attends (DNAs), Could not attend on the day of the scheduled appointment (CNDs), Could not attend prior to the day of the scheduled appointment (CNAs) or appointments cancelled by Trust.
- Include all new and review appointments.
- Include both adult and children activity.
- Activity should reflect that which is reported via the QOAR (Quarterly Outpatient Activity Return).

### Outpatient Services

An outpatient service is a consultant led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment. Outpatient services are usually provided during a clinic session (though in some cases patients may be seen on a ward) and provide an opportunity for consultation, investigation and minor treatment. Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must, however, be represented by a member of their team. *Source: Department of Health, Northern Ireland Outpatient Activity Statistics (2015/16)*

### Outpatient Appointment

An outpatient appointment is an administrative arrangement enabling patients to see a consultant, their staff and associated health professionals, following an outpatient referral. Outpatient appointments relate to all appointments with a consultant led



service, irrespective of the location in which the service is performed. *Source: Department of Health, Northern Ireland Outpatient Activity Statistics (2015/16)*

### **New Attendance**

A new attendance is the first of a series or the only attendance at an outpatient service with a consultant or their representative following an outpatient referral. In practice, most referrals will be seen as a consequence of a GP referral request; however, referrals may also be received from a range of other sources. First attendances at an outpatient clinic that are initiated by the consultant, who has already seen the patient, are classified as review attendances i.e. following an attendance at an Accident & Emergency unit or following an inpatient admission. *Source: Department of Health, Northern Ireland Outpatient Activity Statistics (2015/16)*

### **Review Attendances**

A review attendance is an attendance at an outpatient service following; a new outpatient attendance, a previous review attendance, an attendance at an Accident & Emergency unit, a domiciliary visit, or following an inpatient admission, for the same condition. Essentially review appointments are all appointments that are not a first appointment. *Source: Department of Health, Northern Ireland Outpatient Activity Statistics (2015/16)*

### **Site**

The specific location at which the clinic took place.

### **Attend (Appointment) Date**

The date on which the patient physically presented for the scheduled appointment and was seen by the consultant or member of his firm, or a locum for such a member.

An Attendance Date is the date of an attendance or contact at a clinic. *Source: NHS Digital, England*

## C. Clinical Psychology

### Definitions:

- Provide the total number of face to face contacts for each individual who attended any clinical psychology non-inpatient service appointment within 2015/16
- Do not include any DNAs, CNDs, CNAs or attendances cancelled by Trust
- Include all new and review activity for both adults and children
- Activity for behavioural therapy and cognitive behaviour nurses should be included as per Non-Inpatient Psychology Therapy (NIPT) definitions
- Do not include group session contacts

### Number of Contacts

The total number of times, irrespective of new or review status, a client has physically attended a clinical psychology outpatient appointment.

### Extract from NIPT definitions:

*The purpose of this return is to collect information on Non-Inpatient Psychological Therapy (NIPT) Services provided by HSC Trusts during each month, for both new and review face-to-face contacts. Patients/ clients who could not attend (CNA) and did not attend (DNA) their appointment should also be counted along with the number of appointments cancelled by the HSC Trust.*

*This return should be completed in respect of outpatient services only. It refers to **all** patients/ clients, both adults and children, who are waiting for assessment and treatment for a psychological therapy service. It is NOT confined to those patients/ clients in the Mental Health Programme of Care (POC 5) within HSC Trusts. The return does not include Inpatient Services or Psychological Therapies in Prison settings. Return should include in-reach into inpatient/prison settings.*

### Psychological Therapy Service

*This refers to a service which requires the input of a psychologist or psychological therapist who has (1) an accredited psychological therapy qualification (e.g. psychotherapy, family therapy, cognitive behavioural therapy, etc.) and/or (2) psychological therapy forms a substantial part (i.e. majority) of the therapist's role and the therapist is supervised by an accredited practitioner.*

## D. Community Nursing

### Definitions:

- Please give the details of every learning disabled client (POC 6) who has a face to face contact with either a Learning Disability or a Specialist Nurse during the 2015/16 year, the date of the contact and the name of the team within which contact occurred.
- Learning Disability Nursing & Specialist Nursing only to be included
- Include face to face contacts only
- Exclude group contacts

### Learning Disability Nurse

A Community Learning Disability Nurse is a nurse who works across all service areas in a variety of community settings providing support, treatment and care to people with learning disability and their families. The nurse helps improve and maintain the health of people with Learning Disability. *(Source: Guidance on the Collection of Data for the Purpose of Community Nursing/Midwifery Indicators Project (Universal/Core Services only) (Final) March 2016)*

### Specialist Nurse

Clinical Nurse Specialists work in a variety of acute and community settings within a defined area of nursing practice. They undertake comprehensive health assessments, make differential diagnoses and may diagnose and support patients to manage their symptoms, particularly patients with long term conditions and multiple morbidities. They prescribe care and treatment or/and appropriately refer and may discharge. They contribute to education, innovation and research. They contribute to policy and service development and contribute to service improvement initiatives. Specialist Palliative Nursing care is included within specialist nursing section.

*(Source: Guidance on the Collection of Data for the Purpose of Community Nursing/Midwifery Indicators Project (Universal/Core Services only) (Final) March 2016)*

### Contact

A “contact” is defined as any face to face meeting with a patient in which care is given, care may take the form of direct treatment of patients or may be the provision

of advice to patients. Where the face to face contact meeting is with a patient's proxy e.g. relative who is looking after a person, it is to be counted as a contact. Where a patient is contacted by more than one member of the same staff group, on the same occasion, count as only one contact.

Source: HSCB Definitions and Guidance to assist Collection of Data for Community-Based Activity Indicators 2014/15. Based on previous Korner definitions

**Team Name**

The name under which a number of nurses collaboratively operate to provide a specific service to clients, or the nurse category e.g. learning disability or specialist e.g. diabetic nurse where a team is not identified.

**Contact Date**

The date on which the patient physically presented for the scheduled appointment and was seen by the health professional.

## E. Community Daycare

### Definitions:

- Number of planned attendances per client by facility attending Day Care (ATC/Social Education Centres/Workshops) during snapshot week.
- Clients may attend for a whole day or part of a day. This should be counted as a single attendance per client irrespective of the length of attendance in a single day.

### Daycare

The *Health & Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003* defines a 'day care setting' as 'a place where persons in need of prescribed services may attend for the purposes of assessment, rehabilitation or counselling but where they are not provided with board or accommodation'.

The following **Definitions** are sourced from the Community Indicators Development Project – Day Care Definitions Paper, 31 March 2015

**Day Care** - Day Care settings are centre or community-based programmes and offer a range of activities on an individual or group basis to support the care, safety and well-being of persons aged 18 or over. Day care settings seek to meet the assessed needs of individuals for care, support, supervision, skills development, rehabilitation or re-enablement. Individuals may benefit from day care by reason of functional impairment, physical health, sensory disability, mental illness, cognitive impairment, learning disability or old age.

**Day Centres** - Day Centres are buildings - based day care provision which may be provided by the statutory, voluntary, private or community sector and has a registered manager attached. This can also include day care provided in residential or nursing homes and is availed of by people living in their own homes in the community.

**Statutory** - Statutory services, such as those provided by Social Services, which are regulated and controlled directly by Government bodies e.g. HSC Trusts.

**Independent (comprising of Private/Voluntary/Community)**

Private - A private provider is a profit making organisation which is not a part of government, established by statute or royal charter, or under a substantial degree of executive control by government.

Voluntary/Community - The voluntary sector or community sector (also non-profit sector or "not-for-profit" sector) is the sphere of social activity undertaken by organisations that are not for profit and non-governmental. A Community group is a locally based group where a number of people get together for a common purpose of interest. The group may provide support for each other, or support others that need some help in providing for their own needs. They share skills and resources to achieve the goals of the group. The voluntary/community sector is sometimes known as the third sector.

**Name of Facility**

The name given to the specific place, centre or building in which the day activity is delivered to the client.

**Number of Planned Attendances in a week**

An attendance is defined as a client who will physically attend the centre on a given day. Clients may attend for a whole day or a half day, and each attendance should be counted as a single attendance irrespective of whole or half day periods.

The number of planned attendances for any client who attends in a single week is to be stated.

**Number of Weeks the facility is open in a year**

The number of full weeks in any year in which any facility may be open for clients to avail of daycare programmes/activities.

## F. Direct Payments

### Definitions:

- Include all clients who have received a direct payment during 2015/16, whether as a one off/now ceased or still in receipt (recurrent).
- Include payments to carers (where payments are made to carers on behalf of a client, provide the client's demographic details)
- Include total amount paid to client or carer during 2015/16

### Direct Payment

A direct payment is money that is paid by a Health and Social Care Trust to an individual or their representative in lieu of the Trust providing a social care service. The Direct Payment is made to an individual so they can acquire their own support rather than having the care delivered directly by the Health and Social Care Trust or one of its contractors. The purpose of the direct payment and the type of support that is intended to be provided is determined through a care planning process. *Source: SELF DIRECTED SUPPORT (SDS) PROJECT INITIATION DOCUMENT (PID) EXECUTIVE SUMMARY*

All cases (care and non-care managed clients) where direct payment has been made for all, or part of, care costs.

A "One Off" direct payment relates to a payment to cover expenditure on a non-recurrent basis.

Direct Payments ceased is defined where a direct payment (excluding One Off direct payments) that were previously made on a periodic basis has stopped before the end of the month. Please note this applies only to closures and not suspensions. In relation to "suspensions" these should still be counted as clients at the end of the month, even though payment may not have been made, or only in part, during the month.

*Source: HSCB Direct Payments Template – supplementary guidance notes*

### Expenditure

The amount spent on each individual client by a Health and Social Care Trust.

## G. Domiciliary Care

### Definitions:

- Provide total direct contact hours delivered excluding travel time by client during the Adult Domiciliary Care Survey Week, September 2016
- Trusts should review information to ensure there is no double counting in relation to Supported Living costs.

### Independent Direct Contact Hours Delivered

The direct contact hours delivered within the Independent Sector for an individual client.

### Statutory Direct Contact Hours Delivered

The direct contact hours delivered within the statutory sector for an individual client.

### Total Direct Contact Hours Delivered

The sum of the two elements above i.e. statutory and independent.

As set out in Department of Health guidance, **Domiciliary Care** encompasses the range of services put in place to support an individual in their own home. In essence, the provision of personal care and associated domestic services which are necessary to maintain an individual person in a mutually agreed measure of health, hygiene, dignity, safety and ease in their home. This can be provided by an Independent or Statutory provider. **Personal care** is defined as undertaking any activity which requires a degree of close personal and physical contact with individuals who regardless of age, for reasons associated with disability, frailty, illness, mental health or personal physical capacity are unable to provide for themselves without assistance.

**Statutory Sector** - refers to services provided directly by Health and Social Care.

**Independent Sector** - refers to services provided by private and voluntary agencies under contract from Health and Social Care Trusts (this includes private, voluntary



and community organisations and social economy enterprises). (Source: DHSS&PS IAD Domiciliary Care Services for Adults in Northern Ireland 2014)

*(Source: Community Indicators Development Project: Domiciliary Care Definitions, 31 May 2015)*

Information for domiciliary care services for adults is collected on an annual basis during a survey week through the CC7b information return which can be accessed at the following location:

<https://www.health-ni.gov.uk/publications/domiciliary-care-return-and-quality-report>

## H. Nursing and Residential Care (Adults only)

### Definitions:

#### NURSING:

- Please detail the number of days placed by client in Nursing Care during 2015/16, irrespective of placement type or funding status.
- Placement Type - Permanent/Temporary/Intermediate Care/Short Break.
- If a client is in a dual home, occupying a nursing bed, this activity should be included here.
- Do not include clients in a dual home placed in a residential bed, as this should be included in Residential Care.

#### RESIDENTIAL:

- Please detail the number of days placed by client in Residential Care during 2015/16, irrespective of placement type or funding status.
- Placement Type - Permanent/Temporary/Intermediate Care/Short Break.
- If a client is in a dual home, occupying a residential bed, this activity should be included here.
- Do not include clients in a dual home placed in a nursing bed, as this should be included in Nursing Care.

### Type of Provision

The designation of nursing or residential care provided by either the independent or statutory sector as per RQIA.

#### Statutory

A Statutory residential/nursing care home is one owned by a Health and Social Care Trust. *Source: DHSS&PS Circular HSC (ECCU) 1/2010 March 2010*

#### Independent

An Independent residential/nursing care home is one owned by the Private and Voluntary sector:-

- **Private** - A private provider is a profit making organisation which is not a part of government, established by statute or royal charter, or under a substantial degree of executive control by government.

- **Voluntary** - The voluntary sector or community sector (non-profit) is the sphere of social activity undertaken by organisations that are not for profit and non-governmental. This sector is also called the third sector.

**Name of Care Home**

The official name of the home as supplied to RQIA for registration purposes, in which the client is resident.

**Postcode of Care Home**

The official postcode of the home as denoted by Royal Mail, in which the client is resident.

**Placement Type****Permanent and Temporary Placement**

Placements to residential accommodation should be deemed temporary or permanent depending solely on the needs and circumstances of individual service users. It is important that residents and their family or carer are made aware by the Trust of the placement type which should be agreed and shared openly with them and put in writing.

**Temporary Resident**

The definition of temporary resident allows the Trust to regard a person's stay as temporary if it is likely to last for any period not exceeding 52 weeks, or, in exceptional circumstances, is unlikely to substantially exceed 52 weeks. The admission is temporary either if the agreed intention is for it to last for a limited period, such as respite, or there is uncertainty that permanent admission is required.

*Source: DHSS&PS Charging for Residential Accommodation Guide (GRAG) – April 2014*

**Permanent Resident**

A permanent resident is someone whose assessment of need indicates that there is no prospect of a return to living independently, or with support, in a domiciliary setting as a result of individual vulnerability/disability and/or the absence of suitable social support/s and for whom a specific institutional placement has been assessed as the most suitable long term option for meeting their care needs.

**Intermediate Care**

A range of integrated services designed to prevent unnecessary hospital admission, promote faster recovery from illness, support timely discharge and maximise independent living. Intermediate care services should be time-limited, usually no longer than six weeks and frequently as little as two weeks or less. Source: DHSS&PS *Circular HSC (ECCU) 1/2010 March 2010*

**Short Breaks**

Short Breaks, previously known as “Respite Care” is when a cared for person and carer get a chance to spend some time apart. It is an important component of a continuum of comprehensive support services available to cared-for persons and carers not only on a planned basis, but also in emergency situations. It is provided for a specified period of time.

It is recognised that there may be a point in time where the intensity of needs, the safety of the service user, pressure on the family and the cost effectiveness of the care package will mean that residential/nursing care becomes the most appropriate care option and that such a choice is often a positive one in providing a level of reassurance and security to service users, carers and their families. In such instances the user may be admitted to a residential/nursing home either on a temporary or permanent basis. Source: *Regional Respite Working Group – Short Break Care – Definitions and Guidance 2012/13*

**Number of Days Placed**

This is calculated from the date of admission to date of discharge by placement type. If a client’s placement type changes the date of admission and date of discharge should reflect the length of stay for the types of placement i.e. short break, temporary, intermediate care, permanent. For example if a client was first admitted as a temporary placement, the length of stay should be calculated based on the date of admission and discharge for this placement type. If the client subsequently becomes permanent the date of admission and date discharged should be reflective of this placement type, hence there may be different lengths of stay for a client dependent on the placement type.

**Gross Cost**

The total price charged by the care home operator.

**Income (client or other)**

The amount that the client (resident) has been assessed as able to pay towards the gross cost of the placement or any other contribution to the placement

**Trust Contribution**

The difference between the gross cost and the client contribution.

*The following definitions have been taken from the Community Indicators Development Project, Residential & Nursing Home Care, Definitions Paper, March 16.*

**Categories of Homes*****Residential Care***

An establishment is a residential care home if it provides or is intended to provide, whether for reward or not, residential accommodation with both board and personal care for persons in need of personal care by reason of old age and infirmity, disablement, past or present dependence on alcohol and drugs or past or present mental disorder. *Source: (The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003)*

Statutory Residential Care homes are owned by Trusts, however, the majority of residential beds are provided by homes in the Independent Sector. *Source: DHSS&PS Circular HSC (ECCU) 1/2010 March 2010*

***Nursing Home Care***

Means any premises used, or intended to be used for the reception of and the provision of nursing for, persons suffering from any illness or infirmity.

Definitions of the Categories of care include the following:-

LD	Learning Disability
LD (E)	Learning Disability (over 65 years)

Source: *The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003*.

## I. Childrens Homes (include Child Residential/Nursing Homes)

### Definitions:

- Please detail the number of days placed by client in Residential and Nursing Care during 2015/16, irrespective of placement type
- Placement Type - Permanent/Temporary/Intermediate Care/Short Break
- Dedicated Childrens Learning Disability Homes only to be included

### Type of Provision

The designation of residential care provided by either the independent or statutory sector as per RQIA.

#### Statutory

A Statutory residential care home is one owned by a Health and Social Care Trust.

*Source: DHSS&PS Circular HSC (ECCU) 1/2010 March 2010*

#### Independent

An Independent residential care home is one owned by the Private and Voluntary sector:-

- **Private** - A private provider is a profit making organisation which is not a part of government, established by statute or royal charter, or under a substantial degree of executive control by government.
- **Voluntary** - The voluntary sector or community sector (non-profit) is the sphere of social activity undertaken by organisations that are not for profit and non-governmental. This sector is also called the third sector.

### Name of Care Home

The official name of the home as supplied to RQIA for registration purposes, in which the client is resident.

### Postcode of Care Home

The official postcode of the home as denoted by Royal Mail, in which the client is resident.

### Placement Type

#### Permanent and Temporary Placement

Placements to residential accommodation should be deemed temporary or permanent depending solely on the needs and circumstances of individual service users. It is important that residents and their family or carer are made aware by the Trust of the placement type which should be agreed and shared openly with them and put in writing.

### **Temporary Resident**

The definition of temporary resident allows the Trust to regard a person's stay as temporary if it is likely to last for any period not exceeding 52 weeks, or, in exceptional circumstances, is unlikely to substantially exceed 52 weeks. The admission is temporary either if the agreed intention is for it to last for a limited period, such as respite, or there is uncertainty that permanent admission is required.

*Source: DHSS&PS Charging for Residential Accommodation Guide (GRAG) – April 2014*

### **Permanent Resident**

A permanent resident is someone whose assessment of need indicates that there is no prospect of a return to living independently, or with support, in a domiciliary setting as a result of individual vulnerability/disability and/or the absence of suitable social support/s and for whom a specific institutional placement has been assessed as the most suitable long term option for meeting their care needs.

### **Intermediate Care**

A range of integrated services designed to prevent unnecessary hospital admission, promote faster recovery from illness, support timely discharge and maximise independent living. Intermediate care services should be time-limited, usually no longer than six weeks and frequently as little as two weeks or less. *Source: DHSS&PS Circular HSC (ECCU) 1/2010 March 2010*

### **Short Breaks**

Short Breaks, previously known as "Respite Care" is when a cared for person and carer get a chance to spend some time apart. It is an important component of a continuum of comprehensive support services available to cared-for persons and carers not only on a planned basis, but also in emergency situations. It is provided for a specified period of time.



It is recognised that there may be a point in time where the intensity of needs, the safety of the service user, pressure on the family and the cost effectiveness of the care package will mean that residential care becomes the most appropriate care option and that such a choice is often a positive one in providing a level of reassurance and security to service users, carers and their families. In such instances the user may be admitted to a residential home either on a temporary or permanent basis. *Source: Regional Respite Working Group – Short Break Care – Definitions and Guidance 2012/13*

### **Number of Days Placed**

This is calculated from the date of admission to date of discharge by placement type. If a client's placement type changes the date of admission and date of discharge should reflect the length of stay for the types of placement i.e. short break, temporary, intermediate care, permanent. For example if a client was first admitted as a temporary placement, the length of stay should be calculated based on the date of admission and discharge for this placement type. If the client subsequently becomes permanent the date of admission and date discharged should be reflective of this placement type, hence there may be different lengths of stay for a client dependent on the placement type.

*The following definitions have been taken from the Community Indicators Development Project, Residential & Nursing Home Care, Definitions Paper, March 16.*

### **Categories of Homes**

#### ***Residential Care***

An establishment is a residential care home if it provides or is intended to provide, whether for reward or not, residential accommodation with both board and personal care for persons in need of personal care by reason of old age and infirmity, disablement, past or present dependence on alcohol and drugs or past or present mental disorder. *Source: (The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003)*

Statutory Residential Care homes are owned by Trusts, however, the majority of residential beds are provided by homes in the Independent Sector. *Source: DHSS&PS Circular HSC (ECCU) 1/2010 March 2010*

## **J. Supported Living**

### **Definitions:**

- Annual cost of package to Trust for client in supporting living accommodation or scheme should be given.
- Exclude accommodation costs and support costs which are not Trust funded e.g. Supporting People.
- Number of days placed should be within the period of the year being collected and should not exceed 366 days.
- A pro rata annual cost will be applied by Finance based on the number of days placed for any client who has less than 366 days.
- Trusts to state whether the category of scheme is Trust funded only or a mixture of Trust and Supporting People financed.

**Category of Scheme** is required to indicate whether wholly Trust funded or a 'cocktail' of funding sources.

### **Supported Living**

Supported living is defined as persons with disabilities living where and with whom they want, for as long as they want, with their own tenancy agreement and ongoing support needed to sustain that choice.

Supported living accommodation can be defined as a place which becomes the clients own residence through a tenancy agreement and ongoing support to sustain that place, but is not to be confused with a residence which would be regarded as the client's 'family home'. It would be advocated that not more than 5 people would occupy the same supported living accommodation which in turn would be supported by a team of staff covering the full 24 hours a day period.

### **Name of Supported Living Accommodation**

The official name of the accommodation in which the client is resident or placed.

### **Postcode of Supported Living Accommodation**

The postcode of the accommodation in which the client is resident or placed.

**Number of Days Placed**

This is calculated from the start date of the period (or date of admission if within the period being counted) to period end date (or date of discharge if within the period being counted).

**Annual Cost of Package to Trust**

Actual cost to the Trust over a 12 month period for the provision of care to the client placed in supported living.

## K. Social Work

### Definitions:

- Provide details of clients who have had social work involvement opened during the year 2015/16.
- This should include cases where the social worker was a key worker or co-worker where activity is delivered within multi-disciplinary teams and or core teams
- If a client is key worked and co-worked by social workers these clients should only be included under the keyworker caseload and be reported as a unique client to avoid double counting.
- This includes all open and terminated clients that relate to the reporting period of 2015/16.
- Terminated Clients can be counted more than once if the reason for social work involvement opened within the period differs, for example: SWI opened in April 15 and Terminated in Sept 15. SWI opened in December 15 and still a current client. This would be counted as 2.
- Include all social workers who are involved with Learning Disabled clients irrespective of team.

### Team

This is where a number of social workers or multi-disciplinary staff collaboratively operate to provide a specific service to clients.

### Team Name

The name under which a number of staff collaborate to provide a specific service to clients.

*Information below has been abstracted from the Community Indicators Development Project Social Work Definitions Paper, March 16*

A **Social Worker** is a person registered on Part 1 of the Northern Ireland Social Care Council (NISCC) register.

A **Registered Social Care Worker** is a person working in a job role specified by the Northern Ireland Social Care Council (NISCC) and registered on the Social Care part of the NISCC register.

A Caseload is defined as: “the number of cases (service users/patients) that are currently allocated to a Professional Staff member at a given point in time”.

A caseload may be active/open/current and service users/patients/families may be on more than one caseload at any one time (as a Key worked or a Co worked case).

- An **active/open/current** caseload is defined as a case which has been allocated to or opened by a named social worker and is currently active at a given point in time.
- A **closed/ceased/historic** caseload is where the case has been closed by the relevant Professional Staff member at a given point in time.
- A **Key Worker** is defined as the lead Professional Staff Member in an involvement.
- A **Co Worker** is defined as someone who co-works a case with another Professional Staff member but is not the key named worker. More than one co-worker can be associated with a case at any one time.

## **Bibliography/Further Reading**

HSC TFR (H) Guidance 2015/16 – Issued June 2016

HSC TFR C) and TFR (P) Guidance 2015/16 – Issued August 2016

DHSSPS IAD Hospital Statistics: Mental Health and Learning Disability (2014/15)

PHA/HSCB Guidance on the Collection of Data for the Purposes of Community Nursing/Midwifery Indicators Project (Universal/Core Services Only) (Final) March 2016

HSCB Community Indicators Development Project - Day Care Definitions Paper, 31 March 2015

HSCB Community Indicators Development Project - Domiciliary Care, 31 May 2015

HSCB Community Indicators Development Project – Residential & Nursing Home Care Definitions Paper, 21 May 2015

HSCB Community Indicators Development Project – Social Work Definitions Paper, 23 February 2016

Non Inpatient Mental Health Return Guidance, Version 4, December 2014

Health & Personal Social Services – The Day Care Setting Regulations (Northern Ireland) 2007 – Schedule 4 (Records to be kept in a day care setting in respect of each service user)

Health & Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

[Top of Document](#)

Trust:

PATIENT CODE (e.g B1, N1, SE1, S1, W1)	AGE RANGE	LOCATION	LEGAL POSITION	STATUS	ESTIMATED DATE OF DISCHARGE EDD	TYPE OF PLACEMENT REQUIRED	DISCHARGE LOCATION	FAMILY INVOLVEMENT	OUTSTANDING ISSUES/BARRIER	DISCHARGE PLAN/ RAG RATING	BUSINESS CASE REQUIREMENT	DISCHARGE DATE	ESTIMATED COSTING P/A	PREVIOUS PLACEMENT BREAKDOWN

RAG Rating	Comment
	Plan confirmed and estimated date of discharge confirmed
	Plan agreed and estimated date of discharge to be confirmed
	No plan in place

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**BELFAST HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

*For Year end 31 March 2018*

MAHT - STM - 277 - 815  
**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 1-6 & 8-9 for each programme should follow the narrative
- all Programmes must complete an individual Data Return 1-6 & 8-9 inclusive
- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme
- Data Return 10 is only to be completed by the Family & Child Care Programme (this is for the 6 month period 1<sup>st</sup> October – 31<sup>st</sup> March)
- Data Return 11 replaces the Training Accountability Report
- 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)
- 11 Training Accountability Report

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Physical and Sensory Disability	<b>47-80</b>
Mental Health (Adults)	<b>81-114</b>
Learning Disability (Adults)	<b>115-153</b>
Family and Child Care	<b>154-180</b>
Children's Disability/Child and Adolescent Mental Health Services	<b>181-212</b>
<b>Appendices:</b>	
Belfast Local Adult Safeguarding Panel (LASP) Report 2017-2018	
Data Return 8 Assessed Year in Employment	
Data Return 11 Accountability Report 2017-2018	
Regional Emergency Social Work Service	



## 1. 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) during the reporting period 1 April 2017-31 March 2018. 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 for Delegation) and identifies on-going 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 following themes underpin the delivery of statutory services:

- Promoting and supporting the service user's engagement as fully as possible in the planning for and reviewing of arrangements for their care.
- Empowering service users to exercise as much autonomy as possible in their choices and decision-making about their life circumstances.
- Supporting parents/carers/and other key individuals in their caring roles through the provision of flexible, individualised supports and access to support networks.
- Working in partnership with voluntary, community, independent and statutory organisations to build resilience and capacity across communities to develop safe, inclusive, supportive localities.
- Provision of high quality, evidence informed services, which deliver positive outcomes for individuals, families and communities.
- Proportionate exercise of statutory authority to secure the safety and welfare of children and adults who are vulnerable to abuse/exploitation/neglect/marginalisation.
- A continuous focus on improvement, quality and safety in the delivery of services.
- The recruitment, retention and development of a skilled and committed workforce through a culture of continuous learning and the pursuit of excellence.
- An ongoing focus on promoting the wellbeing of the workforce through their accessibility to bespoke supports and services and their engagement in and contribution to the development of corporate, Directorate and service planning processes.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines:

- The powers and duties delegated to the Trust.
- The principles and values underpinning the delivery of statutory services.
- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.
- The organisational assurance arrangements in relation to the discharge of statutory functions.

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

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 for, and is required to report to the Trust Board, on the discharge of statutory social care functions. An unbroken line of professional accountability runs virtually from the individual practitioner through the Divisional professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared using the HSCB regional template and is sub-divided into the following sections:

**SECTION 1:** An introduction to the Report.

**SECTION 2:** An overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Divisions by the Executive Director of Social Work.

**SECTION 3:** Individual 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; challenges 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 prescribed by the HSCB relating to statutory social care service delivery.

#### **APPENDICES:**

BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report.

BHSCT Social Services Workforce Learning and Development Accountability Report

The Belfast Local Adult Safeguarding Panel (LASP) Report 2017-2018

I would like to take this opportunity to recognise the role and contributions of Trust staff across all Directorates in the discharge of statutory functions, which is complex, challenging, highly skilled and rewarding work.

I would wish to express my appreciation, in particular, of the professionalism and dedication of the Trust's social care workforce in this regard.

**John Growcott**

**(A) Executive Director of Social Work/Director of Childrens Community Services/ Director**

**May 2018**

**2. GENERAL****Executive Director of Social Work:**

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**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 satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service returns provide detailed commentaries on the levels of compliance, areas of difficulty, achievements 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 expectation, related scrutiny and a continuous drive for innovation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce. The Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC.

The registration of social care staff (those staff who are not professionally qualified) during the reporting period has presented significant organisational and logistical challenges. As at 31 March 2018, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

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**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 accountable for assurance of Trust organisational and governance arrangements underpinning the discharge of social care statutory functions and for the discharge of such functions by the Trust's social care workforce. An unbroken line of professional accountability "runs" from the individual practitioner through the Service professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is located in within two Directorates, Adult Social and Primary Care and Childrens Community Services. During the reporting period, mirroring the situation in all of the Trust's operational Directorates, both Directorates have taken forward their phased transition to shadow Division status, as part of the embedding of an overarching collective leadership model and related organisational structures within the Trust.

Each of the operational Directorates have established Divisions mirroring the former service delivery units and have appointed/are in the process of appointing Senior Leadership Teams, which will have accountability for Divisional service delivery performance and governance arrangements. The new post of Divisional Social Worker will assume the responsibilities of the Associate Directors of Social Work and will have enhanced responsibilities and accountabilities as a member of their Division Senior Leadership Team for the range of corporate governance and service delivery functions.

Throughout the reporting period, the Associate Directors of Social Work have had 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 Services.
- The provision of expert advice within their Services on the discharge of statutory functions and professional issues pertaining to the social care workforce.
- Ensuring organisational and assurance arrangements are in place within their Services to facilitate the discharge, monitoring and reporting on the discharge of statutory functions.
- The completion of the individual Service's Annual and Interim Statutory Functions Reports.
- Ensuring that arrangements are in place within the Service to monitor compliance with NISCC workforce regulatory requirements.

The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria (Revised November 2013) provide the framework for the delivery of professional

social work supervision to social work staff in adult and children's services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011 outlines the processes and standards informing supervision delivery to social care staff. A community team within the Learning Disability Service participated in a pilot of a Draft Revised Adult Professional Social Work Framework (2016). The pilot sought to integrate group and peer supervision processes within professional supervision structures and to profile reflection, developmental and improvement dimensions to the delivery of supervision.

Compliance with supervision standards is monitored on an ongoing basis through Service and Trust-wide audit processes.

### **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.**

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Services, 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 reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes, which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work:

- Provides professional leadership to the Trust's social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.
- Is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same.
- Is required to report directly to the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for consideration and approval.
- The Executive Director of Social Work is responsible for the completion of a quarterly update report to the Assurance Committee on the work of the Social Care Steering Group (Associate Directors of Social Work) and the Adults and Childrens Safeguarding Committees respectively.

The Trust has established a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. The other two members of the Committee are also Non-Executive Directors Ms Miriam Karp and Dr Martin Bradley. The Committee is a sub-committee of the Trust's Assurance Committee. It is authorised by the Trust Board to review the Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and

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miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of 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 Trust has established a Children's Safeguarding Committee, which has responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Directorates and is chaired by the Executive Director.

The Trust has established an Adult Safeguarding Committee, which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective. In the context of the dissemination of the Revised Regional Adult Safeguarding Policy, the Adult Safeguarding Committee will have a substantial focus on assuring the implementation of and compliance with the Regional Policy.

With the establishment of the Divisional structures, the Terms of Reference of each of these committees with a focus on the strengthening of their respective governance functions.

The Trust's Risk Management Framework outlines the organisational arrangements underpinning the identification/assessment, ongoing management and review of risks and the related Trust Risk Register structures and processes. Each Service has its local Risk Register, which serve to populate Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively. Directorate and corporate governance structures afford the mechanisms for the ongoing management and review of risks across the respective Registers.

## **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 in the context of the following issues: the demands, levels and complexity of need across all settings; enhanced public expectations and levels of scrutiny; the impact of the phased re-structuring of regional commissioning and reporting structures; the overarching financial and resources context; and ongoing difficulties with the regional recruitment pathway.

The Trust has prioritised:

- Safe and qualitative service delivery.

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- The embedding of a culture and underpinning values, which promote excellence, innovation and continuous learning as, reflected in its investment in its workforce's knowledge and skills base.
  - Partnerships with local communities and voluntary, private and statutory agencies.
  - Community capacity building.
  - Co-production, partnership and purposeful engagement with service users, carers and communities to improve 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. The individual Service reports provide additional commentary on these themes.

#### **DEPRIVATION OF LIBERTY:**

The Trust's Legal Adviser had previously commented on the Trust's need to review and prioritise all those situations in which service delivery arrangements had given rise to a deprivation of a service user's liberty. He had recommended that, on a risk-based stratification of the nature and extent of the deprivation, the Trust should engage with the Courts to progress applications for Declaratory Judgements in relation to individual situations.

During the reporting period, a number of Service initiated proceedings to secure Declaratory Judgements.

#### **REVISED REGIONAL ADULT SAFEGUARDING POLICY:**

The implementation of the-above Regional Policy has significantly enhanced the scope and service delivery responsibilities of the Trust in relation to adult safeguarding. While the Trust is supportive of the thrust and aims of the Policy, the lack of the necessary resources to support implementation has been a major concern for the Trust. In particular, the Trust would highlight its view of the need for a significant investment in professional adult social work service delivery capacity in light of the prescribed responsibilities of Band 7 social work staff.

#### **ASW DAYTIME ROTA**

The Mental Health Service Report provides a detailed commentary on the current challenges the Trust is encountering in the delivery of the ASW Daytime Rota.

These include:

- The diminution over a number of years of the complement of designated social work posts in the Mental Health Service Area.
- The demands on available social work capacity within the Service of the rise in adult safeguarding activity, particularly in relation to Band 7 staff.
- The difficulties of out-of-Trust admissions for assessment.
- Operational interfaces with the PSNI and NIAS.
- The pressing need to develop a robust workforce planning approach to social work requirements in Adult Services (including ASWs).
- The resourcing of and supports for staff engaged in the Regional ASW Training Programme.

## **PLACEMENT CAPACITY IN CHILDRENS SERVICES**

Pressures with regard to placement availability across residential and fostering services in the context of the volume and complexity of needs of the Trust's looked after children population.

## **WORKFORCE**

There is a pressing need to develop a robust Trust-wide workforce planning approach to social work and social care to secure the necessary workforce volume, skills and knowledge base to meet service delivery demands across, currently those relating to safeguarding, ASW functions and domiciliary provision.

The investment in the professionalisation of adult social care service delivery and the parallel development of the status and skills base of domiciliary and residential care staff are of particular significance in light of the strategic emphasis on care at home and the growing awareness of the importance of the social dimension to health and wellbeing.

There is a pressing need to address domiciliary care workforce recruitment and retention in light of the ongoing difficulties in providers' ability to deliver the necessary range of packages to meet assessed needs.

While improving relatively, the ongoing difficulties in delivering the Trust's Daytime ASW Rota re-inforce the risks associated with genericism in multi-disciplinary service delivery models and the importance of strong uni-professional structures and workforce pathways.

Within children's services, there are significant challenges in retaining experienced staff in fieldwork and residential settings.

## **HOUSING**

The cessation of supported living funding for new accommodation projects and the proposed 5% reduction in funding for ongoing projects has presented substantial challenges across all services. The availability of bespoke accommodation and related community infrastructure to support vulnerable individuals with complex and layered needs is of crucial significance.

The Services are exploring new partnerships with private, voluntary and community providers to address bespoke accommodation solutions.

## **CO-PRODUCTION**

Co-production is the template, which informs engagement with/of service users and carers in the development and delivery of safe, high quality and effective services. It embraces purposeful engagement, partnership, listening with respect and transparency.

Ongoing challenges in relation to the implementation of the PARIS system within children's social care services and the optimising of PARIS functionality in Adult Services.



- The complexity and volume of service demands across all service settings.

**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.**

**Statutory Functions Action Plans:**

The HSCB, in consultation with the Trust, has established a schedule of meetings and review arrangements in relation to assurance of discharge of statutory functions.

**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 risk pertaining to the discharge of statutory functions is listed on the Trust's Principal Risks Register:

***There is a risk that the Trust cannot quality assure and provide accurate reporting returns for social work and social care activity relating to the discharge of Statutory Functions.***

This risk relates to the recommendation of an Internal Audit into the collation of information returns to the Commissioner in relation to the discharge of statutory functions.

The following provides an update on the Trust's actions to address the Audit recommendation:

The regional nature of PARIS implementation across children's social care services and the current volume of mandatory reporting requirements necessitate the regional standardisation of business and related data inputting processes.

The ongoing development of software and its subsequent testing had presented substantial logistical and resource demands and had resulted in a series of delays and re-scheduling of implementation. This situation was compounded by difficulties in retaining a core ICT resource base to support PARIS implementation and challenges associated with the "going live" of the ECR platform to facilitate cross-Trust searches and access to Child Protection and Looked After Children Registers.

The Childrens Services Directorate has been engaged in a phased implementation of PARIS across its service base and has recently completed the migration of data from SOS CARE onto the ECR platform.

The individual Service reports address co-production initiatives and achievements.

**INFORMATION**

Investment in the development of data management and analytics capacity and skills across social work and social care services is a pressing priority. The potential benefits of digitalisation within strong information governance structures to rationalise non-value bureaucracy, to facilitate transformational working practices and to enhance outputs and outcomes for service users are substantial.

The implementation of PARIS across social care services has been a complex and challenging process. Significant difficulties in PARIS reporting functionality in Adult Services in particular have been significant. Implementation of the system in Childrens Services is progressing in the context of the pending implementation of the Signs of Safety model and further criticism of the efficacy of the UNOCINI Pathway model.

There is a pressing need to secure a Trust-wide PARIS support-infrastructure to optimise the system's potential and to build information management capacity across both adults and childrens services to meet Divisional performance, governance and improvement reporting and development requirements.

## **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.**

- RQIA independent reviews and inspections of regulated facilities. RQIA and the Mental Health Review Tribunal's statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The Trust's Serious Adverse Incidents Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to Case Management Reviews (CMRs) and related children's safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

## **CONCLUSION:**

The financial context has presented ongoing challenges to all Services during the reporting period. The position going forward remains unclear at this point. The volume and complexity of demand for services is unrelenting. The following are

recurrent priorities across all service settings: workforce pressures particularly in relation to domiciliary care, Band 7 capacity and ASW provision; the need for significant investment in housing/residential care models to meet specialist needs; investment in the development of governance structures to support Divisional organisational arrangements; and investment in digital systems, data management and analytics.

Transformation investment funding will support the spread of a number of innovative social care service models across childrens and adult services. The implementation of Signs of Safety in childrens services presents an opportunity to embed strengths-based, evidence informed and outcomes focussed interventions with children in need and their families.

The Older Peoples Services Workforce Review has reconfigured service delivery arrangements across hospital and community settings with a focus on increasing professional social work capacity in community services and developing seamless pathways across hospital and community services. Both developments profile the importance of the social care workforce’s skills and knowledge base in delivering high quality, safe and effective services within a wider multi-disciplinary structure. The development of the Trust’s Collective Leadership structures will afford opportunities to strengthen the profile of community services, improve the management of internal and external interfaces and promote purposeful partnerships with and meaningful engagement of service users and carers.

The Trust would wish to acknowledge the importance of the Regional Social Work Strategy in facilitating a “re-energising” of the profession. It has articulated a coherent vision for the future of social work, which positions the profession at the centre of the modernisation and improvement of health and social care service delivery.

The maintenance of vulnerable adults and children with complex health and social care needs and enhanced levels of risk in their own communities will require a sustained investment in community infrastructure and capacity. Strong partnerships with statutory, voluntary, community and private sector organisations and organisational structures, which embrace service user and care engagement, will be pivotal to optimising available resources and outcomes.

**Signature**

**John Growcott**  
**(A) Executive Director of Social Work/Director of Childrens Community Services/ Director**  
**May 2018**

**3. OLDER PEOPLES SERVICE (OPS)**

**GENERAL NARRATIVE**

3.1	Named Officer responsible for professional Social Work

	<p>During the reporting period, Ms Katie Campbell, Service Manager, has discharged the role of Associate Director of Social Work (Associate Director) in the Older Peoples Service.</p> <p>As part of the Trust's phased implementation of a Collective Leadership model, the OPS and Physical, and Sensory Disability Services (P&amp;SD) have assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The postholder has had responsibility for professional issues pertaining to the social work and social care workforce within the Older OPS Service. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The postholder has been responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership of the social care workforce within the Service.</li> <li>➤ The establishment of structures within the Service to provide assurance to the Executive Director on the discharge of statutory functions.</li> <li>➤ As a member of the Directorate's senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery.</li> <li>➤ The collation and assurance of the Service's Interim and Annual Statutory Functions Reports</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce</li> <li>➤ Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities.</li> <li>➤ Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory 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's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director has assured the OPS Service's Annual Statutory Functions 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 refer to Assessed Year in Employment (AYE) compliance and caseload weighting arrangements.</b></p>

**AYE**

The Service has had 19 AYE staff during this reporting period. Assurance can be given that AYE social workers have a protected caseload and receive the mandatory training and supports required, through direct supervision and involvement in the AYE peer support group. AYE staff report finding the peer sessions particularly helpful in their development.

The Service in this reporting period has continued with the bespoke social work induction programme for all newly appointed social workers. There has been a particular focus on relationship based social work and training linked to this.

**Supervision arrangements**

The Service continues to audit performance around professional supervision and where appropriate develops action plans to address issues and provide assurances around meeting the requirements of the revised policy. Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. The Service's Principal Social Worker (PSW) monitors supervision compliance returns and analyses findings and trends to identify any necessary remedial actions.

Within this reporting period, the Service has increasingly struggled with recruitment to key Band 7 first-line management roles. Delays in filling gaps in this cohort of posts have, at times, impacted on the Division's compliance with supervision timescales. Risk associated with this issue are currently included in the Divisional Risk Register.

**Caseload weighting**

There have been a number of discussions with ECAT regarding the development of a bespoke Service social work caseload-weighting tool. Team managers have operationalised a manual caseload analysis approach with social work staff, which has focussed on the prioritisation of work within the teams. The next phase of the Service's modernisation of its social work workforce will address caseload sizes promoting flexibility to ensure the targeting of professional social work resources on those service delivery areas, which are most challenging and complex.

**Consolidation of Professional Structure**

Within the reporting year, the Trust has moved on a phased basis to a shadow Collective Leadership model. The process of recruiting to a Divisional Social Work post in OPS and P&SD, which will subsume the Associate Director roles across both Services, has commenced.

The Divisional Social Worker will be part of the Divisional Senior Manager Team and will share in the senior leadership group's collective accountability for performance, quality and safety. The postholder will have responsibility and accountability for professional social care governance arrangements within the Division. As a Divisional senior manager, the postholder will lead on a number of corporate governance and service delivery areas across OPS and P&SD.

The ongoing social care modernisation programme has sought to strengthen the professional social work role and structures across the Division. Within this reporting period the Service has stood down the care management role in community social care service delivery processes. All community social care

	<p>functions have been unified under 4 core roles – social care co-ordinator; social worker; senior social work practitioner; and social work Team Leader.</p> <p>Within hospital and community social work settings, operational and professional responsibilities and accountability are delivered through a bespoke, single professional line of professional social work middle and senior management postholders.</p> <p><b>Recruitment and retention of staff</b> As noted previously, this reporting period has been a challenging in terms of the stability of staff, particularly at the Band 7 Team Leader role across hospital and community social work. This has had a significant impact on the delivery on operational management capacity and related assurance processes.</p> <p>The Service has commenced a specific management development and support programme for Band 7 staff with a focus on developing leadership and management skills and competencies. Presently one team manager and three Assistant Service Managers (ASMs) are completing the Managing Effective Practice and the Leading with Care programmes respectively.</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>Social Work and Social Care Workforce Review (the Review)</b> Across the Service, social work and social care staff have participated in a further period of significant change. As part of the outworkings of the Review, the Division has “stood down” the care management function as at the end of November 2017. The management and review of people in long-term care placements has successfully transferred to the newly established Care Review and Support Team (CReST).</p> <p>CReST has been operational since September 2017. It consists of fifteen practitioners and two Senior Practitioners. To date case management responsibility for 1600 service users in residential and nursing homes has transferred to CREST, with the completion of the transition process scheduled for the end of May 2018. Early evaluation returns have indicated that positive outcomes for service users across a range of qualitative and quantitative measures. CReST has engaged with RQIA to share and receive feedback on this service delivery model with a view to enhancing collaboration with and to support the work of the Authority.</p> <p>As part of on-going work in relation to the continual improvement of the service user experience, CReST will pilot the Adult Social Care Outcome Tool (ASCOT) in Trust.</p> <p><b>NISCC Registration</b> The Service has been compliant with NISCC workforce regulatory requirements.</p> <p><b>Regulation Quality and Improvement Authority</b> The Service is achieving satisfactory compliance with the majority of regulated services standards. All services inspected have demonstrated compliance with</p>

	<p>requirements in relation to safeguarding and quality Improvement plans. Annual service evaluations are shared with service users and carers.</p> <p><b>Risk Register</b> The Service has arrangements in place to review and update its Risk Register in line with Directorate and corporate governance processes.</p> <p><b>Accidents and Incidents</b> The Service and wider-Directorate’s governance and reporting arrangements meeting afford robust reporting and scrutiny of accidents and incidents.</p> <p><b>Reflective Practice</b> There are a number of practice groups, which provide opportunities for reflection, shared learning and supports for Investigating Officers, Designated Officers, Achieving Best Evidence (ABE) Division’s trained interviewers and Approved Social Workers.</p> <p>The Crest Team participates in focused reflective practice sessions on a monthly basis. The Service has developed reflective practice fora for newly recruited social workers as part of induction and ongoing supports to consolidate their knowledge and skills base in OPS during their first year.</p> <p><b>Enhancing Quality Assurance for Commissioned Services</b> The Service has strengthened its assurance arrangements with regard to the quality of domiciliary care, through the development of a new commissioning services governance structure.</p> <p>A newly funded 8B-managed service will have responsibility for assuring the quality of services commissioned from nursing home, residential home and domiciliary care sectors.</p> <p>As part of Divisional assurance structures, a group with representation from safeguarding, CREST, commissioned services, complaints and community social work will continue to monitor complaints across independent sector services with a view to identifying trends or patterns which require investigation.</p> <p><b>Contracts with Independent Domiciliary and Care Home Providers</b> As part of ongoing assurance arrangements, Service staff meet at least annually with all independent domiciliary care providers to review compliance with contractual obligations in relation to safety, quality and effectiveness of services provided.</p> <p>The Division is currently recruiting a Contracts Governance Manager to support this process.</p>
<p>3.4</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) 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>Declaratory Judgements</b> The Service continues to face professional and ethical challenges in those circumstances in which a service user is incapacitous. Pending the</p>

implementation of the Mental Capacity legislation, the absence of a statutory framework within which to progress decision making as to the appropriateness of an application for a Declaratory Judgement in respect of an adult who lacks capacity remains an ongoing area of concern. The Service has initiated four Declaratory applications to date. On each occasion, the High Court made a judgement in favour of the Trust. The individual hearing processes have been complex and resource intensive.

The Service has a further three applications pending. The Trust would welcome regional practice guidance in this area.

#### **Commissioner for Older People**

The Commissioner for Older People engaged with the Service while undertaking a review of the situation in relation to Dunmurry Manor. The review report and recommendations are due for publication over the next number of months. This has been an area of learning for the Service in relation to the remit, application and breadth of the Commissioner's powers. The review has required a significant level of resource to meet the Trust's statutory responsibilities to the Office of the Commissioner in this matter.

#### **NISCC**

The Service has worked collaboratively with NISCC throughout the reporting period to achieve full registration of its domiciliary care workforce. The Service will continue to work with the Regulator in relation to the registration of its cohort of social care co-ordinator staff.

#### **Northern Ireland Fire and Rescue Service (NIFRS)**

In response to findings of the Coroner detailed in last year's Annual DSF Report, the Service has developed its links with colleagues in the NIFRS. A service level agreement signed in March 2018 outlined reciprocal referral pathways when fire risk concerns emerged in relation to an older person. Fire Service officers and social work staff will undertake joint visits to service users in such circumstances. There have been a number of joint training events for Trust staff hosted in NIFRS facilities. These have afforded staff with the opportunity to discuss and assimilate clear guidance in relation to the management of risks of fire for vulnerable older people. The Trust has reciprocated with training events for NIFRS on the needs of vulnerable older people and the nature of the Trust's statutory duties to promote and safeguard their welfare. A number of NIFRS Senior Officers have attended Trust Safeguarding and Dementia Awareness training.



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>DOMICILIARY CARE</b></p> <p>There have been very significant challenges in relation to the delivery of domiciliary care during the reporting period.</p> <p>As at 31<sup>st</sup> March 2018:</p> <ul style="list-style-type: none"> <li>➤ Four hundred and thirty-four (434) people were awaiting a care package. This amounted to 3088 unmet need hours. (On 31<sup>st</sup> October 2017, 591 people were awaiting a care package, the equivalent of 4589 unmet hours).</li> <li>➤ 74% of all people awaiting a care package were living in their own home; and 10% were waiting to exit reablement services.</li> </ul> <p>This level of unmet need has presented particular challenges to service users, carers and staff. Within community teams, staff have had to work with increased levels of complexity of needs and associated levels of risk. An analysis of the unmet need</p>	<p>The peak in the level of unmet need coincided with the outcome of the domiciliary care procurement process in October 2017. There was a retraction of services by providers at that time. In light of the levels of potential risk to service delivery capacity availability over the Winter and the projected levels of need across the City, the Trust in consultation with the DoH and HSCB took the decision to stand down the procurement process. Subsequently the Trust has taken the following actions:</p> <ul style="list-style-type: none"> <li>➤ Further engagement with providers to identify capacity and to review the current model of provision.</li> <li>➤ Increased capacity within the RAPS Statutory Homecare Service with additional night-runs in IDSS commenced at the beginning of April 2018.</li> <li>➤ Ongoing recruitment into the statutory Home Care Service.</li> </ul>	<p>This is recorded as a principal risk on the Corporate Risk Register</p>

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>indicates that there are significant difficulties in delivering services into East Belfast with the attendant impact on the Trust's ability to maintain flow from the Ulster Hospital.</p>	<ul style="list-style-type: none"> <li>➤ Implementation of twice-weekly telephone conference calls to prioritise high-risk cases.</li> <li>➤ Development of an information system to capture daily activity, demands, capacity and flow.</li> <li>➤ An increase in the numbers of service users commencing with Direct Payments in lieu of a Domiciliary Care service.</li> <li>➤ Short-term Review Team operationalised in January 18 to focus on unmet need and to develop a new commissioning model for social work staff.</li> <li>➤ Secured investment in a Domiciliary Care Governance Team to assure the quality and safety of commissioned services.</li> <li>➤ A rapid response model to facilitate discharge and maximise flow across transitional services operationalised in East Belfast.</li> <li>➤ Bed capacity in Intermediate Care has been temporarily increased to support hospital discharge</li> </ul>	

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>MAINTAINING HOSPITAL FLOW</b></p> <p>During the reporting period, there were unprecedented levels of demand across the acute sector throughout the Winter months. Limited domiciliary care capacity significantly compounded these difficulties, adversely affecting the normal exit pathway from intermediate services such as reablement and community rehabilitation. Whilst the Service’s performance improved in relation to complex and weekend discharges managed by the hospital social work services, this remained a very challenging time, and has led to an increased dependency on interim beds as an alternative to an appropriate pathway. Thirteen service users were awaiting a package of care in an interim bed on 31<sup>st</sup> March 2018.</p>	<p>The Service continues to implement a community-facing Community Discharge and Support Hub model across three acute sites to support continuous and appropriate flow from hospital. The Hub has been operational across six wards in the RVH. Strongly interfacing with the community, the vision is to discharge service users from hospital within the standard timeframes of the appropriate pathway, working to the principle of “home first” as soon as the person is medically fit for discharge.</p> <p>The establishment of Community Complex Discharge Hubs within acute settings will deliver the centralisation of information and co-ordination of community support services, which will facilitate service users’ pathway from treatment to home in a timely manner.</p>	<p>Not currently on the Trust Risk Register.</p>
	<p><b>LIMITATIONS IN STATUTORY HOME CARE SERVICE</b></p> <p>The Statutory Home Care Service has had a history of rigid eligibility criteria,</p>	<p>Significant work has been undertaken to modernise and reform the Trust Home Care</p>	

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
	historically only accepting people who required the assistance of one person to meet their assessed needs.	service, ensuring that it becomes more responsive to changing demands, effective and efficient. This process has resulted in the service making a substantial contribution to unblocking delays across intermediate care and to securing additional capacity within RAPS and the IDSS service. Mirroring wider workforce challenges, the service struggles to recruit staff and is currently exploring innovative and new ways of doing so. A new recruitment event is in planning for Home Care and IDSS as part of a rolling recruitment campaign. Links have also been made with Belfast Metropolitan College and staff have been identified as ambassadors for the service to speak at careers / recruitment events	
	<p><b>CHALLENGES IN DELIVERING STATUTORY EMI PROVISION</b></p> <p>The Trust currently has five EMI residential homes. One of these homes, Ballyowen, will close when the new supported housing scheme, Cullingtree Meadow, opens in May 2018.</p> <p>The Trust is mindful of its commitment to ensuring that current residents will be able</p>	A review of current Statutory EMI provision is on-going using an Appreciative Inquiry approach. Consultation has taken place with all key stakeholders. The Service is drawing together the themes and recommendations emerging from the review to inform options for future consultation decision-making.	This matter is currently on the Directorate Risk Register.

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>
	<p>to remain in Ballyowen provided the unit can continue to meet their assessed needs and that it remains their placement of choice. This situation will give rise to a cost pressure.</p> <p>The future of statutory EMI homes ongoing and significant challenges in light of the significant recruitment challenges, outdated buildings and falling occupancy levels. For over three years, the Service has struggled to appoint and retain competent registered managers for these homes. As of 31 March 2018, three homes are still without a permanent manager and two are not receiving permanent admissions due to a range of staffing difficulties and an over-dependency on agency and bank staff.</p>		
	<p><b>STAFF RECRUITMENT AND RETENTION ISSUES</b></p> <p>The Service has continued to implement key recommendations of the Social Care Workforce Review. This has involved a significant change to management</p>	<p>The Service and HR have developed a workforce plan to recruit permanently across all grades of staff, as there is an over-dependence on temporary posts within the Service. As part of this process, the Service</p>	<p>Risk assessment in place and reviewed regularly. Risk rating high.</p>

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>structures to achieve professional and line management alignment.</p> <p>The phasing out of the care management role in November 2017 was a complex process and coincided with a number of underlying and situational challenges across the Service, including escalating hospital and domiciliary care pressures and a level of instability across the nursing home sector.</p> <p>The requirement to hold posts for re-deployment opportunities delayed the appointment of team managers to two vacant posts and coincided with a number of retirements. In December 2017, 75% of community social work team manager posts were vacant. This reduced to 50 % in January 2018.</p> <p>Assistant Service Managers are absorbing team manager responsibilities. This situation is not sustainable. The Service has made significant efforts to recruit to these posts but has not achieved stability to date across its middle management structure with attendant impact on the</p>	<p>is undertaking a review of the role and banding of the Band 7 Team Leader post.</p> <p>The Service is holding a Social Worker Job Fair in June 18 to develop a waiting list for Band 5/6 social workers to support stability at a practitioner level</p>	

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
	Service's compliance with its range of assurance requirements.		
	<p><b>HRPTS</b></p> <p>HRPTS continues to place substantial demands on managers' workloads, as they spend lengthy periods undertaking system-related administrative tasks. Completion of system business processes are demanding, exacerbating difficulties with the processing of recruitment and selection documentation. This has been particularly challenging during the reporting period due to changes in Service management structures and the need to amend Organisational Management structures on HRPTS.</p>	The system continues to escalate issues/concerns related to the system	No
	<p><b>CONTINUING HEALTHCARE</b></p> <p>A lack of regional policy and guidance in this area is leading to an escalating number of challenges from the public. This is both distressing for families and frustrating for staff, who continue to have to respond to protracted complaints in relation to this area. Whilst there have been previous</p>	The Trust continues to await the issuing of Departmental guidance following their recent consultation on the matter	No

<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>
	findings set out by the Ombudsman, the Trust is unable to move forward due to the lack of Departmental guidance and direction on this issue. A further case has been referred to the Ombudsman.		



3.8	<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>As previously detailed in 3.5 – 3.7, the Division is experiencing significant recruitment and retention issues.</p> <p>On 31<sup>st</sup> March 2018, there were no vacancy controls in place across the Service.</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 &amp; Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2017/ 18 Charging 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>As part of the Service’s Social Work and Social Care Workforce Review, it has prioritised the reform and modernisation of the role of hospital social workers across acute and specialist settings. The Service’s aims are to modernise and reform the planning, design and delivery of hospital social work services. This involves the operationalising of a more community-facing, outcomes-based service delivery model, predicated on a co-production template, that will focus on supporting service users to remain in their own homes or as close to their own localities as possible after a period of treatment in hospital. This evidence-based recovery model will provide better health and wellbeing outcomes and enhance quality of life experiences for older adults.</p> <p>The establishment of Community Complex Discharge Hubs within acute settings will deliver the centralisation of information and co-ordination of community support services. These Hubs will operate as a gateway to hospital social work and community pathways. This model will enable hospital social workers to outreach into community services’ networks. This will promote continuity of social care and enable older adults to move from hospital to home in a more timely and seamless manner. Accessing of time-bound social care supports informed by social work assessments and reviews of service users in their own homes utilising reablement, rehabilitation and making connections with community support networks will improve the experience of service users.</p> <p>There has been an emphasis on maintaining flow across the hospital system within a functional model of assessment of need predicated on the primacy of progressing discharges. This had adversely impacted on the professional social work role in hospital settings, shifting practice and</p>

	<p>service delivery to transactional, service-led as opposed to user-centric approaches. The complexity of bureaucratic pathways and processes necessary to access services consumed professional time and resulted in significant backlogs in the maintenance and closure of case records. Significant investment in training and re-visiting of core assessment skills and standards are core features of a transformational pathway.</p>
<b>3.11</b>	<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 five core values is to treat everyone with respect and dignity – including colleagues, patients and clients. Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust screens all corporate policies to ensure their compliance with human rights statutory requirements.</p> <p><b>Training</b></p> <p>Mandatory Human Rights training is provided on an on-going basis.</p> <p>The Service works to promote a human rights approach in all social work and social care interventions and service delivery. Documentation has been reviewed and updated on an on-going basis to ensure that consideration of the human rights of service users is inculcated into everyday practice and evidenced in decision making and recording.</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 on-going challenges?
	<p><b>DEPRIVATION OF LIBERTY ISSUES</b></p> <p>The Service continues to be concerned in relation to the human rights issues specific to those adults who lack mental capacity. The Service has highlighted previously its concerns about the absence of a legal framework or regional guidance to support staff in managing these complex issues.</p>	<p>Within this reporting period, the Service has implemented a “Best Interests” toolkit, has held a Service –wide workshop and organised a master class with the Directorate of Legal Services on human rights-based approaches in social work and social care service delivery. The Division has completed in-house training with Senior Practitioners and Team Leaders to disseminate learning from Declaratory Judgement cases focusing on Deprivation of Liberty Issues.</p>	<p>Regional guidance is required in the absence of statutory safeguards</p>
	<p><b>DOMICILIARY CARE</b></p> <p>As has been previously stated, the Service has experienced a particularly challenging Winter period with increasing hospital pressures and domiciliary care shortages. In order to maintain flow through the system, the Division has had to increase its interim bed base. This has resulted in a significant number of people having to await their package of care in an</p>	<p>The Division has implemented a number of controls which have included:</p> <ul style="list-style-type: none"> <li>➤ No service user incurs a cost for a placement whilst awaiting their package of care</li> <li>➤ Social Workers try to identify interim beds that are closest to the person’s home, where possible.</li> </ul>	<p>Ongoing review of domiciliary provision, including the development of an East Belfast Rapid Response pilot to support discharges from hospital and intermediate care.</p>

	<p>intermediate facility when it was their wish to be in their own home.</p>	<ul style="list-style-type: none"> <li>➤ All people in these circumstances have social work and AHP supports whilst awaiting their package of care</li> <li>➤ The Trust has in place systems to monitor lengths-of-stay for those awaiting a package of care.</li> </ul>	
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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><b>Connected Community Care Service</b>  The Connected Community Care Hubs have been operational across Belfast since January 2018. There has been a steady growth in referrals, particularly from GP's, with an expectation of increasing activity as the service "beds down". This is a core part of the Belfast Integrated Care Partnership's development of services for the delivery of chronic disease prevention, management and supports for older people. The overarching vision is the establishment of a single point of access through which GPs, Trust community teams and other health professionals can refer people to community and voluntary services within their local communities. This will also influence and shape the development of community support services and tap into community assets to support people in meaningful ways and to prevent avoidable deterioration.</p> <p><b>Compassionate Care Conference</b>  The Service held a Compassionate Care conference in April 2017 for social work and social care staff working with older people. This was facilitated by Dr David Sheard, Dementia Care Matters and supported by Dr Denise Tanner, Senior Lecturer, University of Birmingham. The conference assisted the Service to reflect upon the culture, behaviours and activities that support the delivery of compassionate and person-focused social work and social care practice.</p> <p><b>Dementia Navigator Service</b>  Dementia Navigators are aligned to Community Hubs. Referrals to the service are increasing with an average referral rate of 45 per month. Feedback from service users has been consistently positive, in particular the provision of timely information and sign posting. The navigators support "Dementia Friendly" community development initiatives. The Service has funded these posts at risk.</p> <p><b>Development of Cullingtree Meadow</b>  Work has progressed significantly on the development of the fourth supported housing scheme for older people living with a dementia, Cullingtree Meadow, which is due to open in late May 2018. This model is in line with the Service's core objective of moving away from the direct provision of outdated residential home models to rights-based support models where there is clear evidence of improved health and social wellbeing outcomes.</p> <p>In addition, the Service has worked with community groups, PHA and other organisations, schools and youth clubs to raise awareness of dementia and to support the development of a dementia-friendly community within the Grosvenor and Lower Falls areas.</p>

	<p><b>Best Interests Toolkit</b></p> <p>The Best Interests Toolkit for Social Workers supports better and more inclusive decision making for people who are unable to consent to social care decisions. The Service developed and implemented the Toolkit as an improvement initiative under the auspices and support of the Regional Social Work Strategy. A masterclass held in June 2017 launched the Toolkit regionally. The Toolkit was awarded second place in the Safety and Excellence category at the Trust's annual Chairman's Awards in November 2017.</p>
<b>3.16</b>	<b>SUMMARY</b>
	<p>This has been a challenging yet progressive year for the Service. The Social Care Workforce Review has achieved key milestones in embedding a culture of improvement, safety and quality as the Service transitions to its shadow Divisional status. The Service will make a pivotal contribution to the vision of a service use and carers-centric, outcomes led, compassionate, caring and dynamic Division underpinned by robust performance and governance frameworks and delivered by a skilled, resilient and engaged workforce.</p>

**OLDER PEOPLES SERVICE**

**DATA RETURNS**

- 1 General Provisions (including Hospital Social Work)
- 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 Training Accountability Report

**OLDER PEOPLES SERVICE  
DATA RETURN 1**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	<b>N/A</b>	<b>4875</b>
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	<b>N/A</b>	<b>3926</b>
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March? This figure includes: <i>a) The Figure for 1.3a</i> <i>b) Total figure for 1.4</i> <i>c) total figure for 5.4 (61)</i> <i>d) intermediate care (64)</i>	<b>N/A</b>	<b>6397</b>
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	<b>N/A</b>	<b>254</b>
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:	<b>N/A</b>	<b>6018</b>
	i. Residential Home Care <i>This includes self-funders/ step down but not interim beds</i>	<b>N/A</b>	<b>565</b>
	ii. Nursing Home Care <i>This includes self-funders/ step down but not interim beds</i>	<b>N/A</b>	<b>1571</b>
	iii. Domiciliary Care Managed	<b>N/A</b>	<b>2887</b>
	iv. Domiciliary Non Care Managed	<b>N/A</b>	<b>886</b>
	v. Supported Living	<b>N/A</b>	<b>109</b>
	vi. Permanent Adult Family Placement	<b>N/A</b>	<b>0</b>
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  The Service's care management function is transitioning to a professional social work workforce base to strengthen compliance with the Care Standards referenced in the Care Management Circular. The Service is implementing Phase 2 of the modernisation process with a particular focus on improving the quality of assessments of need. The operationalising of the CREST service will significantly enhance assurance with regard to care management functions.		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.		



	The Service is cognisant of the need to develop confidence and competence of professional staff in decision-making. It is aware of potential legal challenges to decisions made. The Service works to complete reviews within ten weeks of commencement of a placement, followed by annual reviews for care placements and those in receipt of domiciliary care.		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision-making process, review and care planning.</p> <p>The Service recognises the centrality of users and carers to the development of best practice. Staff are increasingly making use of advocacy services and seeking to support individuals and families through the decision-making processes associated with often life changing circumstances. The Service continues to encourage staff to work in the spirit of the pending capacity legislation, particularly in the area of assisted decision-making.</p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care <i>This figure is for those people registered with the day centre on 31 March 2017</i>		
	- Statutory sector	<b>N/A</b>	<b>725</b>
	- Independent sector	<b>N/A</b>	<b>473</b>
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	<b>N/A</b>	<b>45</b>
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	<b>N/A</b>	<b>183</b>
	- Independent sector - (there are no specifically commissioned EMI places in the independent sector. The service is unable to disaggregate this information)	<b>N/A</b>	
1.8	Unmet need (this is currently under review)	<b>X</b>	<b>X</b>
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>There are a substantial number of people at any given time waiting domiciliary services for which they have been assessed. This pressure has increased at times particularly through 'winter pressures' in hospital sites. On 31<sup>st</sup> March 2018,</p>		<b>434</b>

	<p>434 people were awaiting a care package and this constituted 3088 unmet need hours</p> <p>There remain a small, reducing number of carers on waiting lists for assessment. Staff are working towards a position where a carer's assessment is managed in line with any other referral to the Service Area.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>The dementia navigator service has been developed with non-recurrent funding and currently exists as a cost pressure.</p>		
1.9	<p>How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?</p>		4
1.10	<p><b>Complaints –Analysis of complaints</b></p> <p>There have been high levels of complaints and constituency inquiries in relation to the dissatisfaction of the public regarding delays in accessing domiciliary care. The Service has struggled to manage these complaints within normal timescales, due to the volume of activity and the pressures associated with gaps in the middle management structure.</p> <p>As previously stated the Service has experienced a significant increase in complaints relating to Continuing Healthcare.</p> <p>The Service has strengthened its arrangements for disseminating learning from complaints through local Team and staff meetings, Service-wide reflective practice and learning events including a bespoke Service governance workshop in July 2017, and corporate training programmes.</p>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns..

**OLDER PEOPLES SERVICE  
DATA RETURN 1-HOSPITAL**

<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 period?	<b>40</b>	<b>2920</b>	<b>8646</b>
1.2	Of those reported at 1.1, how many assessments of need were undertaken during the period?  The Service is not able to provide this information, as increasingly Social Workers are undertaking screening for discharge, rather than assessments. The system is currently not able to disaggregate these activities.			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March? <i>NB unable to break figure down by age 1271 is total across all age groups</i>	<b>N/A</b>	<b>N/A</b>	<b>1271</b>

Age is at date of referral for 1.1 and 1.2

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

**OLDER PEOPLES SERVICE  
DATA RETURN 2**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>N/A</b>	<b>N/A</b>
2.2	Number of adults known to the Programme of Care who are:		
	Blind	<b>N/A</b>	<b>410</b>
	Partially sighted	<b>N/A</b>	<b>219</b>
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	<b>N/A</b>	<b>56</b>
	Deaf without speech	<b>N/A</b>	<b>29</b>
	Hard of hearing	<b>N/A</b>	<b>1928</b>
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	<b>N/A</b>	<b>145</b>

These figures represent all people aged 65 and over. However, the Service is not able to disaggregate from the register those people who may have a Learning Disability.

**OLDER PEOPLES SERVICE  
DATA RETURN 3**

<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.	N/A
	Number of Disabled people known as at 31 <sup>st</sup> March.	N/A
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	N/A
3.3	This is intentionally blank	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	N/A

**OLDER PEOPLES SERVICE  
DATA RETURN 4**

<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>7</b>
	Total expenditure for the above payments	<b>£138.59</b>
4.2	Number of TRUST FUNDED people in residential care <b>Figure relates to those in residential care on 31 March 17 (including step down but not interim-does not include self-funders)</b>	<b>427</b>
4.3	Number of TRUST FUNDED people in nursing care <b>Figure relates to those in nursing care on 31 March 17 (incl step down but not interim) (does not include self funders)</b>	<b>1033</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>538</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	<b>6</b>

**OLDER PEOPLES SERVICE  
DATA RETURN 5**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	N/A	732	1179
5.2	Number of adult individual carers assessments undertaken during the period. (This includes re-assessments).	N/A	311	382
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	N/A	N/A	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March The Service Area is unable to accurately report this figure as cleansing of information has revealed flaws in current reporting in CSW. Only reporting that which has been validated by service areas	N/A	N/A	61
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments undertaken during the period.	0		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	0		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	64		
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	64		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	141		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0		
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	29		
5.11	Number of one off Carers Grants made in-year.	402		

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

**Commentary**

The Division continues to operate a small waiting list for carers assessments. The Division is confident that the increase in professionally qualified staff will continue to benefit carers in relation to both timely assessments and the number of referrals and assessments which the Division will be able to manage. The Division is mindful that, with the renewed emphasis in the Revised Adult Safeguarding Policy on risk reduction, earlier intervention and provision of supports to carers are central to the ongoing care planning, assessment and review processes.

**OLDER PEOPLES SERVICE  
DATA RETURN 6**

**6 SAFEGUARDING ADULTS**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN THE ADULT SAFEGUARDING REPORT**

**OLDER PEOPLES SERVICE AREA  
DATA RETURN 7**

**7 SOCIAL WORK STAFF**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED AT YEAR END 31<sup>ST</sup> DECEMBER**

**OLDER PEOPLES SERVICE  
DATA RETURN 8**

**8 ASSESSED YEAR IN EMPLOYMENT**

**TRUST-WIDE RETURN SUBMITTED BY TRUST SOCIAL SERVICES LEARNING  
AND DEVELOPMENT SERVICE IN SEPARATE REPORT**

<b>OLDER PEPOLES SERVICE DATA 9 MENTAL HEALTH (NI) ORDER RETURN</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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	<b>37</b>	Reported by RESW
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>26</b>	Reported by RESW
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>0</b>	Reported by RESW
	Requests for second ASW inputs have remained low both at Service and Trust-wide levels.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>0</b>	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge?  Appropriate involvement of the nearest relative in planning for discharge is a core aspect of practice. The Service takes all practicable steps to inform the nearest relative seven days prior to discharge.		
<b>Use of Doctors Holding Powers (Article 7)</b>			
9.2	How many times did a hospital doctor use holding powers?	<b>26</b>	
9.2a	Of these, how many resulted in an application being made?	<b>19</b>	
<b>ASW Applicant reports</b>			
9.3	Number of ASW applicant reports completed	<b>37</b>	
9.3.a	How many of these were completed within 5 working days	<b>32</b>	
	There continues to be significant challenges in relation to ASW's and this has arisen due to ongoing work pressures. This trend will be reported in the Mental Health Service Area report		
<b>Social Circumstances Reports (Article 5.6)</b>			
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation</i>	<b>0</b>	
9.4.a	Number of completed reports which were completed within 14 days	<b>0</b>	
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>		



9.5	Number of applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	0	0	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>					
<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>						
<b>Guardianships (Article 18)</b>						
9.6	Number of Guardianships in place in Trust at period end					1
9.6.a	New applications for Guardianship during period (Article 19(1))					0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))					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 period (Article 22 (1))					0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)					1
9.6.f	Number of Guardianships accepted by a nominated other person					0
9.6.g	Number of MHR hearings in respect of people in Guardianship					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	1	1	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other					
	<b>Total</b>	1	1	0	0	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24) )					
	Discharges as a result of an agreed multi-disciplinary care plan					0
	Lapsed					0
	Discharged by MHRT					0
	Discharged by Nearest Relative					0
	<b>Total</b>					0
<i>Comment on any trends or issues in respect of Guardianship.</i>						
Mental Health Review Tribunals are recommending on a consistent basis that the Trust seek Declaratory Judgements from the High Court giving approval to any Deprivation of Liberty related to the provision of services to a service user without capacity. In such						

	situations, the Tribunal is adjourning review hearings pending the outcome of the Declaratory Judgement process.	
<b>Approved Social Worker (ASW) Register</b>		
The Trust takes a corporate approach to the management of the ASW Register. The Mental Health Service provides the management lead for ASW Daytime Rota and related professional, organisational and logistical matters, including the corporate ASW Register.		
9.7	Number of newly appointed Approved Social Workers during period	N/A
9.7.a	Number of Approved Social Workers removed during period	N/A
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	N/A
	<b>Corporate Commentary</b> <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so, please provide detailed explanation for each and every instance including their age and relevant powers used.  <b>NO</b>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection (OCP) under Article 107?  The Service cannot accurately report this figure. It is presently exploring an IT solution to collate this data.	We cannot accurately report
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i>  The circumstances of those service users who have no capacity to manage and have no family to assist in the management of their finances continues to present difficulties for the Service.  The Service is no longer able to manage the financial affairs of service users, as per the direction of the OCP. The cost of appointing a professional controller is £1000 per year, which is a significant additional expense for service users. Staff who assist service users could be open to allegations of misappropriation of service users' funds. The Trust is currently developing a <i>Community Financial Support Policy</i> to support staff in this area of work.  The Service has had to fund costs associated with private mental capacity assessments in relation to financial management in the context of a regional contractual dispute between medical staff and the respective Trusts.  The Service has continued to engage with the OCP which facilitated a "Question and Answer" session for staff during the reporting period.	

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. Article 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 9.10 how many have their treatment required as:	
	Treatment as an in-patient	<b>N/A</b>
	Treatment as an out patient	<b>N/A</b>
	Treatment by a specified medical practitioner.	<b>N/A</b>
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	<b>N/A</b>
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	<b>N/A</b>

**3 PHYSICAL AND SENSORY DISABILITIES SERVICE (PS&D)**

**GENERAL NARRATIVE**

<p><b>3.1</b></p>	<p><b>Named Officer responsible for professional Social Work</b></p>
	<p>During the reporting period, Ms Bernie Kelly, Service Manager, has discharged the role of Associate Director of Social Work in Physical and Sensory Disability Services.</p> <p>As part of the Trust’s phased implementation of a Collective Leadership model, the OPS and PS&amp;D Services (PS&amp;D) have assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The postholder has had responsibility for professional issues pertaining to the social work and social care workforce within the PS&amp;D Service. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The postholder has been responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership of the social care workforce within the Service.</li> <li>➤ The establishment of structures within the Service to provide assurance to the Executive Director on the discharge of statutory functions.</li> <li>➤ As part of the Directorate’s senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery.</li> <li>➤ The collation and assurance of the Service’s Interim and Annual Statutory Functions Reports</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce</li> <li>➤ Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities.</li> <li>➤ Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions by the Service’s social care workforce runs from the individual practitioner through the Divisional line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Associate Director has assured the PS&amp;D Service’s Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>

<p>3.2</p>	<p>Supervision arrangements for social workers</p> <p><b><i>Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements.</i></b></p> <p><b>Assessed Year in Employment</b>                  The Service Area currently has four social workers undergoing their Assessed Year in Employment (AYE). All of these social workers work within the Physical Health and Disability fieldwork Teams. These staff have restricted caseloads and receive professional supervision in line with the prescribed regulatory requirements.</p> <p><b>Supervision</b>                  All staff have access to regular supervision and there is generally high compliance with the Trust’s supervision policy for adult services. The Service continues to submit exception returns on a monthly basis to monitor its ongoing compliance with the delivery of professional social work supervision. The eleven regulated day care services are inspected by RQIA. The inspectorial process addresses compliance with supervision standards.</p> <p>In addition to staff having access to formal and informal supervision, they participate in annual Staff Development Reviews. They have access to facilitated learning events and reflective practice groups. These include Investigating Officers, Designated Officers and Achieving Best Evidence practice development and support fora.</p> <p><b>Caseload Weighting Arrangements</b>                  As reported last year, social work staff in one of the Physical Disability Teams participated in the regional workload management pilot. Whilst this was a useful learning experience, the Service concluded that the caseload-weighting pilot did not evidence improved service delivery outcomes nor provide supports to staff to address caseload management pressures. The Service utilises supervision as an opportunity to review the supervisee’s caseload and to determine allocation of work.</p>
<p>3.3</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>Duty Referral and Allocation Procedure/Process</b>                  The Service’s Duty, Referral and Allocation Procedures (informed by the Regional Sensory Support Services Guidelines and Procedures) details its referral and allocation pathway and related workforce roles and responsibilities. Day care services’ compliance with service delivery standards is monitored as part of RQIA’s inspection processes.</p> <p><b>Domiciliary Care Provision</b>                  There are significant challenges in respect of domiciliary care provision detailed in sections 3.5/3.6 and 3.7. The Trust stood down its engagement with the procurement exercise in a bid to stabilise service delivery capacity and to manage demand levels across the Winter months. The Service has participated</p>

in Trust meetings with key stakeholders and providers to reflect on the short and longer-term challenges and to identify remedial measures.

**Community Brain Injury Team (CBIT)**

The Community Brain Injury Team continues to work closely with other professionals within the Trust and relevant statutory, voluntary and community organisations in order to progress the twenty-three recommendations made by the RQIA Review of Brain Injury Services in NI (2015).

The Acquired Brain Injury (ABI) Service User and Carer Forum has recently reviewed its remit. It has adopted a new “brand name” as the “Acquired Brain Injury Alliance” (ABIA) and revised vision and mission statement, drawing representatives from service users and carers across Belfast. The ABIA is determined to progress and profile a strong service user and carer voice through its involvement in co-produced service development initiatives carried forward under the Trust’s PPI structures. The Third Sector have positively welcomed this engagement opportunity.

The CBIT has worked collaboratively with Headway and Reconnect on behalf of ABIA in reviewing and updating information for people with acquired brain injury, their families and carers. The outcomes of this HSCB-commissioned collaborative will be launched during Brain Injury Week in May 2018.

During this reporting period, the CBIT again breached the 13-week maximum waiting time from referral to assessment and treatment on two occasions. Breaches have occurred due to workload pressures, ongoing recruitment difficulties and long-term staff sick leave within CBIT. There were periods throughout this reporting period when CBIT had no dedicated social work resource. Physical health and Disability Teams prioritised initial assessments to support the service during these periods.

To promote more timely responses to referrals and to ensure the effectiveness of service provision, the CBIT staff have undertaken a number of small-scale quality improvement initiatives, including a review of the operational policy; re-design of the referral and initial assessment processes; and establishment of weekly assessment clinics.

The HSCB has provided Investment funding to create a Community Link Worker post. The worker, employed by the Third Sector and located within the CBIT, will work in partnership with community, voluntary, statutory and independent sector organisations to provide access to a wide range of community based services and opportunities in the areas of education, training, volunteering, employment, leisure, recreation and arts to promote the needs of people with acquired brain injury. Staff within CBIT will support the postholder in their work to address cognitive, emotional, and behavioural issues within a functional social context.

During the next reporting period, the CBIT in conjunction with the Community Link Worker will implement the Bridges Self-Management Approach to rehabilitation, focussing on its social aspects in order to improve individuals’ health and wellbeing.

**Day Care Services**

Since November 2016, the Service has had responsibility for seven Older Peoples Day Centres. It now manages a total of eleven-day care facilities across OPS and P&SD. The Service has commenced work to standardise administrative, performance, business and governance arrangements as integral to its overarching focus on the development of a shadow Divisional day care network.

The Service has realigned and standardised the referral process. Implementation of a Day Care Panel has contributed to the Service's understanding of need and demand across OPS and P&SD.

The Service is currently reviewing the transport provision for day care. The aim of this project is to streamline and make effective use of transport resources to ensure each service user benefits from a quality day care experience. The project will consist of key stakeholders working collaboratively to ensure a positive, professional transport service for service users.

In order to meet the requirements of RQIA Minimum Standards and data protection requirements, a group is reviewing day care records management.

During the reporting period, a Regional Adult Dysphagia Regional Working Group was established with representation from each of the Trusts. Three workstreams are reviewing the following areas: Awareness; Identification; and Assessment and Management. A Service nominee is sitting on the Identification Group.

**Community Access**

Community Access offers opportunities and alternatives to traditional day care for service users with a physical or sensory disability. The Service has continued to establish strong links with other statutory, independent and third sector organisations and agencies to develop the growth of opportunities in the areas of recreation, volunteering, education and employment. There are ongoing challenges for service users with a physical or sensory disability with regard to accessing such opportunities in community settings.

Service users with complex needs are able to access meaningful and enriching social activities and services, not otherwise available to them in a community setting, in day care provision. Access to such services and activities is crucial emotional and physical wellbeing and to sustaining their remaining within their homes and localities.

**Sensory Support**

As referenced in last year's report, the Regional Sensory Implementation Group (RSIG) has continued to implement the actions detailed in the Regional Physical and Sensory Disability Strategy.

The public consultation on the provision of communication support services for people who are profoundly deaf/hard of hearing concluded in November 2016. The HSCB took forward the implementation of the Regional Communication

Support Service (RCSS) in May 2017, the key vehicle for driving forward the principal actions detailed in the Strategy.

The Sensory Support Team has continued to operationalise the recommendations of the Deafblind Needs Analysis Review. Staff have completed requisite training. Profiling of the incidence, levels of needs and workforce training requirements across other Trust services is progressing. Two staff have completed the Diploma in Deafblind Studies and they have a specialist role within the Team in completing deafblind assessments. They provide support and education to colleagues in the assessment and delivery of effective programmes of care for deafblind service users.

Two staff have completed training in counselling skills and tinnitus care and delivered a tinnitus management programme for service users. The Service A has developed a tinnitus support group for service users and carers, in partnership with the British Tinnitus Association. The Service has also worked in partnership with Action on Hearing Loss to deliver tinnitus management programmes, awareness raising events and one-to-one supports to service users.

A Team member delivers courses in lip reading for hard of hearing service users throughout the year. The Service Area has noted that demand for this provision has reduced and feels that there is adequate resource in place at present to meet potential need.

Sustainability of qualified Rehabilitation Workers for blind and partially sighted people remains a concern.

The Service is currently reviewing its compliance with procurement legislation for the ordering of specialist sensory equipment. Representatives from the Service are meeting regularly with other Trusts, the HSCB and BSO to ensure cost effective and equitable provision of sensory equipment.

### **Self-Directed Support (SDS)**

With regard to structures in the Trust for the implementation of SDS, the Trust's Director of Adult Social and Primary Care chairs the SDS Steering Group. The SDS Implementation Group has representation from service users, carers, voluntary sector and Trust Directorates. There is also an SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Implementation Officer (TIO).

The Trust has adopted a co-production approach to SDS training, which involves service user and carers in the planning and delivery of training events. Their lived experience and contribution is an important dimension to the learning of staff. A quarterly SDS reflective practice group has helped to embed the SDS ethos and practice skills across the social care workforce.

The operationalising of Resource Allocation Panels across three service areas, including PS&D, has contributed to consistency of allocation of resources to service users and carers.



**ASCOT (Adult Social Care Outcomes Tool)**

The Department of Health advised in January 2015 that the Adult Social Care Outcomes Toolkit (ASCOT) would be the tool adopted by all Trusts moving forward to collate and analyse qualitative service user data. Implementation of the ASCOT model in adult social care services was included in the Programme for Government and Departmental Business Plan during the reporting period.

PS&D commenced ASCOT Implementation in 2018. Other services are presently taking forward their respective implementation plans.

**Carers**

Following the implementation of the Trust Carers Strategy '*Caring Together in Belfast 2017-2020*', the Service has been working to progress key actions which include the following:

- Reaching Carers of all ages: Communicating with and Involving Carers by reviewing and updating our carers' database and sharing updated information packs and activity programmes. The Service has also lead on the development of a carer guide for self-directed support, which will be available in the next reporting period.
- Development of Carer Support Pathways: During this reporting period - development of a finance and evaluation framework for carer services and provision of a carer support activities guide.  
Development of a carer referral pathway for day care services, which aims to ensure the identification of all cares and the offer of an assessment of their needs.
- The Service has supported carer health and wellbeing services and initiatives including bespoke information sessions; group activities, "relaxation days"; evening events; and ongoing provision of carer therapies and grants; and promotion of direct payments uptake. A significant number of carers receive indirect supports through service users accessing day care opportunities, domiciliary supports and residential short breaks.

The Service has continued to deliver the Cathos model-to profile the role and needs of carers for people with physical and sensory disabilities by listening to, collating and engaging them in the planning, development and review of services. The Service continues to ensure that each team has a staff member with a designated responsibility to progress carer engagement and ensure effective communication with and on behalf of carers.

The Trust Carer Co-ordinator, who has an integral, advisory role within the Service, provides carer awareness training as part of the induction programme for new staff and carer assessment and support planning training to staff carrying out carer assessments to develop best practice and outcomes for carers.

During the reporting period, the number of carers assessments undertaken has risen by 14%.

**PARIS**

As previously reported, the community information system (PARIS) is now operational across the Service. Following the implementation of a business support unit in OPS and P&SD, data collation and information has improved significantly. The range and quality of data reporting has improved and its potential to contribute to performance, service improvement and governance is evident.

**Generic Reviews, Audits and Evaluations**

The Service continues to audit and review service delivery to consolidate and improve practice. Team leaders carry out random case file audits during each supervision session. Assistant Service Managers quality assure compliance with supervision standards.

The Service's governance arrangements are integrated with the Directorate and corporate governance arrangements. The Service Manager chairs Service Governance Meetings, supported by the Service's Governance Lead, to review the management of risks and key themes and trends, identify and disseminate learning and assure compliance with governance reporting requirements.

The Service has participated in one Serious Adverse Incident investigation during the reporting period. The draft investigation report identified a number of generic learning points. There were no Service –specific recommendations.

**Contracts with the Voluntary Sector**

Managerial staff monitor all contracts. Key staff hold regular meetings with providers throughout the year to review performance against contracted volumes, quality of service and value for money.

During the reporting period, there was agreement with providers to end two small contracts. The Service is working with the HSCB regarding concerns about one jointly funded contract and has taken a number of steps to address concerns identified.

**Contracts with Independent Domiciliary Care Organisations**

The Service meets with all commissioned providers at least annually to ensure value for money through a qualitative and quantitative scrutiny process. As previously noted, during this reporting period the Service has also actively participated in Trust meetings with domiciliary care providers to determine how best to meet the increasing demands on this service in light of providers' limited capacity.

**Contracts with Independent Residential/Nursing/Supported Living Organisations**

The Service continues its negotiations, along with Contracts personnel, independent nursing and supported living providers regarding re-configuration/extending provision to include service users with Alcohol Related Brain Damage (ARBD) and brain injury/complex needs. (Please refer to section 3.5 and 3.6 for further details).

**Reflective Practice Groups**

	<p>The Service has continued to promote a peer support model within individual teams, service management groups and social work fora. These groups are invaluable in terms of communicating and discussing lessons learned from research and considering implications for practice.</p>
3.4	<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>NISCC</b>  The Service is compliant with regulatory requirements in relation to the registration of the social work and social care workforce. The Service promotes and facilitates staff access to training and other learning opportunities so that they are able to complete their NISCC /PRTL re-registration requirements.</p> <p><b>RQIA</b>  Day Care services continue to be compliant with the RQIA standards and are subject to ongoing inspection and monitoring. The Service also ensures effective communication and engagement with RQIA in all matters pertaining to the delivery of regulated services.</p> <p><b>The Physical and Sensory Disability Strategy 2012-2015</b>  The Service has representation on two of the Strategy's workstreams, one focusing on sensory (RSIG) and the other on physical disability (SILIT). These workstreams are scheduled to conclude in September 2018.</p> <p><b>Community Emergency Response Team (CERT)</b>  The commitment of the Trust to ongoing participation in the Belfast Emergency Preparedness Group is of central importance in sustaining its effectiveness. Membership of the Group is drawn from the PSNI, Ambulance Service, Fire and Rescue Service, Belfast City Council (BCC) and key voluntary and charitable organisations.</p> <p>Responsibility for responding to critical incidents in community settings rests with the Community Development Team during daytime hours and the Adult Social and Primary Care Out-of-Hours Rota. The Service Manager in P&amp;SD acts as Co-Ordinator of the Trust Community Emergency Response Team (CERT) during a declared major incident in the community.</p> <p>The Trust responded to six critical incidents, which required a multi-agency response during the reporting period. Additionally, relevant Trust staff attended two multi-agency training exercises-one exercise organised by the Belfast Emergency Preparedness Group and one Regional Mass Casualty Plan testing event.</p> <p><b>Syrian Refugees</b>  The UK Government introduced the Vulnerable Persons Resettlement Scheme in early 2014 to provide a safe and legal route for groups of Syrian refugees to</p>

travel to the UK. In September 2015, this scheme was extended to include a provision to settle up to 20,000 Syrian refugees in the UK by May 2020.

The Service actively participates in the Syrian Refugee Planning Group, which comprises representatives from other relevant service within the Trust. The group meets on a regular basis to plan for the arrival of each group of Syrian refugees. Information provided by the Immigration Service enables staff to prepare for the needs of the refugees prior to their arrival. It facilitates the opportunity to liaise with other Trusts, as many of the families do not remain in the Belfast area.

The Sensory Support Team has a lead role in assessing the needs of refugees with sight and hearing loss. Together with staff from the Physical Health and Disability Teams and other Trust staff from a range of services, they provide supports the Welcome Centres to families and individuals following their arrivals.

**PSNI**

The Service engages with the PSNI on an ongoing basis across a number of service delivery settings including adult safeguarding.

**MARAC and PPANI**

The Service Area continues to participate as appropriate in local MARAC and PPANI Panels.

**Office of Care and Protection**

The Service continues to engage with the Office of Care and Protection in relation to supporting service users manage their financial affairs.

**Judicial Reviews and Significant Court Judgements**

The Service has not engaged in any Judicial Reviews or a party to significant Court judgements during the reporting period. It takes full cognisance of any significant judgements or rulings that have implications for practice.

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
1.	<p><b>Lack of private provider capacity</b></p> <p>Lack of capacity across the independent provider sector remains a significant area of concern. With regard to domiciliary care, providers are frequently unable to secure new packages resulting in delays to service provision with attendant impacts on service users and carers.</p> <p>Providers report that they are unable to recruit to and retain their workforce due to low pay and poor recognition for the role they undertake.</p> <p>Care providers report that, because of the complexity of needs presented by service users, they face particular challenges in providing packages of care.</p> <p>Lack of appropriate domiciliary care capacity impacts across the whole system with adverse implications for hospital discharges and Service performance.</p>	<p>The Service continues to put in place a range of measures to respond to these difficulties including the promotion of Direct Payments uptake and supports to families to enable them to provide assistance with personal care tasks on an interim basis. Service staff complete risk assessments and ongoing reviews in all situations in which the providers are unable to provide care packages.</p> <p>The Service Area participates in twice-weekly conference calls to identify those most in need and to prioritise package availability.</p> <p>The Trust has commenced pilots with a small number of providers in those areas where there are the most significant challenges and risks.</p>	<p>Issues pertaining to the lack of providers are on the Service Risk Register and categorised as High.</p>

<p>2.</p>	<p><b>Appropriate Accommodation for service users with complex needs</b></p> <p>As previously reported, the Service continues to struggle to source appropriate accommodation and placements for service users with complex needs, particularly those with Huntington’s disease, bariatric care, brain injury and Alcohol Related Brain Injury (ARBD).</p> <p>These service users are generally placed in generic residential and nursing facilities and staff can often lack the specialist skills and knowledge required to manage their care needs. This can result in additional spend to procure one-to-one supervision to reduce risks to service users.</p> <p>The Service continues to receive the majority of referrals for service users who have a diagnosis of ARBD and notes that there is significant spend required to meet the needs of this service user group.</p> <p>This situation has been exacerbated by difficulties and related costs in securing capacity assessments as a result of a contractual dispute between medical staff and the Trusts.</p>	<p>The Service is pleased to report that it has secured the registration of a re-configured nursing home as an acquired brain injury unit. The facility has employed additional staff and provided specialist training to enable them meet the needs of this complex group. Initial feedback from stakeholders about the performance of the unit is positive.</p> <p>In addition, the Service in partnership with a voluntary organisation and West Belfast Housing Association, have secured agreement to the reconfiguration and registration of a building in West Belfast into a residential rehabilitation unit for people with ARBD. This unit will open towards the end of 2018.</p> <p>The Service contributed to a recent report launched by the Royal College of Psychiatrists “<i>Alcohol-Related Brain Damage in Northern Ireland. Treatment not Just Care</i>” which highlights the needs of this cohort of service users and identifies a number of recommendations for improving services.</p>	<p>Issues pertaining to the lack of appropriate accommodation for service users are on the Service Area Risk Register and are categorised as Low.</p>
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	<p>Whilst there have been positive developments in securing accommodation, for this group of service users, the Service would wish to highlight that, in many instances, accommodation charges are with substantial budgetary implications for the Service.</p>		
<p>3.</p>	<p><b>Self-Directed Support SDS)</b></p> <p>A Departmental performance indicator requires that <i>'By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified'</i>.</p> <p>The Trust has now exceeded the target in 201/2018 by 6.3%. (This includes direct payments under SDS). As at 31 March 2018, there were 856 service users and carers in receipt of SDS within the Trust. The Service has case management responsibility for is pleased to report that we</p>	<p>The Trust has both SDS Steering and Implementation Groups with service user and carer representation to deliver the effective implementation of SDS.</p> <p>The Trust continues to work internally and with colleagues across the region to develop SDS. One of the key measures of SDS is the number of clients and carers in receipt of Direct Payments.</p> <p>Engagement with provider organisations is ongoing to ensure that the full range of options under SDS are available, in particular Trust managed budgets. The HSCB are currently refining the specification for managed budgets with DLS. The HSCB will work in partnership with the Centre for Independent Living to compile a directory of organisations willing to work within the</p>	<p>There is a separate risk register for Self-Directed Support, as requested by HSCB.</p>

	<p>hold 405 of these cases, over 50% of the total figure.</p> <p>All Services are now engaged in the implementation of SDS and are working under the SDS Framework in respect of all new referrals. A number of Services are also applying the SDS framework to new referrals and reviews.</p> <p>As previously, reported, PARIS does not support SDS implementation or the collection of data for the mandatory SDS returns to HSCB.</p>	<p>framework of SDS, in particular managed budgets.</p> <p>The Learning and Development Service report that staff continue to attend training from across Service to support implementation of SDS. To date, 1597 staff throughout the Trust have completed training at various SDS levels.</p> <p>A manual SDS data collection return, developed by the SDS Implementation Officer, is now operational across all adult community services. The longer-term plan is for a PARIS report to be available to complete the HSCB returns.</p>	
<p>4.</p>	<p><b>Acquired Brain Injury</b></p> <p>There continues to be difficulties for the Community Brain Injury Team (CBIT) in providing home-based support packages for service users with prolonged disorders of consciousness (PDOC). These service users are potentially vulnerable, have complex and specialist requirements and present as challenging, particularly for non-family carers. There are difficulties in recruiting and retaining of suitably trained staff.</p>	<p>All previous actions continue- to ensure care arrangements are subject to risk assessment and review and are adequately supported by social work and care management staff.</p>	<p>This is not on the Risk Register at present.</p>



	<p>A number of service users have been being discharged from acute hospital settings to the CBIT The Service does not have the staffing resources, skills or facilities to fully manage their complex needs. These service users are potentially very vulnerable and require high levels of ongoing supports.</p>		
<p>5.</p>	<p><b>Workforce Recruitment and Retention</b></p> <p>The Service continues to experience staff vacancies due to retirements, maternity and sick leave. Experience to date has demonstrated that recruiting and sustaining a stable workforce with the requisite skills and knowledge base is a substantial challenge.</p> <p>This is especially the case for specialist staff such as Rehabilitation Workers for the Blind. Previously the Trust put remedial measures in place by employing trainee workers to undertake a two-year training course in Birmingham. However, due to the limited number of rehabilitation workers in Northern Ireland, other Trusts will often employ the trainees once they are qualified.</p>	<p>Ongoing actions to manage this issue include; concerted efforts to navigate scrutiny, Trust re-deployment and Shared Services processes as expeditiously as possible; robust incorporating screening and regular review of referrals; and optimising of capacity within the Service through caseload management framework. The Service has had to recruit an increasing number of agency social work staff to ensure the safe discharge of statutory functions.</p>	<p>Issues pertaining to recruitment are on the Service Area Risk Register and is categorised as High.</p>

	<p>CBIT also experience difficulty recruiting and retaining Psychologists due to a dearth of appropriately qualified psychologists within NI.</p>		
<p>6.</p>	<p><b>Adult Safeguarding</b></p> <p>Issues pertaining to adult safeguarding are referenced in the Annual Adult Safeguarding Report.</p>	<p>Please refer to the Adult Safeguarding Report, which outlines a summary of the challenges and measures put in place to address same.</p>	<p>Issues pertaining to Adult Safeguarding are on the Trust Risk Register and categorised as Low.</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><b>Workforce issues including recruitment and retention</b></p> <p>At a Directorate-level, there are robust vacancy control systems in place. All vacancies are scrutinised to ensure that recruitment to a vacant post is necessary. Any vacancy must be approved by an internal Directorate Scrutiny Process and endorsed by the Directors of HR and Finance before recruitment of new staff can be progressed.</p> <p>Occasional significant difficulties and delays across HR recruitment processes remain an area of concern, in particular along the interfaces with Shared Services.</p> <p>As at 31 March, there were three social work vacancies within the Physical Health and Disability Teams. In addition to retirements and promotions, the Service also has temporary vacancies due to sickness and maternity leave. This has led to an increase in the Service's use of agency staff to ensure the safe discharge of statutory functions. There are currently three agency social workers recruited to the Physical Health and Disability Teams.</p> <p>CBIT has had difficulties during the reporting period in recruiting and retaining Psychologists due to a dearth of appropriately qualified psychologists within NI. However, the Team has, successfully recruited a Clinical Lead who is a Neuro-Clinical Psychologist. A Senior and Band 6 Occupational Therapist were appointed and commenced posts in June 2017.</p> <p>During this reporting period, the Consultant in Rehabilitation Medicine retired from RABIU and the post remains vacant. This has adversely impacted on the Service Area as the post holder provided monthly consultation on cases to the CBIT.</p> <p>Recruiting and retaining Rehabilitation Workers for blind and partially sighted people continues to be a challenge regionally due to the limited number of qualified staff available. During this reporting period, two trainees commenced training in England. One trainee is expected to complete training in July 2018, however one qualified worker in a substantive Trust post has taken up post in another Trust area. In addition, there are currently two vacancies for assistant rehabilitation posts.</p> <p><b>Flexible Working Arrangements</b></p> <p>The Service facilitates flexible working and promotes family/carer friendly arrangements to accommodate staff needs where possible via part-time, flexi-hours, compressed hours and term-time options. The Service regularly reviews these arrangements to ensure service delivery is not adversely affected.</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 and Nursing Homes Charging</b> -The Trust has adhered to the relevant DoH Guidance in this area- Charging for Residential Accommodation Guide (CRAG) March 2017.</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 has no operational management responsibility for social work staff in designated hospitals.</p> <p>The Sensory Support service provides 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 remains committed to incorporating human rights considerations into all aspects of its work. Staff work with service users and stakeholders to support, promote and uphold the UN Convention of the Rights of People with Disabilities. The Service’s human rights based service delivery approach is located in a recognition of the intrinsic rights of people with disabilities to respect and dignity. It seeks to enable service users to exercise as much autonomy as possible in making choices about the delivery of services to support them; to optimise their abilities and contributions to society; and to have the opportunities to enjoy purposeful and fulfilling lives. Human Rights are integral to social work values and practice.</p> <p>All Trust policies are screened to ensure compliance with Equality and Human Rights considerations. Trust staff are supported to attend mandatory and additional equality training. Social workers document their consideration of human rights obligations in all interventions, which involve the exercise of statutory authority, including safeguarding, risk assessment and management, “Best Interests” decision-making and care planning processes.</p> <p>The Service works within a co-production ethos predicated on purposeful and meaningful participation and partnership with service users and carers and fully respecting of their integrity and rights.</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 On-going challenges?
	<p><b>Adult Safeguarding</b>                      The balancing of the rights of a service user right to privacy with concerns about their vulnerability and capacity to protect themselves.</p> <p>Particular challenges arise in those circumstances in which a service user trafficked or exploited is reluctant to engage in safeguarding processes.</p>	<p>Adult safeguarding training seeks to address the dilemmas inherent in the proportionate exercise of statutory powers to safeguard the welfare of vulnerable adults while respecting their intrinsic rights to choose whether to engage with safeguarding processes.</p> <p>In completing risk assessments and protection plans, social work staff record their balancing of human rights considerations in their decision-making.</p>	<p>All ongoing</p>
	<p><b>Deprivation of Liberty</b>                      This is an ongoing and significant challenge for staff within the Service when they are required to balance the statutory duty to promote the safeguarding of vulnerable service users while affirming the importance of their right to self-determination and the exercise of informed choice.</p> <p>As noted previously, the absence of a statutory framework to inform decision making in those circumstances in which a service user is incapacitous present</p>	<p>As above.</p> <p>The operationalising of robust oversight and professional governance arrangements to monitor the quality of practice and service delivery in this crucial area.</p> <p>An ongoing focus on the quality of risk assessment and review processes to inform balanced and proportionate decision-making.</p>	<p>All ongoing</p>

	<p>substantial challenges in delivering safe, compassionate and person centred care. There is a pressing need to progress the implementation of the Mental Capacity legislation to establish a coherent statutory basis to inform practice in those circumstances in which deprivation of liberty is necessary to secure a vulnerable individuals safety and wellbeing.</p>	<p>A continued focus on multi-disciplinary engagement and co-ordinated decision-making within a “best Interests” framework.</p> <p>Consultation and engagement with extended family and carers as appropriate.</p>	
	<p><b>Service Users with capacity who are non-compliant with Care Plans</b></p> <p>Service users deemed to have capacity to make their own informed choices and decisions about their care needs and who choose not to comply with their care plans. In these circumstances, staff are required to balance the risk of harm associated with the individual’s non-compliance with an individual’s right to self-determination.</p>	<p>Staff complete risk assessments with service users, their families and advocates as appropriate and promote a transparent and open engagement to ensure the weighting of human rights considerations.</p> <p>As above</p>	<p>All ongoing</p>
	<p><b>Acquired Brain Injury</b></p> <p>Service users with ABI cared for at home require specialist supports. Their care requirements can present particular challenges - recruitment and retention of suitably trained staff to manage their complex needs; major adaptations to accommodation; provision of suitable</p>	<p>As above</p>	<p>All ongoing</p>

	<p>respite; and provision of tailored supports to carers</p> <p>The role of consulting with family and friends in providing information to help determine the best interests of a service user who lacks capacity is demanding and complex in the context of individual expectations and perceptions, personal stressors, resilience and demands.</p>		
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<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>Notwithstanding the challenges of the overarching service delivery context, the Service has retained its focus on quality, safety and improvement in the delivery of services. Staff are committed to meaningful co--production and partnership working with service users, carers and other stakeholders in promoting a rights-based approach to the planning, provision and review of services and supports.</p> <p>Efforts are ongoing to develop specialist services for those with particularly complex physical and mental health needs through the enhancement of the workforce's skills and knowledge base and engagement with other services to promote seamless service pathways across professional and organisational interfaces. A recent report from the Royal College of Psychiatrists commended the Service for its work with ARBD service users, despite the acknowledged gaps in service provision for this cohort.</p> <p>The Service has lead responsibility for the promotion and co-ordination of the key themes underpinning the Trust's carers Strategy. It strives to promote awareness of carers' needs and to improve services and supports to carers across Trust community and acute settings. The Carers Strategy affirms the pivotal contribution of carers as partners, while reinforcing the need to develop bespoke, flexible supports and services to meet their collective and individual needs. Co-production, partnership, engagement, communication, listening and learning from carers' experiences, are central to the realisation of the Strategy's vision and ambition.</p> <p>The Service also has lead responsibility for the "rolling" implementation of Self-Directed Support (SDS) in the Trust. The Service has consistently led on the personalisation agenda and has promoted a culture of personalisation in its engagements with other Services. This provides a template on which the Trust can respond to the challenging SDS targets. A key strength of the Trust's approach has been the engagement of service users and carers directly in the planning of implementation for SDS through their participation in the development and delivery of SDS training.</p> <p>The Sensory Support Team was a finalist in the regional 2018 Social Work Awards under the Adult Team category in recognition of their work with service users in the co-production of a DVD.</p> <p>Following the review of Physical and Sensory Disability Day Care, the Service is currently adopting a similar approach to the review of day care services for Older People using an Appreciative Inquiry approach.</p> <p>Improving services is a key objective for the Service Area. Staff are encouraged to consider innovative ways to improve practice, facilitated via peer support groups and staff development workshops. Several senior managers have completed a range of quality improvement courses and have taken the learning into their operational practice.</p>



	<p>The Service recognises the importance of evidencing its valuing of its workforce through an emphasis on supported, accredited learning opportunities in a culture of listening, communication, continuous improvement, recognition, opportunities for reflection and personal development.</p> <p>The Trust is currently working towards Investors in People re-accreditation. The Service is engaging all staff in the IIP leading, supporting and improving agenda.</p> <p>The Service communicates with service users and carers via established newsletters:</p> <ul style="list-style-type: none"> <li>➤ Newsletter for Carers</li> <li>➤ Newsletter for the Mourne Project</li> <li>➤ Newsletter for People with Sensory Loss</li> </ul> <p>These newsletters include information on services, new developments and articles from service users and providers associated with the Service.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>The Service welcomes the strategic direction enunciated in Transforming Your Care, the Bengoa and Power to People Reports. It recognises the significant challenges associated with progressing the vision and objectives in the context of public expectations and constrained resources.</p> <p>The lack of capacity within domiciliary care and the shortage of specialist facilities to meet complex needs are pressing concerns for the Service.</p> <p>Delays in recruitment in relation to both the filling of core social work and specialist posts, adversely impact on throughput, caseload size and Service-wide performance. However, the workforce remains motivated, resilient and committed.</p> <p>The Service has a commitment to developing its improvement and implementation knowledge and skills base. It participates in Trust and regional social work improvement training programmes.</p> <p>Co-production provides an overarching framework within which to develop organisational structures to embed purposeful and meaningful service user and carer engagement and participation in the review, planning, delivery and design of services.</p> <p>SDS implementation has the potential to be transformational for those service users and carers who have the capacity to embrace personalisation- the supported management of their own care. While it will present substantial challenges, the Service is committed to its optimal operationalising.</p>

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURNS**

- 1 General Provisions (including Hospital Social Work)
- 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 Training Accountability Report

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 1**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	<b>1834</b>	<b>788</b>
1.2	Of those reported at 1.1, how many adults commenced receipt of social work or social care services during the period?	<b>1588</b>	<b>490</b>
1.3	How many adults were in receipt of social work or social care services at 31 <sup>st</sup> March?	<b>1535</b>	<b>248</b>
1.3a	How many adults were in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	<b>741</b>	<b>248</b>
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	i. Residential Home Care	<b>24</b>	<b>N/A</b>
	ii. Nursing Home Care	<b>119</b>	<b>N/A</b>
	iii. Domiciliary Care Managed	<b>512</b>	<b>N/A</b>
	iv. Domiciliary Non Care Managed	<b>138</b>	<b>N/A</b>
	v. Supported Living	<b>54</b>	<b>N/A</b>
	vi. Permanent Adult Family Placement	<b>0</b>	<b>N/A</b>
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  The Service complies with the DHSSPS Care Management Circular and works closely with the Trust's Finance Department to ensure accurate charging as appropriate.		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.  All service users who require care packages to support their personal care needs in the community or to sustain them within a placement are referred to the Care Management Team. Completed NISAT and additional assessments, if appropriate, will determine the level of care required. A private provider or direct payment will be commissioned to meet the assessed need.  The Service continues to experience on-going difficulties in securing packages of care as previously referenced. On occasion providers are unable to sustain packages due to the challenging behaviours of service users or individuals non-compliance with their care plans.		

1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision-making process, review and care planning.</p> <p>A NISAT assessment is completed with each service user and carer, if appropriate.</p> <p>Shared decision-making and person-centred working. Co-production with service users of self-directed support and care plans with a copy of the care plan retained by the service user.</p> <p>Service users, their carers and families are invited to attend reviews and contribute to the care planning and decision making process.</p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	<ul style="list-style-type: none"> <li>- Statutory sector</li> <li>- Independent sector (MS Centre and SENSE)</li> </ul>	<p><b>218</b></p> <p><b>17</b></p>	<p><b>580</b></p> <p><b>200</b></p>
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	<b>678</b>	<b>0</b>
1.7	Of those at 1.6 how many are EMI / dementia		
	<ul style="list-style-type: none"> <li>- Statutory sector</li> <li>- Independent sector</li> </ul>	<p><b>0</b></p> <p><b>0</b></p>	<p><b>0</b></p> <p><b>0</b></p>
1.8	Unmet need (this is currently under review)	<b>X</b>	<b>X</b>
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>Please see main body of the Report, which addresses the challenges arising from difficulties in securing domiciliary care packages, which have necessitated the development of a waiting list to manage prioritisation following risk-based assessments and ongoing reviews of same.</p> <p>Development of alternative options including engagement with families and localities to optimise informal supports; and promotion of Direct Payments to facilitate service user's purchasing of supports.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p><b>Narrative</b></p>		

	Non-recurrent funding has been made available for posts associated with SDS to support the implementation of this Strategy.		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	
1.10	Complaints –Please describe any service change or improvement implemented or intended as a result of complaint investigations.  The Service Area has reviewed and made amendments/changes to aspects of service delivery as appropriate in light of learning from complaints..	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 1-HOSPITAL**

<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 period?	Not applicable to PSD	Not applicable to PSD	Not applicable to PSD
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	Not applicable to PSD	Not applicable to PSD	Not applicable to PSD
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	Not applicable to PSD	Not applicable to PSD	Not applicable to PSD

Age is at date of referral for 1.1 and 1.2

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

**The Physical and Sensory Disability Service Area has no managerial or operational responsibility for Hospital Social Work Staff.**

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 2**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>1</b>	<b>N/A</b>
2.2	Number of adults known to the Programme of Care who are:		
	Blind	<b>261</b>	<b>410</b>
	Partially sighted	<b>131</b>	<b>219</b>
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	<b>127</b>	<b>56</b>
	Deaf without speech	<b>81</b>	<b>29</b>
	Hard of hearing	<b>496</b>	<b>1928</b>
2.4	Number of adults known to the Programme of Care who are:		
	Deafblind	<b>21</b>	<b>145</b>

Please note that this return does not reflect service users registered as visually impaired. There has been a decline in the number of people registered as blind and partially sighted. The Service has noted an increase in service users registered as visually impaired. It believes that it is important to reflect this group in the returns, as these individuals require assessment and service provision.

**Adults who are visually impaired:**      **Under 65: 180**  
**Over 65: 759**

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 3**

<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>2622</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>1783</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>1917</b>
3.3	Number of assessments undertaken of disabled children ceasing full time education.	<b>0</b>

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 4**

<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 13	<b>22</b>
	Total expenditure for the above payments	<b>£2659.00</b>
4.2	Number of TRUST FUNDED people in residential care	<b>48</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>137</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>5</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	<b>6</b>

**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 5**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		<b>16-17</b>	<b>18-64</b>	<b>65+</b>
5.1	Number of adult carers offered individual carers assessments during the period.	<b>11</b>	<b>455</b>	<b>75</b>
5.2	Number of adult individual carers assessments undertaken during the period.	<b>10</b>	<b>285</b>	<b>40</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>	<b>0</b>	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>2</b>	<b>66</b>	<b>0</b>
5.5	Number of young carers offered individual carers assessments during the period.	<b>15</b>		
5.6	Number of young carers assessments undertaken during the period.	<b>13</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>13</b>		
5.8	(a) Number of requests for direct payments during the period of 1 <sup>st</sup> April – 31 <sup>st</sup> March 2016	<b>32</b>		
	(b) Number of new approvals for direct payments during the period of 1 <sup>st</sup> April – 31 <sup>st</sup> March 2016	<b>27</b>		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>164</b>		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>		
5.9.a	Of those at 5.8 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>13</b>		
5.11	Number of one off Carers Grants made in-year.	<b>479</b>		

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

**Commentary**

Please refer to narrative in main report for comments on carers.



**PHYSICAL AND SENSORY DISABILITY SERVICE  
DATA RETURN 6**

**6 SAFEGUARDING ADULTS**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN ADULT SAFEGUARDING REPORTS**

**PHYSICAL AND SENSORY DISABILITY SERVICES  
DATA RETURN 7**

**7 SOCIAL WORK STAFF**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED AT YEAR END 31<sup>ST</sup> DECEMBER**

**PHYSICAL AND SENSORY DISABILITY SERVICES  
DATA RETURN 8**

**8 ASSESSED YEAR IN EMPLOYMENT**

**TRUST-WIDE RETURN SUBMITTED BY TRUST SOCIAL SERVICES LEARNING  
AND DEVELOPMENT SERVICE IN SEPARATE REPORT**

**PHYSICAL AND SENSORY DISABILITIES SERVICE  
DATA RETURN 9**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</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>	*
	Comment on any trends or issues in respect of requests for ASW assessment or ASW applications	<b>0</b>	*
	<b>*Information to be provided by RESWS</b>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>N/A</b>	
	Comment on any trends or issues in respect of Nearest Relative applications for admissions	<b>N/A</b>	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	<b>N/A</b>	
<b>Use of Doctors Holding Powers (Article 7)</b>			
9.2	Total Number of Form 5s/5as completed) NB Form 5a is no longer used How many times did a hospital doctor use holding powers?	<b>0</b>	
9.2a	Of these, how many resulted in an application being made?	<b>0</b>	
	Comment on any trends or issues on the use of holding powers		
<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		
	Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.	<b>N/A</b>	
<b>Social Circumstances Reports (Article 5.6)</b>			
9.4	Total number of Social Circumstances reports completed.  This should equate to number given at 9.1c. If it does not please provide an explanation.	<b>0</b>	
9.4.a	Number of completed reports which were completed within 14 days	<b>0</b>	
	Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.	<b>N/A</b>	



9.6.h	<p>Total number of Discharges from Guardianship during the reporting period (Article 24)</p> <table border="1" data-bbox="411 315 1382 539"> <tr> <td data-bbox="411 315 1110 389">Discharges as a result of an agreed multi-disciplinary care plan</td> <td data-bbox="1110 315 1382 389">0</td> </tr> <tr> <td data-bbox="411 389 1110 427">Lapsed</td> <td data-bbox="1110 389 1382 427">0</td> </tr> <tr> <td data-bbox="411 427 1110 465">Discharged by MHRT</td> <td data-bbox="1110 427 1382 465">0</td> </tr> <tr> <td data-bbox="411 465 1110 504">Discharged by Nearest Relative</td> <td data-bbox="1110 465 1382 504">0</td> </tr> <tr> <td data-bbox="411 504 1110 539">Total</td> <td data-bbox="1110 504 1382 539">0</td> </tr> </table>	Discharges as a result of an agreed multi-disciplinary care plan	0	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	0	
Discharges as a result of an agreed multi-disciplinary care plan	0											
Lapsed	0											
Discharged by MHRT	0											
Discharged by Nearest Relative	0											
Total	0											
	Comment on any trends or issues in respect of Guardianship	N/A										
<b>Approved Social Worker (ASW) Register</b>												
9.7	Number of newly appointed Approved Social Workers during period	0										
9.7.a	Number of Approved Social Workers removed during period	1										
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	0										
	<p><b>Commentary</b>                  Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties.</p> <p>The Physical and Sensory Disability Service Area has one ASW who temporarily withdrew from the Daytime Rota due to increase demands on his Service workload. This was result of a reduction in staffing levels in his “home” Team and the need to address core service delivery. When staffing levels return to full capacity, the ASW will resume his Daytime Rota role.</p>											
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so, please provide detailed explanation for each and every instance including their age and relevant powers used.											
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	5										
	<p>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</p> <p>The Service reviews on an ongoing basis the management of individual service user finances in those circumstances in which concerns regarding capacity are extant.</p> <p>As previously reported, the Service has noted an increase in the funding of private capacity assessments in such situations.</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	<b>0</b>
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	<b>0</b>
	Treatment as an out patient	<b>0</b>
	Treatment by a specified medical practitioner.	<b>0</b>
9.12	Of the total shown at 9.10 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 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	<b>0</b>
	<b>Commentary</b> (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)  <p style="text-align: center;"><b>N/A</b></p>	

**3. MENTAL HEALTH SERVICE**

**GENERAL NARRATIVE**

<p><b>3.1</b></p>	<p><b>Named Officer responsible for professional Social Work</b></p>
	<p>During the reporting period, Ms Mary O’Brien, Service Manager, has discharged the role of Associate Director of Social Work (Associate Director) in the Mental Health Service.</p> <p>As part of the Trust’s phased implementation of a Collective Leadership model, the Mental Health Service has assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</p> <p>The postholder has had responsibility for professional issues pertaining to the social work and social care workforce within the Mental health Service. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The postholder has been responsible for:</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership of the social care workforce within the Service.</li> <li>➤ The establishment of structures within the Service to provide assurance to the Executive Director on the discharge of statutory functions.</li> <li>➤ As a member of the Directorate’s senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery.</li> <li>➤ The collation and assurance of the Service’s Interim and Annual Statutory Functions Reports</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce</li> <li>➤ Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities.</li> <li>➤ Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory 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’s line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>

	<p>The Associate Director has assured the Mental Health Service's Annual Statutory Functions 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>Trusts must refer to Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements.</p> <p>The Service is compliant with the DHSSPS Circular 02/2015, which details the responsibilities of employing organisations in relation to AYE Social Work staff.</p> <p>In total, there were eight social workers in the Service completing AYE during the reporting period, seven of whom have completed AYE and have progressed to Band 6, one has left the Service to take up a permanent post in another Trust after her mid-point review and one is due to complete their AYE in July 2018.</p> <p>All AYE staff had requests for caseload protection arrangements made to Line Managers by their professional supervisors. Concerns about caseload numbers exceeding "protected" levels were addressed directly with the line managers by professional supervisors. It was not always possible for caseloads to remain protected during the AYE period due to team casework pressures exacerbated by the high level of nursing vacancies and the current sick leave in community teams.</p> <p>Professional supervision is provided to all Service social work staff in Ad in line with the requirements detailed in the Trust Adult Services Social Work Supervision Policy and runs in tandem with operational supervision arrangements. There are a limited number of Band 7 Social Work Team Leaders in the Service and, consequently, a high proportion of social work staff are line managed by non-social work operational managers. Currently there are two permanent social work Team Leaders in post, with a further four acting social worker Team Leaders. The Service's bespoke Professional Social Work (Governance) Team consists of an acting PSW, one permanent Development Lead post (Band 7) (currently vacant) and two Senior Social Work/DAPO practitioners (only 0.5 of these two posts is funded). There is also a Social Work Lead in CAMHS who provides professional supervision to three Band 7 social work staff. In total, nine professional social work trained staff are providing professional supervision across all services (41 in total following the additionality of the Lifeline service) to 71 social work staff.</p> <p>The Acting PSW provides professional social work supervision to nine Band 7 Senior Practitioners, five Team Leaders and one Social Work Lead. The postholder also provides professional supervision to five Band 6 staff and is practice assessor to two ASW Programme candidates.</p> <p>Two Band 7 DAPO/Senior Practitioner staff in the Adult Safeguarding Team offer professional supervision-one supervises eleven social workers, delivers ASW supervision to four staff and is a Practice Assessor on the Regional ASW Programme. The other DAPO/Senior Practitioner provides professional supervision to ten social work staff, of whom seven were undertaking AYE in the reporting year.</p> <p>The Service currently achieves compliance with the requirements of the Trust's Adult Services Professional Social Work Supervision Policy. Compliance levels are</p>

addressed through an annual Trust audit of supervision delivery across adult services.

The following operational supervision issues were identified in the audit across the community teams;

- Supervision agendas – It was unclear from the agendas who had highlighted cases for discussion.
- Guidance offered to newly qualified staff – There was a lack of guidance specifically on report writing, standards regarding detail and agreed actions and actions required to manage/reduce risk areas.
- Caseload easement – It was not clear what easement, had been offered to social work staff who were undertaking other duties as part of their role including ASW, Think Family work.
- Line Manager auditing of case files not evidenced in a number of files reviewed.
- Yearly performance review not regularly undertaken
- Primary Mental Health Care (PMHC) – In a number of files audited, recording of casework decision-making in Family and Child Care cases in particular, was not of the required standard.
- High caseloads, especially in PMHC.

The findings of the audit were addressed with operational managers for their attention and actions. The audit highlighted difficulties in recruiting permanent Team Leaders as a significant factor underpinning the above-findings.

#### **Performance Review**

The Trust's Staff Development Review (SDR) Framework provides the organisational structure for the annual appraisal and finalising of the individual staff member's Personal Development and Learning Plan. The SDR process draws together key themes which underpin the on-going delivery of professional and organisational supervision on a yearly basis.. Annual appraisal affords social work and social care staff the opportunity to take stock of their performance and to reflect on their individual learning and career development priorities. It promotes evidence-based, recovery-focused and person centred practice.

Arrangements for provision of professional supervision to Social Workers in the Mental Health Service are as follows.

#### **AYE**

There are currently two Band 5 AYE agency staff in post. They receive one-to-one supervision on a two-weekly basis from the Band 7 professional social work supervisor to ensure work is meeting agency and professional standards. The supervisor audits and reviews work provided by the AYE staff member at each supervision session, for example agency documentation such as initial assessments, risk assessments, care plans, case discussion reports and gives constructive feedback and recommendations for improving the quality and standard of content. Where there are concerns with regard to any practice issues, the supervisor addresses these with the candidate and the Team Leader with a view to developing an action plan to address the issue(s).

#### **Temporary Social Work Staff**



A further ten Band 5/6 temporary social work staff (back fill for nursing vacancies) are due to take up their posts in the near future. A previously devised three-day induction programme will be utilised. The programme includes the Trust's strategic context, including legislative and policy developments such as the Mental Capacity Act (2016); adult safeguarding awareness; MARAC; role of the social worker in a multidisciplinary team; recovery-orientated practice; triangle of care; Think Family Think Child; child protection awareness; and accredited post-qualifying learning pathways.

Provision of professional social work supervision remains a challenge due to the limited number of Band 7 staff who can undertake this role. There are currently only two Band 7 Senior Practitioners providing professional supervision to other community teams without social work Team Leaders. A further four temporary Band 7 Team Leaders and two permanent Team Leaders provide professional supervision to Band 6 Social Workers within their teams. There are a further nine Senior Practitioners who are unable to undertake professional supervision roles within their respective teams due to current caseload demands.

Work will continue to support and further develop the profile, number and contribution of social work in the Service.

The Supervision Support Group for the nine Senior Social Work staff providing professional supervision will reconvene with the acting PSW assuming chairing responsibilities. "Reflective Practice – A model for supervision and practice in Social Work" has been a useful aid in enabling staff to consider their work from a professional and ethical viewpoint, whilst also supporting staff who are undertaking professional development through the PiP Framework. The Group will progress initiatives to improve the quality and consistency of supervision across the Service.

#### **Quarterly Mental Health Social Work Forum**

The forum is an important aspect of social work identity, providing opportunities for networking, supports, reflection and improved appreciation of respective roles and service delivery challenges. The Forum has grown and has acquired an enhanced profile for the Service's social work workforce. Each forum has had a particular theme- delegated statutory functions; assessments of need across carers and young carers; the implications of the Disability Discrimination Act (1995) for service delivery; and preparing for and presenting at an Mental Health Review Tribunal (MHRT). Forthcoming forums will incorporate a focus on preparing for Declaratory Judgement applications; working with substance misuse and mental ill health; and the importance of a social history within a Think Family approach. Following the successful completion of six declaratory reports, the Court commended a social worker on the layout of their report. This will provide an exemplar for other staff.

The Forum affirms the key contribution of social work to mental health service delivery.

#### **Approved Social Work Forum**

The Principal Social Worker has developed a bespoke ASW Forum. It provides a mechanism for the development of ASW practice skills. The ASW Forum meets bi-monthly.

	<p>The PSW or an experienced ASW/DAPO provides bespoke 1-1 professional ASW supervision on an eight-weekly basis.</p> <p><b>Adult Safeguarding</b> Investigating Officers / ABE / Joint Protocol and DAPO-trained staff are required to attend 75% of the Trust Support Groups, which occur quarterly.</p>
<p>3.3</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>As noted at 3.2 above, the audit of social work supervision took place in November 2017. The main areas for improvement identified were with regard to compliance with supervision timescales; supervision capacity in light of ongoing difficulties in recruiting social work team Leaders; caseload volumes and related workload pressures; and quality of recording of supervision.</p> <p><b>File Audits</b> Team Leaders are required to audit two case files during supervision sessions. Operations Managers retain responsibility for assuring this process. Where concerns in relation to performance/professional competencies emerge, the Team Leader, in consultation with the Operations Manager and supervisee, is responsible for identifying the necessary actions/supports/timescales to progress requisite improvements.</p> <p><b>ASW Assessment/Report Audit – February 2018</b> The annual ASW audit addresses compliance with the regional standards informing the discharge of statutory functions by ASWs.</p> <p><b>The main areas that were identified in the recent audit were;</b></p> <ul style="list-style-type: none"> <li>➤ 19% of all ASW applications were made to hospitals outside of the Trust area.</li> <li>➤ Major challenges remain in relation to the staffing of the Trust’s ASW Daytime Rota, notwithstanding the ongoing substantial efforts of management to remediate this situation and relative improvement in staffing capacity.</li> <li>➤ There was some variation in the completion of applicants’ reports with some outside of the recommended five- day period (RQIA).</li> <li>➤ There appeared to be considerable delay in completing reports when the application was not made but was required to be submitted to the Principal Social worker. This ranged from 8 to 26 days.</li> <li>➤ The average time required to complete an assessment was 9 hours.</li> </ul> <p>The Service has continued to explore options to address recruitment and retention pressures in respect of the ASW Daytime Rota with some success although underlying workforce challenges remain significant.</p> <p><b>Workforce Review</b> The Service is engaged in a review of social work and social care workforce requirements, which will include a focus on the issue of normative staffing levels to</p>

ensure capacity to discharge current and anticipated designated statutory social work responsibilities in mental health service delivery.

The recruitment and retention of Band 7 Team Leaders is a pressing regional challenge. Team Leaders who are professional social workers have additional responsibilities relative to their non-social work peers as they also undertake DAPO and ASW roles. The operational demands arising out of the ASW role and the impact of the Revised Adult Safeguarding Policy's designation of the DAPO role as a social work function has significantly added to the workload volumes of social work Team Leaders. As noted previously, the Service has six social workers in first line management posts (two permanent and four temporary). The cumulative demands on this cohort of staff are not sustainable. The complexity and workload demands of the role are significant disincentives to potential applicants for posts.

### **Recruitment and Retention**

The Trust, mirroring the regional position, has encountered major difficulties in the recruitment and retention of nursing staff in the Service across the reporting period. In community settings, the Service has, where appropriate, backfilled generic vacancies with agency social work staff, mainly band 5 AYE. This has assisted the service in meeting service delivery demands.

The use of agency staff, while necessary, has resulted in regular turnover of staff with changes of keyworker. In this context, the Service decided to recruit ten temporary Band 6 social workers from the permanent waiting list on twelve-month contracts to stabilise service delivery.

### **Assessment Centres**

The Service's Assessment Centre model to meet the increasing need for community-based accessible and timely mental health assessments following a GP referral was recently operationalised.

The model provides a multi-disciplinary, community-based, seamless referral, assessment and service delivery pathway. It is an evidence-based approach, which will address waiting list pressures.

The two Assessment Centres have workforce complements of are comprised of two Band 6 social workers, two Band 7 senior social work practitioners, four psychiatric nurses, and two co-ordinators located at two sites-Woodstock Lodge and Old See House. The two senior practitioners have responsibility for providing professional supervision to the Band 6 social work staff; to lead in adult safeguarding and Think Child/Think Family practice development and service delivery; and service user and carer engagement.

### **Think Child, Think Parent, Think Family Strategy**

The Think Family Social Work Assessment (TFSWA) pilot commenced in January 2017. The model seeks to deliver improved services to and supports to families in which a parent has mental health difficulties. Its ethos is to reduce the potentially negative impact of parental/carers mental illness on children through a practice approach which involves a holistic assessment of the individual family members within a collaborative, inclusive, multi-professional and multi-agency recovery

	<p>focused, person-centred Support Plan with the aim of improving outcomes for children and parents.</p> <p>The Trust supported five champions to undertake the TFSWA. Fourteen families participated, with eleven fully completing the pilot. Quantitative and qualitative data obtained from participants to inform the evaluation process will contribute to an international study of the Family Model for presentation at symposium in May 2018. A number of overarching themes have emerged:</p> <ul style="list-style-type: none"> <li>➤ The majority of families involved were known to Adult Mental Health services only.</li> <li>➤ Main age group of children were 0-15years.</li> <li>➤ The majority of adults who participated advised that they had developed a better understanding of the impact of mental illness on their children that this enhanced awareness had improved significantly their communication with their children and understanding of their children’s needs.</li> <li>➤ Children readily engaged with the model.</li> <li>➤ Adults and professional staff acknowledged the importance of the strengths-based dimension to the model and its affirmation of the significance of culture, community and accessibility of supports in promoting recovery and empowerment.</li> <li>➤ MDT feedback was positive. It reflected on the model’s promotion of “family conversations” and shared understanding among family members of the impact of mental illness.</li> </ul> <p>The pilot affirmed the contribution of social work in supporting families in those circumstances in which a child or parent had significant mental health difficulties. Their skills and practice knowledge in systems-based interventions were central to the underpinning partnership to engagement with families.</p> <p>The consolidation and development of a Trust Think Family Champions network across Adult Mental Health and Childrens Services has been central to the embedding of Think Family practice. Champions attend quarterly meetings, which facilitate shared learning, the dissemination of information and best practice examples and strengthening of collaborative working within and across both services.</p>
<p>3.4</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 interfaces with a number of other statutory agencies in relation to the discharge of its statutory functions responsibilities. These include:</p> <p><b>NISCC</b> The Service is compliant with NISCC’s registration requirements pertaining to the social care workforce.</p>

**RQIA**

The Service Area complies with reporting of all notifiable incidents in accordance with regulations.

The Service complies with recommendations emerging from RQIA inspections of regulated services provision.

**PHA**

The Community and Partnerships Service regularly interfaces with a range of statutory agencies in the delivery of services.

The Drug Outreach Team is a PHA-funded service providing an outreach function targeting 'hard-to-reach' injecting drug users, with the aim of encouraging harm reduction approaches to drug misuse and facilitating engagement with Tier 3 services to provide Oral Substitution Therapy.

The Primary Care Talking Therapy Hubs (PCTTHs) have been fully operational since September 2015. The four Locality Hub Co-ordinators continue to work with GPs and the community and voluntary sector providers to deliver a range of psychological therapy interventions. PCTTHs have fully implemented CORE NET as a clinical outcome measure.

**OTHER STATUTORY AGENCIES:**

The Service is committed to partnership working with all statutory agencies, which have responsibilities interfacing with those of the Service. These include the PSNI; the NIHE; the Probation Service; the Northern Ireland Ambulance Service; Lisburn and Castlereagh and Belfast Councils; the Patients and Client Council; Safeguarding Board for Northern Ireland. (This list is not exclusive.

The Director of Social Work updates RQIA in relation to the appointment of ASWs within the Trust as required.

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>APPROVED SOCIAL WORK</b></p> <p>The Trust is continuing to encounter difficulties in providing full cover for the ASW Daytime Rota. Over the last number of years there has been a decline in the number of operational ASWs. This has resulted from a number of factors: planned retirements; the demands of the role; operational and logistical challenges; perceived diminution of status of the role; and escalation in parallel responsibilities for Band 7 social work staff in the context of adult safeguarding duties and Team Leader functions.</p> <p>There are currently 25 ASWs maintaining the Trust's Daytime Rota. There are three ASWs on the Rota per working day and, as required, there is a need to increase this number when more than three assessments are taking place simultaneously.</p> <p>The current number of ASWs is insufficient to maintain the delivery of the Rota moving forward. There are significant challenges</p>	<p>The Service has pursued a range of options to enhance workforce capacity and to ensure that the Trust has been able to discharge its delegated ASW statutory functions.</p> <p>The Trust has afforded priority to facilitating staff to complete the Regional ASW Programme (the twelve-months post-qualifying accredited Masters-level pathway to ASW registration). Three candidates successfully completed the Programme in the reporting period and a further six have enrolled in the current Programme.</p> <p>In response to the Regional ASW Audit 2016, the Trust had established a Multi-Agency Working Group including representation from PSNI, NIAS, GPs/ Primary Care, Acute Hospital Services and Mental Health Services to provide a forum to promote collaborative strategic and operational service delivery approaches with an initial focus on the operationalising of the 2017 GAIN Audit recommendations</p>	<p>The Daytime ASW Rota remains on the Directorate Risk Register, classified as high risk.</p>

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<p>associated with providing the necessary staffing cover during holiday periods. The majority of ASWs require cover a minimum of three Rota sessions per month. (Over holiday periods and periods of unplanned absences, contingencies will necessitate their completion of additional sessions.</p> <p>A key dimension to Service workforce planning is the profiling of future ASW numbers in the context of the enunciation of bespoke statutory duties for social work in the Mental Capacity legislation and regulations.</p> <p><b>Acute admission beds</b></p> <p>There continue to be significant difficulties in securing inpatient admissions resulting in 19% of Mental Health Order admissions to out-of-area beds during the reporting period. This situation has generated substantial demands on the ASW role. These include a range of professional, logistical and organisational challenges. The ASW, in many instances working alone, will have to navigate and co-ordinate bed availability while awaiting consultant-to-consultant agreement to the proposed admission. She/he is responsible for arrangements to convey the service user to the receiving hospital and to negotiate with the NIAS and PSNI in those situations in which PSNI attendance is necessary. The</p>	<p>The Trust has continued to engage in the regional consultation processes linked to the development of Regulations, guidance and policy related to the implementation of the Mental capacity legislation. The Trust has highlighted the potential breadth and scale of the legislation across all services, the substantial logistical and organisational challenges in respect of workforce training delivery, service delivery processes and governance structures.</p> <p>As part of cross-Divisional efforts improvements in interface working, the PSW will deliver training on the role of the ASW within MHO assessments to Emergency Department staff.</p> <p>The Service has continued to review the ASW risk assessment to ensure that it has taken the necessary actions to identify and obviate risks to the service user and ASW staff member throughout this process.</p> <p>From 1<sup>st</sup> of June 2018, the 8A Senior Manager on call will be available to the DATA ASW Rota service to provide practical advice and support with regard to Lone Working in those circumstances in which the Service is completing an intervention, which has “stretched” into “out-of –hours”.</p>	
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ASW has to support san often distressed, agitated, unwell service user while responding to/managing the upset, occasional anger and frustrations of extended family members at the extended delays in the admissions process.

**Length of time to complete ASW Assessment**

The following table provides a breakdown of the length of ASW-managed admissions for assessment during the reporting period. As noted, 54% of admissions were over eight hours in duration, 22% over eleven hours.

0-3 hours	16%
4-7 hours	40%
8-10 hours	32%
11 hours +	22%

The cumulative impact of these demands on the ASW workforce give rise to significant concerns. In ongoing engagement with staff members, staff side and professional representatives, the Service is seeking to further services and supports to staff to secure their physical and emotional wellbeing and to maintain service continuity and delivery across wider service provision.

The Service is exploring options to provide a second staff member to accompany ASWs during complex admissions. These include initial assessments, which indicate a potential for aggression or violent behaviours on the part of a service user, likely delays in PSNI/NIAS attendance or a range of other factors, which indicate an extended and difficult admission process.

The Service and Regional Emergency Social Work Service are in ongoing discussions about the establishment of cross-service arrangements and supports to provide operational and professional supports to ASW staff. They are exploring the development of a Memorandum of Understanding between the Services, which would incorporate the possibility of the transfer of ASW functions in the management of a “live” case from one Service to the other. There are significant logistical, organisational, professional, governance and legal themes to be addressed prior to the progressing of such an option.



<p><b>Conveyance to Hospital</b></p> <p>The Regional Interagency Protocol on the Operation of Place of Safety and Conveyance to hospital under the Mental Health Order (1986) (2017) provides the current operational framework for PSNI attendances at ASW-managed admissions for assessment.</p> <p>The Trust has advocated for a review of the Protocol in light of the issues associated with PSNI capacity and attendance referenced above.</p> <p><b>ADULT SAFEGUARDING</b></p> <p>The referral numbers for 2017/2018 were 688. This is an increase of 22% from levels recorded during the preceding year. Completed investigations during the reporting period were 377. This is also an increase of 18% on the previous year's figures.</p> <p>The Adult Safeguarding Policy has identified the Designated Adult Protection Officer (DAPO) role as a Band 7 senior practitioner or manager social work post. The demands upon a limited pool of Band</p>	<p>The Trust had established a Multi-Agency Working Group including representation from PSNI, NIAS, GPs/ Primary Care, Acute Hospital Services and Mental Health Services to provide a forum to promote collaborative strategic and operational service delivery approaches. (Review of Group planned for 2018).</p> <p>The Trust has made representations to the HSCB with regard to the operationalising of the Protocol.</p> <p>The Trust has raised this matter in its ongoing engagement/ discussions with local PSNI personnel.</p> <p>.</p> <p>The Service is taking forward the development of data collation, management and analysis on PARIS as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity.</p> <p>Ongoing embedding of adult safeguarding awareness and practice knowledge,</p>	
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<p>social work Band 7 staff within the Service arising out of the increase in adult safeguarding activity and their related ASW and operational management duties are unsustainable.</p> <p>At present there are twelve DAPOs delivering the role into over forty services, with the most substantial remit carried by the Adult Safeguarding Team providing DAPO support to twenty-three services. The DAPO role involves:</p> <ul style="list-style-type: none"> <li>➤ The provision of advice and guidance to Service staff (all professions) and outside agencies on safeguarding issues.</li> <li>➤ Liaison with the PSNI regarding whether investigations should be single agency or joint protocol managed.</li> <li>➤ The provision of social work professional supervision to social work staff who have a non-social work operational manager.</li> <li>➤ Practising as ASWs on the Daytime Rota .</li> <li>➤ Practice Assessors for ASW Programme.</li> <li>➤ ASG Team DAPOs discharge Service MARAC lead role and collate Service adult safeguarding data returns.</li> </ul>	<p>particularly in those services in which there is no current social work resource.</p> <p>The Service has addressed with the Commissioner on an ongoing basis the need for additional investment in social work capacity to respond to the increase in the levels and complexity of adult safeguarding activity.</p>	
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<p>3.8</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>Vacancies</b>                  Currently there are four Band 6 temporary vacancies due to secondments. There are one Band 7 Senior Practitioner, one Band 7 Team Leader and one Band 8A PSW permanent vacancies. All these posts are currently in a recruitment process.</p> <p><b>Social Work and Team Leader Recruitment and Retention</b>                  The Service continues to experience significant difficulty in the recruitment of Team Leaders and, in particular, social work applicants for these posts. This is a particularly challenging role, as in addition to the Team Leader responsibilities(incorporating line management and professional supervision), they are required to complete the DAPO role and are invariably involved the ASW Daytime Rota in addition to their Team Leader responsibilities. This is a regional issue, profiled as a workforce priority in the Regional Work Strategy.</p> <p>Locally, following extended negotiations with staff side representatives, two Service Team Leader posts will be designated Social Work posts. This will provide much needed professional supervision and DAPO capacity. The Service management structure to support community teams is currently under review. A focus of the review process will include an analysis of the benefits of normative staffing levels for each professional group within community teams. At present, this model informs nursing staffing levels.</p> <p>Social work constitutes 10% of the Service’s workforce. There is a pressing need to establish a robust workforce planning approach to ensure sufficient social work capacity to discharge bespoke statutory functions and to contribute to range of core skills and knowledge essential to the delivery of safe, qualitative, evidence based, co-produced services.</p> <p><b>MHRT Social Circumstances report requests</b>                  There has been an increase in the number of requests by solicitors to hear a MHRT within the fourteen-day admission period under the Mental Health Order. In the context of the volume of service delivery demands, this has given rise to substantial pressure on involved social work staff to complete the necessary report in adequate detail within the specified time-scale. Good practice guidance require the report is lodged with the Mental Health Review Tribunal (MHRT) two weeks prior to the Tribunal hearing, which is not feasible.</p> <p><b>Approved Social Workers</b></p> <p>Please see 3.5-3.7 above.                  The Service has outlined the major workforce challenges, which are impacting on the delivery of the ASW Daytime Rota and its ongoing efforts to address recruitment and retention of ASW staff in the short and longer-term.</p>

3.9	<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 Charge for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p> <p>Updated guidance has been circulated to staff.</p>
3.10	<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 Social Work service is provided at each of the hospital sites, the Mater (3 wards) and Knockbracken Healthcare Park (Avoca, Rathlin, Clare and NRU). The inpatient hospital Social Work team consisting of a Team Leader/Discharge Co-Ordinator and 5 Social Workers. Shannon Clinic has its own Social Work Team consisting of a Team Leader and two band 6 Social Workers.</p> <p>Hospital social workers have a central role in the completion of assessments process for all admissions in respect of those individuals who were not involved with the Service. Social work staff are responsible for formulating a social history with the service user and their carers, a core part of assessment and integral to the development of a service user's treatment and care plan. They will undertake specific pieces of work with the service user and carers as agreed by the multi-disciplinary team and will co-ordinate links with community services.</p> <p>For those service users already known to a community social worker, hospital social work staff will liaise with community services to manage service delivery continuity across the discharge pathway.</p> <p>The Hospital Social Work Team participated in the Think Family Pilot with a Team member involved in a champion role in three cases to profile the model across the hospital service delivery system and to optimise opportunities to facilitate parents and children to communicate/discuss mental illness and to access ongoing services and supports.</p>
3.11	<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 principles and values underpinning a human rights-based approach are central to all aspects of social work and social care service delivery. Respect for the integrity and rights of service users is fundamental to the delivery of mental health services. This approach encapsulates a commitment to co-production-engagement with service users and their carers predicated on transparency, openness, listening, communication-and in a drive for continuous improvement to deliver responsive, person centred, and accessible services.</p>

In discharging statutory duties, which involve a diminution or deprivation of a service user's rights, the social work workforce exercises a proportionate, least-intrusive approach to secure the safety and wellbeing of an individual and wider society. Such decision-making is subject to independent legal scrutiny through the review functions of the MHRT and the High Court, is monitored and regulated by RQIA and the professional regulatory bodies and underpins the Trust's performance, corporate and professional governance arrangements.

Statutory powers under the Mental Health Order are used only in those circumstances in which there is a significant risk of harm to an individual or others, necessitating the proportionate and lawful use of such powers.

Service staff participate in mandatory corporate human rights training. Bespoke professional training addresses human rights requirements in interventions and provision of services. Social work case file documentation addresses the considerations and weighting afforded to a service user's human rights in any decision, which affects their exercise of independence and choice and the rationale underpinning a decision to do so.

The Trust's corporate values places respect for human rights at the core of the organisation's vision.

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 use of compulsory powers under the Mental Health (NI) Order 1986 requires the careful balancing of human rights to ensure that this action is lawful, necessary and proportionate.</p> <p>Balancing of service user Article 5, Article 8 rights, and statutory duty to safeguard vulnerable adults.</p> <p>The sharing of confidential information without the consent of a Service User to safeguard the welfare of a child or 'adult at risk of harm' and 'in need of protection' is an area of particular complexity which is guided by the Adult safeguarding policy and Procedures (2016).</p>	<ul style="list-style-type: none"> <li>➤ Mandatory corporate workforce attendance at human rights training.</li> <li>➤ Ongoing emphasis on learning from practice experience, sharing of knowledge, attendance at training and workshop events to enhance decision-making in this complex area.</li> <li>➤ ASW and Social Work fora provide opportunities for dissemination of and reflection on learning. In this context, sharing of practice and learning experiences related to Court judgements, MHRT decisions. Bespoke human rights training delivered at Social Work Forum in October 2017.</li> <li>➤ Provision of quarterly DAPO and IO support groups to share learning and to disseminate practice developments. This also helps to embed policy and procedures.</li> <li>➤ Yearly DAPO and IO refresher training and specific training with regard to MARAC and PPANI processes.</li> <li>➤ Mandatory corporate data protection training.</li> </ul>	<p>Ongoing</p>

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		<ul style="list-style-type: none"><li>➤ Engagement with the service user to establish their wishes. If lacking capacity, use of Best Interests framework to facilitate multi-disciplinary decision-making.</li><li>➤ Applications to High Court in those cases where significant deprivation of liberty considerations are extant.</li><li>➤ As appropriate, engagement with carers/extended family.</li><li>➤ Engagement of independent advocacy.</li><li>➤ Adherence to Adult Safeguarding Policy and Procedures.</li></ul>	
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<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>
	<ol style="list-style-type: none"> <li>1) The Service has had considerable success in developing and improving its services to carers. A well-evaluated workshop in December 2017 focussed on carers assessments. A carer delivered a powerful personal testimony of her experience as a carer, her reflections on her engagement with Trust staff, the level of support she had received and her perceptions of what was helpful. During the reporting period, the Service achieved a 39% increase in carers assessments completed for 18-65 year olds.</li> <li>2) The Recovery College has developed significantly during the reporting period. It has developed and presented a range of co-produced programmes for service users, carers, Trust staff and the wider public, centred on promoting an informed understanding of mental health, exploring concepts of self-help and recovery and offering opportunities for networks of support and social engagement. The Recovery College achieved accreditation as a Continuing Professional Development resource, the first in Northern Ireland.</li> <li>3) The Service participated in the successful Family Social Work Assessment Pilot, which evidenced its efficacy in promoting family engagement through a strengths-based, partnership approach. In partnership with the Childrens Community Services Directorate, the Service has secured a further year's funding from the HSCB to support an extension to a Trust Think Family Support Practitioner post. The postholder has had a central role in supporting Think Family Champions and in embedding Think Family practice across both Services. The Trust will pursue recurrent funding to secure the post.</li> <li>4) All inpatient wards have now achieved accreditation with AIMS, This is a significant achievement, to which social work services have made a significant contribution.</li> </ol>
<b>3.16</b>	<b>SUMMARY</b>
	<p>There are several areas that remain as a priority in terms of service targets;</p> <ul style="list-style-type: none"> <li>➤ Recruitment and retention of ASWs for the Daytime Rota.</li> <li>➤ A resolution of operational and logistical obstacles impacting adversely on the admissions assessment pathway including PSNI and NIAS attendance and a reduction in time spent accessing out-of-area beds.</li> <li>➤ Recruitment and retention of Band 7 social workers into the Team Leader role.</li> <li>➤ Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings- an immediate focus on ASW and adult safeguarding.</li> <li>➤ An increase in designated social work staffing levels in the Mental Health Service to improve skills mix and to prepare for future demands in meeting delegated statutory functions.</li> </ul>



**MENTAL HEALTH SERVICE  
DATA RETURN 1**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period? There has been a significant increase in the number of social work/social care referrals within the reporting period of 1.6%.	<b>5101</b>	<b>62</b>
1.2	Of those reported at 1.1, how many adults commenced receipt of social work or social care services during the period? This was a decrease of 2.71%	<b>3715</b>	<b>60</b>
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	<b>2758</b>	<b>374</b>
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)? This was an increase of 6%.	<b>1690</b>	<b>12</b>
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	vii. Residential Home Care	<b>46</b>	<b>35</b>
	viii. Nursing Home Care	<b>58</b>	<b>62</b>
	ix. Domiciliary Care Managed	<b>132</b>	<b>59</b>
	x. Direct Payments	<b>35</b>	<b>11</b>
	xi. Domiciliary Non Care Managed	<b>0</b>	<b>0</b>
	xii. Supported Living	<b>168</b>	<b>6</b>
	xiii. Permanent Adult Family Placement	<b>0</b>	<b>0</b>
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  <b><i>Narrative</i></b> The Service can provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010		
1.4b	<b>Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.</b> <b>Management Structure</b>  A Community Services Manager (CSM) has senior management responsibility for the Mental HealthCare Management Service. BHSCT Mental Health Care		

	<p>Management Service. An Operations Manager (OPM) is responsible for all operational service delivery matters. Care Managers are professionally qualified staff, currently registered with their respective professional bodies, responsible for the assessment of need, delivery and review of packages of care for individual service users.</p> <p><b>TYC Challenges and Action</b></p> <p>Reflecting the strategic shift from hospital to community-based care and the priority afforded to seamless and time-bound discharge pathways, Care Management works with service users with increasingly complex needs.</p> <p>In partnership with Housing Associations, Community and Voluntary (C&amp;V) providers and the Independent sector, the Service has developed a Stepped Care Model that provides nursing, residential and supported housing options in response to the needs of service users.</p> <p>2017/2018 has witnessed a number of achievements, including the redevelopment and re-opening of Clearwater, a fourteen-bed and eight apartment-replacement of the original Clearwater complex. The building's design is exceptional, maximising the quality of the environment for service users. The opening of the new facility has been a major development in service delivery provision for service users from North Belfast.</p> <p>December 2017 also heralded the opening of a further six single, self-contained apartments in the Millburn II Project. Millburn I has been a highly successful scheme for several years.</p> <p>In the context of the achievements and success of the first phase of the Service's community-infrastructure development programme, it is now clear that the Service's future challenge will be to meet the bespoke needs of smaller groups of service users with highly complex support needs in partnership with other sectors. This cohort of service users would formally have remained in hospital on a long-term basis or experienced lengthy and repeated admissions. Due to the complexity of the needs of this group, placement is often difficult, resulting in delayed discharges from acute wards, in particular, Clare Ward and Shannon Clinic Regional Medium Secure Unit. This places an on-going pressure on community statutory facilities with a limited number of places.</p> <p>The Service has to date identified 20+ service users requiring higher levels of care, ranging from in-patient rehabilitation through to mental health Supported Housing (see table in 1.8).</p>		
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	<p>Supported Housing in this context would require a model which would deliver high levels of care and support on a 24/7 basis.</p> <p>In the absence of funding originally agreed from the Supporting People budget, the Trust made the decision in 2016 to continue with the development of an accommodation project in South Belfast at full cost to the Trust giving rise to a significant cost pressure for the Service.</p> <p>University Street is the embodiment of Bamford's community vision and a landmark in community partnership working in mental health services-a small, bespoke scheme, meeting the needs of service users who would otherwise be in acute care or have experienced repeated inpatient admissions.</p> <p><b>Supporting People (SP)</b> The end of Supporting People revenue has brought a halt to Trust plans for the development of new bespoke units, compounded by their recent proposed reduction of 5% in recurrent funding supports to existing schemes.</p> <p><b>ECR/IFR Patients returning to NI</b> The continued lack of appropriate facilities to meet the needs of service users returning from ECR placements has impacted on statutory supported housing. Transitions from specialist inpatient care are often difficult, particularly in the absence of appropriate accommodation.</p> <p><b>Procurement and Provision of Domiciliary Packages</b> The procurement process has continued to give rise to delays in the availability of domiciliary care packages, with providers having limited capacity for new or increased packages. This has had a direct 'knock on' effect leading to delayed discharges from hospital and further pressures on care managed and community services.</p> <p>Workforce recruitment and retention difficulties have resulted in extended delays in package availability resulting in Care Managers and Assistants having to spend considerable time contacting multiple agencies to secure the assessed levels of supports required. Waiting times have increased, in some instances for a number of weeks, and in some areas, such as BT1, there is no availability.</p> <p><b>Self-Directed Support (SDS)</b> While SDS has evidenced excellent examples of collaborative working across services and of the benefits of a co-production approach with service users and carers, its implementation has presented significant additional workload pressures on care</p>		
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	<p>managed services in the absence of additional resources to support this work.</p> <p>All new packages are assessed under SDS. A key challenge in implementation has been in ensuring that service users already receiving commissioned services have an understanding of the model and are re-assessed as part of the “roll-out.”</p> <p>The Service has embraced the ethos of SDS and has used the implementation process to improve collaborative working across services. SDS is being developed through co-production with the involvement of service users and carers at every stage, including staff training and strategic decision-making.</p> <p>Monthly monitoring is carried out by Care Managers in the statutory Supported Housing schemes. Service users, carers and other professionals are asked for their views on the services provided.</p> <p>A co-produced initiative is under way to involve service users directly in inspecting and completing parts of the Service’s monthly monitoring of statutory services delivery. It is hoped that this approach will be embedded into regular practice and linked to the Recovery College over the next 12 months.</p> <p><b>Resettlement Progress</b></p> <p>The Resettlement of the NRU patients has proven to be an exceptional challenge. The new six- bed Acquired Brain Injury (ABI) facility at Loughshore, in partnership with The Priory Group began transition work in October 2017 with trial placements starting from March 2018. The Trust has initiated Declaratory Judgement proceedings in respect six service users and is awaiting the outcome of the judgements. The placement costs have exceeded £800k per annum, excluding legal costs and community mental health services’ supports.</p> <p>After a 68% increase in the volume of referrals since 2016, the trend continued in 2017-2018. The Service commenced a review of Care Management service delivery processes, which included analysing of service delivery data and information re capacity, demand and referrals to plan for the development and modernisation of the service.</p>		
1.4c	<p>Please articulate how the views of Service Users, their carers and families are included in the decision-making process, review and care planning.</p> <p><b>Narrative</b></p> <p>Service users and carers are involved in all aspects of assessment, decision-making, review and care planning.</p>		

	<p>Where it is apparent that a service user or carer would benefit from additional supports, the Care Manager will link with advocacy services.</p> <p>Service user and Carer questionnaires are in place. Reviews are generally held within the requisite time-frame. Service users are encouraged to engage in their reviews and care planning arrangements.</p> <p>Care Management recognise the opportunity that SDS brings to ensure each service user is empowered and central to the support planning process, giving increased ownership and choice in the future. As at 31<sup>st</sup> March there were 124 SDS support plans in place.</p>							
1.5	Number of adults provided with respite during the period						<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care						<b>0</b>	<b>0</b>
	- Statutory sector						<b>276</b>	<b>10</b>
	- Independent sector						<b>30</b>	<b>5</b>
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities						<b>217</b>	<b>0</b>
1.7	Of those at 1.6 how many are EMI / dementia						<b>0</b>	<b>0</b>
	- Statutory sector						<b>0</b>	<b>0</b>
	- Independent sector						<b>0</b>	<b>0</b>
1.8	Unmet need (this is currently under review)						<b>X</b>	<b>X</b>
1.8a		Domiciliary Care	Direct Payments	Supported Housing	Residential Care	Nursing Care		
	Acute Hospital	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>		
	Transition from CAMHS Services	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>		
	Community	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>		
	Shannon	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>		
	Clare	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>		
	NRU	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>		
	Total	<b>2</b>	<b>1</b>	<b>20</b>	<b>0</b>	<b>6</b>		
	Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.							

	<p>A total of 30 people are waiting for placements or packages. This is a reduction of sixteen from the previous year.</p> <ul style="list-style-type: none"> <li>➤ One person waiting on Direct Payments-delay linked to recruitment of a care worker.</li> <li>➤ Twenty people are waiting on Supported Housing.</li> <li>➤ There are no people waiting on Residential Care. The opening of Cedarhurst and Glenalina's expansion into adult residential care provision has ensured the numbers waiting for placements have remained manageable.</li> <li>➤ Six patients are waiting for Nursing Home placements. The number has reduced since last year due to Priory working in partnership with BHSCT to meet the specialist ABI nursing needs of the NRU patients. These patients require extended trial placements and may not be formally discharged for several months (note that legal services are also involved). There is a small number of long stay patients. These individuals require access to specialist nursing services to enable their discharge.</li> </ul> <p>There is a need to consider the continuing provision for patients who require in-patient neuro-rehabilitation treatment. Acute or low secure psychiatric wards are unsuitable and overly- stimulating environments for patients with an ABI. For patients in the community or acute services who previously would have transferred to NRU, future provision has not been resolved to date.</p>		
<p>1.8b</p>	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p><i>Narrative</i></p> <p><b>SDS Implementation Support</b></p> <p>The Service is seeking twelve months funding for an SDS Champion post to support service users, carers and Community and voluntary providers' collaboration on completion of the requisite Seven Step Plans and associated SDS paperwork to facilitate the transfer of approximately 400 cases to SDS. This would enable the Care Management Team to focus on acute discharges and new cases.</p>		
<p>1.9</p>	<p>How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?</p>	<p>9</p>	<p>0</p>

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**MENTAL HEALTH SERVICE  
DATA RETURN 1 – HOSPITAL**

<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 period?	<b>0</b>	<b>273</b>	<b>15</b>
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	<b>0</b>	<b>273</b>	<b>15</b>
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	<b>0</b>	<b>93</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

**MENTAL HEALTH SERVICE  
DATA RETURN 2**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>X</b>	<b>X</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>15</b>	<b>1</b>
2.3	Number of adults known to the Programme of Care who are:	<b>0</b>	<b>0</b>
	Deaf with speech	<b>3</b>	<b>0</b>
	Deaf without speech	<b>0</b>	<b>0</b>
	Hard of hearing	<b>16</b>	<b>7</b>
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	<b>0</b>	<b>0</b>



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**MENTAL HEALTH SERVICE  
DATA RETURN 3**

<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>21</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>45</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>244</b>
3.3	This is intentionally blank	
	<b><i>Narrative</i></b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

**MENTAL HEALTH SERVICE  
DATA RETURN 4**

<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>118</b>
	Total expenditure for the above payments	<b>£11,159</b>
4.2	Number of TRUST FUNDED people in residential care	<b>74</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>120</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)?	<b>0</b>

**MENTAL HEALTH SERVICE  
DATA RETURN 5**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	<b>33</b>	<b>759</b>	<b>52</b>
5.2	Number of adult individual carers assessments undertaken during the period.	<b>28</b>	<b>631</b>	<b>36</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>	<b>1</b>	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>10</b>	<b>298</b>	<b>9</b>
5.5	Number of young carers offered individual carers assessments during the period.	<b>16</b>		
5.6	Number of young carers assessments undertaken during the period.	<b>5</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>17</b>		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>16</b>		
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>12</b>		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>46</b>		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>		
5.9.a	Of those at 5.8 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>11</b>		
5.11	Number of one-off Carers Grants made in-year.  Whilst there was a reduction in the number of Carers' Grants issued in the reporting year, some of the budget was invested in various carers' events, such as a Carers Conference on Early Intervention, Carer Workshops on Forward Planning, Carers Conference on Autism and a Carers Day providing information and support.	<b>442</b>		

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

**PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME**

**MENTAL HEALTH SERVICE  
DATA RETURN 9**

**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>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	<b>246</b>	<b>RESWS</b>
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>206</b>	<b>RESWS</b>
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>7</b>	<b>RESWS</b>
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>2</b>	
	<p><i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i></p> <p>There has been reduction in the number and frequency of Nearest Relative applications under the Mental Health Order. This appears to be due to an improvement in information being given by ASWs in regard to the Nearest Relatives rights under the Mental Health Order and the option for the nearest relative to request that an ASW undertakes the role of managing an application for admission. This has been beneficial for the Nearest Relative in terms of removing the responsibility for the decision in regard to compulsory admission of their family member which can at times put a strain on the family relationship and can oftentimes be a daunting task for the Nearest Relative.</p>		
9.1.d	<p>Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge?</p> <p>The Service is compliant with discharge requirements.</p> <p>In each case, the Hospital Team commences discharge planning in liaison with services following admission, and make every effort to contact and engage the nearest relative and to involve them in the discharge planning process and decision-making.</p>		

**Use of Doctors Holding Powers (Article 7)**

9.2	How many times did a hospital doctor use holding powers?	<b>76</b>
9.2a	Of these, how many resulted in an application being made?	<b>73</b>

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	240
9.3.a	How many of these were completed within 5 working days	214
	In all cases where an ASW report was not completed within the timescale, this was due to the timeframe falling over bank holidays and the ASW not having access to remote access or an iron key to complete the report outside of working hours. In all cases the importance of completing the reports and forwarding within the timeframe recommended was highlighted and the responsibility of the ASW to complete as soon as possible was reiterated.	
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed.  <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	<b>2</b>
9.4.a	Number of completed reports which were completed within 14 days	<b>2</b>
<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients (just provide total number)  There were 74 applications. There were six at Beechcroft in respect of children./young people.	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i> There has been a growing expectation for MHRT reports to be completed and presented to the MHRT within the 14 day assessment period. While this is good practice, it is very difficult to meet this timeline due to workforce constraints. It is not possible to furnish the MHRT panel with the level and depth of information that is recommended as per regional Social Circumstances Report template.	
9.5.a	This is intentionally blank	
<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	<b>5</b>
9.6.a	New applications for Guardianship during period (Article 19(1))	<b>1</b>
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	<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 period (Article 22 (1))	<b>1</b>
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	<b>4</b>
9.6.f	Number of Guardianships accepted by a nominated other person	<b>0</b>
9.6.g	Number of MHRT hearings in respect of people in Guardianship (just provide total number)	<b>0</b>
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

	Discharges as a result of an agreed multi-disciplinary care plan	0	
	Lapsed	0	
	Discharged by MHRT	0	
	Discharged by Nearest Relative	0	
	Total	0	
<b>Approved Social Worker (ASW) Register</b>			
9.7	Number of newly appointed Approved Social Workers during period		<b>1</b>
9.7.a	Number of Approved Social Workers removed during period		<b>2</b>
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)		<b>25</b>
	<p><b>Commentary</b>  <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p>The number of available ASWs on the Daytime Rota has been in decline in recent years As referenced at pages 91-95. As a result, the Trust faces significant challenges in meeting the statutory requirement set out in Article 115 of the Mental Health (NI) Order 1986 in respect of the availability of ASWs to discharge the range of statutory functions as specified in the Order.</p> <p>Six social workers from the Trust are currently participating in the Regional ASW Training Programme. If successful, they will not be available for appointment by the Trust until January 2019 following a period of “shadowed practice” before they can discharge the ASW role.</p> <p>The Trust presently has twenty-five ASWs registered on its Daytime Rota. A further two staff have recently been endorsed by the Trust as ASWs. The Trust anticipates a reduction of three from its current ASW cohort in the immediate future, two as a result of workload demands related to their substantive Team leader roles and one who plans to retire at the end of August 2018.</p> <p>Training of additional ASW staff has been identified as a priority and six places on the Regional ASW Programme have been taken up this year, with a further six planned for 2018-2019. The Trust is seeking to optimise applications while mindful of the impact on operational service delivery for teams, the costs associated with backfill, if available, and the demands on the Service to meet ASW Programme Practice Assessor requirements.</p> <p>There is limited ASW capacity across the childrens workforce out with RESWS, and no current Older Peoples Services or Childrens Community Services participation in the Daytime Rota. Children under the age of sixteen years will continue to be assessed under the Mental Health Order as this group is not included in the provisions of the Mental Capacity (NI) Act (2016).</p>		

Additional ASW duties include Guardianship-related functions and inputs into MHRT cases in light of their knowledge, skills and experience in this area. ASWs also provide consultation and supports to other Services.

All ASWs participate in re-approval training every three years.

Due to the demand for Mental Health assessments, it has been necessary to continue to provide three ASWs on-call on the Daytime Rota. Service delivery pressures reflect and have been exacerbated by the number of out-of-area applications for admissions (19% of the total during the reporting period), resulting in extended application processes. Such episodes can significantly impact on the ASW's ability to undertake their substantive roles the following day. The average length of time that an ASW assessment lasts for is 7+ hours in over 84% of all assessments across 2017-2018

As part of its focus on strengthening governance arrangements, the Trust is taking forward the ASW reporting via the PARIS system to track all relevant activity under the Mental Health Order and to assure compliance with statutory requirements.

9.8 Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.

Age	Gender	Date of Admission	Date of Detention
14	F	05.17	06.17
16	M	05.17	06.17
17	M	06.17	Detained on admission
13	F	07.17	Detained on admission 2 <sup>nd</sup> detention 09.17
16	M	09.17	Detained on admission
13	F	11.17	Detained on admission
16	M	11.17	Detained on admission
17	F	11.17	11.17
17	M	12.17	Detained on admission
14	F	01.18	01.18
17	F	01.18	01.18
16	F	02.18	Detained on admission
15	F	02.18	.04.48
15	F	03.18	1 <sup>st</sup> Detention 03.18 2 <sup>nd</sup> Detention 04.18
17	M	05.17	05.17
17	M	07.17	07.17
14	F	09.17	09.17
14	M	09.17	09.17
17	M	02.17	03.17
17	M	07.17	02.18

9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	3
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<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50 A(6).            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	2
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	2
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	1
	<i>Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i>	

**LEARNING DISABILITY SERVICE  
GENERAL NARRATIVE**

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>Ms <b>H425</b> succeeded Ms Aine Morrison, as the Associate Director of Social Work in Learning Disability, on 1<sup>st</sup> August 2017. Mrs Mairead Mitchell, Acting Head of Learning Disability Services, has assured the Service Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>As part of the Trust's phased implementation of a Collective Leadership model, the Learning Disability Service has assumed shadow Divisional status within the Adult Social and Primary Care Directorate.</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. 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.</p> <p>The Associate Director of Social Work is responsible for:</p> <ul style="list-style-type: none"> <li>➤ Professional leadership of the social work and social care workforce within the Service.</li> <li>➤ The establishment of structures within the Service to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service 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's Interim and Annual Statutory Functions reports.</li> <li>➤ The promotion and profiling of the social work and social care workforce's role in securing the Trust's strategic objectives and key service delivery priorities.</li> <li>➤ Ensuring that arrangements are in place within the Service to facilitate the social care workforce's learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service 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 line management and professional structures to the Executive Director of Social Work.</p>
<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>Three agency AYE staff have been working in the Service during the reporting period. In relation to supervision of AYE staff, the Service is compliant with the Revised Guidance for Registrants and their Employers, NISCC July 2010. All AYE staff have received professional 1:1 supervision on a fortnightly basis and have had protected caseloads. During supervision, they have the opportunity to develop their knowledge and skills and to reflect on their practice in a safe and supportive environment. They</p>



have all received a comprehensive induction and have had access to mandatory training and an appraisal. They have had the opportunity to attend the AYE peer support group and the SW forum within the Trust. As an integral part of their training, AYE staff are observed in practice and have their files audited at each supervision session.

The Service continues to work within the Belfast Trust Adult Social Work Supervision Policy, which 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, additional professional supervision on a quarterly basis. All supervisory staff have received training on this Policy. Supervisory staff have also completed the Trust's professional supervision course.

Currently, social work staff manage all four of the Service's community teams. All Band 6 social work staff within the Community Learning Disability and Hospital Social Work Teams receive operational and professional supervision on a 4-6 weekly basis as per the Trust policy. Each month a random sample of service user files are audited. All Team leaders, who are band 7 Social workers are professionally supervised by the 8A Operations manager on a 6-8 weekly basis. The 8A Social Work Operations Manager audits supervision files on a 3 monthly basis.

Learning Disability social workers also continue to attend Approved Social Work Fora, Designated Adult Protection Officer (DAPO) /Investigating Officer (IO) Support Fora and Achieving Best Evidence (ABE) Support Fora as appropriate. These are highly valued sessions, which ensure staff have access to support in these complex areas of practice and are kept appraised of developments in these fields.

The Service continues to hold its own DAPO/IO Forum to give practitioners opportunities to discuss issues re adult protection work. A new DAPO support group has been established to support DAPO staff and to ensure shared learning and consistency across the programme. This has proved to be extremely useful in transitioning to practice and service delivery requirements of the Revised Adult Safeguarding Policy, giving practitioners opportunities to keep up to date with research and to explore practice issues within a supportive setting.

The Service has now taken active steps to ensure all ASW staff receive 1:1 supervision from an ASW manager. The Service appreciates the pressures associated with the discharge of this function It plans to set up an ASW Practice Forum to allow newly qualified ASWs and more experienced practitioners to share practice learning. Unfortunately, due to changes in personnel, this has not taken place to date.

The Learning Disability Social Work Forum has been re-launched. It plans to meet every three months. This Forum has met once since the Associate Director has taken up post. It provides an opportunity for shared learning to take place, for staff to meet to reflect on practice and to share learning.

3.3	<b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory</b>
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**functions, identifying emerging trends and issues (may include cross references to other sections to this report).**

During the reporting period, the HSCB audited the Community Teams under the auspices of the Learning Disability Service Framework (LDSF). Ninety files across Community Teams, supported housing and day care/day opportunities were reviewed. This is Year 4 of this project. Across the eleven indicators, the Service has continued to improve.

The Community Learning Disability Teams have been engaged in preparations for the operationalising of the ASCOT tool. ASCOT is designed to measure the impact of and outcomes for service users of social care service delivery. All Team Leaders and Operations Managers within Community Learning Disability have attended training sessions on ASCOT. This information was then cascaded to Administration staff. The Service acquired two easy-read versions of the ASCOT tool to assist in engaging service users.

The Service completed an audit of the Families Matter Shared Lives Service delivered by Positive Futures. It is a model of support, which provides family-based provision for people with a learning disability, acquired brain injury or autistic spectrum disorder. Shared Lives Carers provide support in their own homes as part of long-term caring arrangements or short breaks. The audit addressed a number of service delivery areas, including overall quality of the service users' placement experiences and engagement of service users and principal carers in placement review and planning arrangements. The audit outcome was positive across all standards reviewed.

The Service continues to provide a service information dashboard on a monthly basis, encompassing governance indicators; resource utilisation; clinical measures; complaints; compliments; absence rates; use of bank and agency staff; admission and discharge rates; hospital bed occupancy/daily bed state availability; SAI/incident data; adult safeguarding referrals; and a financial position update.

The Service has continued its participation in the UK-wide Learning Disability Services benchmarking network. Forty-eight NHS Trusts and Health Boards made 68 submissions across England, Wales and Northern Ireland, as well as a number of independent sector organisations. The benchmarking metrics have afforded the opportunity for the Service to compare its performance and to identify areas for improvement utilising the network as a vehicle for sharing learning and exploring innovative service developments.

People with learning disabilities and their families can be involved in several annual reviews reflecting the number of services they are in receipt of at any one time. Using a co-production approach, the Service is in the process of consulting, planning for and designing a single annual, holistic review process.

Since the publication of the Bamford Review in 2009, the Trust has planned and implemented an accommodation strategy that largely focuses on the development of supported living arrangements, including supported housing and commissioning of specialist nursing accommodation, with private sector providers for those being resettled from Muckamore Abbey Hospital. Since 2013, the Trust has delivered, in

partnership with the NIHE, a range of housing associations and support providers, a total of eleven new schemes accommodating sixty-nine new tenancies. The Trust has delivered two new schemes in 2017/18 with fourteen additional tenancies.

In Autumn 2016, the NIHE advised Trusts and housing support providers that the supporting people budget, used to fund housing support tasks, was over-committed. It subsequently announced a 5% reduction in Supporting People funding across all schemes. There is also a lack of clarity as to whether the NIHE/DfC will provide capital funding for the development of supported housing in future.

This has meant that the Trust is currently having to find the funds itself to provide the housing support element of any new scheme in development and manage a 5% reduction in Supporting People revenue on its existing schemes.

Despite the current uncertainties, the Service has developed a five-year accommodation plan and has been proactive in identifying the following Supported Housing priorities:

- **Care leavers.** The Trust has identified the need to provide specialist supported housing environments for young people leaving care often with learning disability and challenging behaviours. (Approximately 2- 3 persons per year).
- **Forensic.** The Trust has identified the need for specialist supported housing for a number of people with learning disability and a forensic profile. The Service has identified twelve service users in this cohort, six of whom require accommodation urgently.
- **Challenging Behaviours.** Currently there is need for six to eight tenancies for adults with challenging behaviour including the return of people on ECRs.
- **Adults with lower level needs.** Currently there is a need for 5 to 10 tenancies per annum for adults with learning disabilities who require lower levels of support, and who prefer a shared living experience synonymous with L'Arche provision.

The Service Short Breaks Review was recently completed. As part of the Review process, carers were invited to attend a workshop, which was held to consider guiding principles for short breaks provision within the Learning Disability service. Feedback from a number of earlier workshops was used to consider the proposed guiding principles. The review findings indicated that parts of the service worked well, but others did not work so well. The Review also noted variations in funding levels for different types of short breaks.

Analysis of complaints indicated that a number of families believed they did not have access to a sufficient number of short breaks episodes and that sometimes the breaks were not available in the "right" placement. The Review also highlighted that the distribution of short breaks was not necessarily reflective of levels of assessed need. The Learning Disability Service is proposing a co-design approach to the principles that should underpin the short break service with service users and their families.

In order to develop day opportunities, the Learning Disability Service has established an inclusive Day Services Forum to take forward local joint planning, co-design and implementation of the Regional Day Opportunities Model. The Forum includes service users, carers and families, and providers from the community and voluntary sectors.

The Forum, which is co-chaired by the Trust and a carer, has developed a draft Day services plan, which outlines proposals to extend the range of day services by creating choice, responding to individual Expectations, providing more "Enjoyment" for services users, providing more skills training and ensuring services are in response to assessed need.

The service area has examined the feasibility of establishing social enterprise cafés within the Health and Wellbeing Centres to provide training and employment opportunities for people with a Learning Disability. With support from the Trust, a pilot is now in place.

The Service is also exploring the possibility of Positive Action in recruiting people with a learning disability to secure permanent posts within the Trust. This initiative will involve close working with a partner Division (e.g. PCSS and Occupational Health) and require strong partnership working with a range of community and voluntary organisations, the Department for Communities and the Equality Commission.

A review of the Intensive Support Service was completed. It demonstrated that there was a lack of demand for extended hours-provision, leading to the recent stepping down of this aspect of the service. A further review has taken place and action plan developed to address the service's core business and thresholds for admission and discharge. Action planning is currently taking place to improve systems, documentation and communication. One of the options being considered by the Service is the implementation of a model for crisis home supports to help keep people safe, maintain them in community settings, avoid unnecessary hospital admissions and facilitate early discharges from hospital.

The Service has also process mapped service users' transitioning from childrens disability to the Adult Learning Disability Service. The transition from childrens services to adult services is often very challenging for young people with a learning disability and their families. It involves a change of service delivery arrangements at a time when they are also experiencing wider changes in their lives, for example in their educational circumstances. The Service, in conjunction with the Children with Disabilities Team, is reviewing current transitional arrangements with service users and carers with a view to identifying an action plan for improvement.

The Service plans to invest new resources in the Community Teams to facilitate smooth transition from children's to adult services. In order to take this forward, the Service has plans to engage with the service users and their families prior to transitioning, to develop overarching principles to inform future short breaks provision. There is recognition of the importance of ongoing improvements in co-working approaches with childrens services to facilitate early identification of needs to support long-term service planning, including the range and levels of short break provision.

The Service completed a review of care management, which indicated significant pressures on the workforce related to increased complexity of caseloads, particularly in relation to those service users with a forensic history, transitioning from childrens services and the re-settlement/delayed discharge of patients from hospital. A process mapping exercise was completed and an action plan devised. There is currently a review of the documentation, processes and systems in place.

	<p>A review of business processes across Community Learning Disability and the Hospital Social Work Teams has identified the need to standardise documentation and business processes to improve the safety, quality and seamlessness of service user pathways through the Service.</p> <p>Muckamore Abbey Hospital has engaged with the Quality Network for Learning Disability and four wards were successful in securing accreditation following inspection.</p>
3.4	<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>Hospital services and all regulated services across residential, supported housing and day care are subject to RQIA inspections. During the reporting period, there were twenty-eight announced and unannounced RQIA inspections leading to fifteen recommendations. These were addressed via Quality Improvement Plans (QIPs).</p> <p>The Service is in regular contact with RQIA about innovative practices to ensure that they meet standards.</p> <p>The Service notifies the RQIA of any untoward incidents as per their reporting requirements.</p> <p>The Service liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility.</p> <p>RQIA has also been involved in the ongoing adult safeguarding investigation in Muckamore Abbey Hospital.</p> <p>A female patient within the admission ward has instigated a Judicial Review into the smoke free policy on the hospital site.</p> <p>The Service had one social worker referred to NISCC by a member of the public. The outcome of the investigation by NISCC was that no further action in respect of the staff member was warranted.</p> <p>All social work and social care staff in the Service are compliant with NISCC registration requirements.</p> <p>Through the provision of training and learning opportunities, all social work and social care staff are supported to meet NISCC's PRTL requirements. A high proportion of the staff have also been supported to complete Professional in Practice (PiP) post-qualifying bespoke programmes or to submit portfolios of learning to secure PiP accreditation. All Service-based social workers and social care workers have an annual Self Development Review (SDR).</p> <p>Each new staff member has the opportunity to attend the Trust's Corporate Induction. The Service provides a two-day bespoke induction for newly appointed staff. This</p>

induction is delivered by the Service with direct input from service users and carers. In addition, each team has their own local induction processes.

The Service carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of 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 Mental Health Review Tribunals.

The Service has contributed as appropriate to MARAC and PPANI processes.

The Service has ongoing engagement with the PSNI and participates as appropriate, in Joint Protocol arrangements.

The Service continues to work with the Office of Care and Protection (OCP) as required but remains, as reported in previous years, concerned about the changes in OCP practice in relation to the management of service users' affairs.

The Service continues to work in partnership with the Housing Executive in relation to the Supporting People programme. However, planning and budgetary uncertainty have caused significant difficulties recently where discussion about future schemes has halted altogether and plans for existing schemes have been postponed. As discussed elsewhere in this Report, the Service has an ongoing need for supported housing, particularly for those service users with complex needs and this situation is having a significant impact on service delivery.

A Declaratory Judgement was sought, by the Trust with regard to the possible deprivations of liberty regarding one client, who is subject to Guardianship. This Judgement was granted on 20/1/17 and was reviewed on 22/3/18 at the High Court.

The Service currently has responsibility for the management of two Supervision and Treatment Orders. One has been in place for just over a year and the second was made during this reporting period. Both require the service user to continue to live at a family address. In the first case, the Service commissioned specialist assessment by a Forensic Psychologist to enhance the risk assessment and management planning. This report was received in February 2018 and a multi-disciplinary meeting was held to update the risk management plan. Both these clients are subject to PQC/CRA and are reviewed regularly under this policy.

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>Recruitment of Psychology staff:</b> Psychology staff are a key part of the Service’s community treatment workforce. The Service is experiencing major difficulties in recruiting these staff. This is a wider professional workforce issue and there are vacancies across the region and across a number of specialties within Psychological Services. The Trust has raised the need to address as an urgent matter training numbers for Clinical Psychology with the Department of Health.</p> <p>The Service has not had a Consultant Clinical Psychologist in post since April 2016 and recruitment to date has been unsuccessful. The Service area has also attempted to get locum cover via external national agencies but this has been unsuccessful to date. The consultant post is going out to advertisement again within the next few weeks.</p> <p>The lack of a consultant is particularly problematic as this post is the clinical and</p>	<p>Recruitment processes continue. Current approaches include the use of a specialist recruitment agency and widespread advertisement.</p> <p>Contingency arrangements have been made and temporary clinical and management supervision arrangements are in place.</p>	<p>This issue is not on the Risk Register.</p>

	<p>management lead for the Service's Intensive Support and Psychological Therapies Services. The Trust's Head of Psychological Services has provided additional inputs and supports to these services.</p> <p>The staffing difficulties have had and will continue to have a significant impact on service provision. Contingency plans have required a scaling back in the services offered, with priority given to eligibility assessments and high-risk situations. The Service is not currently able to offer autism or dementia assessments and a significant number of service users continue to wait longer than we would wish for psychological therapies.</p> <p>Recruitment has been successful within the Forensic Psychology Service and there is a full complement of staff in this area.</p>		
	<p><b>Care Management</b> The internal Care Management Review highlighted significant workload capacity challenges. The resettlement of hospital and delayed discharge patients, who often have extremely challenging behaviours or complex health needs, continues to add significantly to the demands of caseloads.</p>	<p>The internal Care Management Review identified a need for increased care management staffing which creates a cost pressure. The Review identified the need for additional Care Management staff. There is a current review of systems, processes and documentation.</p>	<p>This issue is not on the Risk Register.</p>



	<p>In addition, children transitioning into adult services increasingly require more bespoke and innovative accommodation and packages of care. Identifying, negotiating and developing bespoke accommodation and packages of care for this population is particularly challenging.</p> <p>Care Management are initiating and chairing additional volumes of case discussions, as well as supporting providers, to prevent placement breakdown. Supporting service users along the life pathway into older age has presented the Service with a range of emerging demands for bespoke age-related health and wellbeing services.</p>		
	<p><b>Accommodation</b> The Service Area has had difficulties in obtaining suitable placements for patients with complex behaviours. Service staff have been working with a significant number of new providers and new services. Care Management staff have had considerable input into the development of these new services to ensure that the appropriate staff, care, accommodation and contracts are all in place to meet the needs of service users.</p>	<p>The Service has been working jointly with external agencies from England to purchase, at risk, accommodation options.</p> <p>From the beginning of the year, Care Management has been working collaboratively with RQIA, Falkirk Social Services, In- Control, Contracts Department and the Department of Legal Services to explore innovative ways under the Self Directed Framework, to facilitate long-term placements in the community in unregulated rental accommodation.</p>	<p>This is not on the Risk Register.</p>

<p>Unfortunately, the recruitment and retention of staff has been an issue in the independent sector for the new projects identified. The Service has also raised concerns about the experiences of staff employed in these settings and considerable supports from Trust staff were required to supplement the respective projects.</p>		
<p><b>Re-settlement</b>                  The Trusts meets with the HSCB finance and performance managers bi-monthly to report on progress in achieving the resettlement of the remaining Community Integration Project PTL patients. During the reporting period, the resettled five PTL patients successfully. There are fourteen PTL patients still residing in Muckamore Abbey Hospital.</p> <p>The Trust worked proactively with two organisations to develop bespoke placements for these patients and those delayed in their discharge however, the specialist nursing home provider failed to deliver on the requirements for the assessed needs of the patients. These placements did not continue and the provider has reviewed their ability to work with complex learning disability patients.</p>	<p>The Service area will continue to work with the HSCB in achieving the retraction plan for the hospital.</p> <p>The community infrastructure funding, which the HSCB has made available, has helped strengthen and develop services to support these placements</p>	<p>This issue is on the Service Risk Register and is categorised as a medium risk.</p>

	<p>The Trust continues to work with the other providers to build their capability and resilience to maintain these patients in the planned community settings.</p>		
	<p>During 2017/2018, the Service has identified placements for a number of delayed discharge patients with bespoke nursing home and residential providers.</p> <p>Dympna Mews was completed in February 2018. The facility will support the discharge plans for eight service users with complex needs patients in the coming months.</p> <p>Lack of placement availability continues to be a major barrier to achieving discharge targets with approximately twelve admissions per year across all the Trusts categorised as complex delayed discharges.</p> <p>Muckamore Abbey Hospital currently has fifteen complex delayed discharges. Discharge plans are in place for ten of this cohort, with a further five patients having no resolved discharge plans to date.</p> <p>The Service continues to have difficulty in sourcing appropriate accommodation options for a range of complex needs including autism, challenging behaviours</p>	<p>The Service has been working proactively with a number of providers to plan for the discharge of a number of complex delayed discharge patients. This has included the residential and nursing home options.</p> <p>The Service strives to achieve discharge as soon as possible by commencing planning for discharge from the point of admission.</p> <p>The Service scopes key data to profile its adult and children’s population on a regular basis to identify levels and range of potential needs to inform its long-term planning priorities and resource requirements. A Service Accommodation Planning Group meets every two months to take this process forward. The Service continues to meet with a wide range of providers to develop co-ordinated, multi-sectoral and service user centric planning approaches.</p> <p>Difficulties in accessing acute admission beds for people with a learning disabilities as a result of delayed discharges due to lack of appropriate community placements for</p>	<p>Potential failure to meet assessed need due to lack of availability of service provision is included on the Trust’s Risk Register as a medium risk.</p>

<p>and complex health care needs. The Service Area is very dependent on independent sector providers choosing to make provision available. Options are very limited. There is rarely any choice and services are often in a situation where a less than ideal option is the only one. This lack of choice and availability also means that the Service is in a poor position to negotiate with providers about the cost of their services. The Service believes that a regional strategic approach to the planning and commissioning of future accommodation services would be extremely helpful. The Service also believes that increased direct Trust provision for those with more challenging needs could provide greater scope and choice. There is a need for community accommodation provision for those with severe challenging behaviours and appropriate workforce skills mix. The Trust progressed the planning application for a bespoke housing scheme at Abbey Road, which has now received planning approval. The Trust would welcome a discussion with the HSCB and other Trusts to assess the potential of this site to provide a regional accommodation solution for individuals with complex and challenging needs.</p>	<p>those awaiting discharge is an area of ongoing concern.</p> <p>The Service notifies the HSCB of delayed discharges while engaging directly with inpatients own Trusts on a regular basis to update on and review discharge-planning options.</p> <p>The Service has prioritised the development of community treatment infrastructure to provide treatment options in the community to prevent hospital admissions. The Service has implemented a local bed management protocol incorporating a designated Bed Manager post.</p>	
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	<p>The Service Area continues to struggle to make admission beds available as required. In this reporting period, there were 118 admissions to the hospital. This level of activity is in keeping with previous years. Recently, due to the lack of available beds and staffing shortages, the hospital has not been able to admit patients. This has resulted in the admission of one patient to the Bluestone unit and four patients being admitted to the Lakeview unit. Unavailability of a bed and staffing shortages in the Western Trust led to four admissions to Muckamore Abbey Hospital and Iveagh. Due to “pass beds” being required for urgent admissions, the Service area has had to “sleep patients out” in other wards to manage the risk.</p>	<p>The service area continues to try to place delayed discharge patients in the community. A review of the Community Intensive Support Team is addressing service provision to reduce hospital admissions and, at the same time, facilitate early discharge from hospital.</p> <p>The Service Area has developed a Bed Management Protocol, which it anticipates will reduce the number of “sleeping out” arrangements and facilitate the pro-active management of admission beds.</p>	<p>Lack of appropriate admission beds is on the risk register as high</p>
	<p><b>Deprivation of Liberty</b>                  The Service remains significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service remains of the view that the Departmental guidance of 14/10/10 on this issue is not sufficiently robust in light of the current legislative vacuum.</p> <p>Notwithstanding the significance of this matter, the Service has adopted a pragmatic approach to decision-making in</p>	<p>The Trust has previously affirmed its view of the need for a review and updating of current Departmental guidance on deprivations of liberty.</p>	<p>This issue is on the Trust’s Risk Register and is categorised as a High risk.</p>

<p>relation to applications for Declaratory Judgements. The Service pursues such Judgements only in those circumstances service user is actively resisting or a carer/relative is objecting to a placement. In all other cases, the Service uses a “Best Interests” approach to inform key decision making,</p>		
<p><b>Forensic Services</b>                  The Service has a growing need to provide a range of services to those with forensic histories in light of the increasing number discharged from Muckamore Abbey Hospital. These service users have complex needs, often presenting with co-morbid drug and alcohol addiction or mental illness. The Service struggles to find accommodation and support services willing to accept service users with these difficulties. The Service provides considerable supports to providers who do offer placements to this group of service users. The Service remains concerned about the lack of Community Forensic Consultant Psychiatry availability.</p>	<p>The Service is liaising with other Trusts to explore joint funding and working arrangements, which might address this gap in workforce resource.</p>	<p>This is not currently on the Risk Register.</p>
<p><b>Domiciliary Care</b>                  The Service has experienced increasing difficulties in providing domiciliary care packages. This is primarily due to a lack of capacity to meet demand levels across independent sector providers. Service</p>	<p>In this context, the Trust stood down its domiciliary care procurement exercise. The Service is engaged in a range of initiatives and partnership approaches across all provider sectors to develop a robust, stable</p>	<p>The issue of the potential failure to meet assessed need is on the Trust’s Risk Register as a medium risk.</p>

	<p>providers are reluctant to “take on” smaller (non-seven days-a-week) packages.</p>	<p>resilient and flexible provider workforce base moving forward. The Service has proactively promoted SDS uptake and the accessing of Direct Payments to obviate demand pressures for domiciliary packages</p>	
	<p><b>Supporting People</b> The Service is concerned about the proposed 5% cut by the Department of Communities (DfC) in its Supporting People (SP) funding. A significant number of supported living providers have already approached the Trust to address their projected funding shortfalls.</p>	<p>The Trust has highlighted its concerns regarding this issue with the DOH, DfC, HSCB Board and NIHE.</p>	<p>This issue is not on the Risk Register.</p>
	<p><b>ASWs</b> Recruitment, retention and workload capacity of ASWs remains a major difficulty for the Service. The Service has seven ASWs contributing to the Trust Daytime ASW Rota.</p>	<p>The Trust has pursued a range of initiatives to consolidate and, where possible, consolidate its current ASW capacity. It has engaged in a programme to enhance ASW numbers through supporting staff to complete the Regional ASW Programme-the accredited ASW training pathway.</p>	<p>The risks related to ASW Daytime Rota service delivery currently listed as high on the Directorate Risk Register.</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 Service workforce remains stable. There have been a number of vacancies (3 permanent, 2 maternity cover, 1 secondment) across three of the community teams in 2017-2018 due to promotion, work life balance requests and staff leaving post to take up posts closer to home. The Service one social work vacancy currently which is with HR for processing. The Service is seeking to recruit two temporary social workers and to replace on a permanent basis a Team Leader post in its hospital-based service in Muckamore Abbey.</p> <p>Delays in the recruitment processes present ongoing challenges for operational service.</p>
3.9	<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>Residential and Nursing Homes Charging – The Trust operates in accordance with the DHSSPS Charging for Residential Accommodation Guide (<b>CRAG</b>) April 2015 to determine charges.</p> <p>The Service continues to receive requests for support with both voids and start-up costs from housing and care providers. This issue is potentially destabilising for these important services and does cause significant financial pressures. T Service would welcome regional guidance in respect of this area.</p>
3.10	<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>Muckamore Abbey Hospital has a bespoke social work team, which provides social work services to patients on both Muckamore and the children's Iveagh Ward sites. Muckamore Abbey is a regional facility with admissions from across all Trusts in the region.</p> <p>There have been some recent changes in the social work service delivery structures. Since January 2018, the Operations Manager (Social Work Lead) and Service Manager (Associate Director of Social Work) have assumed senior management responsibility for the team. The staffing complement consists presently of one Band 7 Senior Social Work Practitioner, who acts as a Designated Adult Protection Officer (DAPO) and three Band 6 social workers. One of the social workers provides a service (2.5 days per week) to the children and young people's ward at the Iveagh Centre.</p> <p>All patients who admitted to Muckamore and Iveagh receive a social work service. This varies according to need. Social work staff contribute to the initial assessment</p>



and review arrangements, which inform the care plan and pathway for the care plan and patient pathway through the hospital and onto discharge.

Social work forms a core part of the multidisciplinary team. Each ward now has an assigned social worker who attends weekly team meetings, participating in the assessment and treatment of patients.

Hospital social work staff liaise with community services as appropriate, including specialist services-PPANI, MARAC, Gateway and Trust adult safeguarding services.

The represents the Belfast Trust as the detaining authority at Mental Health Review Tribunals (MHRTs). In preparation for the Tribunals, the social worker will co-ordinate multi-disciplinary contingency planning/pre-MHRT meetings to review care plan options for the patient if discharged by the MHRT. The social workers are proficient at formulating reports to adopt as their evidence to the Tribunals. They will speak to this evidence at a Tribunal and present the current risks and proposed plan for the patients.

The Hospital Social Work Team has provided evidence to nine Review Tribunals during the reporting period. Six of these have been for the Belfast Trust, one for the Northern Trust, and two for the South Eastern Trust.

Social work staff continue to be involved in the teaching ethos of the hospital. They offer placements to ASW candidates and provide support and advice to them throughout placements.

Under the Promoting Quality Care guidance, the social work team support nursing colleagues in completing Comprehensive Risk Assessments and Risk Management Plans. They are also fully involved in the review of these documents.

The social work team have delivered "Keeping You Safe Training" to patients with thirty-one patients having attended sessions to date. The training seeks to promote self-awareness of and personal protection skills for vulnerable adults in the area of safeguarding. It incorporates a range of delivery methods including group and individual sessions, supported role-play and facilitated discussions on core safeguarding themes.

In light of recent adult safeguarding issues in Muckamore Abbey, the Trust's specialist Adult Safeguarding Service, which is a community-located resource, has responsibility for the investigation of all safeguarding allegations against staff, affording an independent dimension to the management of such investigations.

The hospital-based social work team are responsible for the management of patient-on-patient in-hospital safeguarding allegations. The DAPO has a strategic role in reviewing referral thresholds, protection planning, analysing patterns in referrals and working with the multidisciplinary teams to examine any potential practice developments/changes to service delivery processes, which may reduce the number of patient-on-patient safeguarding incidents. The DAPO in Muckamore Abbey has completed ABE interviewer training.

3.11	<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 based approaches remain central to all aspects of the Service's work. The Service continues to work in partnership with service users and carers in the review and delivery of services. There is ongoing consultation with service users and carers via various groups including Friends and Carers of Muckamore Abbey, groups allied to day centres, parents and friends groups allied to residential services. The Service continues to work alongside advocacy groups such as TILLI (Telling it like it is) and independent advocates through Bryson House and Mencap.</p> <p>Human Rights awareness training is provided for all staff. In addition, staff participate in corporate and bespoke professional training events in relation to capacity and consent and human rights considerations in discharging statutory functions under the Mental Health (N.I.) Order 1986 in relation to applications and admissions for assessment and Guardianship. Service staff have had the opportunity to avail of specific training in relation to Declaratory Judgements.</p> <p>Policies and related guidance address the weighing of human rights considerations in those circumstances in which interventions might impact on a service user's exercise of independent choice or where a service user's vulnerabilities require their access to independent advocacy and/or legal representation. These areas include:</p> <ul style="list-style-type: none"> <li>i) Adult Safeguarding.</li> <li>ii) Capacity, Consent and Best Interests issues.</li> <li>iii) Decisions relating to the use of powers under Guardianship.</li> <li>iv) Applications for compulsory admissions for assessment.</li> <li>v) Risk assessment and risk management decision-making processes.</li> <li>vii) Restrictive practices and the use of physical interventions.</li> <li>viii) Care Planning.</li> <li>ix) Use of CCTV to capture aspects of a service user's experiences of care.</li> <li>x) Seclusion and positive behavioural support.</li> </ul> <p>Social work staff record human rights considerations in case note recording and reports. Their recording should enunciate the context, weighing of intervention options within a human rights focus and their rationale for adopting a particular approach. The Service uses the Best Interests Decision Making Tool to inform complex decision-making.</p> <p>The Service Area is committed to service delivery, which promotes respect and dignity for each individual in line with corporate and professional values. The Service's investment in co-production, engagement with and empowering service users, carers and communities provides the template for rights-based, compassionate, qualitative and safe discharge of statutory functions to people with learning disabilities and their carers.</p> <p>The Learning Disability Day Services Forum has utilised Appreciative Inquiry methodology to the review, design, planning and development of future provision.</p>

	<p>To date the Service has had over 640 contributions from service users, staff and carers.</p> <p>The Service area plans to employ a carer consultant as part of the Senior Divisional Team. This will contribute to the embedding of a human rights approach and carer focus.</p>
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**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 on-going challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 continues to require 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. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. The provision of accessible information to service users about their rights. The provision of advocacy services.	All on going.
2.	As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service awaits the introduction of the new capacity legislation, which should address this issue. Provision of advocacy services.	All on-going.
3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission for	The Service strives to be as accommodating as possible in arranging	All on-going.

	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.	early Tribunal dates but this remains a major difficulty.	
4.	Adult safeguarding-generally involving a balancing of the statutory duty to promote and protect the welfare of a vulnerable individual and their right to self-determination. It can also involve complex decision-making with regard to risk management in non-adjudicated situations, balancing an individual's right to privacy with potential risks to the wider society of failure to share information.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. The provision of support groups for Investigating Officers and Designated Officers to promote best practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All on-going
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. Staff training on capacity and consent issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services. Staff updates on legislative developments.	All on-going.

		Legal advice is sought on individual cases	
6.	The use of compulsory powers under the Mental Health (NI) Order 1986	The Service is cognisant of the need to exercise its statutory remit in a balanced proportionate and least restrictive manner.  Actions as listed at 5. above	All on-going

3.15	<b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b>
	<ul style="list-style-type: none"> <li>➤ The Service is taking forward the implementation of Self-Directed Supports (SDS).</li> <li>➤ During the reporting period, the Service held a series of focus groups on the Muckamore Abbey Hospital site facilitated by two senior managers independent of the hospital. These events provided “safe space” for staff to articulate concerns and suggestions for improvements. This initiative was part of a wider Service and Trust prioritisation of staff engagement. The Service has commenced its pathway to Divisional status. This will be a substantial organisational development process, which will involve the embedding of a collective leadership culture, an emphasis on workforce engagement and support and continuous service delivery improvement.</li> <li>➤ The Divisional Social Worker will share accountability with other Divisional Leadership Team members for the performance and governance of the Division. In this role, the post holder will have bespoke leadership and professional accountability responsibilities across the social care workforce.</li> <li>➤ In the context of the pivotal importance of social care services for service users with learning disabilities, the Division will facilitate innovation, improvement, engagement and governance structures, which will strengthen quality and effectiveness of service delivery within a learning culture predicated on a co-production, compassionate and improvement.</li> <li>➤ To date, improvements in safety and quality standards has focused on staff examining best practice within their own area of specialism but also further afield regionally and internationally. This has led to the development of a Quality Improvement Strategy for the Belfast Health and Social Care Trust which to date has seen several hundred projects emerging which has led to significant improvement in safety and quality for the people who use the Trust’s services.</li> <li>➤ The Service was a regional finalist in the Excellence in Co-Production (Empowering Change through Active Participation) Patient and Clients Council Award. This achievement recognised the co-production approach, which informed the establishment of a Day Services Forum involving service users, carers and staff to shape the future of day services across Belfast. Carers, service users and staff trained together to develop their knowledge and skills of Appreciative Inquiry methodology. This has facilitated collective possibilities for improvement and transformation of day services. in the future. To date the Service has had over 640 contributions from service users, staff and carers.</li> <li>➤ The Service’s Day Opportunities Programme has substantially increased the range of social, leisure, recreational and educational community based activities offered to and accessed by people with learning disabilities across the City. The Service has used non-recurrent day opportunities funding to develop a significant number of taster opportunities across a range of areas in including hill walking, dance and art. It has also invested in personal development, training for work and independence programmes for individuals, which will support them to take up day opportunities.</li> <li>➤ The Service has ring-fenced twelve vacant PCSS posts for the employment of people with learning disabilities. Each potential employee referred to the Positive Action Employability Programme will undertake a twelve-week OCN</li> </ul>

	<p>accredited training programme and, on successful completion, will receive an offer of permanent paid employment.</p> <ul style="list-style-type: none"> <li>➤ Learning Disability Day Services, Knockbreda Wellbeing, and Treatment Centre, in partnership with Ulster Supported Employment and Learning, have opened the Ability Café, which provides adults with learning disabilities from across Belfast with accredited on-site training to enable them to prepare for and access paid employment opportunities in the hospitality industry.</li> <li>➤ Everton and Fortwilliam Day Centre service users and staff developed a Capacity and Consent Toolkit in partnership with the Department of Health and Social Care for dissemination regionally, which includes a training DVD and Resource Packs. Launched in November 2017, the toolkit addresses supports for people with learning disabilities to understand and make choices with regard to issues of Capacity and Consent.</li> </ul>
<b>3.16</b>	<b>SUMMARY</b>
	<ul style="list-style-type: none"> <li>➤ The Service has striven to deliver qualitative, safe, effective and compassionate care services.</li> <li>➤ The Service has pursued a person centred care approach through working in partnership with service users and carers.</li> <li>➤ The Service has committed to promoting service user choice by developing flexible and bespoke care packages to meet needs.</li> <li>➤ The Service has sought to enhance workforce skills and knowledge. The views of staff are sought and valued.</li> <li>➤ The Service area has experienced many challenges over the last year- There has been a large-scale safeguarding investigation into Muckamore Abbey Hospital during the reporting period. The Trust has been engaged in a range of organisational and workforce developments as part of its focus on distilling learning, improving and providing compassionate, safe and qualitative care.</li> <li>➤ The roll out of the new Adult Safeguarding Policy will continue to present challenges.</li> <li>➤ There are ongoing substantial challenges in securing domiciliary care services.</li> <li>➤ The issues relating to legal authority for deprivations of liberty continue to cause major uncertainty.</li> </ul>



**LEARNING DISABILITY SERVICE  
DATA RETURN 1**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	<b>153</b>	<b>3</b>
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	<b>153</b>	<b>3</b>
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	<b>1514</b>	<b>198</b>
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	<b>1472</b>	<b>188</b>
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xiv. Residential Home Care	<b>99</b>	<b>29</b>
	xv. Nursing Home Care	<b>96</b>	<b>71</b>
	xvi. Domiciliary Care Managed	<b>21</b>	<b>6</b>
	xvii. Domiciliary Non Care Managed	<b>75</b>	<b>28</b>
	xviii. Supported Living	<b>221</b>	<b>43</b>
	xix. Permanent Adult Family Placement	<b>15</b>	<b>0</b>
1.4a	<p><b>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</b></p> <p><b><i>Narrative</i></b> The Service can provide assurance that the care management process is being applied in accordance with DHSSPS Care Management HSC ECCU/1/2010 Circular See section 1.4b.</p>		
1.4b	<p><b>Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.</b></p> <p>The Care Management Service consists of 5 care managers (2 SW and 3 nursing) and 2.6 assistant care managers. All care managers are professionally qualified and are registered with their respective professional body. They are supervised and managed by the Operations Manager for Care Management,</p>		

	<p>who is responsible for service planning, governance and commissioning contracts. She in turn reports directly to the Service Manager for Community Treatment and Support Services.</p> <p>The Circular is operational in relation to all commissioned services in 1.4. Trust provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service does not use NISAT as this has not been introduced for learning disability. However, it does continue to make use of its own document "About You" which is a person centred, accessible document based on the NISAT template.</p> <p>The Service continues to run a New Service Request (NSR) Panel where all new applications for care-managed services are considered. This NSR is currently being reviewed to ensure the right people are there to make decisions and the Panel are furnished with the appropriate information on which to make informed decisions.</p> <p>Authorisation for standard costs can be given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified Care Management team members.</p> <p>All invoices are checked by an Operations Manager (8A) against a robust care management data collection tool, which is uploaded daily.</p> <p>The Service is currently reviewing care management. It has carried out a process mapping exercise and plans to review documentation, systems workload and business processes.</p> <p>The Service has developed in collaboration with Niamh Inspire and ARK Housing Association, a seven-bedded supported living unit on the Ormeau Road for those with both complex needs and medium needs. This is enhancing the lives of service users and promoting integration into the local South Belfast community.</p>		
<p>1.4c</p>	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p><b>Narrative</b>                  Service users and carers are involved, as appropriate, in all aspects of assessment, decision-making, review and care planning. Additional support can also be provided for service users, when required, through advocacy services (e.g. Bryson</p>		

	House Independent Advocacy services, Mencap). Various tools are used to support service users' involvement in decision-making e.g. Talking Mats, Makaton, videos, easy read leaflets etc.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	<b>579</b>	<b>77</b>
	- Independent sector	<b>63</b>	<b>3</b>
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	<b>448</b>	<b>7</b>
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	<b>12</b>	<b>10</b>
	- Independent sector	<b>1</b>	<b>0</b>
1.8	Unmet need (this is currently under review)	<b>X</b>	<b>X</b>
1.8a	<p>Please report on Social Care waiting list pressures</p> <p><b>Narrative</b></p> <p>The Service does not keep formal waiting lists but we are actively looking for accommodation options for 52 people whom we have not been able to place to date. Capacity issues in relation to short breaks provision continue. While the vast majority of service users will be offered some form of short breaks, it is often not the type or location of service they would prefer.</p> <p>PTL Delayed Discharge Current waiting list for accommodation Transitions ( identified as 14 years and over, requiring accommodation when 18 years and not included in figures)</p> <p>We are actively looking for domiciliary packages for 26 people</p>	<p><b>4</b> <b>15</b> <b>33</b> <b>19</b></p> <p><b>26</b></p>	
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p><b>Narrative</b></p> <p>The Service secured £43923.00 non-recurrent funding from 01 May 2017 to 30 April 2018 to support service users routinely excluded from services because of their challenging behaviour and forensic history. The Extern Reminiscence Community Hub provided three reminiscence projects, (total 252</p>		

	<p>attendances), to include costs for preparation, evaluation, travel related to Reminiscence (630 Hours) and additional Community Hub activity (1850 hours).</p> <p>The Service secured £25,000.00 non-recurrent funding from 01 April 2017 to 30 March 2018 for Positive Futures Better Together Mentoring Service (total 360 attendances); Social Activities Group Work (240 attendances); provision of bespoke drop-in sessions for service users who are reluctant to engage in social activities and are usually hard to reach.</p> <p>The Service secured £10,230.40 non-recurrent funding from April 2017 to March 2018 for TILII Group (ARC NI) to: support the delivery of 24 group meetings (total 84 service user attendances and 24 ARC attendances); 12 TILII Forum Meetings (total 8 service users and 12 ARC attendances); 3 peer knowledge learning sessions (total 40 service users and 3 ARC attendances); and 2 Trust induction sessions.</p> <p>The Service secured £25,000.00 non-recurrent funding from 01 April 2017 to 30 March 2018 for Welcome Trust Team Building and Recognition sessions (total 75 attendances); Fit for Purpose sessions (total 672 attendances); Who am I sessions (total 1400 attendances); Healthy Body Healthy Mind sessions (total 1000 attendances).</p> <p>Welcome Trust also secured £11,511.83 recurrent funding for a weekly support group with transport provided (total 2400 attendances.)</p>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	2	0
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p><b>Narrative</b></p>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**LEARNING DISABILITY SERVICE  
DATA RETURN 1**

<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 period?	<b>11</b>	<b>104</b>	<b>2</b>
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	<b>11</b>	<b>104</b>	<b>2</b>
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	<b>9</b>	<b>89</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

**LEARNING DISABILITY SERVICE  
DATA RETURN 2**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>0</b>	<b>X</b>
2.2	Number of adults known to the Programme of Care who are:		
	Blind	<b>27</b>	<b>0</b>
	Partially sighted	<b>36</b>	<b>0</b>
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	<b>10</b>	<b>0</b>
	Deaf without speech	<b>15</b>	<b>0</b>
	Hard of hearing	<b>29</b>	<b>0</b>
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	<b>3</b>	<b>0</b>

**LEARNING DISABILITY SERVICE  
DATA RETURN 3**

<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>156</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>1712</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>156</b>
3.3	This is intentionally blank	
	<b><i>Narrative</i></b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	<b>17</b>

**LEARNING DISABILITY SERVICE  
DATA RETURN 4**

<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>48</b>
	Total expenditure for the above payments	<b>£24,242</b>
4.2	Number of TRUST FUNDED people in residential care	<b>128</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>167</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>6</b>

**LEARNING DISABILITY SERVICE  
DATA RETURN 5**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		<b>16-17</b>	<b>18-64</b>	<b>65+</b>
5.1	Number of adult carers offered individual carers assessments during the period.	<b>5</b>	<b>163</b>	<b>59</b>
5.2	Number of adult individual carers assessments undertaken during the period.	<b>5</b>	<b>149</b>	<b>47</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>	<b>0</b>	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>0</b>	<b>961</b>	<b>164</b>
5.5	Number of young carers offered individual carers assessments during the period.	<b>5</b>		
5.6	Number of young carers assessments undertaken during the period.	<b>5</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>0</b>		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>15</b>		
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>15</b>		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>142</b>		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	<b>112</b>		
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>18</b>		
5.11	Number of one off Carers Grants made in-year.	<b>304</b>		

**Commentary**

In addition to the above activity, 89 carers were offered a reassessment and 84 were undertaken with 5 declined. In terms of assessments offered there is a 21% increase relative to the previous year total, and a 45% increase relative to the previous year for assessments completed. In the last year, the Learning Disability Service has increased its funding to deliver services for carers. The range of services currently available for carers include information and advice, group activities, complementary therapies (31 referred in year), carer grants for short break purposes, and direct payments. A significant number of carers are supported through contracted short break activities and residential respite. The Trust Carers Co-ordinator, who has an advisory role within the Learning Disability Service on carer needs and support, provides carer awareness training as part of the induction programme for new staff and carer assessment and support planning training to staff carrying out carer assessments in order to ensure best practice and outcomes for carers who avail of assessment.

**LEARNING DISABILITY SERVICE  
DATA RETURN 9**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	<b>11 Iveagh 5</b>	<b>2  0</b>
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>11 Iveagh 5</b>	<b>2  0</b>
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>0</b>	<b>0</b>
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i> Requests for second ASW input have remained low through the directorate.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>1</b>	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i> This remains low throughout the Directorate		
9.1.d	<b>Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge?</b>  The Trust engages with service users and carers in a timely manner and ensures where practicable that at least seven-days' notice is given of planned discharge from hospital.	Yes, the next of kin are routinely involved in all discharge planning processes.	
<b>Use of Doctors Holding Powers (Article 7)</b>			
9.2	How many times did a hospital doctor use holding powers?	<b>6</b>	
9.2a	Of these, how many resulted in an application being made?	<b>3</b>	
	The use of the Form 5 is reflective of the number of patients who initially agree to a voluntary admission but then decide to leave contrary to medical advice.		
<b>ASW Applicant reports</b>			
9.3	Number of ASW applicant reports completed	<b>18</b>	
9.3.a	How many of these were completed within 5 working days	<b>18</b>	
<b>Social Circumstances Reports (Article 5.6)</b>			
9.4	Total number of Social Circumstances reports completed.	<b>1</b>	
9.4.a	Number of completed reports which were completed within 14 days	<b>1</b>	



<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients (just provide total number) = <b>6</b>	
	The vast majority of the Mental Health Review Tribunals in Learning Disability services are as a result of a mandatory request by the Trust and are therefore reviews. There are ongoing issues in relation to the MHRT deciding to discharge patients from detention with immediate effect resulting in difficulty for the MDT, despite contingency planning to find alternative safe placements in the community.	
9.5.a	This is intentionally blank	
<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	<b>2</b>
9.6.a	New applications for Guardianship during period (Article 19(1))	<b>0</b>
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	<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 period (Article 22 (1))	<b>0</b>
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	<b>2</b>
9.6.f	Number of Guardianships accepted by a nominated other person	<b>0</b>
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	<b>1</b>
	Lapsed	<b>0</b>
	Discharged by MHRT	<b>0</b>
	Discharged by Nearest Relative	<b>0</b>
	Total	<b>1</b>
<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	<b>1</b>
9.7.a	Number of Approved Social Workers removed during period	<b>1</b>
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	<b>7</b>
	There are ongoing concerns about the number of ASW's who have other roles such as Team Leaders, DAPO's. The service has now included in new SW job descriptions that there is a requirement to complete the ASW course within 2 years of taking up post.  See commentary 3.5	

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p><b>Belfast Trust Patients Under 18 years of age Admitted to Iveagh between 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018 – Who Are/Were Subject to Detention</b></p> <p><b><u>Patient 1</u></b></p> <p><b>Date of Birth:</b> 2001</p> <p><b>Detained under the Mental Health (NI) Order 1986</b></p> <p><b>Reason for Admission</b></p> <p>Admission for assessment under the Mental Health (NI) Order 1986. Patient 1 has a diagnosis of Autism and Severe Learning Disability.</p> <p>Mother reported a deterioration in patient's behaviour two-three weeks prior to admission and she was concerned that patient was depressed. Prior to admission, patient was very aggressive towards family members and destructive of property in the house resulting in injury to her mother and police attendance was required. Patient responded to medication that night and a bed in Iveagh was arranged the following day. Patient had been reviewed at outpatients day prior to admission. She had been assessed by Consultant Psychiatrist who considered a possible first presentation of psychosis and possible depression. A bed was arranged in Iveagh the following day.</p> <p><b>Discharged from Iveagh:</b> August 2017 following a two-week period of home-leave.</p> <p><b><u>Patient 2</u></b></p> <p><b>Date of Birth:</b> 2000</p> <p><b>Detained under the Mental Health (NI) Order 1986</b></p> <p><b>Reason for Admission</b></p> <p>Patient 2 was admitted as a voluntary patient. Patient 2 had put herself at risk by absconding from foster home, standing on a bridge over a busy motorway, potentially going to jump from the bridge however, was prevented from doing so. She also stated she heard voices telling her to harm herself/others.</p> <p>Initially appeared content in Iveagh and engaged with staff. Admission for assessment under the Mental Health (NI) Order 1986 was commenced following Patient 2 becoming aggressive in her behaviour and wanting to leave.</p> <p>Patient 2 has a history of absconding behaviour and is impulsive. She was subject to a Care Order and lived with a foster family prior to admission. Foster mother was no longer able to maintain her safety.</p>
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Transferred to Muckamore Abbey Hospital on turning eighteen years of age.

**Patient 3**

**Date of Birth:** 2003

**Detained under the Mental Health (NI) Order 1986:**

**Reason for Admission**

Patient 3 is a fourteen year-old girl with a diagnosis of severe learning disability, Autism Spectrum Disorder, Intractable Epilepsy (Lennox Gaustaux Syndrome) and ADHD. She was a planned admission for assessment from home. On admission, she was presenting as hyperactive, shouting and laughing. She was admitted due to recent increase in agitation, aggression and self-injurious behaviour. She had recently broken a mirror, resulting in cutting herself to the arm and burnt her hand on the cooker at home. Her school placement had recently broken down. She presented with aggressive behaviour towards family members.

Continues as an in-patient.

Subject to LAC Review.

**Patient 4**

**Date of Birth:** 2003

**Detained under the Mental Health (NI) Order 1986:** xxxx

**Form 1** – Completed by Mother. Social Circumstances Report completed by SW.

Voluntary status.

**Reason for Admission**

Admitted at age fourteen years with a diagnosis of Severe Learning Disability, Autistic Spectrum Disorder and ADHD. Increasing unpredictable self-injurious behaviours over the summer months. Patient 4 also becoming physically aggressive towards mother – attempting to bang her head off walls/floors.

Reviewed week prior to admission by Consultant. Head banging in various locations, no obvious triggers noted by parents. School staff and parents had to intervene to stop the behaviour – incident in June where he banged his head through a staff member's car window. Mother reports fluctuating mood.

Required admission to hospital for assessment.

Subject to LAC Review.

**Patient 5**

**Date of Birth:** 2001

**Detained under the Mental Health (NI) Order 1986****Reason for Admission**

Patient 5 has a diagnosis of Autistic Spectrum Disorder and a mild learning disability. He was admitted voluntarily to Iveagh from home.

He displayed increased anxiety and social withdrawal, lethargy and anger outbursts. Some paranoid ideation. Recent planned overdose, CAIT team assessment. Previous overdose. Expressed hopelessness and a wish to die. Admission to hospital for assessment required.

Detained for assessment under the Mental Health Order (NI) 1986 due to deteriorating mental state. He had increasingly fixed and open paranoid delusions regarding a school pupil and expressing a clear wish to die.

He continues as an in-patient.

-Subject to LAC Review.

**Patient 6**

**Date of Birth:** 2001

**Detained under the Mental Health (NI) Order 1986**

Patient 6 A seventeen year -old boy with a diagnosis of Severe Learning Disability; Microcephaly; Asthma; Scoliosis.

He was admitted on a voluntary basis at the age of fifteen years. He had become verbally aggressive towards his mother, destructive towards property in the home during which he was also self-injurious in his behaviour. During attempts to calm him his mother had been physical injured. In the past this had resulted in a broken nose and a broken wrist.

Patient has a severe impairment of intelligence and social functioning. He has difficulty regulating his emotional state leading to poor self-control regarding aggressive and agitated behaviours.

After an extensive period of unmanageable high-risk behaviour at home Patient was detained in Iveagh Treatment and Assessment Centre under the Mental Health (1986) Order. This period of assessment and treatment commenced on. Patient has remained in Iveagh on delayed discharge.

Patient has had some difficult periods in Iveagh in particular when he claimed 'to hear voices in his head' and has been heavily influenced by his peer group within Iveagh.

	<p>He had been aggressive toward his mother and sister while on home leave which had included him breaking a mirror and presenting as threatening towards them with a piece of glass. Sister and mum very distressed by this episode.</p> <p>Risk of serious physical harm to self from banging head on wall in ward.                  Risk to self of serious physical harm from others due to aggressive behaviour and negative reaction from others.                  Risk to family members of serious physical harm due to aggressive behaviour.</p> <p>He has continued as an in-patient, his legal status changed during his admission:</p> <p>Voluntary– lapsed in error                  Detained                  Reason for Detention :</p> <p>He continues as an in-patient with a current discharge plan underway to specialists children's home.</p> <p>Subject to LAC Review.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	1
	<p>There are ongoing issues in relation to Consultant Psychiatrists employed by the Trust declining to complete capacity assessments. There are resource implications in terms of time and cost obtaining capacity assessment from private Consultant Psychiatrists.</p>	
<p><b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A (6).                  Schedule 2A Supervision and Treatment Orders.</b></p>		
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	2
9.11	<p>Of the Total shown at 9.10 how many have their treatment required as:</p> <p>Treatment as an in-patient</p> <p>Treatment as an out patient</p> <p>Treatment by a specified medical practitioner.</p>	<p>0</p> <p>2</p> <p>0</p>
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	2
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	1

**Commentary** *(include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)*

On two occasions, the Trust has been required to attend court, only to find that no psychiatric assessments had been commissioned. In one case, the Court directed the Probation Board for Northern Ireland to complete the report. PBNI that they were not equipped to provide treatment for someone with a learning disability. The Service feels that many of the PBNI programmes could be delivered to clients with a learning disability with only minor adjustments. The Service would be willing to work with the PBNI to address this issue.

In terms of treatment under an STO, the Service is of the opinion that the treatment should be holistic including addictions work, meaningful daytime activities and therapeutic inputs. In terms of addictions work it had proved difficult to refer service users into this service but in recent months, this situation has improved. Meaningful daytime activities are difficult to find for clients with significant intellectual disabilities. The risks posed to other vulnerable service users has resulted in their not being accommodated in day centres and their vulnerabilities leave them at risk within mainstream services. The Extern Hub has proved a useful service to address this gap in service. The Trust's Forensic Learning Disability Service and "Hear to Help" provide the Trust's Therapeutic inputs.

### 3. FAMILY AND CHILD CARE SERVICE GENERAL NARRATIVE

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>The Co-Director Childrens Social Care Services has overarching responsibility and accountability for the operational delivery of statutory functions by the Family and Child Care Service.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>
<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>The Service has completed a number of audits pertaining to supervision of the social work workforce. While the returns have indicated satisfactory levels of compliance with supervision processes, the Service has identified a number of areas for ongoing improvement in relation to qualitative dimensions of supervision. These include the facilitation of the supervisee's professional development through a supportive, reflective and critical challenge approach between supervisee and supervisor; the "depth" of supervision discussion and recording; and the linkages between supervision and performance. The Service is considering opportunities for further developing its reflective learning programme and is exploring initiatives in peer supervision, coaching and mentoring across its workforce.</p> <p>The Directorate is fully engaged in a number of initiatives under the auspices of the Regional Social Work Strategy and the Trust's quality improvement and innovation strategy. The promotion of reflective learning events to disseminate and share learning and the assimilation of skills and knowledge through the supported application of taught learning contribute to adapting and augmenting supervision models. The linking of supervision delivery to improved service user outcomes is central to the development of a robust supervision evidence base.</p> <p>The Trust has implemented a professional social work supervision exception reporting system. Monthly returns from the Service evidence satisfactory compliance with the requirements in respect of the frequency of supervision and facilitate monitoring of non-compliance.</p> <p>The Service has achieved satisfactory compliance with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 in relation to the supervision of AYE staff.</p>
<b>3.3</b>	<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>During the reporting period the Service Area's Conference Chairs Group has not met but Family Support Chairs are currently undertaking training in relation to the roll-out of signs of Safety and Adverse Childhood Events.</p>

Assurance arrangements with regard to residential care services include: monthly Monitoring Officer visits to and completion of reports in relation to individual residential homes; RQIA announced and unannounced inspections of residential homes; and HSCB reporting requirements pertaining to the operationalising of Restriction of Liberty Panels and adverse incidents reporting.

A number of thematic reviews/audits addressed the following areas: multi-professional attendance at case conferences including the completion and analysis of questionnaires by professional attendees; parental experiences of the case conference process; and the profiling of and focus on the “child’s voice” in case conferences decision making. A series of qualitative proposals to improve the parental experience and to ensure that the child’s views were articulated and considered in decision-making are currently being progressed.

The Trust participated in the regional SBNI Audit in November/December 2016 of current practice in relation to Child Sexual Exploitation following on from the publication of the Thematic Review. Audit findings were positive in relation to Trust service delivery and practice. A second audit to evaluate the impact of training and learning events delivered in relation to CSE is to be taken forward during the next reporting period under the auspices of the SBNI.

The Trust’s Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young people who go missing from home/care. The Trust reports on this data to the HSCB. Improved joint working between the PSNI and Trusts has enhanced service delivery in the area of missing children. The setting up of the PSNI Missing Childrens Team has been a particular positive initiative in this regard. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people. During the reporting period, there has been a reduction across the region in the number of young people going missing.

The Trust was engaged in the RQIA regional Review of Child Protection Services in November 2016-January 2017. The final Review Report was recently publicised. The Report’s conclusions were positive with regard to the delivery of child protection services, both at a Trust and regional levels.

Reflective practice sessions for managers relating to the findings and recommendations of Case Management Reviews MRs, SAIs, Complaints and Internal Case Reviews have remained central to driving forward improvements in practice.

The Trust continues to participate fully in the Case Management Review arrangements under the auspices of the Safeguarding Board for Northern Ireland (SBNI). A Family and Child Care Service Senior Manager presented the key learning and related actions emerging from a Trust CMR at a recent Trust-wide quality event. The Trust hosted a multiagency CMR dissemination event on behalf of the Belfast SBNI Panel on 14.03.18.



	<p>The Service is compliant with the requirements in relation to the reporting and dissemination of learning arising out of Serious Adverse Incidents and Untoward Events</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) 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 Acting Executive Director of Social Work/ Acting Director of Childrens Community Services) represents the Trust on the SBNI. The Trust’s representatives on the Belfast Safeguarding Panel are the Co-Director Childrens Social Care Services; Designated Doctor for Safeguarding Children; Co-Director Mental Health Services; and Named Nurse for Safeguarding Children. A number of staff from a range of Service are currently engaged in various SBNI sub-groups.</p> <p>The Service is engaged in a substantial number of partnerships with service user, community, voluntary and statutory sector organisations in the development of integrated service delivery responses to the spectrum of needs across Belfast’s childhood population.</p> <p>The Trust’s Co-Director for Childrens Social Care chairs the Belfast Outcomes Group, which is driving forward the operationalising of a Belfast-wide Early Intervention Transformation Service (EITS). The EITS is seeking to improve outcomes for vulnerable children and their families through the provision of a range of local, accessible, evidence-based services to support families and children who are experiencing difficulties before they become established and to enable children to develop to their full potential. This initiative is predicated a multi-systemic approach to supporting families at different points and to building relationships with families as the key lever for change. The template for the EITS incorporates a commitment to multi-sectoral partnership working within a shared vision delivered through an outcomes-based performance management and assurance framework.</p> <p>In this context, the development and operationalising of Family Support Hubs which signpost families with specific needs to appropriate service es is of central importance. A core element of the support provided to the Hubs by the Trust’s EITS is the development and roll out of an annual training schedule. The provision of a range of training/capacity building opportunities for Hub lead and Hub member organisations is key in building knowledge, capacity and skills across the service delivery organisations grouped around Hubs.</p> <p>The Service is participating in the Trust’s engagement in the planning for and the delivery of a of a Belfast Community Plan-a vision for the city predicated on collaboration, partnership and optimising of resources across the spectrum of city stakeholders.</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>This section should be read with the Data 10 Corporate Parenting Return and related spreadsheets.</p>

**ADOPTION AND PERMANENCE SERVICES**

The recruitment of potential adopters with appropriate skills and abilities to meet the often-complex needs of young Looked After Children in need of permanent adoptive homes remains a challenge. The recurring themes of chronic neglect, foetal alcohol syndrome, attachment difficulties and developmental delay are prominent in the profile of those children for whom permanency through adoption is determined as the optimal option for their future care.

Protracted Court proceedings in many cases impact adversely on the securing of timely permanence, especially where adoption is the Care Plan. Eleven Freeing Orders were granted during the period 1 April 2017 – 31 March 2018. The Trust is committed to improving performance in this key area. The implementation of the Revised Permanence Policy affords the opportunity to improve timely decision-making and planning to progress permanence through adoption.

Once adoption has been identified as the Care Plan, the Principal Social Worker for Adoption (PSW) is responsible for monitoring timescales for presentation to the Adoption Panel and tracks the progress from “best interest” recommendations to achieving adoption. The Trust’s Adoption Service database captures key data across all aspects of adoption service delivery and performance.

With regard to the recruitment of adopters, all applicants all applicants complete a dual approval assessment and are matched with children who have a ‘best interest’ recommendation. Concurrent care is discussed with potential adopters as part of the Trust’s ongoing focus on promoting this model. However, concurrent care is not appropriate for all prospective adopters.

The Home on Time (HOT) Project (concurrent placements for 0–2 year-olds) has seen a rise in interest from prospective adopters willing to consider a concurrent placement. All applicants to adopt are advised of the HOT Project and the nature of concurrent placements is included in the preparation course. As the Project is in its final year, the key issue moving forward is one of sustainability once the EITP funding ceases. The Trust has submitted proposals as to how it intends to sustain concurrent placements for young children, where adoption will be the care plan, if rehabilitation cannot be achieved. As noted earlier, the Trust is taking forward concurrent care when discussing adoption with potential applicants.

The Trust also continues to see a steady increase in the number of same sex applicants seeking to adopt. With the NHSCT and QUB, it is participating in a research project in relation to adoption service delivery to same sex adopters.

The Trust continues to make improvements in the reduction of the number of applicants on the waiting list for assessment. With the retained bank of fieldwork staff, as well as adoption staff, there is a rolling allocation of assessments. Waiting times for both assessment and training are often dependent on the applicants’ individual personal/home circumstances. The Trust is currently undertaking 19 adoption assessments.

**CARE ORDERS AT HOME**

The Trust recognises there is a significant number of children placed at home with their parents under the auspices of Care Orders. The Trust has established a Project Team to collate and analyse a range of data with regard to this placement cohort to inform its review of practice and wider service delivery themes. The Project Team has collated and analysed the data, undertaken interviews with social work staff with case responsibility and will shortly be producing an outcome report with recommendation.

The Trust is involved with the current regional exercise to review in detail, the circumstances of children subject to Care Orders placed with their parents.

**CARE PATHWAYS PROJECT**

The Care Pathways Project has been fully operational since 2016 and a planned review was due to be completed by the end of 2017 as part of the transformation process. Unfortunately, due to operational reasons and a period of absence by the co-reviewer from the Leadership Centre, the completion of the review was delayed. Feedback, however, has generally been positive and the report is currently being finalised.

**PERSONAL ADVISOR (PA) SERVICE**

Pressures on the Personal Advisor Service remain, primarily because of the increasing volume of young people who have a statutory entitlement to a PA and the challenges of retaining and recruiting to the service.

With all funded posts filled, there has been a reduction from 111 as at the end September 2017 to 49 young people waiting for a PA as at the end of March 2018. In these circumstances, the Trust will continue to prioritise referrals based on assessed need. The Trust is finalising a cost pressure paper to address demand and capacity pressures, including retention challenges.

**GEM SCHEME**

The GEM scheme continues to provide placement stability for a growing number of young people 18+ who can remain with their former foster carers. The increase in numbers however, does impact on the continued availability of the foster carers to provide a foster placement for other Looked After Children. While additional funding has assisted in meeting some of the financial pressures from the GEM Scheme, if current demand trends continue, this will lead to a further increase in pressure on the current budget.

The Trust is involved in the regional work to review the funding to GEM placements.

**SUPPORTED LODGINGS**

The Trust currently has access to a number of jointly commissioned accommodation resources, which support young people transitioning into independent living. These options provide a spectrum of peripatetic supports, which meet the diverse needs of young people leaving care. The Trust had identified a need for supported lodgings and had secured recurrent funding for same from the HSCB. The South Eastern and Belfast Trusts are now jointly exploring with the NIHE and current providers of jointly commissioned accommodation, the possibility of alternative placement options and

support packages for those older young people whose needs cannot be met in either residential care or joint-commissioned accommodation, due to the challenges and risks they present. This work is being taken forward by both Trusts and an expression of interest has gone out to the current providers, with interest confirmed by two providers.

There is a particular pressure on the Service to identify suitable accommodation for those young people with complex needs and challenging behaviours, often presenting with risks to themselves and to others. These young people require bespoke packages of intensive supports and more specialist accommodation with attendant additional costs.

### **PLACEMENT PRESSURES**

There are substantial pressures in matching foster placements to the needs of individual Looked After Children as a result of the volume of children who are currently looked after, the throughput of children through the care system and the complexity and range of their needs. The Trust's Fostering and residential services are facing ongoing pressures in sustaining their present placement capacity.

An emerging, significant theme has been an increase in the number of younger children presenting to/engaged with social services with complex emotional and behavioural needs, who require access to specialist therapeutic services and bespoke fostering and residential resources. During the reporting period, the Trust placed two young children under eleven years in residential care.

The professional, governance, organisational, logistical and resource implications of placing a young child in residential care are considerable. In the non-availability of a regional residential resource designated for young children with complex needs, pressures on current specialist therapeutic support services, costs associated with individual placement arrangements and bespoke supports and overarching workforce issues, this issue require a particular focus in the reviews of the regional residential and wider placement strategies.

Placing young children in residential placements out with their Statement of Purpose, breaches regulatory requirements and results in a temporary hold on admissions to the individual home. This has a direct impact on whole-system residential placement capacity and generates indirect pressures within the fostering system.

### **LEGAL DUTY TO ACCOMMODATE YOUNG PEOPLE**

A current pressure on the Trust Intensive Adolescent Support Teams has been safeguarding young people subject to paramilitary/community threat. The Trust has been actively involved in a regional group to establish joint working arrangements between HSCB, Trusts, PSNI and other statutory agencies. The Trust has piloted this approach to promote greater co-operation across agencies in the discharge of their safeguarding responsibilities. Difficulties remain in verifying threats. Often the young people cannot be supported in their homes and require alternative accommodation outside their own localities.

It is clear that the Trust has a statutory duty to provide accommodation to a young person assessed as being "in need". In a number of instances, this duty requires the Trust to provide accommodation to young people who have a history of

offending/anti-social behaviours, including drug and alcohol problems. This is creating considerable pressures on already limited resources and risks disruption for other young Looked After Young people in residential settings in particular.

### **FAMILY SUPPORT AND CHILD PROTECTION CASELOADS**

The Trust continues to face significant difficulties in allocating cases within its Family Support Teams. Caseloads within these teams continue at a level which is not conducive to ensuring families are appropriately supported to facilitate timely change as identified in the relevant case plans.

The Trust is seeking to effect a reduction in caseload numbers and equity of workloads across sectors, particularly in fieldwork services. The embedding and ongoing evaluation of the Service's Care Pathways Protocol has continued to monitor its impact on caseload numbers across services and the effectiveness of transfer arrangements between teams/ services in the context of complexity and volume of service demands and workforce capacity.

Unallocated cases continue to be an area of significant pressure, including rising timescales for assessment in Gateway. The Service has robust assurance and reporting processes in place to monitor unallocated cases

The Trust has been participating in a regional project, which is addressing professional and business processes related to the management of unallocated cases. As at March 31<sup>st</sup> the total number of unallocated cases was 120 (Family Support and Gateway 45/Children with Disabilities 75).

### **CHILD SEXUAL EXPLOITATION (CSE) (2<sup>ND</sup> Audit)**

The Trust has appointed a Senior Practitioner (SP) with specific responsibility for CSE. The SP is co-located with the Public Protection Unit in Antrim Road PSNI. The SP supports staff with the identification of CSE, and provides consultation and supports to staff in responding to this vulnerable group of young people. The worker has a key role in working with the PSNI in identifying and gathering intelligence relating to potential networks of adults who pose a risk to young people.

The Trust has led on the development of Regional Safety Planning to inform practice and service delivery to young people who are at risk of CSE. The Trust has continued to provide in-house training on CSE to a range of staff and has facilitated briefing sessions for voluntary and community groups.

The Trust Senior Practitioner for CSE provides on-going training inputs on CSE risk assessment to other agencies and to Trust staff. Over the reporting period, there has been recognition of the complexity of assessing and supporting young people with regard to CSE where their behaviour changes and they at times become perpetrators of Harmful Sexual Behaviour (HSB). To this end, the Trust has supported the SP for CSE in completing AIM2 training (validated risk assessment tool for HSB). This enhances her ability to risk assess these complex young people and to provide guidance to Trust staff.

### **SEPARATED CHILDREN**

The Glenmona Resource Centre's provides a bespoke residential service to this group of particularly vulnerable young people.

The Trust has centralised its management of these young people in the Intensive Adolescent Support teams to support the development of an expertise and skills base in this complex area of work and to respond to the particular challenges of service delivery. The focus of the Teams' interventions includes age assessments; ensuring a young person's cultural and religious needs are met; overcoming communication barriers through the effective use of interpreting services; and building relationships with young people.

The Service is compliant with the Working Arrangements for the Welfare and Safeguarding of Child Victims of Human Trafficking Guidance.

Service residential and community staff support continuous practice development in this area. Staff attend multi-disciplinary Regional Practice Network meetings chaired by the HSBC. The Network has also developed a practitioner forum to share good practice with staff members and a consistent response across the region in work with unaccompanied asylum seeking and trafficked children, which is ever changing.

#### **CASE CONFERENCE MINUTES**

As at 31<sup>st</sup> March 2018, the Trust had achieved a 47% compliance rate with the required time-line for dissemination of case conference minutes.

To improve turnaround times, the Directorate has taken forward a quality improvement initiative. The outcome of the piloting of new business processes linked to PARIS implementation was a 41% reduction in time spent at Case Conference and a 25% reduction in circulation time. The Service intends to integrate the pilot model into its core child protection case conference service business processes within the PARIS Child Protection Pathway.

#### **UNALLOCATED CASES AND CARE PATHWAYS**

As at 31 March 2018, the number of unallocated cases more than twenty days in Gateway was 16 and in Family Support 29. Gateway and Family Support services have robust unallocated cases management, assurance, monitoring and reporting processes in place with regard to unallocated cases.

#### **FAMILIES WITH NO RECOURSE TO PUBLIC FUNDS**

The Trust continues to experience a significant volume of referrals of children and their families with no recourse to Public Funds. These families often have extremely complex needs, are socially isolated, experience marginalisation, have difficulties in understanding statutory, legal processes and English is not their first language. They require significant supports, including financial supports to meet basic living and housing costs on occasion.

**3.6 EMERGING ISSUES****➤ Adoption and Childrens Bill**

While welcoming the thrust of the proposals, the Trust would wish to highlight the significant resource, capacity and workforce planning requirements necessary to deliver its implementation.

**➤ Increase in Costs relating to Permanency**

The increasing costs of Residence Order Payments linked to the rise in Residence Orders is a significant cost pressure to the Trust.

The number of Adoption Allowances is also increasing, reflecting the range and complexity of needs of children placed for adoption.

**➤ Contact**

The Trust continues to experience significant difficulties in meeting the demands presented through the provision of contact with families. High levels of contact, demographics and family dynamics all have continued to present as a substantial pressure on social work capacity. The Trust is undertaking a review in 2018/2019 of the levels of contact, the time spent by social workers and the impact on caseloads. It is hoped that this review will highlight not only the pressures experienced by teams in managing contact and capacity to maintain contact demands, but also begin to identify how this can be addressed in order that future contact provision meets the needs of children and families.

**➤ Direct Payments**

There has been an increase in requests for Direct Payments for children, who, following assessment, have no confirmed diagnosis of a disability, while identified as having “complex needs”. As such, they may have an entitlement to Direct Payments. The Service is seeking clarification and guidance of its statutory duties in relation to these children and their families.

**➤ Fostering Placements**

The Trust continues to experience significant difficulties in securing appropriate placements for children and young people. The rise and plateauing in recent years of the number of looked after children, the growing width and complexity of needs, (including those of younger children) and wider demographic and societal changes which have had an impact on the size of the potential pool of foster carers

**➤ Younger age children requiring ECR placements**

The past year has seen an increase in the number of children at a younger age requiring bespoke residential placements via ECR arrangements due to complex behavioural and emotional difficulties. These placements are not available in

	<p>Northern Ireland and therefore need to be sourced from other parts of the UK and the Republic of Ireland. The geographical issues often cause anxieties for children and their families in relation to issues of contact, a move away from their familiar environment or locality, school, friends-issues, which present legal, ethical and professional dilemmas in promoting a child's best interests.</p> <p>➤ <b>PARIS</b></p> <p>The implementation of PARIS has continued to present significant resource, logistical, professional and organisational challenges.</p>
<b>3.7</b>	<b>Indicate if the issue is included on your Trust Risk Register and at what level</b>
	<p>The following risks in relation to the discharge of statutory functions were included on the Directorate Risk Register as at 31<sup>st</sup> March 2018:</p> <ul style="list-style-type: none"> <li>➤ Potential for young people to come to harm as a result of poly substance use;</li> <li>➤ Risk of young people engaging in risk taking behaviour eg substance misuse and vulnerability to CSE while having unauthorised absences and going missing from care;</li> <li>➤ Risk to delay in children and young people receiving services due to the number of unallocated cases within Family Support;</li> <li>➤ Risk of homeless young people aged 16+, who present to Family Support, becoming further involved in CSE, drugs/alcohol or crimes as result of being placed in unregulated placements such as B&amp;B;</li> <li>➤ Risk of verbal abuse and or injury/harm to staff due to violence and aggression from others;</li> <li>➤ Risk of mis-management of child protection cases due to the volume of cases and current staffing complement;</li> <li>➤ Risk of staff not being up to date with current practice because they have not undertaken statutory mandatory training;</li> <li>➤ Risk of some of the high volume of very sensitive information being forwarded incorrectly or not appropriately managed in line with Information Governance policies;</li> <li>➤ Risk associated with the implementation of Paris across the Family Support teams, the impact on Social Worker's time and the potential for information to be entered incorrectly.</li> </ul>
<b>3.8</b>	<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 Trust has developed a Protocol to facilitate the operationalising of the Trust's Improving Working Lives Policy. The Service has facilitated flexible working opportunities for staff including part-time working/ job share/ compressed working week arrangements.</p> <p>The issue of compliance with the Working Time Directive remains unresolved. The Trust is co-joined with the other Trusts in pending legal proceedings initiated by staff side in relation to this matter.</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.</p> <p>Ongoing difficulties with the regional recruitment pathway have resulted in extended delays in progressing recruitment to vacancies.</p> <p>There are growing workforce pressures across the Service, particularly in the residential and fieldwork sectors. Stressors related to caseload size, service delivery volumes, demands and complexity of service user needs, levels of risk and related accountability remain substantial issues across all sectors.</p> <p>In this context, it is essential that staff feel valued and supported, listened to and engaged in the development of Service priorities. The Regional Social Work Strategy has succinctly captured the essence of the challenges across social work and social care-investment in leadership development; a particular focus on professional induction; supports and investment in the Band 7 Team leader role; the prioritisation of digital technology to support purposeful bureaucracy, data reporting and analysis and the adoption of outcomes-based approaches.</p> <p>The Service has continued to support investment in learning and development opportunities for staff. As part of a Trust-wide process, the Service is preparing for IIP re-accreditation. IIP affords a framework within which the Service has sought to develop its workforce support and engagement structures to promote staff resilience. The framework's emphasis on reciprocity of respect, communication and transparency reflect the wider organisational values and principles. By building clear channels for staff to contribute to the Trust's realisation of its ambition, the Service hopes to build on the IIP Bronze Award accreditation to maximise the workforce's potential.</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.</p>
<p><b>3.10</b></p>	<p><b>Social Workers in Designated Hospitals.</b></p>
	<p>The Service has no operational line management 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 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. The Trust's vision, values and principles reflect the importance it attributes to the human rights of service users. All Trust policies and procedures comply with statutory requirements relating to its Section 75 responsibilities</p>

Professional and corporate mandatory training and accredited learning programmes embrace a focus on consideration of the impact on an individual's human rights in decision-making with regard to statutory services delivery.

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 which affects them and the proportionate exercise of statutory authority, while retaining a focus on the paramouncy of a child's welfare, provide the template underpinning the Service's discharge of statutory functions.

The Service is presently reviewing its arrangements to engage service users in the evaluation, planning, design and review of service. The review process will incorporate a co-production approach, building on the learning and experience of voluntary and statutory partners and its own PPI evidence-base, to consolidate and develop structures to optimise children/young people/parents/carers' direct contribution to the evaluation, planning, design and review of services.

HUMAN RIGHTS

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any ongoing challenges?</b>
	<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 these families, the Trust is required to balance their rights 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 area of post adoption contact for children who are subject to Freeing Orders and subsequently placed for adoption presents complex rights and professional challenges in balancing the rights of a natural parents and the paramouncy of a child's welfare.</p> <p>Discharge of statutory responsibilities which impact on the Human Rights of children and parents In discharging its</p>	<p>This is still an expanding area of work across the Trust. The Trust is developing its experience and skills base in working with NRPF families and has sought to develop its relationships with key agencies involved e.g. the United Kingdom Border Agency (UKBA).</p> <p>The Service has sought to build its knowledge, skills and evidence base in adoption and the area of post adoption contact to support evidence informed decision-making, which fully addresses the rights of the individuals involved.</p> <p>The Trust provides regular training and reflective learning opportunities for its social work staff in relation to the proportionate</p>	<p>The HSCB has published guidance on access to social care for people from EEA and non-EEA countries. The operationalising of the guidance has reinforced the complexities and ambiguities of the legislative framework.</p> <p>To continue to develop professional practice base and review the evidence base to inform decision-making. To ensure relevant, up to date research is available for all staff and contributes to practice and planning approaches.</p> <p>The Service Area will continue to review its practice in this area. It will seek to enhance opportunities for service users to contribute</p>

	<p>statutory responsibilities to secure the safeguarding of children.</p>	<p>balancing of human rights considerations and the discharge of statutory duties to protect children. Professional practice is underpinned by the values and principles referenced in the NISCC Code of Practice and the Trust's own values. The initiation of statutory authority is contextualised within such values and principles and informed by statutory guidance and procedures. The involvement of children and parents/carers in all decisions which impact on their Human Rights is fundamental to practice.</p>	<p>to the review and development of services and to ensure that service users have access to independent advocacy and legal representation.</p>
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<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>The GEM scheme continues to grow The scheme provides improved outcomes for care leavers in terms of education, employment, vocational/training opportunities as well as offering enhanced stability in emotional and social wellbeing.</p> <p>The enhanced collaboration between Adoption and Fostering has provided a much better framework to engage in joint recruitment initiatives to identify permanent foster carers, dual approved adopters and concurrent carers. The HOT project has achieved success in promoting the concept of concurrent placements with prospective adopters.</p> <p>The successful partnership with Opportunity Youth and Include Youth with regard to the Employability Scheme for Looked After young people and care leavers has continued to develop a range of potential opportunities for young people in the workplace and in education. There has also been positive engagement with Further Education Colleges to support young people with their education. The Trust, as Corporate Parent, has committed itself to enhancing employment placement opportunities for looked after young people as reflected in the Scheme’s “ring-fencing” of employability opportunities for young care leavers in partnership with HR and other Directorates.</p> <p>The Trust has continued to consolidate and further develop its engagement with community, voluntary and other statutory partners under the auspices of the Children and Young People’s Strategic Partnership, the SBNI and other local and regional partnerships.</p> <p>The securing of funding to support the implementation of Signs of Safety on a regional basis presents an opportunity to transform service delivery approaches and outcomes across the Service. However, it will also present significant challenges. There is an energy, ambition and drive to ensure its success tempered by an anxiety as to the scale and deliverability of the implementation challenge within the timeframe available.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>The overarching financial situation will present substantial ongoing challenges.</p> <p>The current difficulties relating to placement availability across both fostering and residential care have continued to give rise to challenges for the Trust in the discharge of its statutory functions.</p> <p>The development and implementation of the PARIS system is of fundamental significance to the Service. The potential of an electronic case file and information management system to contribute to service delivery improvement, performance and assurance has major significance for the Service. If successful, implementation will facilitate the sharing of contemporaneous service user information to inform assessment and planning; the capacity to collate service activity data to enable real time monitoring and analysis; the digital delivery of the current suite of reporting requirements; and the potential to transform business</p>

and service delivery processes. However, the drawing together of information from a range of systems presents substantial information governance and confidentiality challenges.

The Service is committed to developing structures, which will enable purposeful and meaningful engagement with children/young people/parents/carers predicated on a co-production approach.

Within the Trust's New Directions 2 strategic planning framework, the Service will pursue partnership working across Trust and external interfaces to optimise available resources.

The Service is engaged in the Trust's quality improvement priorities. It will seek to build a knowledge and skills base to realise its contribution to the Trust's ambition and vision.

The Service is committed to the valuing and development of its workforce, to facilitating their access to training and accredited learning linked to career pathway opportunities and to promoting a strong reflective, outcomes and evidence based practice culture.

**FAMILY AND CHILD CARE SERVICE**

**DATA RETURNS**

- 11 General Provisions (including Hospital Social Work)
- 12 Chronically Sick and Disabled Persons
- 13 Disabled Persons (NI) Act 1989
- 14 Health and Personal Social Services Order
- 15 Carers and Direct Payments Act 2002
- 16 Safeguarding Adults
- 17 (Social Work Teams and Caseloads)
- 18 Assessed Year in Employment
- 19 Mental Health
- 20 Family and Child Care specific returns (CC3/02)
- 21 Training Accountability Report

**FAMILY AND CHILD CARE SERVICE  
DATA RETURN 1**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	0	0
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	0	0
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	0	0
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	0	0
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xx. Residential Home Care	0	0
	xxi. Nursing Home Care	0	0
	xxii. Domiciliary Care Managed	0	0
	xxiii. Domiciliary Non Care Managed	0	0
	xxiv. Supported Living	0	0
	xxv. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  <b><i>Narrative</i></b>	0	0
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.	N/A	N/A
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.	N/A	N/A
1.5	Number of adults provided with respite during the period	<b>PMSI return</b>	<b>PMSI return</b>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A



1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		
1.7	Of those at 1.6 how many are EMI / dementia	<b>N/A</b>	<b>N/A</b>
	- Statutory sector	<b>N/A</b>	<b>N/A</b>
	- Independent sector	<b>N/A</b>	<b>N/A</b>
1.8	Unmet need (this is currently under review)	<b>X</b>	<b>X</b>
1.8a	Please report on Social Care waiting list pressures	<b>N/A</b>	<b>N/A</b>
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	<b>N/A</b>	<b>N/A</b>
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**CHILDRENS COMMUNITY SERVICES  
DATA RETURN 1**

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

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

**CHILDRENS COMMUNITY SERVICES  
DATA RETURN 2**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<b>&lt;65</b>	<b>65+</b>
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>X</b>	<b>X</b>
		<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:		
	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:		
	Deaf Blind	<b>0</b>	<b>0</b>

**CHILDRENS COMMUNITY SERVICES  
DATA RETURN 3**

<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>0</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>0</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> 0March.	<b>0</b>
3.3	This is intentionally blank	
	<b><i>Narrative</i></b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	<b>0</b>

**CHILDRENS COMMUNITY SERVICES  
DATA RETURN 4**

<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	
	Total expenditure for the above payments	£
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>0</b>

**As part of the process of reviewing Article 15 spend, the Trust is currently reviewing its guidance and related assurance arrangements in relation to Article 15 payments.**

**CHILDRENS COMMUNITY SERVICES  
DATA RETURN 5**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	16	0	0
5.2	Number of adult individual carers assessments undertaken during the period.	<b>16</b>	<b>0</b>	<b>0</b>
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>7</b>	<b>0</b>	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>0</b>	<b>0</b>	<b>0</b>
5.5	Number of young carers offered individual carers assessments during the period.	<b>106</b>		
5.6	Number of young carers assessments undertaken during the period.	<b>100</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>75</b>		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>0</b>		
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>0</b>		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>		
5.9.a	Of those at 5.8 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>134</b>		

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

**Commentary**

A total of 134 young carers aged up to 17yrs were provided with a grant during 17/18. Of these, 124 had an assessment/reassessment/review completed. 10 other young carers declined to have any formal assessment or review, reporting that this was not something they wished to participate in.

Action for Children reported referrals of 44 young carers for 17/18, taking the total number of young carers receiving this service in Belfast to 75.

During 2017/2018 the Trust part-funded a residential weekend organised by Action for Children for young carers transitioning to adulthood. The Trust also arranged a young carer activity day in partnership with AFC in October 2017 in Colin Glen park. The Carer Co-ordinator continues to work closely with AFC to profile the regional service and to ensure that staff identify and provide support to young carers in the Belfast area. The Think Family initiative in Mental Health Services is also impacting positively on the number of young carers being identified.

**FAMILY AND CHILD CARE SERVICE  
DATA RETURN 9**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO (15 Applications two of which related to the one child who was re-detained during the period)	<b>15</b>	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>15</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>	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.		
<b>Use of Doctors Holding Powers (Article 7)</b>			
9.2	How many times did a hospital doctor use holding powers?		
9.2a	Of these, how many resulted in an application being made?		
	<i>Comment on any trends or issues on the use of holding powers</i>		
<b>ASW Applicant reports</b>			
9.3	Number of ASW applicant reports completed		<b>22</b>
9.3.a	How many of these were completed within 5 working days		<b>22</b>
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>		
<b>Social Circumstances Reports (Article 5.6)</b>			
9.4	Total number of Social Circumstances reports completed.		<b>1</b>
9.4.a	Number of completed reports which were completed within 14 days		<b>1</b>
<b>Mental Health Review Tribunal</b>			
9.5	Number of applications to MHRT in relation to detained patients (just provide total number)= <b>0</b>		
9.5.a	This is intentionally blank		
<b>Guardianships (Article 18)</b>			
9.6	Number of Guardianships in place in Trust at period end		<b>0</b>
9.6.a	New applications for Guardianship during period (Article 19(1))		<b>0</b>
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))		<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 period (Article 22 (1))		<b>0</b>
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)		<b>0</b>
9.6.f	Number of Guardianships accepted by a nominated other person		<b>0</b>
9.6.g	Number of MHR hearings in respect of people in Guardianship (just provide total number)		<b>0</b>

9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	<b>0</b>
	Discharges as a result of an agreed multi-disciplinary care plan	<b>0</b>
	Lapsed	<b>0</b>
	Discharged by MHRT	<b>0</b>
	Discharged by Nearest Relative	<b>0</b>
	Total	<b>0</b>

**Approved Social Worker (ASW) Register**

9.7	Number of newly appointed Approved Social Workers during period	<b>0</b>
9.7.a	Number of Approved Social Workers removed during period	<b>0</b>
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	<b>0</b>

**Commentary**

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Age</th> <th style="width: 15%;">Gender</th> <th style="width: 20%;">Date of Admission</th> <th style="width: 50%;">Date of Detention</th> </tr> </thead> <tbody> <tr><td>14</td><td>F</td><td>05.17</td><td>06.17</td></tr> <tr><td>16</td><td>M</td><td>05.17</td><td>06.17</td></tr> <tr><td>17</td><td>M</td><td>06.17</td><td>Detained on admission</td></tr> <tr><td>13</td><td>F</td><td>07.17</td><td>Detained on admission 2<sup>nd</sup> detention 09.17</td></tr> <tr><td>16</td><td>M</td><td>09.17</td><td>Detained on admission</td></tr> <tr><td>13</td><td>F</td><td>11.17</td><td>Detained on admission</td></tr> <tr><td>16</td><td>M</td><td>11.17</td><td>Detained on admission</td></tr> <tr><td>17</td><td>F</td><td>11.17</td><td>11.17</td></tr> <tr><td>17</td><td>M</td><td>12.17</td><td>Detained on admission</td></tr> <tr><td>14</td><td>F</td><td>01.18</td><td>01.18</td></tr> <tr><td>17</td><td>F</td><td>01.18</td><td>01.18</td></tr> <tr><td>16</td><td>F</td><td>02.18</td><td>Detained on admission</td></tr> <tr><td>15</td><td>F</td><td>02.18</td><td>04.18</td></tr> <tr><td>15</td><td>F</td><td>03.18</td><td>1<sup>st</sup> Detention 03.18 2<sup>nd</sup> Detention 04.18</td></tr> <tr style="background-color: yellow;"><td>17</td><td>M</td><td>05.17</td><td>05.17</td></tr> <tr style="background-color: yellow;"><td>16</td><td>F</td><td>07.17</td><td>07.17</td></tr> <tr style="background-color: yellow;"><td>14</td><td>F</td><td>07.17</td><td>07.17</td></tr> <tr style="background-color: yellow;"><td>14</td><td>M</td><td>07.17</td><td>07.17</td></tr> <tr style="background-color: yellow;"><td>17</td><td>M</td><td>02.18</td><td>03.18</td></tr> <tr style="background-color: yellow;"><td>17</td><td>M</td><td>08.16</td><td>02.18</td></tr> </tbody> </table> <p>Details of the young people highlighted above are provided in the Children with Disabilities return.</p>			Age	Gender	Date of Admission	Date of Detention	14	F	05.17	06.17	16	M	05.17	06.17	17	M	06.17	Detained on admission	13	F	07.17	Detained on admission 2 <sup>nd</sup> detention 09.17	16	M	09.17	Detained on admission	13	F	11.17	Detained on admission	16	M	11.17	Detained on admission	17	F	11.17	11.17	17	M	12.17	Detained on admission	14	F	01.18	01.18	17	F	01.18	01.18	16	F	02.18	Detained on admission	15	F	02.18	04.18	15	F	03.18	1 <sup>st</sup> Detention 03.18 2 <sup>nd</sup> Detention 04.18	17	M	05.17	05.17	16	F	07.17	07.17	14	F	07.17	07.17	14	M	07.17	07.17	17	M	02.18	03.18	17	M	08.16	02.18
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9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	0
<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). 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	
9.11	Of the Total shown at 9.10 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 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	0

### 3. CHILDREN WITH DISABILITIES SERVICE (CWD) GENERAL NARRATIVE

<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>Oversight of professional social work practice and standards within the Children with Disabilities Service is the responsibility of Mrs Pauline McDonald, Childrens Services Manager, who is accountable to Mrs Carol Diffin Co-Director in respect of safeguarding and social work governance issues.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work workforce runs from the individual practitioner through Service management and professional structures, to the Executive Director of Social Work and onto the Trust Board.</p>
<b>3.2</b>	<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></p> <p>The Service Manager for Children with Disabilities, Assistant Service Managers, childrens residential manager and team leader posts are all designated social work posts.</p> <p>The Service is generally compliant with the requirements of the regional Childrens Services Supervision Policy. Extended recruitment process delays in relation to management posts have led on occasion, difficulties in securing compliance.</p> <p>Forest Lodge, (Short Break Service) is a registered Nursing Home, managed by a qualified nurse. RQIA nursing and childrens social care inspectors jointly inspect the Home against Nursing Home and Childrens Standards. Supervision is provided to staff on a monthly basis by the Team Leader.</p> <p>The Regional Interdisciplinary Service Team (RISE) and Childrens Therapeutic Services have multi-disciplinary workforces. (There is one designated social work post in RISE Team).</p> <p>Supervision is delivered to the Service's professional workforce in line with their respective regulatory requirements. During the reporting period, the Service has taken part in CCS Supervision Audit, the outcome of which was positive in relation to compliance with the frequency of supervision.. Areas for improvement moving forward included facilitating reflection and evidencing continuity of issues/agendas between sessions.</p> <p><b>AYE STAFF</b></p> <p>The Service has a number of AYE agency social workers in fieldwork and hospital social work teams. The Service has complied with the regulatory requirements in relation to induction, supervision and workload of AYE staff.</p> <p><b>The Service Area has assurance processes to monitor compliance with the discharge of its statutory functions:</b></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>Somerton Road Children's Home</b>  This is registered as a home for children with Learning Disability and behaviours of challenge. This has been a positive year for the home. The Manager and deputy manager posts are currently filled in an acting capacity and the service hopes that structures will be more settled within the next 6-8 months.</p> <p>The home has had a settled year and four of the five residents have made significant progress throughout the reporting period.</p> <p>Monthly monitoring and file audit is on-going (Monitoring Officer). Recruitment of social work vacancies is now complete and the service has adapted well to both new residents and staff. The Service continues to embrace Positive Behaviour Support (PBS) as its primary ethos and there has been a notable and sustained reduction in the use of physical restraint and restrictive practices within the home over the past two years. Two members of staff have been trained as PBS coaches and a PBS reflective practice group has been established across the CWD Service. The Service is energised by the potential for PBS to provide a cohesive and unifying framework across teams, services and with other departments within the Trust and is also involved in regional PBS development work.</p> <p><b>Nurse prescribing</b>  An experienced member of staff has successfully completed Nurse Prescriber training which will provide the service with additional skills and competence in this area.</p> <p>The Service has introduced regular reflective practice sessions for staff facilitated by a member of the Trust's Children's Services Learning and Development Team and has continued to pursue access to the Therapeutic Support Service to support this work.</p> <p>During this reporting period, the Home breached its Statement of Purpose when it accommodated a six year-old girl with highly complex needs and behaviours that challenge who required to become looked after on an emergency basis. This placement lasted for approximately 12 weeks whilst an alternative placement was identified. The Home has also experienced more referrals than places available during this reporting period resulting in a delayed discharge from Iveagh for one young person and the Trust receiving a pre-action letter in relation to a Judicial Review. The Trust would request further discussion with the Commissioner in relation to developing the range and number of placement options for children with learning disability and behaviours that challenge.</p> <p><b>Forest Lodge (Short Break Service)</b> is registered as a Nursing Home for children with Learning Disability and Complex Health Care Needs. The Home 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 Nursing and Children's Home Regulations. The Divisional Nurse</p>

provides professional nursing governance advice, guidance and monthly supervision to the registered manager. Monthly agency/management supervision is also provided to the manager by the Assistant Service Manager with responsibility for residential and Short Break services.

This short break service continues to be evaluated positively by families and professional colleagues. Work is on-going to develop more effective ways to engage and understand the views of children. During the reporting period, Belfast Trust worked closely with Northern Trust colleagues to achieve a shared care placement for a vulnerable Looked After Child. The placement was successful however, the child sadly died whilst at home over Christmas.

**Willow Lodge (Short Break Service):** Willow Lodge is a registered Children's Home with two beds and currently has up to thirteen children using the service at various times and at varying levels, depending on assessed need. The service has noted a drop in the number of users but an increase in complexity of need. This situation is related to an increasing number of young people who require either 2:1 support or above and for whom it is not possible to share space with other children. These children are likely to present with increased need across a variety of services in the next few years, including residential placements, which the Trust has highlighted in discussions at Childrens Services Improvement Board (CSIB).

A regional workshop is planned regional to address for mid-June to address strategic themes and related commissioning priorities. There is significant unmet need in respect of short break services for those most challenging children and increasingly limited and workable alternative options.

During the reporting period, an exceptional placement was made in respect of a Looked After Child. The Trust has fully engaged with RQIA and has subsequently amended the Statement of Purpose for Willow Lodge to accommodate this placement.

The staff team has responded positively to the leadership of the manager and Senior Management Team.

#### **Access to Services**

The Service has written referral and allocation criteria for each of its services detailing the responsibilities and accountabilities of Team Leaders and practitioners. The Service has also developed a comprehensive referral pathway process aligned to UNOCINI requirements, which takes account of all services managed by CWD. In effect, this creates one "front door". All urgent or child protection referrals are responded to within twenty-four hours.

#### **Community Nurse Learning Disability Service (CNLD)**

A review of the CNLD structure, business processes and service delivery pathways has been completed. The CNLD has an active caseload of eighty-five children. All children now referred to the CNLD service have an initial assessment, which involves a social work input. The service has delivered a number of parent and carer workshops on sleep, toileting and behaviour management. Seventeen parents availed of these workshops and reported that they found them to be very helpful. For those children who are assessed as having significant, but lower levels of need than the most complex children, this

type of service provision appears to have been very successful and will be further developed next year.

The CNLD service also ran a number of carer events for parents. Funding for this was secured from the Service's carers budget. These carer events will be run next year and additional workshops will be offered to parents. The CNLD service has also established a consultation service for professionals and parents to support access to professional nursing advice. To date these have been well received and are currently being evaluated.

### **Childrens Therapeutic Service**

The Children's Therapeutic Service (CTS) has been in operation for a number of years. It provides Clinical Psychology, specialist behavioural, Speech and Language Therapy, Occupational Therapy and Family Support worker inputs. The service works closely with community social work, community nursing learning disability teams and ID CAMHS and is currently providing specialist assessment, interventions and supports for approximately thirty children. CTS continues to hold a waiting list of ten children, which is actively reviewed and prioritised as per identified need. During the reporting period, the waiting list and referral process underwent significant review to ensure that only those children whose needs could not be met by another more appropriate service were accepted for assessment and support. In order to ensure that children and families with significant behavioural and psychological challenges are supported holistically, all children referred to CTS must be known to the CWD Social Work service. This has ensured that need has been appropriately assessed and identified and family support services put in place as per Pathway Plan. The CTS service has also developed a weekly consultation service for professionals, which has facilitated expeditious access to specialist advice and consideration given in a timely way as to whether or not a child or young person needs to be referred to the service for more specialist assessment.

Waiting times and outcomes for the service are measured and recorded and information gained is used to appropriately target resources and improve the quality of the service provided. The service is working collaboratively with other teams and a much better understanding of its role, function and capacity is evident.

### **Regional Integrated Support for Education RISE NI (BHSCT)**

The RISE NI BHSCT work to a tiered interdisciplinary early intervention model supporting children, schools and families at a universal, targeted and specialist levels, to ensure that children are fully engaged with the school curriculum and have the best chance to succeed in school and at home. RISE has facilitated service user focus groups and has led within the Service in shaping and improving practice in relation to service user involvement and outcomes focussed service delivery. Both teachers and parents rate the service highly and provide valuable feedback and perspectives on service delivery, which enables the service to improve on an ongoing basis.

Following consultation and engagement with service users, the team has developed a range of targeted small group and whole class programmes as a co-production initiative with parents and colleagues in education. The team has

links with statutory and voluntary agencies, which ensure that the right services are involved with children and their families and avoid duplication.

Parent/carer engagement has led to the development of a range of parent workshops, which are provided within school settings and enhance the support delivered by both health and education services with parents report them as less stigmatising.

Changes in service delivery in line with service user involvement and identified need have also led to the development of a Selective Mutism service for children within the BHSCT. There has not previously been a service for children presenting with this condition and all children seen by the service have had positive outcomes within their educational settings.

RISE is at the forefront of innovation within the Service. The team has introduced a consultation service for both schools and parents, which aims to provide advice and guidance on how to better support children who are struggling in a school setting and socially. Recently, the service has witnessed an increase in children being referred with greater complexity of need and an increase in children involved with Family and Child Care services.

Increased need and complexity of children now attending mainstream nursery and primary schools requiring assessment and support from RISE NI BHSCT reflects current pressures in Educational Services, which would previously have provided specialist advice and support. Education Authority early years provision is currently under review, which has resulted in schools requesting specialist advice and support from the team. A concern would be that teachers may see the service as a replacement for Educational Psychology and support services .There has also been an increase in the number of consultations offered to schools, as well as an increase in specialist targeted work by the team to meet this increasing need within mainstream school settings.

### **Community Teams**

The review of the Community Teams was completed during this reporting period and the Service is now in the process of implementing the new structures. Social work teams have settled with the recruitment of three permanent and two one-year temporary posts.

The Service has struggled to reduce unallocated cases, but has been successful in securing Demography funding for two permanent staff who will replace the additional agency staff whom the Service had employed at risk basis. The service asserts that there will be limited ability to achieve a sustained reduction of unallocated cases without further investment of 2.5 wte social work posts.

The Service is implementing new structures alongside a more streamlined referral and allocation pathway, which is consistent with UNOCINI requirements. It is currently completing the implementation of PARIS.

Community Teams are increasingly dealing with more safeguarding-centric cases. They have submitted forty PJI1 forms and completed associated investigations during the reporting period. Four of these investigations resulted

in ABE investigations with PSNI colleagues. Two of the forty cases are now the subjects of public law proceedings.

**Private Law applications:**

During the reporting period, there have been nine private law applications, which have required social work assessment, including visits to child, parents and family, observations of contact, attendances at Court, and provision of Court reports and update reports.

The Service also co-works a small number of cases with LAC colleagues.

The Service was involved with two children on the Child Protection Register during this reporting period. One child was subsequently de-registered.

**Unallocated cases** are reported on a monthly basis to the HSCB. Team Leaders assess and prioritise work referred into the Service to ensure they maximise the available staff resource, minimise and manage unallocated cases and adhere to UNOCINI assessment and review timeline requirements insofar as possible. . Currently the Service has a significant number of unallocated cases and continues to work to manage and reduce these. As reported earlier, the Service believes that this is a capacity issue, which requires additional professional resource to address.

**Carer Assessment and Young Carer assessment** performance has been sustained during the reporting period and progress has been made in engagement with parents and carers with further developments planned for 2018/19 in partnership with the Carer Co-Ordinator and independent sector.

**Carer support and engagement** has been an area of continued development in 2017/2018 and the Service has invested a considerable amount of its carer support funding into carer wellbeing events and “Time for Me” programmes, delivered by several independent sector organisations. This year, RISE NI ran a “Stress Less” workshop for parents and carers. Funding was provided from the Carer budget and included access to various services, including neck and shoulder massage for parents. Thirty-two parents in total attended these sessions. These afforded opportunities for carers to come together, relax and have some time for themselves, while exploring how they might build resilience and manage stress. The programme was well evaluated by parents who attended.

Additional investment has been made in Self Directed Support from this funding and this has been directed at the families of our most complex and in need young people.

**Children with Complex Health Care Needs** – the Service continues to work closely with the Community Childrens Nursing (CCN) Service to ensure co-ordinated discharges from hospital and joint assessment where possible to support the families of these children. IPT investment has been directed to fund three intensive support packages and equipment and an in-reach short break supports.

A 0.5 social worker has been appointed to take forward recruitment of specialist Foster Carers to provide placements for children with complex needs on the edge of care. The Service is working closely with fostering colleagues to deliver appropriate placements. Two foster carers have provided very successful full-time placements to two children with challenging behaviours and needs. One foster carer has transferred into this specialist service and a further three carers are being assessed currently. The project has led to improved communication and understanding between CWD and Fostering Services and a more streamlined pathway for accessing foster placements for children with disabilities.

#### **No recourse to public funds**

The Service is providing an extensive package of care and supports to a child with complex health care needs as well as a weekly maintenance allowance to the parent. This represents a significant unfunded pressure.

#### **ABI**

One child with Acquired Brain Injury has been referred to the Service during the reporting period. This child has significant support and resource needs, which will require a substantial package of supports to facilitate hospital discharge. The Service is contributing to the development of the Trust Brain Injury Strategy Action Plan and is taking the opportunity to profile the care and support needs of children.

#### **Service User Audit, Engagement and Feedback.**

The Service seeks feedback from children and parents who access Short Break and residential services via the LAC processes and annual surveys. It continues to report on this in monthly reports to RQIA. During the reporting period, the Service actively engaged in various forms of stakeholder and user engagement as outlined below and is continuing to implement its PPI strategy, though management capacity challenges continue to limit developments in this area.

The Service has increased partnership working with the independent sector with particular emphasis on early intervention. This has also involved working more closely with parents and carers. The Service is working with the Carer Co-Ordinator for children to develop a more regular and relevant Carer Forum. The Service has also run a number of workshops/sessions for siblings, which have been positively evaluated.

#### **Children with Disabilities Quality Improvement Initiatives**

Within the Service, four Band 6 staff are participating in the SQB. Three Senior Managers have completed the Living Leadership programme in-year and nine staff have completed ILM leadership programmes.

The Service has invested funds in Early Intervention initiatives with Sleep Scotland and MENCAP.

#### **Increasing Complexity of need in younger children**

The Service continues to experience increased demand for family support, behavioural support, Short Break services and home treatment for the most challenging children. It has noted the increasing complexity and range of needs across the children with disabilities population. Children are presenting at a



	<p>younger age with more complex conditions and difficulties. These children generally present with several co-occurring conditions- SLD, Autism, ADHD and Epilepsy. Community Teams and CTS are working closely to support families to maintain these children at home. The Service believes that, without continued investment in community services, referral thresholds will rise and the risk and incidence of family breakdown will increase, placing considerable additional resource pressures on already stretched services.</p> <p><b>Risk register</b> All risks are reviewed at least quarterly. The Service Manager and Governance Manager liaise regularly.</p> <p><b>Looked After Children (LAC) Reviews</b> The Service Area is compliant with the requirements in respect of the scheduling of LAC reviews (with one exception during the reporting period due to staff sickness).</p> <p><b>Self-Directed Support</b> The Service's Self-Directed Support (SDS) Implementation Plan has been progressed and staff in Community Teams are working hard to deliver implementation. The Trust wishes to highlight the fact that new responsibilities, business processes and expectations of services are creating significant additional work for staff, contemporaneously with the full implementation of PARI. The Service Manager represents CCS on the Trust's SDS Steering Group.</p> <p><b>Family Group Conferencing</b> The Service continues to offer access to Family Group Conferencing (FGC) in appropriate cases and has a one manager trained in chairing FGCs. The Service has used the model in discharge and care planning for children.</p> <p><b>File Review</b> During the reporting period, the Service has undertaken regular file reviews within Residential and Short Break services This has evidenced satisfactory standards of recording and care planning.</p> <p><b>HEALTH AND SAFETY AUDIT-BRAAT 2</b> The Service has fully submitted scores for all teams and has achieved compliance across all areas audited.</p>
3.4	<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> The Service is compliant with NISCC registration requirements pertaining to its social work and social care workforce.</p> <p><b>Regional Groups</b> The Service Manager represents the Belfast Trust on two Children and Young Peoples Strategic Planning Groups (CYPSP) related to children with disabilities</p>

(CWD and Transitions) and is a member of the Children with Disabilities Childrens Services Improvement Board (CSIB) Sub-group. CSIB has completed work on regionally agreed criteria for CWD services.

**Adverse and Serious Adverse Incident Reporting.**

Service processes in relation to RQIA and HSCB reporting requirements have been audited to ensure full compliance with same This has been achieved in-year. All incidents were reviewed quarterly at First Line Managers meetings and CCS Governance Meeting. There were no SAI's during the reporting period.

**Judicial Review and Court Judgements**

The Service received a pre action letter in respect of one child and was able to work collaboratively with SET colleagues in order to resolve accommodation issues for one child. This required extensive liaison between Trusts and has served to highlight the need for investment in specialist residential care services.

**Regulation Quality and Improvement Authority**

The Service has achieved satisfactory levels of compliance with the relevant regulatory standards. Each Childrens Home has had a number of inspections during the reporting period. The Service is addressing recommendations/requirements through the Quality Improvement Planning process (QIP).

## MAHI - STM - 277 - 1003

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>Maintenance of consistent and satisfactory levels of supervision in the Service when there are unavoidable gaps in the managerial team.</p> <p>Compliance with supervision requirements</p> <p>Staff retention and support</p> <p>To provide adequate governance of services within existing structures and capacity</p> <p>Continued complexity of behaviour and co-morbid conditions within young children, including pre-school children</p>	<p>The Service has continued to review performance in all services in order to ensure financial and operational efficiency</p> <p>The Service has improved performance in this area and hopes that the recruitment of a third SSW will ensure full compliance.</p> <p>The Service has again experienced difficulties in recruiting to vacancies in a timely way. The Trust has employed Agency staff to ensure continuity of operational service delivery.</p> <p>The Service has reviewed management capacity to meet assurance requirements and has reconfigured resources in order to recruit an additional senior social worker. Recent demography funding has also enabled the service to recruit an additional Band 8A management post.</p> <p>The Service Area has pursued additional investment to addresses identified service delivery pressures.</p>	<p>Not on Risk Register</p> <p>Not on Risk Register</p> <p>On Directorate Register</p> <p>Not on Register</p> <p>Not on Register</p>

<p>Lack of an appropriate range of intensive family support, short breaks and home treatment services.</p>	<p>The Service is working collaboratively with colleagues in Child Health and Community Paediatrics to reform business processes, improve operational efficiencies and reduce duplication. This work is important, but is unlikely to make a significant impact on levels of need currently presenting. The Service has a growing waiting list for children assessed as requiring residential short break services. While alternative services are offered to families in lieu of these residential services, this has not always been acceptable to them.</p>	<p>On Directorate Register</p>
<p>Workforce capacity to move from a reactive model of service delivery.</p>	<p>The Service has targeted HSCB investment on families in crisis and those with complex needs and plans to increase its focus on early intervention. Following the completion of current recruitment to key posts, the Service is working closely with colleagues in the community and voluntary sectors to take forward early intervention initiatives.</p>	<p>Not on Register</p>
<p>Lack of access to Principal Practitioners for Child Protection and Safeguarding, Therapeutic LAC and lack of access to Family Centres, contact services.</p>	<p>This is being reviewed by the Directorate as part of its review of service and workforce structures. There has been no investment in the role of senior practitioner or principal practitioner for this service despite the growing complexities of the work.</p>	<p>Not on Register</p>

## MAHI - STM - 277 - 1005

	Lack of suitable provision of appropriate residential placements for a number of young people with very challenging behaviour at home and on discharge from Hospital (acute and specialist)	The Service is continuing to focus on developing early intervention provision and has sought to strengthen its links with Early Years and the independent sector to move forward. A scoping exercise was completed to profile those children the Edge of Care and shared with the HSCB and CSIB.	On Directorate Risk Register
	Implementation of PARIS CIS across CCS	The Service has participated in ongoing work to prepare for implementation and the embedding of PARIS business processes.	On Directorate Risk Register
	Reduction of Unallocated cases.	During the reporting period, the Service has struggled to address unallocated cases. Sustained reduction will not be possible without additional social work staff.	On Directorate risk register
	Difficulty in recruiting sufficient foster carers for children who require short breaks, shared care or full time placements	While considerable progress has been made, there are substantial ongoing capacity pressures.	On Directorate Risk Register

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>Flexible Working Arrangements</b> As previously reported, the Trust has developed a protocol to facilitate the effective management of the Trust's Improving Working Lives Policy which is central to workforce and skills retention. The Service Area has facilitated movement of staff to part-time/ job share/ compressed working week arrangements where the needs of the Service Area have permitted. However, this is increasingly challenging amid the pressure to modernise and use resources as efficiently as possible. Wherever practical and safe the Service Area will facilitate flexible working requests but this is becoming much more of a challenge than ever before.</p> <p><b>Recruitment</b> The Service Area complies with the corporate workforce management arrangements. This remains challenging as a result of the timeline for the replacement of posts. Difficulties with HRPTS have resulted in a number of significant delays in progressing recruitment The Trust have 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, effective and efficient manner.</p> <p><b>Absence Management</b> Priority is given to the proactive management of sickness and absence. The Service works closely with HR and Occupational Health Services to improve its performance in this area but this remains challenging.</p> <p><b>Caseloads</b> Overall Caseload numbers have reduced during the reporting period- the Service continues to work in a much more targeted way with an increasing drive to demonstrate outcomes and effective interventions. The complexity and risk profile of new and on-going cases continues to be significant. The resource implications arising from presenting need must be contextualised against the backdrop of a shrinking resource base and stringent financial efficiency requirements. The Trust would again wish to highlight that regionally there has never been a capacity and demand exercise in relation to the workload activity for Children with Disability Teams. No investment has been received into these front line social work teams since RPA whilst significant investment has gone into Gateway, Family Support and LAC services.</p> <p><b>Implementation of the Regional Caseload Management Model</b> This continues to prove challenging within the Service Area. The Service Area continues to look at ways to implement this model, or contribute to the development of a more appropriate regional model via CSIB.</p>

	<p>The service is engaged in preparatory work for the introduction of Signs of Safety across CCS, this will be another challenging change in practice and processes which the service is committed to.</p> <p><b>Partnership Working</b> The Trust is engaged in a number of significant partnerships with independent and voluntary sector providers targeted at the provision of early intervention and supports, short break services and Transitions. This remains a priority, but is becoming more challenging due to complexity, capacity and resource pressures as reported.</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?- N/A</b></p>
<p><b>3.10</b></p>	<p><b>Social Workers who work within designated hospital- Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p><b>Social work services to the Royal Belfast Hospital for Sick Children (RBHSC) and Royal Jubilee Maternity Hospitals (RJMH)</b> are delivered in a uni-professional model within a medical and nursing operational environment. Social work is seen as a distinct but vital part of the multi-disciplinary team and staff provide advice and input on safeguarding matters and the social and emotional needs of families of children in treatment and palliative care. A close partnership exists with the Clic Sargent cancer charity in respect of supports for families of children receiving cancer treatment and the charity funds one of two Oncology Department social work posts. Supervision levels in this part of the service are consistently high. Files are regularly audited by the team leader and senior manager responsible for the service. Modernisation of the Maternity Hospital SW service is almost complete and has led to improved response times, eradication of unallocated cases and more efficient processes.</p> <p>In RJMH staff work in a task centred way to determine the need for referral to Gateway or FIT Teams and to ensure that safeguarding concerns are shared appropriately and in a timely manner with community professionals. If families are already known to Social Services, the appropriate social worker is made aware of the referral and circumstances. The Hospital social worker will attend/provide a report to case conferences and core group meetings as appropriate and ensure that child protection plans are understood by ward staff. Post-delivery referrals are usually in respect of emerging child protection concerns.</p> <p>On those occasions when babies are not being discharged to the mother's care, the Team liaises closely with all relevant professionals within the hospital to ensure the timely implementation of the Regional Child Protection Policy and Procedures and appropriate interim safeguarding arrangements. The Service provides advice to doctors and midwives on thresholds for intervention and onward referral and management of risk. The ante-natal clinic for pregnant women with socially complex issues such as drug and alcohol abuse has placed considerable demands on the Maternity social work service.</p> <p>Social workers in RJMH also provide a service to the Neonatal Unit, which is situated within in the same building (RJMH). This can be in respect of child care</p>

	<p>concerns and/or for supports to families following the birth of a baby with complex medical issues and support needs.</p> <p>Social workers in the RBHSC offer assessment and support to children and young people with complex health care needs, disabilities, chronic or life limiting or threatening illness and their families. Social workers provide supports to inpatients and outpatients with complex renal conditions, cancer, blood disorders and cystic fibrosis regionally. All wards within the Hospital can refer to a social worker in line with established referral criteria.</p> <p>The Service works in partnership with community social work teams and CCN teams across the region to achieve co-ordinated and appropriate discharge of children with complex health care needs who require complex discharge planning arrangements.</p>
3.11	<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 protection and promotion of Human Rights is central to the design, development and practice of all Belfast Trust services and policies. It is regarded as fundamental to treat service users and carers with respect and dignity.</p> <p><b>Training</b></p> <p>Human Rights training is provided on an on-going basis by the Learning and Development Service. This is mandatory for all social work and social care staff.</p> <p>The Service Area ensures the promotion of a human rights-based approach in all social work and social care practice and service delivery. Managers work closely with practitioners to ensure that consideration of the human rights of service users is integral to practice and not tokenistic. A number of initiatives which support the upholding of human rights are described below.</p> <p><b>Mental Health Order</b></p> <p>All staff involved in activities and actions under the Mental Health (NI) Order 1986 are required to give consideration to any potential breaches or engagements of rights referenced in Articles 5 and 8.</p> <p><b>UNOCINI</b></p> <p>The UNOCINI framework reflects the significance of partnership and respect in working with service users and parents/carers.</p> <p><b>Safeguarding</b></p> <p>Staff are required to ensure that any statutory interventions with an individual or families are proportionate to the risk presented and fully respectful of parents and childrens rights.</p> <p><b>Transitions Practice</b></p> <p>The Service Area is currently engaged with managers from adult Learning Disability services to review and improve current practice and protocols and will ensure that arrangements are sensitive to the promotion of individual human rights. The Service Area promotes service users' human rights through the principles of respecting the child and family's values and beliefs, meaningful person centred engagement, empathic presence, partnership and advocacy.</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 on-going challenges?
	<p>Consent and capacity to the accessing of and receipt of services.</p> <p>Restrictive Practices in childrens homes and use of physical interventions in the management of behaviours which challenge</p> <p>Ensuring the child's voice is heard and</p>	<p>Wherever possible, children's consent to using services will be sought by social work staff. The views and wishes of children who are Fraser-competent will be sought and respected in relation to service delivery matters. The Service endeavours to assist parents to support their children's wishes and feelings where they have sufficient capacity to exercise informed choice and where their best interests/welfare/safety will not be compromised.</p> <p>Restrictive practices are used as little as possible, however, are sometimes necessary to maintain a child's safety within a residential or short break setting. Decision-making in relation to restrictive practices is informed by multi-disciplinary assessment and review processes, which seek to incorporate parent/child/advocate's participation. All such practices are subject to regular review.</p> <p>The Service is pleased to note that VOYPIC has become involved in</p>	<p>Staff address this issue with parents at the point of referral in order to ensure that the views and perspectives of the child are fully represented in all service requests.</p> <p>On-going monitoring and review of trends pertaining to use of restrictive practices.</p>

	their wishes fully considered in all decision-making processes.	supporting Looked After Children with disabilities to comment on services and have their voices heard.	The Service seeks to develop mechanisms and structures to promote engagement with children and young people in the review, planning and delivery of services.
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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><b>Chairman’s Award</b>  The Service won the Chairman’s Award in “Our People” category for its promotion and implementation of Positive Behaviour Support within Children with Disabilities Service. Moving forward further training for new staff and parents is planned.</p> <p><b>Complaints</b>  The Service Area has continued to engage positively with families and has taken a proactive approach to the management of concerns and communication with carers. Managers and staff encourage families with concerns to make direct contact and resolve matters as early as possible. The Service also responded to eight constituency enquires/FOI requests.</p> <p><b>Interdisciplinary Working and User Engagement</b>  RISE works to an interdisciplinary model, facilitate service user focus groups and have led within the Service Area on shaping and improving practice in relation to service user involvement and service delivery. Both teachers and parents rate the service highly and provide valuable feedback and perspectives on service delivery.</p> <p>RISE has achieved significant successes in early intervention, accessibility, trans-disciplinary working and the upgrading of the OCNNI/BHSCT Classroom Assistant course from an accredited programme to a Level 2 qualification. This is a significant achievement and evidence of the Team’s ethos of working in partnership across professional and organisational boundaries. The Service’s OCNNI Classroom Assistant course, which won the PHA Advancing Health Care Award in 2016, has now been delivered to over two hundred classroom assistants within the BHSCT area and has been successfully rolled out regionally across Northern Ireland with over two hundred and fifty classroom assistants undertaking the course and being successful in gaining their level 3 accreditation.</p> <p><b>Autism</b>  The Service continues to work collaboratively where possible with colleagues in the Belfast Autism Assessment and Intervention Service (BAAIS).</p> <p>The Service continues to focus on meeting the needs of parents and carers of children with autism via carer support events to develop resilience at an earlier stage and to promote good mental health and wellbeing.</p> <p><b>User and Carer Involvement</b>  Carer support events and measures have continued to develop during the reporting period.</p>
3.16	<p><b>SUMMARY</b></p>
	<p>The current service delivery context remains challenging. The Service strives to ensure that structures, financial and staff resources are organised and</p>

utilised as efficiently and effectively as possible and are focussed on improved and demonstrable outcomes for children and their families.

The Service Area has developed therapeutic and psychological services for children with challenging behaviours, their parents and families following HSCB investment. The Childrens Therapeutic Service has worked closely with community, residential teams and schools to support children to achieve good standards of emotional health and wellbeing and increasingly to deliver workshops to support parents to care and stay well.

The Service is continuing to engage in joint working with the wider Directorate where possible and with colleagues across children and adult services to ensure better experiences of transition for young people and their families.

Services to children with complex health care needs have expanded to deliver flexible short breaks, and provide essential equipment. The Service is fully engaged in the Trust Carer Strategy delivery and has taken forward plans to expand the use of personalised budgets and self-directed care despite the pressures outlined throughout this report.

Direct Payment provision has increased during the reporting period.

Demand for residential placements has risen alongside the growing number of children and young people who are now identified as being on the Edge of Care.

**DATA RETURNS****- EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE**

- 22 General Provisions (including Hospital Social Work)
- 23 Chronically Sick and Disabled Persons
- 24 Disabled Persons (NI) Act 1989
- 25 Health and Personal Social Services Order
- 26 Carers and Direct Payments Act 2002
- 27 Safeguarding Adults
- 28 (Social Work Teams and Caseloads)
- 29 Assessed Year in Employment
- 30 Mental Health
- 31 Family and Child Care specific returns (CC3/02)
- 32 Training Accountability Report

**CHILDREN WITH DISABILITIES  
DATA RETURN 1**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	N/A	N/A
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	N/A	N/A
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	N/A	N/A
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	N/A	N/A
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:	N/A	N/A
	xxvi. Residential Home Care	N/A	N/A
	xxvii. Nursing Home Care	N/A	N/A
	xxviii. Domiciliary Care Managed	N/A	N/A
	xxix. Domiciliary Non Care Managed	N/A	N/A
	xxx. Supported Living	N/A	N/A
	xxxi. Permanent Adult Family Placement	N/A	N/A
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.	N/A	N/A
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.	N/A	N/A
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.	N/A	N/A
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care	N/A	N/A
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	N/A	N/A
1.7	Of those at 1.6 how many are EMI / dementia	N/A	N/A
	- Statutory sector	N/A	N/A
	- Independent sector	N/A	N/A

1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures	N/A	N/A
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding	N/A	N/A
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	0
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

### CHILDREN WITH DISABILITIES DATA RETURN 1

<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 period?	5407	2062	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	5407	2062	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	476	189	N/A

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

**CHILDREN WITH DISABILITIES  
DATA RETURN 2**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>0</b>	<b>X</b>
2.2	Number of adults known to the Programme of Care who are:		
	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		

**CHILDREN WITH DISABILITIES  
DATA RETURN 3**

<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>N/A</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>N/A</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>N/A</b>
3.3	This is intentionally blank	
	<b><i>Narrative</i></b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education. N/A	<b>N/A</b>



**CHILDREN WITH DISABILITIES  
DATA RETURN 4**

<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	
	Total expenditure for the above payments	
4.2	Number of TRUST FUNDED people in residential care	<b>N/A</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>N/A</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>N/A</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	<b>6</b>

**As part of the process of reviewing Article 15 spend, the Trust is currently reviewing its guidance and related assurance arrangements in relation to Article 15 payments.**

**CHILDREN WITH DISABILITIES  
DATA RETURN 5**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	<b>10</b>	<b>201</b>	-
5.2	Number of adult individual carers assessments undertaken during the period.	<b>8</b>	<b>201</b>	-
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	<b>8</b>	<b>201</b>	-
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>0</b>	<b>620</b>	-
5.5	Number of young carers offered individual carers assessments during the period.	<b>59</b>		
5.6	Number of young carers assessments undertaken during the period.	<b>58</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>13</b>		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>56</b>		
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>52</b>		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March  *This figure represents DP/SDS allocated solely to support Carer.	<b>*8</b>		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March * This figure relates to DP/SDS iro children but managed by parent/carer	<b>*159</b>		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	<b>52</b>		
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>8</b>		
5.11	Number of one off Carers Grants made in-year.	<b>409</b>		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
<b>Commentary</b>				
Further to the activity above, the Children with Disabilities Service offered an assessment/review to 69 young carers aged up to 17yrs (10 of these were 16+yrs). 115 carer reviews were also completed. The number of adult carer assessments completed has risen from 16/17 by 11.6%.				
The Children with Disabilities Service continues to provide a range of carer services, which support parents to maintain their health and wellbeing as well as ensuring the safety and wellbeing of their children. These include information and advice, group activities, complementary therapies (163 sessions in-year), carer grants for short break purposes and direct payments. A significant number of carers are also supported through contracted short break activities and residential respite.				

The Service is committed to progressing the Belfast HSC Trust Carers Strategy, 'Caring Together' and values its maturing partnership with the voluntary sector. The Trust Carer Co-ordinator works closely with the Service to profile the needs of carers, provide carer awareness training as part of the induction for new staff and carer assessment and support planning training for staff carrying out carer assessments in order to ensure best practice and outcomes for carers.

The Service has also sponsored "Positive Summers" grants generally within SDS. Following assessment of need or review of assessment of need, additional funding has been made available to families and children facing enhanced pressures to enable them to plan and fund positive activities for the summer period for the whole family with the emphasis on inclusive activities, stress reduction and building positive memories and family experiences.

A Carer Events Planning Group is established within the Service, and works with the Carer Co-ordinator to deliver activity programmes for parents. During 2017-2018, this included: a Life Coaching course; educational workshops and wellbeing event for parents during the summer period; a four- week Mindfulness programme and two relaxation days in Drumalis House, Larne.

The Service is committed to increasing and improving opportunities to engage with carers and young carers and plans to hold several consultation events in the next reporting period.

**CHILDREN WITH DISABILITIES  
DATA RETURN 9**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO		
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)		
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)		
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.		
<b>Use of Doctors Holding Powers (Article 7)</b>			
9.2	How many times did a hospital doctor use holding powers?		
9.2a	Of these, how many resulted in an application being made?		
	<i>Comment on any trends or issues on the use of holding powers</i>		
<b>ASW Applicant reports</b>			
9.3	Number of ASW applicant reports completed		
9.3.a	How many of these were completed within 5 working days		
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>		
<b>Social Circumstances Reports (Article 5.6)</b>			
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>		
9.4.a	Number of completed reports which were completed within 14 days		
<b>Mental Health Review Tribunal</b>			
9.5	Number of applications to MHRT in relation to detained patients <b>(just provide total number)</b>		
9.5.a	This is intentionally blank		
<b>Guardianships (Article 18)</b>			
9.6	Number of Guardianships in place in Trust at period end		<b>0</b>
9.6.a	New applications for Guardianship during period (Article 19(1))		<b>0</b>
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))		<b>0</b>

9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (just provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	N/A
	Lapsed	N/A
	Discharged by MHRT	N/A
	Discharged by Nearest Relative	N/A
	Total	N/A
<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	1
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	0
9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p><b><u>Patient 1</u></b></p> <p><b>Date of Birth:</b> 2001</p> <p><b>Date of Admission:</b> May 2017</p> <p><b>Detained under the Mental Health (NI) Order 1986:</b> May 2017</p> <p><b>Reason for Admission</b></p> <p>Admission for assessment under the Mental Health (NI) Order 1986. Patient 1 has a diagnosis of Autism and Severe Learning Disability.</p> <p>Mother reported a deterioration in patient's behaviour two-three weeks prior to admission and she was concerned that patient was depressed. Prior to admission patient was very aggressive towards family members and destructive of property in the house resulting in injury to her mother and police attendance was required. Patient responded to medication that night and a bed in Iveagh was arranged the following day. Patient had been reviewed at outpatients prior to admission. She had been assessed by Consultant Psychiatrist who considered a possible first presentation of psychosis and possible depression. A bed was arranged in Iveagh the following day.</p>	

**Discharged from Iveagh:** August 2017 following a two week period of home leave.

**Patient 2**

**Date of Birth:** 2000

**Date of Admission:** July 2017

**Detained under the Mental Health (NI) Order 1986:** July 2017.

**Reason for Admission**

Patient 2 was admitted as a voluntary patient. Patient 2 had put herself at risk by absconding from foster home, standing on a bridge over a busy motorway, potentially going to jump from the bridge however, was prevented from doing so. She also stated she heard voices telling her to harm herself/others.

Initially appeared content in Iveagh and engaged with staff. Admission for assessment under the Mental Health (NI) Order 1986 was commenced on the 21<sup>st</sup> July 2017 following Patient 2 becoming aggressive in her behaviour and wanting to leave.

Patient 2 has a history of absconding behaviour and is impulsive. She was subject to a Care Order and lived with a foster family prior to admission. Foster mother was no longer able to maintain her safety.

Transferred to Muckamore Abbey Hospital on 25<sup>th</sup> March 2018 on turning eighteen years of age.

**Patient 3**

**Date of Birth:** 2003

**Date of Admission:** September 2017

**Detained under the Mental Health (NI) Order 1986:** September 2017

**Reason for Admission**

Patient 3 is a fourteen year old girl with a diagnosis of severe learning disability, Autism Spectrum Disorder, Intractable Epilepsy (Lennox Gaustaux Syndrome) and ADHD. She was a planned admission for assessment from home. On admission, she was presenting as hyperactive, shouting and laughing. She was admitted due to recent increase in agitation, aggression and self-injurious behaviour. She had recently broken a mirror, resulting in cutting herself to the arm and burnt her hand on the cooker at home. Her school placement had recently broken down. She presented with aggressive behaviour towards family members.

Continues as an in-patient.

Subject to LAC Review.

**Patient 4**

**Date of Birth:** 2003

**Date of Admission:** September 2017

**Detained under the Mental Health (NI) Order 1986:** September 2017  
**Form 1** – Completed by Mother. Social Circumstances Report completed by SW on October 2017.

Voluntary status from October 2017.

**Reason for Admission**

Admitted at age fourteen years with a diagnosis of Severe Learning Disability, Autistic Spectrum Disorder and ADHD. Increasing unpredictable self-injurious behaviours over the summer months. Patient 4 also becoming physically aggressive towards mother – attempting to bang her head off walls/floors.

Reviewed week prior to admission by Consultant. Head banging in various locations, no obvious triggers noted by parents. School staff and parents had to intervene to stop the behaviour – incident in June where he banged his head through a staff member's car window. Mother reports fluctuating mood.

Required admission to hospital for assessment.

Subject to LAC Review.

**Patient 5**

**Date of Birth:** 2001

**Date of Admission:** February 2018

**Detained under the Mental Health (NI) Order 1986:** March 2018

**Reason for Admission**

Patient 5 has a diagnosis of Autistic Spectrum Disorder and a mild learning disability. He was admitted voluntarily to Iveagh from home.

He displayed increased anxiety and social withdrawal, lethargy and anger outbursts. Some paranoid ideation. Recent planned overdose, CAIT team assessment. Previous overdose in December 2017. Expressed hopelessness and a wish to die. Admission to hospital for assessment required.

Detained for assessment under the Mental Health Order (NI) 1986 due to deteriorating mental state. He had increasingly fixed and open paranoid delusions regarding a school pupil and expressing a clear wish to die.

He continues as an in-patient.

Subject to LAC Review.

### **Patient 6**

**Date of Birth:** 2001

**Date of Admission:** July 2016

**Detained under the Mental Health (NI) Order 1986:** Feb 2018

Patient 6 is a seventeen year old boy with a diagnosis of Severe Learning Disability; Microcephaly; Asthma; Scoliosis.

He was admitted on a voluntary basis at the age of fifteen years. He had become verbally aggressive towards his mother, destructive towards property in the home during which he was also self-injurious in his behaviour. During attempts to calm him his mother had become physical injured. In the past this had resulted in a broken nose and a broken wrist.

Patient has a severe impairment of intelligence and social functioning. He has difficulty regulating his emotional state leading to poor self-control regarding aggressive and agitated behaviours.

After an extensive period of unmanageable high risk behaviour at home Patient was detained in Iveagh Treatment and Assessment Centre under the Mental Health (1986) Order. This period of assessment and treatment commenced on 13<sup>th</sup> August 2016. Patient has remained in Iveagh on delayed discharge since 14<sup>th</sup> February 2017.

Patient has had some difficult periods in Iveagh in particular when he claimed 'to hear voices in his head' and has been heavily influenced by his peer group within Iveagh.

He had been aggressive toward his mother and sister while on home leave which had included him breaking a mirror and presenting as threatening towards them with a piece of glass. Sister and mum very distressed by this episode.

Risk of serious physical harm to self from banging head on wall in ward.  
Risk to self of serious physical harm from others due to aggressive behaviour and negative reaction from others.  
Risk to family members of serious physical harm due to aggressive behaviour.

He has continued as an in-patient, his legal status changed during his admission:

Voluntary 23rd February 2018 – lapsed in error  
Detained 23rd February 2018



	Reason for Detention 23/0218 :  He continues as an in-patient with a current discharge plan underway to specialists children's home.  Subject to LAC Review.	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	<b>0</b>
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i>	<b>N/A</b>
<p><b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). Schedule 2A Supervision and Treatment Orders.</b></p>		
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 9.10 how many have their treatment required as:	<b>N/A</b>
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	<b>N/A</b>
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	<b>N/A</b>
	<b>Commentary</b> (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)	



**BELFAST HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

*For Year end 31 March 2019*

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## 1. 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) during the reporting period 1 April 2018-31 March 2019. 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 for Delegation) and identifies on-going 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 following themes underpin the delivery of statutory services:

- Promoting and supporting the service user's engagement as fully as possible in the planning for and reviewing of arrangements for their care.
- Empowering service users to exercise as much autonomy as possible in their choices and decision-making about their life circumstances.
- Supporting parents/carers/and other key individuals in their caring roles through the provision of flexible, individualised supports and access to support networks.
- Working in partnership with voluntary, community, independent and statutory organisations to build resilience and capacity across communities to develop safe, inclusive, supportive localities.
- Provision of high quality, evidence informed services, which deliver positive outcomes for individuals, families and communities.
- Proportionate exercise of statutory authority to secure the safety and welfare of children and adults who are vulnerable to abuse/exploitation/neglect/marginalisation.
- A continuous focus on improvement, quality and safety in the delivery of services.
- The recruitment, retention and development of a skilled and committed workforce through a culture of continuous learning and the pursuit of excellence.
- An ongoing focus on promoting the wellbeing of the workforce through their accessibility to bespoke supports and services and their engagement in and contribution to the development of corporate, Directorate and service planning processes.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines:

- The powers and duties delegated to the Trust.
- The principles and values underpinning the delivery of statutory services.
- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.

- The organisational assurance arrangements in relation to the discharge of statutory functions.

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

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 for, and is required to report to the Trust Board, on the discharge of statutory social care functions. An unbroken line of professional accountability runs virtually from the individual practitioner through the Divisional professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared using the HSCB regional template and is subdivided into the following sections:

**SECTION 1:** An introduction to the Report.

**SECTION 2:** An overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Divisions by the Executive Director of Social Work.

**SECTION 3:** Individual 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; challenges 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 prescribed by the HSCB relating to statutory social care service delivery.

Appendices:

- BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report (**Data 8**)
- BHSCT Social Services Workforce Learning and Development Accountability Report (**Data 11**)
- The Belfast Local Adult Safeguarding Panel (**LASP**) Report 2018/19
- Data Return 10 (**Corporate parenting report**)
- Restriction of liberty report (**ROL**) 2018/19
- The Regional Emergency Social Work (**RESW**) Service Delegated Statutory Functions Report 2018/19

I would like to take this opportunity to recognise the role and contributions of Trust staff across all Directorates in the discharge of statutory functions, which is complex, challenging, highly skilled and rewarding work.

I would wish to express my appreciation, in particular, of the professionalism and dedication of the Trust's social care workforce in this regard.

**Carol Diffin**  
**Executive Director of Social Work**  
**Director of Childrens Community Services/ Director**  
**May 2019**

## 2. Executive Summary

### GENERAL

#### **Executive Director of Social Work:**

The Role of Executive Director of Social Work was undertaken by Mr John Growcott from 1<sup>st</sup> April 2018 – 31<sup>st</sup> August 2018 and by Mrs Carol Diffin from 1<sup>st</sup> September 2018.

#### **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 satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service returns provide detailed commentaries on the levels of compliance, areas of difficulty, achievements 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 expectation, related scrutiny and a continuous drive for innovation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC.

As at 31 March 2019, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

## **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 accountable for assurance of Trust organisational and governance arrangements underpinning the discharge of social care statutory functions and for the discharge of such functions by the Trust's social care workforce. An unbroken line of professional accountability "runs" from the individual practitioner through the Service professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is located within two Directorates, Adult Social and Primary Care and Childrens Community Services. During the reporting period, mirroring the situation in all of the Trust's operational Directorates, both Directorates have continued to embed their new collective leadership model.

Each of the operational Directorates have established Divisions mirroring the former service delivery units and have appointed/are in the process of appointing Senior Leadership Teams, which will have accountability for Divisional service delivery performance and governance arrangements. The new post of Divisional Social Worker has assumed the responsibilities of the Associate Directors of Social Work with enhanced responsibilities and accountabilities as a member of their Division Senior Leadership Team for the range of corporate governance and service delivery functions.

Throughout the reporting period, the Divisional Social Workers have had a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for

- The provision of operational management and professional leadership of the social care workforce within the Service Area
- The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions
- 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
- The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports
- The promotion and profiling of the discrete knowledge and skills base of the social care workforce
- Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements



The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria (Revised November 2013) provide the framework for the delivery of professional social work supervision to social work staff in adult and children's services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011 outlines the processes and standards informing supervision delivery to social care staff. The Trust has achieved satisfactory compliance with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 in relation to the supervision of AYE staff.

Compliance with supervision standards is monitored on an ongoing basis through Service and Trust-wide audit processes.

### **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.**

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Services, 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 reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes, which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work:

- Provides professional leadership to the Trust's social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.
- Is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same.
- Is required to report directly to the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for consideration and approval.
- The Executive Director of Social Work is responsible for the completion of a quarterly update report to the Assurance Committee on the work of the Social Care Steering Group (Associate Directors of Social Work) and the Adults and Childrens Safeguarding Committees respectively.

The Trust has in place a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. The other two members of the Committee are also Non-Executive Directors Ms Miriam Karp and Dr Martin Bradley. The Committee is a sub-committee of the Trust's Assurance Committee. It is authorised by the Trust Board to review the Annual and Interim Statutory

Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Divisional Social Workers) 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 role and function of this group will be reviewed during 2019/2020 to take account of the new roles of the Divisional Social Workers.

The Trust has established a Children's Safeguarding Committee, which has responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Divisions/Directorates and is chaired by the Executive Director of Social Work.

The Trust has established an Adult Safeguarding Committee, which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective. In the context of the dissemination of the Revised Regional Adult Safeguarding Policy, the Adult Safeguarding Committee will have a substantial focus on assuring the implementation of and compliance with the Regional Policy.

With the establishment of the Divisional structures, the Terms of Reference of each of these committees will be reviewed with a focus on the strengthening of their respective governance functions.

The Trust's Risk Management Framework outlines the organisational arrangements underpinning the identification/assessment, ongoing management and review of risks and the related Trust Risk Register structures and processes. Each Service has its local Risk Register, which serve to populate Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively. Directorate and corporate governance structures afford the mechanisms for the ongoing management and review of risks across the respective Registers.

## **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 in the context of the following issues: the demands, levels and complexity of need across all settings; enhanced public expectations and levels of scrutiny; the impact of the phased re-structuring of regional commissioning and reporting structures; the overarching financial and resources context; and ongoing difficulties with the regional recruitment pathway.

The Trust has prioritised:

- Safe, effective, compassionate and qualitative service delivery.
- The embedding of a culture and underpinning values, which promote excellence, innovation and continuous learning as, reflected in its investment in its workforce's knowledge and skills base.
- Partnerships with local communities and voluntary, private and statutory agencies.
- Community capacity building.
- Co-production, partnership and purposeful engagement with service users, carers and communities to improve 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. The individual Service reports provide additional commentary on these themes.

#### **DEPRIVATION OF LIBERTY:**

Consistent with NISCC standards and RQIA advice, the Trust has worked in collaboration with the Directorate of Legal Services in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. .

During the reporting period, a number of Services initiated proceedings to secure Declaratory Judgements.

#### **REVISED REGIONAL ADULT SAFEGUARDING POLICY:**

The implementation of the-above Regional Policy has significantly enhanced the scope and service delivery responsibilities of the Trust in relation to adult safeguarding. While the Trust is supportive of the thrust and aims of the Policy, the lack of the necessary resources to support implementation has been a major concern for the Trust. In particular, the Trust would highlight its view of the need for a significant investment in professional adult social work service delivery capacity in light of the prescribed responsibilities of Band 7 social work staff.

#### **LARGE SCALE ADULT SAFEGUARDING INVESTIGATION**

This has been a very challenging year in light of the high profile, large-scale adult safeguarding investigation in Muckamore Abbey Hospital, which has had a detrimental impact on our service users and carers and staff. A number of staff have been suspended and a number of staff are off on sick leave and staffing levels are reviewed daily. A police investigation is ongoing alongside a Trust investigation. An SAI was undertaken, chaired by an independent person, Margaret Flynn, the findings of which, alongside RQIA Inspection findings have provided the focus for work undertaken by the Trust in relation adult safeguarding, service user and carer involvement, and planning for delayed discharges.

## **ASW DAYTIME ROTA**

The Mental Health Service Report provides a detailed commentary on the current challenges the Trust is encountering in the delivery of the ASW Daytime Rota.

These include:

- The diminution over a number of years of the complement of designated social work posts in the Mental Health Service Area.
- The demands on available social work capacity within the Service of the rise in adult safeguarding activity, particularly in relation to Band 7 staff.
- The pressing need to develop a robust workforce planning approach to social work requirements in Adult Services (including ASWs).
- The resourcing of and supports for staff engaged in the Regional ASW Training Programme.
- The changing role of the ASW under the Mental Capacity Act (2016) once partially implemented in Oct 2019

## **PLACEMENT CAPACITY IN CHILDRENS SERVICES**

Pressures with regard to placement availability across residential and fostering services in the context of the volume and complexity of needs of the Trust's looked after children population. The Trust has had to reconfigure the use of one of its residential homes to provide care for 8-12 year olds who cannot be cared for within the fostering due to their complex and challenging profiles.

## **WORKFORCE**

The challenges of recruiting and retaining a social work and social care workforce are highlighted in each service areas report particularly at band 5/6 and band 7 level. An urgent regional approach to workforce is required to address the high levels of vacancies, the high turnover of staff and high levels of sickness absence to try to stabilise and retain the workforce. At a Trust level there is a pressing need to develop a robust Trust-wide workforce planning approach to social work and social care to secure the necessary workforce volume, skills and knowledge base to meet service delivery demands across, frontline children's services, adult safeguarding, ASW functions and domiciliary provision.

The investment in the professionalisation of adult social care service delivery and the parallel development of the status and skills base of domiciliary and residential care staff are of particular significance in light of the strategic emphasis on care at home and the growing awareness of the importance of the social dimension to health and wellbeing.

There is a continuing need to address domiciliary care workforce recruitment and retention in light of the ongoing difficulties in providers' ability to deliver the necessary range of packages to meet assessed needs.

While improving relatively, the ongoing difficulties in delivering the Trust's Daytime ASW Rota re-inforce the risks associated with genericism in multi-

disciplinary service delivery models and the importance of strong uni-professional structures and workforce pathways.

Within children's services, there have been significant challenges over the past year with both recruiting and retaining experienced staff in fieldwork and residential settings. High levels of vacancies and high turnover of staff, with lack of available newly qualified staff have led to increased pressures on existing staff within the system, growing caseload sizes, and rising numbers of unallocated cases. Towards the end of the reporting period, the Trust was unable to provide a named allocated social worker to a number of looked after children. The challenges in relation to workforce was added to the Trusts Corporate Risk Register. It is hoped that this situation will improve during the first quarter of the next reporting period following a successful recruitment campaign.

### **DOMICILLARY CARE**

The lack of capacity within Domiciliary Care is a significant concern for the Trust. Despite remedial measures out in place demand continues to outstrip capacity for this service. Care providers continue to report ongoing challenges to recruit and sustain the workforce.

### **ASSURANCE PROCESSES IN RELATION TO CARE HOMES**

The publication of the Commissioner of Older People's 'Home Truths' Report has significantly challenged the Trust. The implementation of the actions from recommendations has led to an increased level of monitoring and review activity in relation to a number of Homes within the Trust's area, requiring significant focus and resources. The Trust continues to strengthen its assurance processes in relation to Care Homes, through the ongoing implementation of the Care Review and Support Team and Commissioned Services Governance team.

### **CO-PRODUCTION**

Co-production is the template, which informs engagement with/of service users and carers in the development and delivery of safe, high quality and effective services. It embraces purposeful engagement, partnership, listening with respect and transparency.

### **COMMUNITY INFORMATION SYSTEM (PARIS)**

Ongoing challenges have continued in relation to the implementation of the PARIS system within children's social care services and the optimising of PARIS functionality in Adult Services.

- 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.**

**Statutory Functions Action Plans:**

The HSCB, in consultation with the Trust, has established a schedule of meetings and review arrangements in relation to assurance of discharge of statutory functions.

- 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 risk pertaining to the discharge of statutory functions is listed on the Trust's Principal Risks Register:

***There is a risk that the Trust cannot quality assure and provide accurate reporting returns for social work and social care activity relating to the discharge of Statutory Functions.***

This risk relates to the recommendation of an Internal Audit into the collation of information returns to the Commissioner in relation to the discharge of statutory functions.

The following provides an update on the Trust's actions to address the Audit recommendation:

The regional nature of PARIS implementation across children's social care services and the current volume of mandatory reporting requirements necessitate the regional standardisation of business and related data inputting processes.

The ongoing development of software and its subsequent testing had presented substantial logistical and resource demands and had resulted in a series of delays and re-scheduling of implementation.

The Childrens Services Directorate continued with its phased implementation of PARIS across its service base with only adoption and fostering services still to be migrated. This has been a significant challenge for staff at a time of increasing pressures arising from staff vacancies, and increasingly complex caseloads.

**INFORMATION**

Investment in the development of data management and analytics capacity and skills across social work and social care services continues to be a priority. The potential benefits of digitalisation within strong information governance structures to rationalise non-value bureaucracy, to facilitate transformational

working practices and to enhance outputs and outcomes for service users are substantial.

The implementation of PARIS across social care services has been a complex and challenging process. Significant difficulties in PARIS reporting functionality in Adult Services in particular have been significant. Implementation of the system in Childrens Services is progressing in the context of the implementation of the Signs of Safety model and further criticism of the efficacy of the UNOCINI Pathway model. Work is being led by the DOH in relation to reviewing the UNOCINI Framework and the Trust is participating in this review.

The Trust has secured a Trust-wide PARIS support-infrastructure to optimise the system's potential and to build information management capacity across both adults and children's services to meet Divisional performance, governance and improvement reporting and development requirements.

**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.**

- RQIA independent reviews and inspections of regulated facilities. RQIA and the Mental Health Review Tribunal's statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The Trust's Serious Adverse Incidents Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to Case Management Reviews (CMRs) and related children's safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

**CONCLUSION:**

The financial context has presented ongoing challenges to all Services during the reporting period. The position going forward remains unclear at this point. The volume and complexity of demand for services is unrelenting. The following are recurrent priorities across all service settings: workforce pressures particularly in relation to domiciliary care, Band 5/6 social workers, Band 7 capacity and ASW

provision; the need for significant investment in residential care models to meet specialist needs; investment in the development of governance structures to support Divisional organisational arrangements; and investment in digital systems, data management and analytics.

The impact on service users and carers of both the 'Home Truths' report and the investigation into adult safeguarding at Muckamore Abbey Hospital cannot be underestimated although significant learning has emerged from both for the Trust.

Despite these challenges, significant achievements have been noted across the services:

- The implementation of Signs of Safety in children's services is underway and presents an opportunity to embed strengths-based, evidence informed and outcomes focussed interventions with children in need and their families.
- The development of a specialist children's home for 8-12 year olds
- The continued growth of the GEM scheme providing better outcomes for looked after children in foster care
- Successful partnerships eg Belfast Area Outcomes group, Employability Scheme for Looked After Children, collaboration with PSNI and IFA for young people in residential care
- Development of a trauma informed approach in children's services with increased support for frontline staff and their managers
- The continued work with ARBD service users
- Engagement of service users and carers in the delivery of training, peer support and direction with regard to SDS
- Development of a Memorandum of Understanding between Day Services and RESWS to support ASWs
- Continued embedding of Think Family across Mental Health and Children's Services
- Belfast Recovery College recognised for its excellence of ethos and education
- Completion of its first Positive Action Employability Programme recruiting adults with learning disabilities into vacant permanent posts within Patient and Client Support Services
- Appointment of a Carer Consultant within Learning Disability Services
- The development of the role of Principal Social Worker within the Hospital social work service.
- The embedding of the CREST bringing an additional level of assurance to people living in care homes
- Mobile technology project involving 3 community social work teams and hospital social work and Intermediate care teams
- Bedding down of a Quality Improvement Approach across the services

The Trust's Collective Leadership structures has continued to develop and when fully implemented will afford opportunities to strengthen the profile of community services, improve the management of internal and external interfaces and promote purposeful partnerships with and meaningful engagement of service users and carers.



The Trust is committed to the maintenance of vulnerable adults and children with complex health and social care needs and enhanced levels of risk to remain where possible in their own communities. This will require a sustained level of investment in community infrastructure and capacity. Strong partnerships with statutory, voluntary, community and private sector organisations and organisational structures, which embrace service user and care engagement, remain key to optimising available resources and outcomes.

**Signature**

**Carol Diffin**  
**Executive Director of Social Work/Director of Children's Community**  
**Services**  
**May 2019**

### 3. General Narrative

#### Programme of Care / Directorate:- Older People Services

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>Ms Tracy Reid is the Divisional Social Worker for Older People's Services. The Divisional Social Worker has responsibility for operational and 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 Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> <li>• The provision of operational management and professional leadership of 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</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 Divisional Social Worker 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><b>Assessed Year in Employment</b></p> <p>The service area has supported 18 staff through their AYE year during this reporting period. These staff have been supported to integrate theory to practice. The service area has been vigilant in their governance arrangements for newly qualified staff in terms of caseload monitoring and supervision arrangements, as well as carrying out quality assurance checks. There continues to be an ongoing Trust AYE peer support group which has been critical to the development of these new staff.</p> <p><b>Supervision Arrangements</b></p> <p>Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. The Principal Social Worker monitors exception returns and trends are analysed to identify areas of concern. An audit to assure the quality of supervision is scheduled for May 2019.</p>

	<p>Within this reporting period the service area has continually struggled with recruitment into key Band 7 middle management roles and this has impacted at times upon the service areas compliance with the timescales related to supervision.</p> <p>A number of Band 7 managers have completed the Regional Supervision 3 day training course.</p> <p><b>Caseload weighting</b> The service area welcomes the proposed development of caseload weighting tools, as presented in March 2019 by the Department of Health. The service area is developing a Quality Improvement project in two Community Social Work Teams to test caseload weighting tools, as set out in the regional document.</p> <p><b>Consolidation of Operational and Professional Structure</b> Within this reporting year the Trust has consolidated a Collective Leadership model of accountability. The Divisional Social Worker for Older People’s Services provides professional and operational leadership for professional Social Work across Older People and Physical and Sensory Disability Services.</p> <p>Within Hospital and Community Social Work operational and professional responsibilities are merged in a single Social Work and professional line of accountability from the Social Worker to the Divisional Social Worker.</p> <p>During this reporting period a Band 7 Social Care Governance Lead has been developed in the service area. This is a new role and the post-holder works closely with the Principal Social Worker to strengthen governance arrangements and processes, and to identify learning and training opportunities across Older People’s Community Social Work.</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>Social Work and Social Care Review</b> As highlighted in previous reports, the service area has been undergoing significant change in recent years. This has included the standing down of Care Management and the transfer of the management of people in long term care to a discrete Care Review and Support Team (CREST). This team has made significant inroads in improving the lived experience of people in long term care. The impact of this team will be further discussed throughout this report.</p> <p>Historically, one of the key issues that has challenged the service area is ensuring that each person accessing the service has an initial professional assessment. This has been particularly challenging due to the high level of Social Care staff undertaking the keyworker role in Community Social Work. During this reporting period the service area has undertaken a significant piece of work, in introducing new referral criteria and a screening system for the prioritisation of referrals, which includes redirecting low level referrals to more appropriate pathways, such as the Connected Community Hubs. Since September 2018, all new referrals accepted to the Community Social Work service, receive a professional assessment and have a Social Worker allocated to them, as well as having access to professional review. This has required a significant change in the role of the Band 4 Social Care Co-ordinator. This grade of staff have moved away from completing initial screenings and undertaking independent case management to a monitoring and support role in which they are paired with a professional Social Worker.</p>

These new systems have resulted in a better understanding of the demands upon Community Social Work and have given sight to the unmet need within the service area. The service area has developed new allocation timeframes, in order to manage these demands and has had to establish waiting lists to prioritise and manage referrals. However, it is abundantly clear that cases known to Community Social Work are increasing in their complexity and require a statutory response. This is being acutely felt amongst Social Work staff as case loads are increasing and waiting lists for key areas such as Carers Assessments have steadily grown.

Community Teams continue to have a high level of Social Care staff, approximately 50 % of staff in Community Social Work Teams do not hold a professional Social Work qualification. In order to develop a sustainable model of Social Work that is fit for purpose in the future, the service area is of the view, that they need to prioritise a review of the role and purpose of Social Care Co-ordinators in Community Social Work Teams. The longer term aim, will be to reduce the number of Social Care Co-ordinators and increase the number of Social Workers. This is necessary to ensure that the service area is able to meet its statutory obligations and deliver a high quality, safe and effective professional service. During this forthcoming report period, as Social Co-ordinators leave, they will be replaced by Social Workers but this will create a cost pressure.

**Audits**

The Service Area took part in a Trust Wide BSO Audit regarding Compliance with the Care Management Circular. The Trust received Limited Assurance and has developed an action plan to address the areas for improvement. As an outworking of this, the service area intends to review its care planning documentation, the information provided to service users, how consent is recorded and to better utilise Trust IT systems, so that the process of Care Management is better evidenced. The service area had already identified these as areas for improvement, through its own audit systems and a number of actions have commenced.

The CREST team has undertaken an audit of family involvement in Care Reviews for people living in permanent long term care and who are known to them. The audit identified that 97% of families had been invited to the Care Review and 76% of families attended. This reflects significant improvement and addresses a long standing issue of concern for the service area, as previous audits have indicated very low attendance by families at reviews.

The service area has also audited compliance with Staff Development Reviews. Moving from a low position of compliance, the service area has noted significant improvement, with further improvement anticipated as newly stabilised management structures bed down.

The service area is currently undertaking an audit of compliance in relation to the management and review of one to one supervision for people with complex care needs.

<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> <p><b>NISCC Registration</b></p>
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The Service Area contributes to the Trust's assurance arrangements underpinning compliance with NISCC registration in respect of the social care workforce.

### **Regulation Quality and Improvement Authority**

Overall the service area continues to achieve levels of reasonable to full compliance in most standards. All services inspected have demonstrated compliance with requirements around safeguarding and overall compliance with Quality Improvement Plans. Annual service evaluations are maintained and shared with service users and carers.

### **Enhancing Quality Assurance for Commissioned Services**

The service area has strengthened its arrangements for assuring the quality of domiciliary care, through the implementation of a new Commissioning Services Governance Structure. This is led by an 8B Service Manager role who has oversight of the quality of commissioned care across the independent nursing home, residential home and domiciliary care sectors. Two service wide assurance groups with representation from safeguarding, CREST, commissioned services, complaints and community social work, continue to monitor complaints, patterns and trends in the Independent Care Home and Domiciliary Care Sectors.

### **Contracts with Independent Domiciliary and Care Home Providers**

The service area has established systems that enables them to meet at least annually with all Independent Domiciliary Care and Care Home Providers to ensure that contractual obligations are met and to assure the Trust that the commissioned service is delivering quality, safe and compassionate care, as well as providing value for money.

### **Guardianship**

The service area continues to support one person through the framework of Guardianship. The Trust has recently been challenged through the Mental Health Review Tribunal in relation to the use of Guardianship in this context. It was the outcome of the Tribunal that the Trust's use of Guardianship was appropriate.

### **Significant Court Judgements**

The Trust has continued the Declaratory Order process in a small number of cases. During this reporting period:

- The service area has renewed one High Court Declaratory Order, relating to a person who did not wish to move from hospital to a care home. The initial Order required them to transition to the care home from hospital. The person remains in a care home and the Court remains satisfied that the Trust are meeting their statutory and Human Rights obligations. In another case the Trust sought and achieved a Declaratory Order regarding the unreasonable delayed discharge of a Trust resident in a Hospital outside of the Trust area. This also involved a significant piece of work in setting out the Trusts position regarding Continuing Health Care, which was to the satisfaction of Court.

- A Declaratory Order has been sought and achieved for a person who was subject to a significant family dispute regarding where they should reside. Staff worked closely with all family members and the hearing was not disputed. This will be due for renewal early next year.

- The Service Area has two cases pending. One involves the protection of an individual from harassment and interference by 3<sup>rd</sup> party. Another involving a capacity decision, as

current decision making, renders the person at high risk of death if not cared for in a suitable setting.

These cases highlight the complexity of issues that Social Work in Older People's services involves. These High Court processes have placed a significant pressure on our front line staff and the Service Area welcomes any clarity which the implementation of Capacity Legislation will bring to this area of consent and capacity.

### **Home Truths Report**

The Service Area has been significantly challenged during this reporting period, in relation to the Commissioner of Older People's Home Truths Report into Care in Dunmurry Manor. We continue to be involved in processes associated with the report, including actions from recommendations made by the Commissioner, the ongoing independent review by CPEA Ltd, the adult safeguarding audit commissioned by the Department of Health and the ongoing PSNI investigation. In response to the report, the Service Area contacted families of all people residing in Care Homes by letter. The purpose of this was to reiterate the Trust's commitment to safe and high quality care and support, for people in Care Homes. They were also encouraged to raise any concerns in relation to the care of their relative, which they may have had. This resulted in a spike of reported concerns and the Trust increased its enhanced monitoring of some 12 homes during the late summer and autumn period. The impact of this on normal business cannot be over stated, in terms of the monitoring of the homes and the additional review activity required by keyworkers. The vast majority of these homes have been de-escalated during this time, but this has required significant focus and resources.

The Service Area continues to strengthen its assurance processes in relation to Care Homes, through the ongoing implementation of the Care Review and Support Team and Commissioned Services Governance Team.

### **Risk register**

The Service Area has a process in place that ensures the risk register is regularly reviewed and updated. All risks are reviewed at least annually and this process is fully integrated into the service areas/corporate governance arrangements.

### **Accidents and Incidents**

These are monitored and reported on at the Service Area's governance meetings.

### **Reflective Practice**

There are a number of reflective practice fora within the Service Area to support staff practice, such as support groups for investigating officers, DAPO's, ABE trained interviewers and Approved Social Workers. The service area has developed a SDS reflective practice group to support the implementation of SDS. The CREST team undertake focused reflective practice sessions on a regular basis. The service area has also developed reflective practice fora for Social Workers within the first year of their service in Older People's Services.

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>1) Domiciliary Service Provision</b>                      The Service Area continues to be challenged in the demand and supply of domiciliary care. The service area has continued to be significantly impacted by the lack of availability in domiciliary care, particularly in South and East Belfast. On the 31st March 2019 there were 645 unsecured care packages equating to 4023 hours. These ongoing supply issues are affecting the availability of sustainable and flexible Domiciliary Care to support people to live safely in their own homes and is delaying people in hospital. There is also reduced flow through intermediate care services such as reablement, community rehabilitation and bed based provision, due to the lack of available packages for those people exiting these services, who require long term support. This is resulting in multiple people having to await packages of care in a bed based facility. This creates significant risk and distress for service users, many of whom are in the last 1000</p>	<p>1)The Service Area intends to modernise the Statutory Homecare Service through the recruitment of additional home care staff and the introduction of a revised job description that may result in the newly recruited posts and some/all existing posts being re-banded. The aim of modernisation is to:</p> <ul style="list-style-type: none"> <li>• Increase the capacity of the Home Care service to deliver an additional 1500 hours per week</li> <li>• To reduce the current waiting list for domiciliary care</li> <li>• To free up transition services by providing domiciliary care at the point of exit from those services</li> <li>• To reduce spend in the use of transition bed-based services.</li> <li>• To reduce the number of joint packages currently in place.</li> <li>• To ensure the Trust home care service provides care to a wider and more complex base of home care clients and bed down a reablement focus for those service users</li> </ul>	<p>This is recorded as a principal risk on the Corporate Risk Register.</p>

	<p>days of their life, as well creating additional pressure on family carers.</p>	<p>with lower levels of need, to support flow through the homecare service</p> <p>In order to achieve this, the service area will require additional resource to re-band new and current Homecare staff from a Band 2 to Band 3. This will enable the Trust to compete with other Trusts and other service areas, in the recruitment of staff.</p> <p>2) The service area in response to the high demand for Domiciliary Care, particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective is to improve hospital discharge and intermediate care flow, and to reduce unmet need. Additional localities were added in October 2018. This service has been targeted to support hospital discharges, but there have been challenges in maintaining flow through these pilot services. In reality, these pilots have not brought additional capacity to the domiciliary care sector, rather it has ensured that some independent sector provision has been reconfigured, and targeted alongside the Trust's RAPS service to support discharge from hospital.</p>	
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	<p><b>2) Instability of the Independent Domiciliary Care Sector</b>                  The challenges in accessing new and timely Domiciliary Care from the Independent sector has been articulated.</p>	<p>3) The service area has continued to utilise interim care beds as a way of supporting hospital discharges. The service area has brought a small additional number of beds into its portfolio this year, with the current provision being 120 available beds, with a 94% utilisation at the end January 2019.</p> <p>4) The service area has implemented twice weekly collective telephone conference calls to prioritise high risk cases and has developed an information system to capture daily activity/demand &amp; flow.</p> <p>5) Service users are being encouraged to avail of Self Directed Support in the form of Direct Payments in lieu of Dom Care service.</p> <p>6) The Trust is fully engaged in regional work focusing on the remodelling of domiciliary care and is leading on a Concept Testing with the CLARE project, looking at earlier intervention. The service area has been successful in appointing an 8a Project Lead.</p> <p>The service area in recent months has been approached by Colin Care Domiciliary Provider and advised that they could no longer continue</p>	<p>This is recorded on the service area risk register.</p>
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<p>However, during this reporting period the service area has become increasingly concerned about the sustainability of current provision. The service area has been approached by a number of providers, in relation to unsustainability of service in specific areas of the city. Providers are citing challenges in recruiting staff, primarily due to being unable to compete with other service industries in relation to offering competitive rates of pay and attractive terms and conditions. On these occasions the service area has had to offer enhanced financial rates to maintain services in hard to recruit areas. The service area has done this with assurance that this enhancement is passed directly onto staff.</p> <p><b>3) Instability in the Independent Care Home Sector</b></p> <p>The service area has also noted fragility within the Independent Care Home Sector during this reporting period. The Trust has been approached by a small number of Care Home providers who are opting to change provision from General or EMI Nursing to Residential EMI. Providers are citing challenges in recruiting staff, primarily Nurses and being unable to compete with other services in relation to offering</p>	<p>to operate. The provider were unable to secure an alternative buyer. In the absence of an alternative option and to sustain provision, the Trust is having to TUPE the workforce into the Trust Homecare Service. The Trust is currently engaging with Colin Care staff, Trade Unions and HR to manage this transition. This is a very complex, costly and challenging process and the Trust is concerned that it may find itself in this position again, given the instability across the market.</p> <p>The service area in recent weeks been approached by Cedars Residential Care Home and advised that they could no longer continue to operate. They have registered their intention to close the Home by the end of June 19. The proprietor has advised that a reduction in referrals to this category of care and the regional rate has made the business model unsustainable. This is directly affecting 18 Belfast Trust residents and the service area is</p>	<p>This is recorded on the service area risk register.</p>
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	<p>competitive rates of pay and attractive terms and conditions, as well as having to pay high agency rates. They are reporting decreased financial viability in their business models.</p> <p><b>4) Challenges In Delivering Statutory EMI Residential Provision</b></p> <p>The Trust has been undertaking a review of its current model of Residential EMI homes using an Appreciative Inquiry approach. Engagement has taken place with all key stakeholders and this review has now been concluded. A number of key outcomes and recommendations have been identified and these will be presented to the Director of Adult Social and Primary Care, with a view to consultation on the proposed future model.</p>	<p>currently working to find suitable alternative care arrangements. Availability in this category of care is limited and reflects the changing model of Residential Care, with fewer people requiring this category of care.</p> <p>A number of recommendations have been made from this review, including a proposal to close at least one home. The service area wishes to ensure that any resource arising from future modelling is redirected to improve the quality of the remaining EMI Residential Homes and to develop improved care and support for people living with dementia in the community. The review recommends the development of enhanced respite and enhanced dementia home care provision. The service area is exploring options to locate Dementia Specialists in the Trust Homecare service to support the development of high quality and responsive home care for people with dementia.</p>	<p>A risk assessment has been shared with RQIA and Executive team and is regularly reviewed.</p>
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3.8	<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>This reporting period has been very challenging for Older People's Social Work, in relation to the stability of the management and professional structure across the Community Social Work Service. This has been particularly felt at the Team Leader level, with 50% of teams having no permanent manager in place for over 18 months. The service area has struggled to recruit to this post, with staff perceiving equivalent Senior Practitioners grades and non-managerial posts more attractive. Despite multiple attempts to recruit Team Leaders both internally and externally, the service area has been unable to do so. These challenges have been further exacerbated, as the Service Manager Post for OPS Social Work was vacant for 75% of the last reporting period.</p> <p>The service area can advise that the Team Leader role has now been stood down and replaced with an 8a Locality Manager role. This combines operational team management with enhanced strategic and budgetary responsibilities. The service area is pleased to report that as of 1 April 2019, all posts within the management and professional structure, for Community Social Work have been recruited to. This is a significant achievement in securing the future of the Community Social Work and giving a platform to enable the service to establish and maintain performance standards, as well as innovating in response to increasing complexities.</p> <p>A recruitment day for Social Workers in June 2018 provided a significant waiting list, although HRPTS and Shared Services still present challenges in the management and timeliness of filling vacancies. We have worked to reduce the levels of agency cover and temporary contracts with a focus on permanent recruitment, where possible.</p> <p>There are no vacancy controls in place.</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 Home Charging</b> The Trust operates in accordance with the DHSSPS April 2018/19. Charging Residential Accommodation Guide (CRAG) 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>
	This is reported in a separate DSF report for Hospital Social Work

<b>3.11</b>	<b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b>
	<p>A Human Rights approach is central to Social Work practice in Older People's Services.</p> <p>The service area has implemented a Best Interest approach to supporting people without mental capacity when developing care plans. This issue is discussed further in Section 3.12.</p> <p>The service area works closely with independent advocacy services. During this reporting period, Social Workers have on a number of cases, accessed this support for service users.</p> <p>The service area has a Human Rights focused process in place for the management of one to one supervision in care settings, which considers any Deprivation of Liberty issues and ensures the least restrictive option is achieved.</p> <p>Human Rights training is available to staff on an on-going basis and is provided by the Social Work and Social Care Learning and Development Team.</p> <p>The Service Area is planning a Social Work Forum in June 2019 with a particular focus on Human Rights as it relates to people in Residential or Nursing Home settings. This is in response to recommendations made in the Home Truths report.</p> <p>Social Workers in the Palliative Care and Oncology Team are leading in the delivery of Human Rights at End of Life training. This will compliment our mandatory Human Rights training. We are continuing to work to ensure that all of our staff are articulate and competent in the integration of Human Rights to core and routine decision making.</p>

**HUMAN RIGHTS**

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any on-going challenges?</b>
	<p><b>Deprivation of Liberty Issues</b>                      The service area continues to be concerned regarding the management and support of people, who lack the mental capacity to make their own decisions, particularly where that decision results in a deprivation of their liberty. We welcome the anticipated implementation of the Mental Capacity Act NI 2016 and the guidance that it will bring to this complex area.</p> <p><b>Challenges in Domiciliary Care Provision and the impact on Article 8 rights.</b>                      As has been previously stated, the service area has very significant challenges in relation to the supply of domiciliary care. In able to maintain flow through the system the service area has had to increase its interim bed base. This has resulted in a significant number of people having to await their package of care in an</p>	<p>Staff continue to fully engage in use of the Best Interests Toolkit which has provided a useful guide to safe decision making in the absence of legislation.</p> <p>The service area has implemented a number of controls which has included:</p> <ul style="list-style-type: none"> <li>• No service user incurs a cost for a placement whilst awaiting their package of care</li> <li>• Social Workers work to identify interim beds that are closest to the persons home, where possible, so as to support a person’s right to family life</li> </ul>	<p>The Service Area is considering the arrangements which will need to be in place regarding the implementation of the Mental Capacity Act.</p> <p>The Service Area is planning a Social Work Forum specifically to consider the Human Rights of people in Residential or Nursing Home settings in June 2019</p> <p>The Trust continues to highlight the challenges in the supply of Domiciliary Care at a regional level. The Trust is fully committed to working with the HSCB in developing new models of sustainable Domiciliary Care</p>

	<p>intermediate facility, when it was their wish to be in their own home.</p> <p>The Trust are acutely aware of the engagement of rights when a person is unable to immediately return to their own home following a hospital admission. This can have a particular impact on family life and all the rights inherent in Article 8</p>	<ul style="list-style-type: none"><li>• All people in these circumstances have Social Work and AHP support whilst awaiting their package of care</li></ul> <p>The Trust has in place systems to monitor length of stays for those awaiting a package of care.</p>	
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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><b>CREST</b>  The CREST has become embedded during this reporting period and is bringing an additional level of assurance to people living in care homes. The team are building positive and effective working relationships with care home providers, residents and families. There is a Crest practitioner aligned to every home in Northern Ireland with a Belfast Trust resident. A clear escalation protocol has been developed and implemented to support homes of concern. The incidence of family involvement in care planning and review has significantly increased. Furthermore, CREST is achieving much improved compliance with annual reviews, as set out in the circular.</p> <p>The service area has engaged with the University of Kent to explore the utilisation of an Social Care Outcomes ASCOT model in care homes, which has not yet been developed in Northern Ireland. This validated tool has the potential to bring a fresh methodology to assuring the quality care experienced in care homes. CREST staff have recently attended a two day training programme facilitated by the University of Kent and are currently developing pilots, to test this model in the care home setting.</p> <p><b>Opening of Cullingtree Meadow</b>  The service area has welcomed its 5th Supported Housing facility, which opened in West Belfast in June 2018 in conjunction with Clanmill Housing. This is a significant investment in this part of the city and builds on an already successful model of supported housing, which has been implemented in other parts of the city. This new service is working to develop meaningful social integration and a dementia friendly community, to ensure tenants are connected to their local community.</p> <p><b>QI project</b>  Further to the Patient Client Council report in June 2018, which focused on Complaints in Care Homes, the service area led a Quality Improvement project with an aim to increase the confidence of residents and families to make complaints in care homes. Staff from the service area have worked in partnership with the Patient Client Council, a care home provider, residents and families to develop improved information and clearer processes to support the timely reporting of complaints. These have been developed in co-production with residents and families, and learning is to be shared across the care home sector.</p> <p><b>Mobile Technology Project</b>  3 Community Social Work Teams along with Hospital Social Work and Intermediate Care staff have been included in the roll out of mobile devices to 225 staff. The aim of the project is to support staff to be more mobile across their working environment and to support improved assessment and recording. The service area has been</p>



	<p>working with developers, in the development of a Paris App to support improved connectivity. Staff have been very positive regarding the benefit of the devices and there is ongoing evaluation.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>This reporting period has been a very challenging year for Older People’s Social Work, particularly in sustaining service delivery during significant staffing and operational challenges. The service area continues to challenge itself, to strengthen the identity and impact of Social Work and Social Care and to identify improved and more innovative ways of working.</p> <p>Priorities for the Service Area in this forthcoming year will focus on</p> <ul style="list-style-type: none"> <li>- strengthening assurances in relation to the quality, safety and sustainability of independent sector care homes and domiciliary care</li> <li>- to continue to embed and refine the newly developed CREST team, with a focus on identifying and implementing best practice</li> <li>- remodelling the Trust’s Homecare service to maximise and increase capacity, and to unlock current blocks in flow through hospital and intermediate care</li> <li>- remodelling the Trust’s EMI Residential provision in line with the recommendations set out in the EMI review</li> <li>- reviewing professional standards and strengthening governance arrangements for Community Social Work</li> <li>- reviewing the current skills mix in Community Social Work to enable the service to respond to statutory duties in a more timely way</li> <li>- creating new learning and development opportunities for staff and managers in Community Social Work</li> <li>- to develop a better understanding of the needs of carers and to develop better ways of identifying and supporting carers</li> </ul>

**Programme of Care / Directorate:-** Hospital Social Work

3 Teams - Royal Victoria Hospital  
 2 Teams- Belfast City Hospital  
 1 Team - Northern Ireland Cancer Centre  
 1 Team - Musgrave Park Hospital  
 1 Team - Meadowlands Intermediate Care Wards  
 1 Team - Mater Hospital  
 1 Team - Weekend Hospital Social Work

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>Ms Tracy Reid, Divisional Social Worker for Older People's Services.</p> <p>The Divisional Social Worker has responsibility for operational and 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 Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> <li>• The provision of operational management and professional leadership of 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</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 Divisional Social Worker 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><b>AYE</b></p> <p>The service area has 6 AYE staff, during this reporting period. Assurance can be given that AYE social workers have a supervised caseload and receive the mandatory training and supports required, through day-to-day case management, direct supervision and the opportunity to be involved in the AYE peer support group.</p> <p><b>Supervision arrangements</b></p>

	<p>The service area continues to audit performance around professional supervision compliance and where appropriate develops action plans to address issues and provide assurances around meeting the requirements of the revised policy. Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. These returns are monitored by the Principal Social Worker for the service area with patterns or trends analysed.</p> <p>Within this reporting period, the service area has struggled to sustain a consistent Band 7 Senior Social Work group due to prolonged periods of sickness absence. This has meant that the service has operated with 22-44% of this middle management group for approximately half of the reporting period. This has impacted at times upon the service areas compliance with the timescales related to supervision. This has been acknowledged and recorded within the service area's risk register.</p> <p><b>Consolidation of Professional Structure</b>                  Within this reporting year the Trust has consolidated a Collective Leadership model of accountability. The Divisional Social Worker for Older People's Services provides professional and operational leadership for professional Social Work across Older People and Physical and Sensory Disability Services.</p> <p>Within Hospital and Community Social Work operational and professional responsibilities are merged in a single Social Work and professional line of accountability from the Social Worker to the Divisional Social Worker.</p> <p>The post of Principal Social Worker for Hospital Social Work has been developed during this reporting period. This is a new role and it is envisaged that the post-holder will work closely with the Divisional Social Worker to oversee and implement governance arrangements and processes, and to identify learning and training opportunities within the hospital setting. The Principal Social worker will also work with their counterpart in the community setting to help identify interface issues and opportunities for Quality Improvement Projects, training and development.</p> <p><b>Recruitment and retention of staff</b>                  This reporting period has been challenging in terms of the stability of Social Work staffing across Hospital Social Work. The service has been particularly reliant on Band 6 temporary and agency staff social workers across the acute hospital settings at Royal Victoria, Belfast City and Mater hospitals.</p> <p>Furthermore, there has been significant sickness absence within the Band 7 Senior Social Worker group, with the Assistant Service Manager and Principal Social Worker for Hospital Social Work providing day to day cover and support to the remaining Senior Social Workers and directly to Social Work staff. This has significantly impacted on the delivery of core management and assurance processes. This will be further discussed in 3.5.</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>Review of Procedures</b>                  The Trust is currently undertaking a review of the procedures and standards concerning the admission, care and treatment of children and young people on adult inpatient wards.</p>

	<p><b>Accidents and Incidents</b>                  These are monitored and reported on at the Service Area’s governance meetings and at local level through DATIX Analysis.</p> <p><b>Processes for staff exiting service area</b>                  The service area has introduced a system by which all agency, temporary and permanent staff leaving employment with Hospital Social Work completes an exit interview with the Principal Social Worker. This reflective exercise provides an opportunity for the service area to explore positive working experiences and to identify learning opportunities from the staff member’s time in post. This initiative has been well received by staff and is helpful in shaping service developments.</p> <p><b>Reflective Practice</b>                  There are a number of reflective practice fora within the Service Area to support staff practice, such as support groups for investigating officers, designated officers, ABE trained interviewers and Approved Social Workers. Unfortunately, due to the high level of sickness absence amongst Senior Social Workers, the service area has not been able to take forward planned Reflective Practice Fora. However, it intends to do so in this forthcoming year.</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 contributes to the Trust’s assurance arrangements underpinning compliance with NISCC registration in respect of the social care workforce.</p> <p><b>RQIA</b>                  A recent RQIA Review of Outpatients Services on hospital sites has highlighted the issue of awareness of Adult Safeguarding across multi-disciplinary teams in these departments. An action plan has been put in place to provide these departments with Safeguarding posters and information for display in waiting areas and awareness raising training for staff is currently being rolled out.</p>

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>Staff Recruitment And Retention Issues</b>                      Within this reporting period, the service area has struggled to sustain a consistent Band 7 Senior Social Work team due to prolonged periods of sickness absence. This has meant that the service has operated with 22-44% of this middle management group for approximately half of the reporting period. Furthermore, there has been a high turnover of Social Work staff within Hospital Social Work and many staff report the challenges of working in this highly pressurised and relentless setting. During 75% of this reporting period the service was also without a Service Manager.</p>	<p>In relation to the management structure supporting Hospital Social Work, the service area is able to report some progress. The service area has now appointed a Social Work Service Manager who is supported by an Assistant Service Manager for Hospital Social Work and Principal Social Worker. Furthermore, a number of Senior Social Workers will be returning to post in the immediate future. However, there remains 2 Band 7 vacancies in the Royal Victoria Hospital site. The service area has attempted to recruit to both of these posts during the period, through HSC Recruit and Internal Trawls, but has been unable to do so. These posts are currently being advertised on HSC Recruit. The challenges in maintaining a stable management structure, significantly impacts upon the performance and delivery of the Social Work Teams. The service area is working, to fill all vacancies and temporarily filled posts at Band 6 level on a permanent basis. Some 11 Hospital Social Work posts are expected to filled over the forthcoming weeks.</p>	<p>This is recorded on the service area risk register</p>

<p><b>Professional Standards</b> Hospital Social Work operates within a highly contested setting, in which there are many continuous demands and scrutiny in relation to the meeting of hospital discharge targets and ongoing periods of hospital escalation. It is of concern for the service area, that the opportunity to review and develop professional standards can be deprioritised in this context. Due to pressures within this environment, for both practitioners and managers in terms of attendance at ward rounds, discharge meetings and continuous reporting in these matters, that there is limited opportunity for staff training and development, reflective practice opportunities, staff meetings and to update practices. The service area has particularly struggled to manage historical case file closures and freeing up time for staff to attend training opportunities.</p> <p><b>Maintaining Hospital Flow</b> The pressures within hospitals to maintain flow during and beyond the winter period remain significant. Whilst the service area performs better in relation to complex discharge targets and through the weekend Hospital Social Work service, this remains challenging. The service area has</p>	<p>The service area has appointed a Principal Social Worker for Hospital Social Work to take forward these issues. Whilst the post holder has been consumed in operational issues during this reporting period, they will be taking forward professional governance issues in the forthcoming period. This will include a review of training needs for Hospital Social Workers and will consider the development of a training programme for Senior Social Workers in a first line management role. They will undertake a review of professional standards for Social Work, including the implementation of new closure process for Social Work cases. Significant investment in training and revisiting of core assessment skills and professional standards is required.</p> <p>The service area, in response to the high demand for Domiciliary Care particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective was to improve hospital discharge</p>	<p>No</p> <p>The implications of shortages in Domiciliary Care is recorded on the Principal Risk Register for the Trust.</p>
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<p>continued to be significantly impacted by the lack of availability of domiciliary care, particularly in South and East Belfast. During this reporting period a daily average of 600 people are awaiting a domiciliary care package across various settings, including their own home, intermediate care beds, reablement and hospital. This equates to 3500 - 4000 hours of unmet domiciliary care hours, with most people awaiting these hours in their own home or a community setting. These ongoing supply issues are affecting the availability of sustainable and flexible Domiciliary Care to support hospital discharges. There is also reduced flow through intermediate care services such as reablement, community rehabilitation and bed based provision, due to the lack of available packages for those people exiting these services, who require long term support. This has impacted upon the ability of the service area to provide primary pathways from the hospital setting. The out workings of this is a continued dependency on interim beds as an alternative to an appropriate pathway, with multiple people having to await packages of care in a bed based facility.</p>	<p>flow and reduce unmet need. Additional localities were added in October 2018. This service has been targeted to support hospital discharges, but there have been challenges in maintaining flow through these pilot services. In reality, these pilots have not brought additional capacity to the domiciliary care sector, rather it has ensured that some independent sector provision has been reconfigured, and targeted alongside the Trust's RAPS service to support discharge from hospital.</p> <p>The service area has continued to utilise interim care beds as a way of supporting hospital discharges. The service area has commissioned a small number of additional beds this year, with the current provision being 120 available beds, with a 94% utilisation at the end January 2019.</p> <p>The Division are currently undertaking a review into bed based rehabilitation services, particularly considering the role and purpose of Hospital Bed Based provision.</p>	
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<p><b>Meeting The Needs Of People With Complex Social Care Needs</b></p> <p>There are a small number of service users who are delayed unnecessarily in hospital due to the lack of availability of specialist pathways and provisions to support safe, timely and effective discharge.</p> <p>This is particularly evident in relation to people presenting with a delirium in the acute setting. Whilst these service users would benefit from a specialist recovery pathway, in a bed based setting or in their own home, this is not available to them. These service users are often declined admissions to care homes, as their behaviours can be perceived as too complex for general settings. However, they are excluded from current EMI provision as they do not have a dementia diagnosis. This has led to protracted and unnecessary delays in an unsuitable acute setting or an increase in the likelihood that they will need to discharge with a one to one supervision provision.</p> <p>There are also challenges in assessing and managing the needs of people with dementia within the acute setting. This can lead to challenges in care planning for</p>	<p>The service area is currently implementing a delirium policy, which will require staff to proactively identify people with delirium to ensure improved recognition, diagnosis and management. 2 Delirium Lead Band 7 posts have been developed for the acute setting and their role will be to imbed this new policy through a Quality Improvement approach. The Trust is also part of the regional discussions with RQIA and the HSCB, who are considering current provisions for those people who require the support of EMI provision for a period of time, but who do not have a dementia diagnosis.</p> <p>The service area has also appointed 2 Band 8a Service Improvement Leads for Dementia. The aim of these posts is to lead key work streams to implement the outcomes from the regional audit on the needs of people with dementia in the acute setting. One of these Leads is to be based in the acute setting and will lead on key improvement projects in this setting. The Trust has also appointed a small team of Dementia Companions, who will work as part of the nursing team at ward level in the acute setting, to provide meaningful engagement and support to people with dementia.</p>	<p>No</p>
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	<p>discharge, as these service users can at times present with distressed and complex behaviours at the ward level as they react to the environment around them. This can create a skewed view of their long term needs and this group of people are at high risk of discharging to institutional settings and/ or being identified as having needs that require one to one provision.</p>	<p>The service area is currently undertaking a review of Trust EMI provision and this is detailed further in the Older People's Service DSF report. The outcomes and recommendations from this review require further consultation, but does include recommendations to enhance respite and homecare provision, to support people with dementia in the community</p>	
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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>Recruitment and Retention</b> As previously detailed in section 3.5 - 3.7 there have been significant recruitment and absence issues in Hospital Social Work during this reporting period.</p> <p>On 31<sup>st</sup> March 2019 there were no vacancy controls in place across the service area.</p> <p><b>Social Care Workforce Review</b> As reported in previous years it has always been the intention of the service area to reform and modernise the role of the Hospital Social Workers across acute and specialist settings. The aim of the service area is to significantly change how the hospital social work service is planned, designed and delivered. The vision for the service area is to develop a more community facing and integrated model that will ensure continuity of care across interfaces and promote a recovery model to improve health outcomes and quality of life experiences for adults.</p> <p>The establishment of Community Complex and Discharge Hubs within acute settings has made significant progress in the centralisation of information and coordination of community support services. These Hubs operate as a gateway to community pathways. Strongly interfacing with the community, the vision for the service is that people will be discharged from hospital within the standard timeframes, as soon as they are declared medically fit, through effective assessment and identification of an appropriate pathway, working to the principle of home first. Whilst the implementation of the Hubs has brought added benefit in relation to the centralisation of information and coordination of community support services, there continues to be a need for the further integration of Hospital Social Work into these community facing Hubs. To this end, work is currently being undertaken, to develop a more integrated model of service delivery, by bringing together the current Hospital Social Work service for unscheduled and acute care with the current Community Discharge and Support Hub, under an operational and professional collective leadership model. This further developed model will be renamed the Community Discharge and Social Work Hub and will provide a single point of referral for all Hospital Social Work and Intermediate Care pathways. It is intended that this next stage of implementation will commence on the Royal Victoria Hospital site, with a plan to implement it on other acute hospital sites. The aim of this improvement is to ensure that service user is triaged to the most appropriate professional and pathway for support and discharge planning at the earliest opportunity.</p> <p>A key aspect of the vision for Hospital Social Work is to improve flow and the service user experience, through a hospital outreach model</p>

	<p>and community in reach for those people already known to community services. This will promote continuity of social care and enable older adults to move from hospital to home in a more timely and seamless manner. Time limited support with social workers reviewing and assessing service users in their own home utilising reablement, rehabilitation and making connections with community support networks would undoubtedly improve the experience of service users. Due to the pressures within the management structure for Hospital Social Work, the service area has not been able to progress this aspect of the model, to the extent that it would intend. However, this continues to be the vision for the service area and it anticipated that this should be progressed in the forthcoming year.</p> <p><b>7 day working</b> The service area has also been working on the normalisation of a 7 day working model across Hospital Social Work. The service area currently provides a 7 day Social Work model across all acute sites in the Belfast as well as a Discharge Co-ordinator to the Ulster Hospital across 7 days. The current model for weekend provision is supported by a bank of Social Work staff, but the service area intends to deliver the weekend service as part of normal service provision working across 7 days. The service area is at an advanced stage in its move to 7 day working and is engaged in an HR change process with staff and trade unions.</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 and Nursing Home Charging</b> The Trust operates in accordance with the DHSSPS April 2018/19. Charging Residential Accommodation Guide ( CRAG) 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><b>Role of Hospital Social Work</b> Hospital Social Work in the Belfast Health and Social Care Trust uniquely operates across a broad range of acute and specialist hospitals. These include areas, such as the Regional Acquired Brain Injury Unit, Northern Ireland Cancer Centre, Older People’s Services, Unscheduled and Acute Care, Regional Spinal Injury Unit, Cystic Fibrosis and HIV. In recent years, Hospital Social Work has been broadly understood in the context of maintaining flow, with a focus upon functional assessment of need to progress patient discharge. This has impacted upon the professional role of social work in hospital and shifted practice to being service led rather that service user led. The complexity of bureaucratic pathways and processes necessary to maintain flow information and coding has consumed professional time. This has resulted in a significant change in the Social Work role.</p>

The service area is currently working to develop a better understanding of what type of Social Work service and intervention is required, specific to the setting in which it operates. The model of Social Work required to support the necessary and timely discharges through unscheduled care is different to the model of social work required to support a young adult receiving intensive chemotherapy for an acute leukaemia or a person with a new life changing and traumatic brain injury. Each of these settings are equally challenging but require different levels of Social Work assessment and skills. In some areas, due to the short term and episodic nature of admissions, the social work assessment has been replaced by a social work screening or short term intervention. This is appropriate given that it is recognised that professional social work assessment is, where possible, best completed in a community setting. However, in other areas of Hospital Social Work complex assessment and intensive social and family support in the Hospital setting is required.

Hospital Social Work in contrast to the Community Social Work setting is predominantly made up of professional Social Workers with a limited skills mix. This model is no longer sustainable or appropriate in the hospital setting. The service area intends to introduce a skills mix into some areas of the Hospital Social Work service, in this forthcoming year. The service area is confident that the introduction of a Social Work Assistant role, working alongside a Social Worker in acute settings has the potential to improve flow and maximise current resources. This will lead to a reduction in professional Social Work resource being, directed to low level and non-complex work.

### **Adult Safeguarding**

Processes and staff resources are in place to provide a response to Adult Safeguarding referrals across the hospital sites in Belfast Health and Social Care Trust. Designated Adult Protection Officers and Investigating Officers are available on each of the hospital sites and cover arrangements are in place, if required. Hospital Social Workers work closely with BHSC Adult Protection Gateway Team to screen and manage referrals. Hospital Social Work also support residents from other Trust areas coming into regional hospital facilities for care and treatment. When Adult Safeguarding issues arise, staff work with Gateway Teams from other Trusts to ensure referrals are made to the appropriate area and immediate protection plans are agreed.

Social Work staff in safeguarding roles provide a sensitive and professional response in the management of safeguarding referrals taking cognisance of issues such as physical and psychological vulnerability, illness, trauma and mental capacity. These can often affect a service users ability to engage in the investigatory process and protection planning. Staff have been challenged at times by colleagues when Adult Safeguarding issues have impacted upon discharge planning. However, staff continue to advocate for service users in these circumstances

	<p>Monthly returns are provided to the Adult Protection Gateway Team (BHSCT) by way of collection and monitoring of referrals for BHSCT referrals. The service area has initiated a new reporting process for 2019/20 to capture the number of referrals to other Trust Adult Protection Teams, as the extent of this work has been hidden.</p> <p>A recent RQIA Review report into Outpatients Services on the hospital sites highlighted the issue of awareness of Adult Safeguarding. An action plan has been put in place to provide these departments with Safeguarding posters and information for display in waiting areas and to develop training for staff.</p> <p><b>Carers Support</b></p> <p>The service area is concerned that due to operational challenges, there has been a loss of focus on the needs of Carers, particularly in the acute setting. Whilst the service area had previously completed a Quality Improvement project in relation to this, these improvements have not been sustained. There is a need to engage with carers to understand, how best to identify and support them and this has been identified an area for improvement during this forthcoming year.</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>A Human Rights approach is central to Hospital Social Work practice. The service area has implemented a Best Interest approach to supporting people without Mental Capacity when developing discharge plans from Hospital. This issue is discussed further in Section 3.12.</p> <p>The service area works closely with independent advocacy services. During this reporting period, Social Workers have on a number of cases, accessed this support for service users in hospital settings.</p> <p>The service area has a Human Rights focused process in place to analyse requests for one to one supervision on discharge from hospital, which considers any Deprivation of Liberty and ensures the least restrictive option is achieved.</p> <p>Human Rights training is available to staff on an on-going basis and is provided by the Social Work and Social Care Learning and Development Team.</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 on-going challenges?
	<p><b>DEPRIVATION OF LIBERTY ISSUES</b></p> <p>The service area continues to be concerned in relation to the Human Rights issues specific to the adults who lack mental capacity and who are Deprived of their Liberty. The service area has highlighted previously their concerns about the absence of a legal framework or regional guidance to support staff in managing these complex issues</p> <p><b>IMPACT OF DOMICILIARY CARE CRISIS</b></p> <p>As has been previously stated, the service area has very significant challenges in relation to the supply of domiciliary care. In able to maintain flow through the system the service area has had to increase its interim bed base. This has resulted in a significant number of people having to</p>	<p>The Service Area has implemented a “Best Interest Toolkit for Social Workers” and has delivered training on this human rights-based approach. This is an interim measure in the absence of the full implementation of Mental Capacity legislation. The service area has completed in house training with Senior Practitioners and Team Leaders across Hospital and Community settings to disseminate learning from Declaratory Judgement cases focusing on Deprivation of Liberty Issues.</p> <p>The service area has implemented a number of controls which has included:</p> <ul style="list-style-type: none"> <li>No service user incurs a cost for a placement whilst awaiting their package of care</li> </ul>	<p>Regional guidance is required in the absence of statutory safeguards and the service area welcomes the phased implementation of the new Mental Capacity legislation from October 2019, which will provide a framework within which Deprivation Of Liberty issues can be managed.</p> <p>The Trust continues to highlight the challenges in the supply of Domiciliary Care at a regional level. The Trust is fully committed to working with the HSCB in developing new models of sustainable Domiciliary Care</p>

	<p>await their package of care in an intermediate facility, when it was their wish to be in their own home.</p>	<ul style="list-style-type: none"> <li>• Social Workers work to identify interim beds that are closest to the persons home, where possible</li> <li>• All people in these circumstances have Social Work and AHP support whilst awaiting their package of care</li> </ul> <p>The Trust has in place systems to monitor length of stays for those awaiting a package of care.</p>	
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<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>
	The development of the role of Principal Social Worker for Hospital demonstrates the service area's commitment to delivering a safe, high quality and continuously improving Hospital Social Work service. The purpose of this role is to improve the governance arrangements and professional development supports for Hospital Social Work. The challenge for the service area is to ensure that this new role is not consumed by operational challenges.
<b>3.16</b>	<b>SUMMARY</b>
	<p>This reporting period has been a very challenging year for Hospital Social Work, particularly in sustaining service delivery during significant staffing and operational challenges. Hospital Social Work continues to challenge itself, to identify improved and more integrated ways of working across the range of hospital settings. However, Hospital Social Work is acutely aware of the need to balance operational and system demands, with a need for a relentless focus on quality and professional standards.</p> <p>Priorities for the Service Area in this forthcoming year will focus on</p> <ul style="list-style-type: none"> <li>- strengthening the Community Discharge and Social Work Hubs, to improve integration and performance across the hospital and community settings</li> <li>- reviewing professional standards and strengthening governance arrangements</li> <li>- introducing a change in the skills mix in Hospital Social Work to maximise current resources</li> <li>- creating new learning and development opportunities for staff and managers in Hospital Social Work</li> <li>- to develop a better understanding of the needs of carers in this setting and to develop better ways of identifying and supporting carers</li> </ul>



<b>Programme of Care / Directorate:- Physical and Sensory Disability Services</b>
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<b>3.1 Named Officer responsible for professional Social Work</b>
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Ms Tracy Reid is the Divisional Social Worker for Adult Community and Older People's Services. Ms Bernie Kelly is the Service Manager and Social Work Lead for the Physical and Sensory Disability Service Area (PSD). They are 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.

The Divisional Social Worker is responsible for:

- The provision of operational management and professional leadership of the social care workforce within the Service Area
- The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.
- 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.
- The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports
- The promotion and profiling of the discrete knowledge and skills base of the social care workforce
- Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities.
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements

The Social Work Lead is responsible for:

- Professional leadership of the social work and social care workforce within the Service.
- The establishment of structures within the Service to monitor and report on the discharge of statutory functions.
- 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.
- The collation and assurance of the Service's Interim and Annual Statutory Functions Reports.
- The promotion and profiling of the role of the social work and social care workforce in contributing to the Trust's strategic objectives and key service delivery priorities.
- The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service.
- Ensuring that arrangements are in place within the Service to facilitate the social care workforce's learning and development opportunities.
- Ensuring that arrangements are in place within the Service to monitor compliance with NISCC registration requirements.

An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service line management

	and professional structures to the Executive Director of Social Work and onto the Trust Board. As of June 2017, all of the first line manager posts within the Service have a designated Social Work status.
<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p><b>Assessed Year in Employment</b> The Service Area currently has two social workers currently undergoing their Assessed Year in Employment (AYE). These social workers work within the Physical Health and Disability and Sensory Support Teams. These staff have restricted caseloads and increased supervision arrangements in place. They receive additional input from an AYE support group led by the training team</p> <p><b>Supervision</b> All staff have access to regular supervision and there is generally high compliance with the Trust's supervision policy for adult services. The Service Area continues to submit exception returns on a monthly basis to monitor its ongoing compliance with the delivery of professional social work supervision. The eleven regulated day care services are inspected by RQIA and through their inspections they continue to demonstrate that they are compliant with the Trust's supervision policies.</p> <p>In addition to staff having access to formal and informal supervision, they also complete their Staff Development Reviews on a yearly basis and have access to peer support groups. Staff also attend Investigating Officers, Designated Adult Protection Officers and Achieving Best Evidence practice development and support fora. All of these initiatives enable and promote reflective learning, facilitate opportunities to address practice and service delivery challenges and to enhance the professional development of staff.</p> <p><b>Caseload Weighting Arrangements</b> At present no formal caseload weighting tool is being used within the Service Area, as having participated in a pilot previously it was felt this did not enhance service delivery or provide additional support to staff with caseload management. The Team Leader overview of quantity and complexity of caseloads remains the core mechanism for addressing equity of workloads. Currently the service area utilises supervision as a method to provide a regular, focused opportunities to review the supervisee's caseload and to determine allocation of work. This is held under review and a caseload weighting tool may be employed in future.</p>
<b>3.3</b>	<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><b>Duty Referral and Allocation Procedure/Process</b> The service area ensures that each team adheres to its Duty, Referral and Allocation Procedure which details referral screening and allocation processes and related professional responsibilities. The Sensory Support Service continues to adhere to the Regional Sensory Services guidelines and procedures. Team Leaders and Senior Practitioners are responsible for ensuring adherence to the procedures. Day care within the service area adheres to the Trust's procedures for day care services which address the processes required to ensure compliance with RQIA standards.</p> <p><b>Audits, Reviews and Evaluations Social Work</b></p>

The social work teams continue to provide comprehensive assessments of need using the NISAT tool. There is a strong focus on preventative work, to reduce hospital admissions, improve quality of life and reduce social isolation.

During this reporting period one of the social work teams took part in the piloting of a Department of Health Social Well-being Tool. This was an initial test of a tool co-produced with service users to assist conversations between service users and social workers in relation to the person's social wellbeing. Whilst the tool was effective and led to meaningful conversations, the feedback from social workers was that these conversations are already being facilitated through the existing tools of NISAT, ASCOT and SDS support planning.

Adult safeguarding continues to be a significant area of work for the social workers and this client group presents with many complexities, as detailed in the Adult Safeguarding report.

The service area promotes a peer support model within individual teams, managers groups and social work forums. These groups are invaluable in terms of communicating and discussing lessons learned from research and considering implications for practice.

#### **Commissioned Services**

The service area has a dedicated team which commissions services for those with complex needs with the aim of linking identified needs of service users and carers to service delivery. The team works closely with Domiciliary providers, Residential care, Nursing care and Supported Living providers with the key function being the monitoring and review of care packages/ placements.

Links are maintained with the Trust Governance team and Care Review and Support team (CReST) in respect of quality indicators and performance management of Independent providers. In light of recent challenges the service area has ensured that comprehensive reviews of all residential and nursing home placements have been carried out.

Across the Trust there are difficulties in securing care packages and the issues pertaining to this are referenced in Section 3.5 of this report. The team continues to scrutinise assessments and work alongside colleagues across community and hospital settings to agree appropriate discharge pathways and service delivery. The team participates in the Trust twice weekly Priority call with managers from across Adult Social & Primary Care and hospitals to agree those service users that are in urgent need of service delivery. Those prioritised are referred into the Trust Care Bureau to seek urgent packages of care and establish patient flow from hospital. There are significant challenges in respect of domiciliary care provision and these are detailed in sections 3.5/3.6 and 3.7. The service area has been involved in Trust meetings with key stakeholders, including providers to reflect on the challenges both now and into the future, to consider short term and long term remedial measures.

There has been significant increase in the number of patients that are needing complex nursing care needs at home and the team participates in the regional group meeting with BSO to assist with planning for how these complex care needs can be met longer term in the community.

Within the last few months staff have worked closely with Speech & Language Therapy staff to identify service users with Speech & Language Therapy assessments that required translation due to implementation of International Dysphagia Diet Standardisation Initiative (IDDSI). Staff completed case finding and undertook the translation for service users.

Staff meet with the Trust Finance team on a regular basis to review debts owed and recover monies due for Care home placements. This includes cases with complex financial circumstances and working through these with service users, their families and representatives to ensure that correct charges are applied. The team also ensure that appropriate measures are in place to prevent debt accruing, protecting service users and referring to the Office of Care and Protection when required.

### **Community Brain Injury Team**

The Community Brain Injury Team (CBIT) offers community based rehabilitation and support aimed at promoting independence, wellbeing, and maximising participation in family life and community life after brain injury.

The team has a range of professionals including Social Work, Physiotherapy, Occupational Therapy, Speech & Language Therapy and Clinical Neuro-Psychology.

The Community Brain Injury team continues to work closely with other professionals within the Trust; various statutory, voluntary and community organisations in order to progress the 23 recommendations made by the RQIA Review of Brain Injury Services in NI (2015). The team continues to work with the Acquired Brain Injury Alliance (ABIA) a Belfast Trust forum configured following the 2015 review and is looking at improving service provision to acquired brain injured service users and their families.

The Community Brain Injury team has worked collaboratively with Headway and Reconnect on behalf of ABIA in reviewing and updating information for people with ABI, families and carers. This piece of work had been commissioned by the HSCB and the outcomes were launched during Brain Injury Awareness week in May 2018. This launch coincided with a successful public engagement event run by the Community Brain Injury team during Brain Injury Awareness week which brought together carers, advocacy, statutory and independent sector groups.

The Community Brain Injury team collaborated with various partners and service users following the re-tendering of HSCB contracts for training of persons post-brain injury, assisting service users to transition to the organisation successful in the tender process and also identifying alternative, appropriate supports when needed.

During this reporting period, the CBIT again breached the 13 week maximum waiting time from referral to assessment and treatment on three occasions, and the HSCB have been advised accordingly. Breaches have occurred due to workload pressures, ongoing recruitment difficulties and long-term staff sick leave within CBIT. In August 2018 a new Clinical Lead (Consultant Clinical Psychologist in Neuro-psychology) took up post. There have been substantive staffing challenges in the team due to staff taking up new appointments. Sick leave and maternity have presented additional challenges. Refilling vacancies has been challenging due to a dearth of appropriately trained and experienced staff being available across the region. The Community Brain Injury team is seeking to proactively manage this by engaging staff on a rotational basis with

aligned services. The availability and function of rehabilitation assistants is currently being explored.

Reviews of the core business of the Community Brain Injury team, as well as internal processes have been ongoing in order to provide a timely response to referrals and ensure effectiveness of service provision. Within the team there is an increased focus on ensuring the service provided is as responsive, efficient and person-centred as possible, with feedback from our service users proactively built into team processes.

The tendering process for a HSCB funded Community Link Service has been progressed, with the intention this should be operational by mid-2019. This service will be delivered by the third sector and embedded within the CBIT. The Community Link Service will work in partnership with community, voluntary, statutory, and independent sector organisations to provide access to a wide range of community based services and opportunities in the areas of education, training, volunteering, employment, social, leisure, recreation and culture in order to meet identified needs of people with ABI. The Community Link Service will be supported by CBIT colleagues in order to help address the cognitive, emotional, and behavioural issues of service users who have become, or at risk of, social isolation. When operational it is intended that the Community Link Service will implement the Bridges Self Management Approach to rehabilitation focussing on the social aspects in order to improve individuals' health and wellbeing.

Providing care for adults with extremely challenging behaviour or with complex needs continues to be a major issue for the Trust. The Trust continues to make slow progress in sourcing appropriate placements and accommodation for service users with complex neuro-disability needs (including alcohol-related brain damage and acquired brain injury). This is mainly due to lack of suitably experienced services within the independent and third sector. Between April 2017 and March 2018 CBIT staff have worked in partnership with Glebe Nursing Home who have re-configured to a residential unit for service users with ABI. To date there have been a number of very successful placements therein. From discussions with operational and management staff within Glebe a recurring issue relates to the elicitation and involvement of outside services, particularly adult mental health in the day-to-day management of service users.

Interface issues between Community Brain Injury team and Adult Mental Health services remain a concern. The risk of mental health issues, in persons with a brain injury are substantial. However, there have been a number of incidents where the accessing of appropriate mental health support in a timely way has been lacking. From experiences with Glebe (where Belfast Trust service users are hosted in a service outside of Belfast, i.e. Northern Trust area) it would appear that the scenario of persons with a history of a brain injury struggling to access support via mental health services is not specific to Belfast Trust. The Community Brain Injury team continue to meet on a monthly basis with a Consultant Neuropsychiatrist to ensure a combined approach to management of current psychiatric and behavioural considerations within CBIT caseloads. However, this provision, on its own, is not sufficient to meet the substantial mental health needs of the population CBIT serve. Collaborative, co-working arrangements between CBIT, Adult Mental Health and neuropsychiatry might make some progress towards enhancing this service provision, but professional training and understanding of brain injury and its implications for service involvement is central to this.

#### **Alcohol Related Brain Damage**

Alcohol related brain damage (ARBD) describes cognitive impairment directly related to chronic alcohol consumption. This group of service users frequently fall through the net conferring huge costs to healthcare services. Service users with ARBD are often placed in care homes totally unsuited to their recovery. With figures forecast to increase, there is an urgent need to address the lack of suitable care options regionally.

It has been proven that with the right treatment, service users with ARBD can recover and transform their lives. Services in the UK with similar drinking populations to NI have shown impressive outcomes such as a reduction in hospital admissions for people with ARBD by 85%, highlighting the impact of providing treatment. ARBD is a reversible condition and up to 75% of patients can make partial or complete recovery given personalised treatment and care.

Due to significant numbers of ARBD service users within Physical & Sensory Disability, the service area is working with others internally and externally to address this unmet need. Working in collaboration with Leonard Cheshire and an independent provider, plans are well established to re-configure an Older Peoples Home into a residential rehabilitation unit for ARBD service users. It is anticipated that this unit, based in South Belfast, will be sub-regional i.e. targeting appropriate service users from Belfast and South Eastern Trusts and will be operational in Spring 2020.

### **Day Opportunities**

Following the transfer of seven Older Peoples day centres into Physical & Sensory Disability in 2016, and due to the Trust's commitment to Quality Improvement (QI), a number of quality improvement initiatives were established. One such initiative was to realign and standardise the referral process of these services to ensure quality and governance are at the centre of day opportunities.

With this in mind the day centres personnel developed a more appropriate referral pathway. This included a Day Opportunities Admission panel. A key feature of this work was piloting the utilization of Pre-placement Comprehensive Occupational Therapy Assessments. The process has been extant for one year and a review for performance and assurance will take place in the next reporting period.

As part of the Regional Quality Improvement in Social Work Programme, two day centre managers began a Co-production QI initiative to review and standardise Day Care Initial Assessment Document for all service area day centres. The new document was developed with the help of the mentors and facilitators on the Regional QI Social Work Programme. The new document will be rolled out in all centres later in the year.

A review of Older People's day centres has been completed during the reporting period using an Appreciative Inquiry (AI) approach, engaging service users and staff in the process. The review has been very well received and the service area is currently working on implementing identified outcomes. RQIA Inspection reports are also generally positive with few recommendations for improvement.

A Service User Council has been established with service users from each centre which meets on a quarterly basis. These meetings give service users an opportunity to be involved in planning, evaluating day care services and developing best practice across the day opportunities framework. These meetings empower and enable service users to voice their opinions and ensure that their knowledge and expertise is taken into consideration. The meetings have been very successful and the impact has been validated by service user feedback across all centres.

The two Community Access staff continue working in partnership with service users, their carers and family members towards the goals of social inclusion, community integration and active participation based on the principles of equality, consent, dignity and respect.

They engage with the individual to identify strengths, qualities, interests and goals for the future and develop a one page profile and person centred plan. Community Access promotes social wellbeing, reduces social isolation and promotes independence. An audit and review of intervention confirmed an evidence base to date that has been extremely positive and preventative in outcomes.

### **Sensory Support**

During the past year the Regional Sensory Implementation Group (RSIG) has continued to implement the actions set out within the Physical and Sensory Disability Strategy.

As reported last year, following the public consultation on the provision of Communication Support Services for people who are profoundly deaf and hard of hearing, there was overwhelming agreement of the recommendation for a Regional Communication Support Service (RCSS) supplied by BSO. The Health & Social Care Board approved the implementation of this in May 2017 and the Service Area continues to be represented on the RCSS Steering Group. The focus of this work is to develop and deliver a Regional Communication Support service that includes robust governance and accountability arrangements. It is anticipated that this work will continue throughout the next reporting period as this is a complex piece of work that involves many stakeholders and has implications for the profoundly deaf and hard of hearing community.

The Sensory Support team continue to implement the actions and recommendations of the Deafblind Needs Analysis Review. Training continues to be provided across the Trust and also to external agencies, such as nursing homes, to raise awareness of dual sensory loss. The two staff members who obtained the Diploma in Deafblind Studies hold a specialist role within the team in completing deafblind assessments. They also continue to provide support and education to colleagues in the assessment and delivery of effective care planning for deafblind service users. In addition, a regional sub group has been set up to develop services for deafblind people regionally and this group meets on a bi-monthly basis.

With regards to specialist training, the service area is pleased to report that developments continue; one staff member completed a course in sight loss and dementia and this has already proved to be of benefit to service users. Regional training days have been arranged funded by the HSCB and these have provided invaluable training to staff. A comprehensive training plan has been developed by a regional sub-group and this is awaiting ratification. The service area continues to provide a tinnitus support group for service users, in partnership with the British Tinnitus Association. The service area has also worked in partnership with Action on Hearing Loss to deliver tinnitus management programmes, awareness raising events, and one to one supports to service users. One staff member who is a trained Lip-reading teacher continues to deliver lip reading courses for hard of hearing service users throughout the year. The service area has noted that demand for this provision remains low and one trained staff member is an adequate resource at present.

The service area is currently involved in ongoing work to develop a regional equipment framework in order to ensure compliance with procurement legislation. This work is expected to continue during the next reporting period and representatives from the

service area are meeting regularly with other Trusts, HSCB and BSO to ensure equitable and accessible provision of sensory equipment.

The Trust participated in the Developing Eyecare partnership and a sub group was set up within this to review and update the certification of visual impairment process in NI. As part of this co-production between the Trust and Service Users they processed a certification ID card which will be distributed regionally to people certified with a sight loss. This was launched on 15<sup>th</sup> April 2019.

### **Self-Directed Support**

Phase 1 of the implementation of Self- Directed Support (SDS) ended on 31<sup>st</sup> March 2019, and Phase 2 (2019 – 2023) will commence on 1<sup>st</sup> April 2019. The Strategic Development Priorities for Phase 2 over the next 4 years include the following:

- Managed Budgets - Develop and Implement Procurement Framework to support Option 1, Direct Payments, and Option 2 Managed Budgets
- Provider Engagement
- Resource Allocation System –HSCB to research best model for SDS in Northern Ireland
- SDS Measuring Outcomes – ASCOT and Outcome Star
- SDS Activity Toolkit – develop information systems to capture this data across Trusts

As recurrent funding for Self-Directed Support has been agreed by the Department of Health, the Belfast Trust has appointed the SDS Trust Implementation Officer on a permanent basis.

With regard to structures in the Trust for the implementation of Self-Directed Support, the Trust SDS Steering Group continues to be chaired by the Director of Adult Social and Primary Care and meets quarterly. The SDS Implementation Group continues to be chaired by the Service Manager for Physical & Sensory Disability Services and meets bi-monthly. There is representation from all service areas, service users, carers, contracts, training team, information management, and the voluntary sector.

There is also a SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Project Manager. One of the service user representatives in this group completed the Safer Quality Belfast Quality Improvement Programme in June 2018, being the first ever service user to do so. His project was *'To support Social Workers to increase the completion of Support Planning'*. His quality improvement project has been presented at a number of Quality Improvement events in Belfast Trust.

The Trust has adopted a co-production model with regard to the training on SDS, with engagement of service users and carers. Their lived experience and contribution has been positively evaluated, following feedback from staff at the training. A quarterly reflective practice group for SDS was established to embed the SDS approach into social work practice. However, due to low uptake, the SDS Project Manager and SDS Practice Development Lead from the Learning and Development team have offered to attend team/staff meetings to address any practice or implementation issues. A SDS training calendar is in place until March 2020.



The on-going use of resource allocation panels across three service areas, including Physical & Sensory Disability, ensures that staff are engaging in the SDS approach, and there is consistency of allocation of resources to service users and carers.

All service areas are engaged in the SDS process, albeit at different stages, and are using the SDS approach when assessing or reviewing service users or carers.

### **Adult Social Care Outcomes Tool**

The Department of Health advised in January 2015 that the Adult Social Care Outcomes Toolkit (ASCOT) would be the tool adopted by all Trusts moving forward to monitor qualitative data, as it could be readily integrated into service user review processes. The ASCOT data constitutes a key component of the Department's reporting against Programme for Government commitments and is referenced in the Departmental Business Plan for 2017/18.

All Trusts were advised by HSCB that full implementation of ASCOT must be in place by 1<sup>st</sup> April 2018. Physical & Sensory Disability Services commenced ASCOT Implementation on 8<sup>th</sup> January 2018, with all other Adult Service Areas commencing on 1<sup>st</sup> April 2018.

A SharePoint site has been established by BSO for collation of ASCOT data from Belfast Trust. HSCB view this information quarterly.

### **Carers**

The Service Manager in Physical & Sensory Disability has operational lead for Carer Support Services. Work on the Trust Carers Strategy, 'Caring Together in Belfast 2017-2020', is ongoing. The Belfast HSC Trust continues its commitment to implementation of the key priorities as agreed with carers and a summary of activity is reported below:

### ***Reaching Carers and Developing Carer Support Pathways***

Carer information packs have been reviewed in year and 8,000 packs have been reprinted for distribution. In response to Carers requests for a central point of contact, a central email account has been set up. Carer Service infrastructure has been reviewed, with recommendations to increase allocation of resources to assist with telephone support, information and advice for carers. The Trust Carer Coordinators continue to provide input with teams to maintain the profile of carers within service areas.

The Trust launched a Framework for Staff with caring responsibilities during 18/19. Its aim is to promote awareness with staff and managers to ensure that staff carers are supported to manage their caring role alongside their employment. They are also made aware of wider carer supports available within the Trust.

A number of new initiatives have commenced during 18/19 2019 including:

- A new partnership with Community Pharmacy; seeking to identify carers, not known to services, and refer them for support.
- Trust Carer Coordinators have developed a Belfast Trust Carer Workers Network to strengthen links with and improve communication between the Trust and organisations in the voluntary and community sectors.

The Trust continues to **Support Carer Health and Wellbeing** by offering a range of services including: information sessions, group activities, relaxation days, evening events and ongoing provision of carer therapies, grants and direct payments. A significant number of carers continue to be supported through the provision of day care opportunities, domiciliary support and residential short breaks.

Carer Coordinators are currently undertaking an evaluation of the Trust Carer complementary therapy service to determine the value of this service and how it may be improved.

### ***Communicating With & Involving Carers***

The Physical & Sensory Disability Service continues to deliver the Cathos model to profile the role and needs of carers for people with physical and sensory disabilities. This aims to keep the views of carers central to service planning and development; during this reporting period there was a range of successful activities arranged. Each team continues to have a staff member with a designated responsibility to progress carer engagement and ensure effective communication with and on behalf of carers.

The Trust Carer Coordinators have an integral, advisory role within service areas. In addition, they provide carer awareness training as part of the induction programme for new staff and carer assessment and support planning training to staff carrying out carer assessments in order to ensure best practice and outcomes for carers.

### **Generic Reviews, Audits and Evaluations**

Service user engagement via specific working groups or fora continue to be utilised and are viewed as an integral part of service development as their feedback is vital in modernisation initiatives. These are undertaken in all departments within the Service Area.

The Service Area continues to audit and review service delivery to improve and sustain good practice. Team leaders carry out random case file audits during each supervision session and Assistant Service Managers complete audits to ensure supervision standards are met.

Each team and day care facility is required to complete a wide range of statistics which include caseloads, referral and closure numbers together with carer, direct payment and adult safeguarding activity. These figures are monitored and analysed by the Service Area to identify any emerging issues or trends. As previously noted, this data has been improved upon since the implementation of the Business Support Team.

The Service Area continues to monitor issues related to safety and quality themes emerging from adverse incidents, Departmental queries, complaints and compliments via quarterly Service Governance Meetings which are chaired by the Service Manager and supported by the Governance Lead for the Service. The purpose of these meetings is to identify key themes and trends and discuss the learning which is shared and disseminated to staff via team meetings and professional support fora. The Governance meeting also has processes in place to review and manage the Service Risk Register for Older People, Physical & Sensory Disability. The Service Area has participated in one Serious Adverse Incident in this reporting period and the draft report has been issued. This was a complex case with three Service Areas involved and while there has been

	<p>some generic learning, there has been no specific recommendations for the Service Area.</p> <p><b>Contracts with Voluntary Sector</b>                  All contracts are monitored by staff at managerial level. Key staff hold regular meetings with the voluntary agencies throughout the year to ensure targets are met and quality of service and value for money secured. Any concerns are raised with the individual provider. The service area participates in at least annual reviews to agree performance and to determine the appropriateness of contract renewal. Voluntary agencies also complete their internal audits to ensure service user satisfaction and outcomes are achieved.</p> <p><b>Contracts with Independent Domiciliary Care Organisations</b>                  The service area meets with all commissioned providers at least annually to ensure value for money through a qualitative and quantitative scrutiny process. As previously noted, during this reporting period the service area has also actively participated in Trust meetings with domiciliary care providers to determine how best to meet the increasing demands on this service, especially with limited capacity from providers. This is referenced in section 3.5 of the report as an area of concern.</p> <p><b>Contracts with Independent Residential/Nursing/Supported Living Organisations</b>                  The service area continues its negotiations, along with Contracts personnel, independent nursing and supported living providers regarding re-configuration/extending provision to include service users with Alcohol Related Brain Damage (ARBD) and brain injury/complex needs. Please refer to section 3.5 for further details of work progression.</p> <p><b>Reflective Practice Groups</b>                  The service area has continued to promote a peer support model within individual teams, service management groups and social work fora. These groups are invaluable in terms of communicating and discussing lessons learned from research and considering implications for practice.</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 continues to be compliant with the regulatory requirements in relation to the registration of the social work and social care workforce. The Service Area promotes and facilitates staff access to training and other learning opportunities so that they are able to complete their NISCC/PRTL re-registration requirements.</p> <p><b>RQIA</b>                  Day Care services continue to be compliant with the RQIA standards and are subject to ongoing inspection and monitoring. Any recommendations or requirements are acted on as priority actions. The service area also ensures effective communication and engagement with RQIA when concerns are raised regarding nursing, residential, supported living placements, domiciliary care provision or adult safeguarding concerns.</p>

**Community Emergency Response Team**

The Service Manager in Physical & Sensory Disability is the Co-ordinator of the Trust Community Emergency Response Team (CERT) which is activated during a declared major incident in the community.

The Trust responded to three critical incidents which required a multi-agency response during the reporting period. Additionally, relevant Trust staff attended three multi-agency training exercises; one organised internally on cyber security and two multi-agency exercises on responses to cruise ships incidents and EU exit arrangements.

Members of the CERT team continue to participate in the work of the multi-agency Belfast Emergency Preparedness Group, co-ordinated by Belfast City Council, and the Trust's Emergency Preparedness, Planning and Implementation Group, chaired by the Deputy Chief Executive. This helps to ensure effective preparedness and response to incidents along with relevant partners internally and externally.

**Vulnerable Persons Resettlement Scheme**

The Vulnerable Persons Resettlement Scheme (VPRS) was introduced in 2014 by the UK Government with the aim of providing a safe and legal route for certain categories of the most vulnerable Syrian refugees to travel to the UK.

The service area actively participates in the Trust's Syrian Refugee Planning Group, which comprises of representatives from all relevant service areas within the Trust. The group meets on a regular basis to plan for the arrival of each group of Syrian refugees. Information is provided in advance which enables staff to prepare for the needs of the refugees arriving.

The service area has recently assisted in welcoming Group 20 to Northern Ireland. The scheme has assisted in resettling nearly 2000 vulnerable individuals and families in various locations throughout Northern Ireland and the scheme is due to continue until 2020.

The service area assists in identifying adults with physical or sensory disabilities prior to their arrival in Northern Ireland; this allows for the planning of services, equipment and housing needs for these individuals. Service area staff attend the two Welcome centres following the arrival of the Syrian refugees and complete a further assessment of needs and risk, and identify any immediate needs the individuals may have. As not all of the Syrian refugees remain in the Belfast Trust area therefore staff liaise with other similar teams throughout Northern Ireland. This allows the receiving Trust to be prepared for any needs the individuals may have.

During this reporting period service area staff have been involved in supporting a particularly complex Syrian family with physical, sensory and child care needs, requiring considerable input across service areas and agencies. The Trust has been commended on their work with this family by DOH.

In November 2018, a member of the service area was invited to attend the IOM/HO Mobility Workshop in London; the purpose of this was to allow staff from the VPRS's throughout the UK to meet and discuss the issues or difficulties in meeting the needs of individual refugees with physical disabilities, mainly the lack of appropriate housing. Trust staff gave a presentation to their colleagues from throughout the UK and met with the medical staff from the five refugee camps. This allowed staff the opportunity to communicate the information required in the assessments received prior to the refugees

arriving in the UK and NI. The workshop enabled staff to understand some of the difficulties faced by the medical staff completing the assessments in the refugee camps and to gain a better understanding of the cultural differences.

**PSNI**

Following the implementation of the regional Adult Safeguarding Policy, the service area has noted a decline in the engagement of the Joint Protocol arrangements with the Public Protection Unit to safeguard Vulnerable Adults. This is due to Trusts and PSNI interpreting the policy differently. This is reported in detail in the Adult Safeguarding report. As referenced above, the service area also partners and engages effectively with the PSNI in the Belfast Emergency Preparedness Group.

**MARAC and PPANI**

The service area continues to participate as appropriate in local MARAC and PPANI Panels.

**LASP**

The service area is represented on the Belfast LASP Group.

**Office of Care and Protection**

The service area continues to engage with the Office of Care and Protection in relation to supporting service users manage their financial affairs.

**Judicial Reviews and Significant Court Judgements**

The service area has not had any Judicial Reviews or significant court judgements in this reporting period but takes cognisance of any significant judgements that have implications for practice.

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
1.	<p><b>Lack of Capacity within Private Providers</b></p> <p>As previously reported there continues to be significant concern with the lack of capacity across the independent provider sector. The reasons and concerns regarding instability in the domiciliary care sector have been well documented. Providers are frequently unable to secure new packages resulting in delays in service provision which has had a severe detrimental impact on service users and carers.</p> <p>Regrettably the situation remains largely unchanged as domiciliary care providers continue to have limited capacity to meet the demand. Providers report that they are unable to sustain their workforce due to low pay and poor recognition for the role they undertake.</p> <p>There is notably more challenges to meet the need in specific areas of Belfast. Service users in these areas can wait</p>	<p>The service area continues to put in place remedial measures. Risk assessments are completed for all cases where the providers are unable to implement care packages. Further to this family engagement is sought for assistance with personal care tasks and the service user is offered Self Directed Support via Direct Payments. Nursing or residential placement if appropriate are also offered, however these placements are also limited as they struggle to meet demand too.</p> <p>The service area actively participates in twice weekly priority calls to identify those most at risk and in need. Currently these service users tend to be patients who have palliative care needs and wish to return home to their families.</p> <p>The Trust has commenced pilots with a small number of providers for those areas where there is significant challenges however this has tended to focus on hospital discharges. There</p>	<p>Issues pertaining to the lack of providers are on the service area Risk Register and categorised as High.</p>

	<p>lengthy periods before a service can be secured.</p> <p>Care providers report that service users within this service area place additional pressure because their complex care needs require additional times and the verbal and physical aggression of service users with cognitive challenges place additional strain on care staff to provide a sustainable service.</p> <p>Lack of appropriate domiciliary care provision is not only impacting on service users and families, but it is also has a direct negative impact on hospital discharges, service delivery and meeting performance targets as there is limited flow within the system.</p>	<p>is also a concern that this will not be a sustainable long term solution.</p> <p>On-going and timely review of cases remains to ensure assessed needs are being prioritised.</p>	
<p>2.</p>	<p><b>Appropriate Accommodation for Service Users with Complex Needs</b></p> <p>As previously reported, the service area continues to struggle to source appropriate accommodation and placements for service users with complex needs, particularly those with Huntington’s disease, bariatric care, brain injury and Alcohol Related Brain Injury (ARBD).</p>	<p>The service area is pleased to report that the nursing home unit for acquired brain injury continues to provide much needed accommodation for this client group. The facility has employed additional staff and provided specialist training to enable them meet the needs of this complex group. Feedback from stakeholders about the performance of the unit is positive and indeed additional beds within the</p>	<p>Issues pertaining to the lack of appropriate accommodation for service users are on the service area Risk Register and are categorised as Low.</p>

	<p>These service users tend to be placed in generic residential and nursing facilities and staff can often lack the specialist skills and knowledge required to manage these service users. This can result in additional spend to procure one-to-one supervision to reduce risks to service users.</p> <p>The service area continues to receive the majority of referrals for service users who have a diagnosis of ARBD and notes that there is significant spend required to meet the need of this service user group.</p> <p>The situation is exacerbated if capacity assessments are required. Finding medical personnel who will undertake them and the £500 average charging fee continues to remain challenging for the service area.</p> <p>Whilst there have been positive developments in securing accommodation, the service area would note that the charges for these units are over double the regional rate and this has significant concern from a budgetary perspective and the detrimental impact on People First monies for other parts of the service area.</p>	<p>unit are being reconfigured for this client group. Our service users are receiving a high standard of care and there is an increased understanding of their complexities. There have been challenges at times due to the inability to access psychiatric/mental health support at times of crisis.</p> <p>Following on from last year's report the service area continues to work in partnership with a voluntary organisation who, in partnership with a housing association, have secured a building in South Belfast which is currently being reconfigured into a residential rehabilitation unit for people with ARBD. It is envisaged that this unit will open in Spring 2020.</p>	
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<p>3.</p>	<p><b>Self-Directed Support (SDS)</b>                  The Departmental indicator identified that <i>'By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified'</i>.</p> <p>There are currently 2223 service users and carers in receipt of SDS within the Trust, who have a 7 criteria Support Plan in place. The service area is pleased to report that PSD hold 1094 of these cases which represents over 49.2% of the total figure.</p> <p>All service areas are now engaged in the implementation of SDS and are working under the SDS framework in respect of all new referrals and reviews.</p>	<p>The Trust has both a SDS Steering Group as well as an Implementation Group with service user and carer representation to ensure the effective implementation of Self Directed Support.</p> <p>The Trust continues to work internally and with colleagues across the region to develop SDS. One of the key measures of SDS is the number of clients and carers in receipt of Direct Payments. The Trust has exceeded the Direct Payment target by 4.5% in 2018/2019.</p> <p>In addition, engagement with provider organisations is ongoing to ensure that the full range of options under SDS are available. The HSCB are currently refining the specification for Managed Budgets.</p> <p>The Learning and Development Service report that staff continue to attend training from all service areas to support implementation of SDS. To date, 1855 staff throughout the Trust have been trained at various levels of SDS. The SDS Project Manager and the Practice Development Officer for SDS have reviewed and updated the content of SDS training based on staff feedback and evaluation. This has been in partnership with the service users and</p>	<p>There is a separate risk register for Self-Directed Support, as requested by HSCB.</p>
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	<p>SDS Activity returns to HSCB</p> <p>As previously reported, CIS does not support SDS implementation or the collection of data for the mandatory SDS Activity return to HSCB.</p>	<p>carers who co-produce the training. Their lived experience and contribution has been positively received by staff.</p> <p>A manual data collection process was implemented by the SDS Project Manager in March 2017. This has been rolled out across all service areas, and training provided to team managers with regard to the completion of the data return documentation.</p> <p>In Autumn 2018 the HSCB Information department and the three Trusts that use CIS, commenced a project to examine how CIS could manage the data collection required for HSCB Activity returns. This work is on-going across the region.</p>	
<p>4.</p>	<p><b>Acquired Brain Injury</b></p> <p>There continues to be difficulties for the Community Brain Injury team (CBIT) in providing home-based support packages for service users with prolonged disorders of consciousness (PDOC). These service users are potentially vulnerable, have very intensive and specialist requirements and present as challenging, particularly for non-family carers. There are often practical difficulties including the recruitment and retention of suitably trained staff.</p>	<p>All previous actions continue which is to ensure home care arrangements are subject to risk assessment and are adequately supported by social work and care management staff.</p>	<p>This is not on the Risk Register at present but the service area is monitoring the concern.</p>

	<p>Due to limited bed capacity in RABIU some service users are being discharged from acute hospital settings to CBIT which do not have the staffing resource, skills or facilities to manage their complex needs. These service users are potentially very vulnerable and require high levels of support.</p>		
<p>5.</p>	<p><b>Recruitment and Retaining a Sustainable Workforce</b>                  The service area continues to experience staff vacancies due to staff retirements, maternity and sick leave. Experience to date has demonstrated that recruiting and sustaining a stable workforce with the requisite skills and knowledge base is a significant challenge.</p> <p>BSO recruitment processes contribute to significant delays in replacing posts. These delays give rise to significant increased pressures on staff in relation to the management of existing caseloads and trying to prioritise waiting lists for assessment of need and respond to targets. This adversely impacts on providing timely services to service users and their families as well as impacting on staff morale.</p>	<p>Remedial measures for managing this issue remain the same as previously reported-the scrutiny process requires confirmation of the ongoing need for a post and details of the implications for the discharge of statutory functions if a post is not filled.</p> <p>Teams affected by staff vacancies are aware of the need to manage waiting lists as a measure of managing service demand. Referrals are screened on a regular basis to ensure that service user needs are prioritised appropriately and casework continues to be reviewed with staff within the supervision process.</p> <p>The service area has had to recruit an increasing number of agency social work staff to ensure the safe discharge of statutory functions.</p>	<p>Issues pertaining to recruitment are on the service area Risk Register and is categorised as High.</p>

<p>6.</p>	<p><b>Adult Safeguarding</b>                  Issues pertaining to adult safeguarding are referenced in the separate Adult Safeguarding report.</p>	<p>Please refer to the Adult Safeguarding Report which outlines a summary of the challenges and measures put in place to address same.</p>	<p>Issues pertaining to Adult Safeguarding are on the Trust Risk Register and categorised as Low.</p>
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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>Workforce issues including recruitment and retention</b> Issues pertaining to workforce have been highlighted as a concern in section 3.5.</p> <p>There are robust vacancy control systems within the Trust. All vacancies are scrutinised to ensure the post is still required. Any vacancy must be approved by an internal Directorate Scrutiny Process before recruitment of new staff can be progressed. Following this the HR process for recruitment is currently experiencing significant delays in securing positions in an appropriate timeframe.</p> <p>There are currently three social work vacancies within the Physical Health &amp; Disability Teams. In addition to retirements and promotions, the service area also has temporary vacancies due to sickness and maternity leave. This compounded with an increased demand on services and recruitment delays has meant that the service area has had to increase the number of agency staff to ensure the safe discharge of statutory functions. There are currently three agency social workers recruited to the Physical Health &amp; Disability Teams.</p> <p>CBIT experienced difficulty in this reporting period with ongoing difficulties recruiting and retaining AHPs and are working with the Head of AHPs to consider rotational posts and other measures to meet the gap.</p> <p><b>Flexible Working Arrangements</b> The service area facilitates flexible working and promotes family/carer friendly arrangements to accommodate staff needs where possible via part-time, flexi-hours, compressed hours and term time options. The service area continues to ensure that these arrangements are regularly reviewed so that service delivery is not adversely affected.</p>
3.9	<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 and Nursing Homes Charging</b> – The Trust has been operating in accordance with the DOH March 2017 Charging for the Residential Accommodation Guide (CRAG) to determine charges.</p>
3.10	<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 direct responsibility for social work within designated hospitals. However, it does recognise their significant role in assessing and arranging services in a timely manner at the point of discharge. The service area supports hospital social work staff to comply with the hospital discharge targets.</p>

	<p>The Sensory Support service provides direct social work and rehabilitation intervention at the Royal Victoria Hospital Audiology and Low Vision Clinics. The Team recognises the benefits for service users of having access to timely interventions to prevent deterioration in service users' mental health post-diagnosis.</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 remains committed to incorporating human rights considerations into all aspects of its work. Staff work with service users and stakeholders to support, promote and uphold the UN Convention of the Rights of People with Disabilities. It is recognised by staff within the Service Area that people with disabilities should be treated as individuals whilst being empowered to live their lives as independently as possible and treated with respect and dignity. All of these themes promote a human rights based culture within the Service. The service area participates in the Trust's Disability Steering Group which aims to improve accessibility and services for people with disabilities.</p> <p>The service area continues to promote, uphold and foster individual and community human rights. It undertakes a human rights based approach in its work with service users, their families and carers. Human Rights are integral to social work values and practice.</p> <p>All Trust policies are screened and proofed to ensure compliance with Equality and Human Rights considerations.</p> <p>All staff are supported to attend mandatory and additional equality training. Staff adhere to procedural requirements which inform the documentation of human rights based considerations in decision making regarding service delivery:</p> <ul style="list-style-type: none"> <li>➤ Vulnerable Adults Safeguarding</li> <li>➤ Capacity, Consent and Best Interest meetings</li> <li>➤ Risk Assessment and Risk Management</li> <li>➤ Care Planning Documentation</li> </ul> <p>If particular concerns are raised regarding the infringement of individual human rights, staff will record this and provide written explanations as to why such proportionate actions are necessary. This is shared with service users to ensure and promote service users' rights and demonstrate respect via open and transparent engagement.</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 based approach and to ensure it is embedded in service delivery.</p>

**HUMAN RIGHTS**

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to Manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any On-going challenges?</b>
	<p><b>Adult Safeguarding</b>                      With regards to Adult Safeguarding, there continues to be an ongoing challenge in balancing the service user’s right to a private life and promoting his/her individual choice to make their own decisions which may place them at risk of abuse.</p> <p>In addition, conflict can also arise if service users are reluctant to engage as they may not want PSNI involvement and/or information shared with or about family members. This is particularly pertinent when working with service users who are suspected of being victims of human trafficking. This has adversely impacted on the relationship between social workers and service users on those occasions when they have refused any further service provision from the Trust which has no legal basis to impose such interventions.</p>	<p>With regards to the Joint Protocol arrangements for reporting to the PSNI, the service area has noted in the Adult Safeguarding Report the current concerns with the interpretation of this policy.</p> <p>Staff continue to access training on Human Rights and Adult Safeguarding including Joint Protocol arrangements.</p> <p>Staff have one to one supervision and access to peer support to reflect on their practice and decision making.</p> <p>Staff complete risk assessments and protection plans which have prompts for staff to record human rights considerations in partnership with the service user.</p>	<p>All ongoing</p>
	<p><b>Deprivation of Liberty</b>                      This is an ongoing and significant challenge for staff within the service area</p>	<p>Staff attend mandatory training on Human Rights and have one to one supervision</p>	<p>All ongoing</p>

	<p>when they are required to balance the statutory duty to promote the safeguarding of vulnerable service users while affirming the importance of their right to self-determination and the exercise of informed choice.</p> <p>It is recognised that there is a need to support individuals in placements, including supported living and ensure that they are not deprived of their liberty. This is particularly relevant for service users with cognitive difficulties who may require that restrictive practices are put in place such as locked doors, cupboards etc. Staff find this area challenging. When completing care plans they are required to demonstrate that they have balanced the individual's human rights with the need to protect them or the wider public from potential harm.</p>	<p>and access to peer support to reflect on their practice.</p> <p>Staff complete risk assessments and hold best interest meetings with service users, their families and advocates as appropriate and promote a transparent and open engagement to ensure that human rights are considered and promoted.</p>	
	<p><b>Service Users with capacity who are Non-compliant with Care Plans</b></p> <p>Service users who are deemed to have capacity to make their own informed choice and decisions about their care needs but who choose not to comply with their care plans continue to pose significant challenges for staff. In these circumstances staff are required to balance</p>	<p>Staff complete risk assessments with service users, their families and advocates as appropriate and promote a transparent and open engagement to ensure that human rights are considered and promoted.</p>	<p>All ongoing</p>



	<p>the risk of harm associated with the individual's non-compliance with an individual's right to self-determination in the delivery of services.</p>	<p>Staff also attend mandatory training on Human Rights and have access to one to one supervision and peer support which facilitate reflective discussion and learning on complex practice decision-making.</p>	
	<p><b>Acquired Brain Injury</b>                  Longer term service users with ABI who are managed at home and have very intensive and specialist care requirements can present particular challenges in relation to engagement with non-family carers and social work staff. There are often practical difficulties including recruitment and retention of suitably trained staff to manage their complex needs.</p> <p>The role of consulting with family and friends in providing information to help determine the best interests of a service user who lacks capacity is not always easy for staff.</p>	<p>Staff complete risk assessments and prioritise and manage their responsibilities and the relationships and communication between all involved.</p> <p>Best interests are not restricted solely to medical considerations. Evaluation of best interests is a holistic exercise, and best addressed through a team-based approach.</p>	<p>All ongoing</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>Despite the challenges that Health and Social Care have experienced in this reporting period the service area has delivered key achievements and improvements in promoting the independence and lives of people with physical and sensory disabilities. Senior managers and staff promote the rights of people with disabilities through regional working groups and the Trust's Disability Steering Group.</p> <p>Members of the service area attended a celebratory event in Stormont during this reporting period to acknowledge the work progressed through the Physical &amp; Sensory Disability Strategy which has now ceased.</p> <p>Great efforts are being made to extend provision and care pathways for those with very complex physical and mental health needs which straddle a number of Service Areas. A recent report from the Royal College of Psychiatrists commends the service area for their work with ARBD service users despite the acknowledged gaps in service provision for this cohort.</p> <p>The service area has lead operational responsibility for the Carers agenda in the Trust and has made significant efforts to promote awareness of carers needs and improve services to carers throughout the Trust in community and acute settings. The service area has taken the lead in the development of the new Carers Strategy. This has been co-produced with carers and reflects and re-affirms a commitment to significant engagement and involvement of carers in the design of services for carers.</p> <p>The service area also has lead operational responsibility for the roll-out of Self-Directed Support in the Trust. The service area has consistently led on the personalisation agenda and is promoting a culture of personalisation in other relevant Service Areas to ensure that the Trust will meet the challenging targets with regard to SDS. One of the strengths of the Trust approach has been the engagement of service users and carers who are providing training, peer support and direction with regard to SDS.</p> <p>The Sensory Support team was a finalist in the regional 2018 Social Work Awards under the Adult Team category in recognition for the DVD they produced in co-production with service users.</p> <p>Following the review of Physical and Sensory Disability Day Care, the service area has reviewed day care for Older People using an Appreciative Inquiry Approach and is following up on recommendations.</p> <p>Improving services is a key objective for the service area. Staff are encouraged to consider new innovative ways to improve practice and this is facilitated via peer support groups and staff development workshops. Several senior managers have successfully completed a range of quality improvement courses and embed this training into their operational practice.</p> <p>Building capacity within the workforce together with recognising and rewarding work is ongoing and many staff in the service area are</p>

	<p>undertaking post qualifying social work training and other specialist training. This ensures that we are abreast of updated knowledge, skills and research so that we can deliver services which meets the needs of people with physical and sensory disabilities.</p> <p>The Trust has been working towards Investors in People re-accreditation in March 2019 and await the outcome. The service area is engaging all staff in the IIP leading, supporting and improving agenda.</p> <p>The Service Area continues to ensure communication with service users and carers via established newsletters:</p> <ul style="list-style-type: none"> <li>➤ Newsletter for Carers</li> <li>➤ Newsletter for the Mourne Project</li> <li>➤ Newsletter for People with Sensory Loss</li> <li>➤ Newsletter for Community Access</li> </ul> <p>These newsletters include information on services, new developments and articles from service users and providers associated with the service area. It enables the service area to communicate better with service users and promote partnership working. In addition, the service area continues to recognise the significance and importance of engaging with our service user groups, particularly when modernising and developing services.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>The service area welcomes the principles and strategic direction of the Bengoa, Delivering Together and Power to People reports. It recognises the significant challenges in progressing the strategic direction outlined in these documents. In particular, meeting the demands and complexity of service user needs and expectations at a time of constrained resources remains a challenge.</p> <p>The lack of capacity within domiciliary care is a significant concern for the service area. Despite remedial measures being put in place demand continues to outweigh capacity for this service. Care providers report ongoing challenges to recruit and sustain this workforce. It is recognised that this workforce is crucial to enable the aforementioned strategic themes to be met, but also to ensure safe and timely discharge and flow from hospital to community settings.</p> <p>This is compounded by the shortage of specialist facilities to meet complex needs. Despite the challenges, the service area continues to improve care pathways for ARBD service users and those with acquired brain injury needs.</p> <p>There are improvements currently underway within the Community Brain Injury Team which the service area anticipates these will impact positively on service delivery in the next reporting period.</p> <p>The Sensory Support Service continues to utilise funding to improve specialist training for staff and work collaboratively with other Trusts and stakeholders to create better outcomes for service users.</p>

	<p>Within day care we continue to extend the range of day opportunities in consultation with service users, carers and relevant staff. A review of day centres for older people and significant improvement agenda throughout all day centres is being progressed.</p> <p>The service area is leading on the promotion of self-directed support, ASCOT, carers, and community emergency planning and response within the Trust.</p> <p>Delays in recruitment continue to adversely impact on staff caseloads and staff morale. The service area workforce remains highly motivated, resilient and committed to continuous service improvement with a focus on delivering person centred, qualitative and innovative services.</p>
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<b>Programme of Care / Directorate:- Mental Health Services</b>
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<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>During the reporting period, Ms Mary O'Brien discharged the role of Divisional Social Worker.</p> <p>The Mental Health Service has assumed shadow Divisional status within the Adult Social and Primary Care Directorate and the collective leadership model has been implemented.</p> <p>The post holder has had responsibility for professional issues pertaining to the Social Work and social care workforce within the Mental health Services. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> <li>• The provision of professional leadership of the social care workforce within the service.</li> <li>• The establishment of structures within the service to provide assurance to the Executive Director on the discharge of statutory functions.</li> <li>• As a member of the Directorate's senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery.</li> <li>• The collation and assurance of the Service's Interim and Annual Statutory Functions Reports</li> <li>• The promotion and profiling of the discrete knowledge and skills base of the social care workforce</li> <li>• Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities.</li> <li>• Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory 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's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Mental Health Service's Annual Statutory Functions 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>The Service is compliant with the DHSSPS Circular 02/2015, which details the responsibilities of employing organisations in relation to AYE Social Work staff.</p>

In total, there were thirteen Social Workers in the Service completing AYE during the reporting period, three of which have completed AYE, two have left the service and eight are still completing AYE at the time of reporting.

Line managers are asked to fully consider the needs of AYE staff in regard to caseload protection arrangements by their professional supervisors. Any concerns regarding the caseload weighting or the capacity of the AYE staff member to manage work allocated is addressed directly with the line managers by professional supervisors. There have been significant pressures during the reporting period within community mental health teams due to the ongoing challenges of nursing vacancies and sick leave. As a result, it has not always been possible for caseloads to remain protected. This is kept under regular review by the line manager and professional supervisor.

Adherence to professional supervision arrangements underpinned by the Trust Adult Services Social Work Supervision Policy has been assured despite an increase in agency and temporary Social Work staff recruited to backfill into nursing vacancies to ensure service delivery is maintained. This has been a challenge due to ten agency and four temporary Social Work staff being recruited within the reporting period. Professional Social Work supervision is provided to all Service Social Workers on at least a three monthly basis and runs in tandem with operational supervision arrangements. There are a limited number of Band 7 Social Work Team Leaders in the Service, seven currently with one vacancy soon to be filled and, consequently, a high proportion of Social Work staff are line managed by non-Social Work operational managers across the thirty seven community based mental health services (excluding six inpatient wards). Currently there are seven permanent Social Work trained Team Leaders in post, with a further one acting Social Work trained Team Leader.

Two additional Clinical Services Managerial posts have been developed to support community mental health teams which have been taken up by Social Work trained managers. This has significantly bolstered support to Social Work staff within primary and recovery teams since October 2018 and has further supported professional supervision of nine Social Work staff and helped to support Social Work professional development particularly in regard to delegated statutory functions such as Adult Safeguarding, Mental Health Review Tribunals (MHRT) and Guardianship. The Service's Professional Social Work Governance Team consists of an acting Principal Social Worker (PSW), two acting Social Work Development Leads (Band 7) and one Senior Social Work/DAPO practitioner (only 1.5 of these two posts is currently permanently funded). There is also a Social Work Lead in CAMHS who provides professional supervision to eight of the thirty six Social Work staff within CAMHS the remainder of staff receive professional supervision through their Team Leader or a senior professional lead within their service. In total, thirteen professional Social Work trained staff are providing professional supervision across all adult mental health services (41 in total following the addition of the Lifeline service) to 81 Social Work staff. There is a total of 117 Social Work staff in the programme at this time.

The Acting PSW provides professional Social Work supervision to fifteen staff, nine Band 7 Senior Practitioners, three 8a managers and three Team Leaders. The PSW is also practice assessor to one ASW Programme candidates and in addition delivers ASW supervision to five staff.

The Service currently achieves compliance with the requirements of the Trust's Adult Services Professional Social Work Supervision Policy in regard to provision on a three

monthly basis. However this is in most cases offered more frequently as a means to support developing Social work staff.

### **Performance Review**

The Trust's Staff Development Review (SDR) Framework has been well established with updating of KSF Social Work outlines. This has been adopted and undertaken with all Social Work staff throughout the service with compliance audited through the Divisional Social Work lead and Human Resources (HR). The Trust compliance contributed to the Investors in People awards with compliance at 60% approximately. The SDR process is completed in partnership by operational managers and professional supervisors annually to ensure that the Social Work and social care staff are afforded a holistic, personalised review of their personal and professional development, highlighting good performance and areas for future development and learning. This also takes cognisance of the Professional in Practice framework and mandatory training requirements. Clear objectives for the year enable the staff member to focus on key goals underpinned by evidence-informed, recovery-focused and person centred practice.

Arrangements for provision of professional supervision to Social Workers in the Mental Health Service are as follows:

### **AYE**

There are currently eight Band 5 AYE agency staff in post. They receive one-to-one supervision on a two-weekly basis in conjunction with a Band 7 professional social work supervisor to ensure work is meeting agency and professional standards and to ensure NISCC gateway requirements are met. The supervisor audits and reviews work in terms of agency and professional standards that will demonstrate personal and professional development. Feedback and recommendations are given to provide advice and guidance on improving the quality standards and analysis of information linked to critical decision making. Where issues are identified in regard to the staff members practice, the supervisor will review with the team leader and devise a supervision support plan to meet the staff member's needs and that of the service.

### **Temporary Social Work Staff**

A further four Band 5/6 Social Work staff have been recruited on temporary contracts (back fill for nursing vacancies) and ten agency staff took up posts in the last year. A bespoke induction programme is being developed for primary care and recovery teams which will further support recently updated corporate induction which now runs on a monthly basis to ensure staff have access at the beginning of their employment. The programme will include the Trust's strategic context, child protection and adult safeguarding policy and procedure, statutory functions such as guardianship, carers assessments and MHRTs; MARAC; role of the Social Worker in a multidisciplinary team; Think Family ethos of working; recovery-orientated practice; person-centred planning; training in key therapeutic interventions and accredited post-qualifying development.

The challenge of providing professional Social Work supervision has been improved due to recruitment of two Social Work trained Clinical Services Managers and five Social Work trained team leaders with one further temporary Social Work trained team leader across the service area and a soon to be filled team leader inpatient post. There are currently eleven Band 7 Senior Practitioners within the community mental health teams, with six of these providing professional supervision to other community teams without Social Work Team Leaders.

Work will continue to support and further develop the Social Work profile, representation of Social Work within multidisciplinary teams and the diverse contribution of Social Work to mental health Services.

The Supervision Support Group for the fifteen Senior Social Work practitioner/managers who are providing professional supervision is undertaken quarterly with the acting PSW assuming chairing responsibilities. Focus has been on the development of new team leaders in regard to statutory functions, standard setting, reflective supervision and service development initiatives supported by the balanced scorecard goals such as service user feedback, the reduction of waiting times, improving governance systems, embedding adult safeguarding processes and building a more resilient workforce through reflective practice.

#### **Quarterly Mental Health Social Work Forum**

The Social Work Forum has grown in size in the past year due to the introduction of agency and temporary Social Work staff. This has been an opportunity to further enhance learning and development in regard to agency and professionals standards. Each forum has a different focus such as relaunching the use of a social history based on a 'Think Family' perspective, drawing on the strengths of the think family Social Work Assessment Pilot in 2017-2018. The forum has also delivered training by the Social Work development lead on Declaratory Orders exploring good practice and introducing a template for the completion of applications to court, developed by the Social Work development lead which was commended by DLS.

In addition, the service has experienced an increased need to consider the use of Guardianship (with three currently pending transfers into guardianship and one further considered case) in addition to seven current guardianship cases considered for renewal annually. This has illustrated the need for further training to be provided to Social Work staff and work by the acting PSW to develop a template and operational guide to inform staff and ensure consistency across the service area. The Forums continue to embed the unique contribution that Social Work brings to the experience of mental health service users, carers and the public.

#### **Approved Social Workers**

There are currently twenty five active ASW's on the day-time rota with 2 additional ASW's pending ratification by QUB and six ASW candidates in training (due pending successful completion to be able to participate on the rota from February 2020). This includes one fulltime ASW to support the demands on the rota and the limited number of ASW's available to participate on the daily rota sixteen slots per month are provided by this member of staff. There is also one agency ASW who provides approximately 5 slots per month.

#### **Approved Social Work Forum**

The acting PSW has developed a bespoke ASW Forum which takes place on a bi-monthly basis. It provides a mechanism for the development of ASW practice skills, shared learning, dissemination of policy and legislation, and practice development.

The PSW or an experienced ASW/DAPO provides bespoke 1-1 professional ASW supervision on an eight-weekly basis. Each ASW has face to face supervision at bi-monthly intervals.



	<p><b>ASW Supports in practice</b></p> <ul style="list-style-type: none"> <li>➤ ASW manager co-ordinating the rota daily</li> <li>➤ Yearly ASW audit – pending appointment of ASW trainer.</li> <li>➤ ASW risk assessment review arranged currently due to limited ASW cohort due to recent staff leaving posts and to continue focus on ASW recruitment and retention.</li> <li>➤ Buddying system being considered</li> <li>➤ NHST model of operation being explored but is not currently operational due to lack of sufficient numbers to operate this model.</li> <li>➤ Service user feedback being implemented following MHO assessment – QI initiative been planned currently.</li> <li>➤ Regional ASW forum to share learning and develop practices e.g. documentation, information leaflets.</li> <li>➤ Current audit of GP availability and impact on service.</li> <li>➤ Representation on the regional bed management protocol meetings,</li> <li>➤ DATIX recording of all prolonged assessments or impact on service delivery which has an impact on risk management.</li> <li>➤ 8a on call out of hours practical support offered by the 8a service rota as and when required.</li> <li>➤ The regional ASW working group has reviewed the information that is given to the service user and the nearest relative at the point of assessment under the Mental Health Order and this will be utilised on completion by all Trusts to ensure consistency across the service area. The Acting PSW has also reviewed the information provided by the medical records department to the service user and nearest relative at each stage of the detention process.</li> <li>➤ ASW Training 3 Year refresher training</li> <li>➤ Bespoke training matrix for ASW staff being developed.</li> </ul> <p>See sections 3.3, 3.5-3.7 for further updates on ASW practice</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>Mental Health Service Adult Safeguarding Audit</b></p> <p>An audit of adult safeguarding processes was undertaken across mental health teams including inpatients, in March 2019. While there were some areas for improvement, the audit illustrated that in 87% of cases, adult safeguarding referrals were appropriately made and detailed, with line manager decision making and in 97% of cases there was a protection plan fully completed or an appropriate alternative response. Completion of significant interview ASP3 was completed in 97% of cases where this was required and ASP4 risk assessment completed in 38% of appropriate cases. The use of ASP4 has been limited and may have influenced the outcomes. This has been addressed through support groups, an aid memoire developed for community teams and bespoke refresher training to be provided this year for mental health teams. The main areas for improvement identified were in regard to confirmation of the capacity of service users on the referral ; details of the alleged incidents including dates/times etc, updating CRA tools; care plans and Paris recording with adult safeguarding investigations/referrals; completion of detailed line manager decision – making; specific actions taken in alternative responses should be detailed more clearly; timescale for completion of adult safeguarding investigation linked to team pressures and capacity; detail included in documentation at times could be improved; evidence of copy of the protection plan being given to service users and being signed by them was unclear; clarity on the</p>

outcomes and future actions, e.g. in GP letters ; more consideration of the completion of ASP7 where appropriate and completion of service users comments including wishes and understanding of plan agreed.

While there is work to be completed in regard to further embedding the regional policy and procedures (2015; 2016), the audit indicated compliance with the majority of processes necessary. Further work will be completed with the implementation of adult safeguarding onto Paris and use of the APP forms which will be undertaken in the months to come. This will also facilitate the implementation of a single integrated gateway for adult safeguarding across the directorate with consistency of documentation and systems being developed across each programme of care.

See LASP report for further detail.

### **Supervision File Audits**

Team Leaders are required to audit two case files during supervision sessions. While Operations Managers retain responsibility for assuring this process, professional supervisors also audit work completed by supervisees to give assurance regarding competence and meeting agency and professional standards. This includes at least two pieces of work at each supervision session, with feedback provided by the professional supervisor. Where concerns in relation to performance/professional competencies emerge, the professional supervisor, in consultation with the team leader and supervisee, is responsible for identifying the necessary actions/supports/timescales to progress requisite improvements.

### **Audit of ASW requests from GP's for Mental Health Order Assessments**

There has been a noticeable trend in requests for assessment under the MHO by GP's to be made in the afternoon or where joint assessments are delayed due to lack of GP availability resulting in assessments increasingly occurring after hours. This has had a significant impact on the delay in assessments taking place which may potentially increase the risks to the service user and others and also reduces the ability of keyworkers to be able to support the GP and ASW during assessments if delays are lengthy and significantly after working hours. Additionally this has had a significant and negative impact on current ASW's whose working hours can span up fifteen hours due to commencing the assessment and conveyance process later, resulting in protracted after hours working. This has an impact on the working arrangements of the ASW, impacts on family life and also on the ASW's substantive post the following day. This has impacted on recruitment and maintaining the current ASW team on the rota.

An audit of ASW requests by GP's was undertaken by the acting PSW from September to December 2018 to quantify the frequency of requests made by GP's later in the daytime impacting significantly on the assessments taking place out of hours. The audit indicated that 15% of all requests for MHO assessment were delayed due to GP availability and 25% of all assessments requested after 3.30pm by GP's which will require ASW's on the day time rota to work after hours. Outcomes identified will be replicated at a regional ASW audit facilitated through the regional ASW forum and will be considered where there are local and regional implications for service delivery.

The Service has continued to explore options to address recruitment and retention pressures in respect of the ASW Daytime Rota with some success although underlying workforce challenges remain significant. This has been further highlighted by workforce

planning in regard to the Mental Capacity Act which suggests that ASW recruitment will need to be a priority. See below and section 9 for further discussion.

### **Workforce Review**

The Service has been reviewing on an ongoing basis, the Social Work workforce and the needs of the service area in regard to the discharge of statutory functions and also in regard to future planning. This has been influenced by the departmental review of recruitment of Social Workers across the region and development of pathways to maintain Social Workers within the HSC workforce. At the recent Social Work Workforce Workshop 14<sup>th</sup> March which illustrated the key areas where recruitment and career development may be impeded, innovative ways to recruit and maintain staff within the workforce were considered. Consideration was also given to the working environment and job satisfaction in an effort to retain experienced staff.

A further factor is the impact of the roles and responsibilities identified with the forthcoming Mental Capacity Act, which has recently been recommended by the department to be partially implemented by October 2019 in regard to consideration of cases where there may be deprivation of liberty. The acting PSW recently arranged a regional workshop with ASW's and leads from across the five Trusts to consider the Mental Capacity Act draft Code of Practice and implications for ASW's currently trained and their current posts. In summary, the issues of concern in regard to the draft code have been summarised in section 3.8

Further work will be undertaken at the forthcoming Mental Capacity Act workshop in May 2019 to consider the social care workforce requirements which will need a focus on the issue of normative staffing levels to ensure capacity to discharge current and anticipated designated statutory Social Work responsibilities conferred in the Capacity legislation. This will have particular importance if the Act is partially implemented this year.

### **Recruitment and Retention**

The previous year has seen continued difficulty in recruitment of nursing staff into community teams. While this has impacted on teams in regard to professional skill mix this has been an opportunity to increase the Social Work compliment as temporary Social Work posts have backfilled generic vacancies to meet service need with mainly band 5 AYE staff. This has increased the need for increased professional Social Work supervision and increased frequency of supervision for AYE staff.

The recruitment and retention of Band 7 Team Leaders has been a challenge but has improved with the recruitment of five permanent Team Leaders, one acting Team Leader and two clinical service managers all of which are Social Work trained and therefore provide Social Work professional supervision and developmental guidance to Social Workers in community teams. Social Work trained team leaders also have additional responsibilities relative to their non-Social Work peers as they also undertake DAPO and ASW roles. This has been an issue regionally and has impacted on team leader responsibilities. Increased operational demands arising out of the ASW and DAPO roles for team leaders is not sustainable. This is being supported currently by the recruitment of two Senior Social Work practitioners to support the community mental health teams, currently six teams which will be integrated into 4 teams to cover north, south, east and west Belfast. These roles will support team leaders in statutory functions.

### **Assessment Centres**

The Service's Assessment Centre model was developed in 2018 as an innovative approach to service delivery to meet the increasing demands for mental health assessment following GP referral. The service is currently providing 60 slots per week for mental health assessment and 10 slots per week for psychiatric assessment across Belfast with an attendance rate of 70% and a reduction in waiting times. Assessments are provided in a multi-disciplinary model and are based in two Belfast sites, in north and east Belfast. The model is an evidence-based approach, which aims to address waiting list pressures.

The two Assessment Centres have workforce complements comprised of two Band 6 Social Workers, two Band 7 Senior Social Work practitioners (only one currently recruited), four psychiatric nurses, and two co-ordinators located at two sites- Woodstock Lodge and Old See House. The two senior practitioners have responsibility for providing professional supervision to the Band 6 Social Work staff, DAPO role and Think Family considerations.

### **Think Child, Think Parent, Think Family Strategy**

The Think Family Social Work Assessment (TFSWA) pilot commenced in January 2017 to March 2018. The model seeks to deliver improved services and supports to families in which a parent has mental health difficulties with the aim of reducing the potentially negative impact of parental/carer mental illness on children through holistic assessment of the individual family members within a collaborative, inclusive, multi-professional and multi-agency assessment tool and enhanced 'family support plans' underpinned by 'The Family Model' (Falkov 2012).

The outcomes of the regional pilot ( of which the Trust completed over half of all assessments) were significant and illustrated key themes from feedback from service users and carers;

- 83% advised they had better understanding of the impact of their illness on child and family.
- (92%) of respondents, also perceived that the family conversation had improved relationships with children and other family members
- In (92%) adults indicated satisfaction with family focused practice.
- In (62%) of adults, the family conversation had helped increase understanding of cultural and community influences.
- MDT feedback was very positive in promoting family conversations and understanding between family members regarding mental illness.

The outcomes of the pilot have been far reaching and have fuelled the development of several other projects as follows,

1. A Think Family symposium held 17<sup>th</sup> May 2018 hosted by Queens University Belfast and the Health and Social Care Board which focused on international examples of family focused practice of which the TFSWA pilot was featured as an example of practice and as part of an international study. The acting PSW presented on the regional outcomes of the TFSWA pilot and in regard to use of 'The Family Model' (Falkov 2012) within the Trust. This is further supported by the Champions model and by the four champions who have been trained in use of 'The Family Model' by Dr Adrian Falkov.

	<ol style="list-style-type: none"> <li>2. The PSW has also written a submission to the Journal ‘Advances in mental health’ which is being considered for submission in the special edition journal 2019 in regard to Family Focused Practice. The article is based on the findings of the regional TFSWA pilot and the benefits for family focused practice.</li> <li>3. The Acting PSW will be attending an international conference in OSLO conference ‘it takes a village’ in May 2019 to present the findings of the TFSWA regional pilot based on the findings of the research. This is an opportunity for the Trust to demonstrate their commitment to the ‘Think Family’ ethos, how this has been embedded into practice and how this model can demonstrate significantly positive outcomes for families without significant resource implications.</li> <li>4. The Family Model (TFM) e- learning – so that TFM can be accessible to all staff working with families, in conjunction with the HSCB, filming of TFM based on real sessions undertaken with champion staff who were involved in the pilot will take place on the 7<sup>th</sup> May 2019. One of the champions from the Trust will be a participant in the filming based on real case studies. This will then be used as educational material and accessible through the leadership platform to enable training of staff in use of the model at beginners, intermediate and advanced levels. Again the Trust is fully participant in this exciting venture and in evidence informed practice.</li> <li>5. A Think Family audit being undertaken by QUB on behalf of HSBC of team files in mental health and addictions services is in the process of being completed in the Trust. This is part of a regional audit of how the ‘Think Family’ approach has been embedded into practice in regard to family focused approaches to working with families. The outcomes will be shared regionally.</li> </ol>
<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 interfaces with a number of other statutory agencies in relation to the discharge of its statutory functions responsibilities. These include:</p> <p><b>NISCC</b> The Service continues to remain compliant with NISCC’s registration requirements pertaining to the social care workforce, and work actively to ensure the Trust and its workforce meet NISCC requirements for Standards of Practice and Conduct.</p> <p><b>RQIA</b> The Service Area continues to comply with required reporting of all notifiable incidents in accordance with regulations, also working in partnership with RQIA to address concerns and/or seek clarification on statutory functions where required.</p> <p>The Service complies with recommendations emerging from RQIA inspections of regulated services. A recent inspection of inpatient wards within the Trust indicated good adherence to the Adult Safeguarding Operational Procedures (2016) by inpatient staff and in regard to procedure being followed during DAPO co-ordination of investigations.</p>

The Director of Social Work updates RQIA in relation to the appointment of ASW's within the Trust, guardianship applications, transfers and renewals, application to the MHRT as well as automatic application for MHRT as required.

**Declaratory Orders**

Consistent with NISCC standards and RQIA advice, the Trust has worked in collaboration with Directorate of Legal Services in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. In the last review period, the Trust has sought and withdrawn one Declaratory Order application, with a further two applications currently pending.

**PHA**

The Community and Partnerships Service regularly interfaces with a range of statutory agencies in the delivery of services.

The Drug Outreach Team is a PHA-funded service providing an outreach function targeting 'hard-to-reach' injecting drug users, with the aim of encouraging harm reduction approaches to drug misuse and facilitating engagement with Tier 3 services to provide Oral Substitution Therapy. The service has continued to focus on the needs of this vulnerable and at risk service user group with particular focus on adult safeguarding with an increase in referrals in regard to service users at risk of sexual violence in the context of drug misuse. This will be kept under review with a view to considering how interface agencies can best meet the needs of service users, particularly close working relationships with community policing.

Further transformational funding has contributed the inclusion of health care services in the development of a Homeless Hub at Townsend street nearby the Welcome Centre. It is envisaged that this will be a multi-disciplinary resource with a 'one stop' access to a range of support advice and physical care services for the homeless community with the aim of enabling those who are most vulnerable to achieve health and stability in improving their quality of life. Currently premises have been secured and a band 6 nursing post with a view to a Band 7 senior Social Work Practitioner post.

**Other Statutory Services**

The Service is committed to partnership working with all statutory agencies, which have responsibilities interfacing with those of the Service. These include the PSNI; the NIHE; the Probation Service; the Northern Ireland Ambulance Service; Lisburn and Castlereagh and Belfast Councils; the Patients and Client Council; Safeguarding Board for Northern Ireland. (This list is not exclusive.)

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>
	<p>➤ <b><u>Approved Social Work</u></b></p> <p><b>Recruitment and Retention</b>                      There is a continued challenge in recruiting and maintaining ASW's on the daytime rota. While numbers have increased due to the Trusts commitment to training six ASW's per year, there has been a loss of six ASW's during the reporting period due to planned retirement (1); the demands of the role (3); and due to promotion and staff moving post (2). Recruitment of ASW candidates has also proved challenging due to the impact of lengthy and unpredictable working hours as a result of limited resources (GP, ambulance, police and beds). The Service is taking forward the development of data collation, management and analysis on PARIS as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity. This will aid current and future workforce planning regarding the ASW service.</p>	<p>Development of a full time ASW who completes sixteen slots per month and an agency ASW staff member provides five slots per month on the rota which has substantially enhanced the ability to cover the daily rota and provide assurance of the Trusts ability to deliver statutory functions.</p> <p>There are currently twenty five ASWs maintaining the Trust's Daytime Rota with two additional ASW's pending ratification by QUB and six ASW candidates in training (due pending successful completion to be able to participate on the rota from February 2020).</p>	<p>The Daytime ASW Rota is reviewed yearly under the risk assessment framework within the Trust Governance department. This is being reviewed currently as there have been six ASW's who have left the day time rota in the last year due to various reasons which has impacted significantly on the SW cohort. This may necessitate the ASW service being again added to the Trust risk register following removal last year due to improvements in service provision.</p>

	<p>Two further ASW's will be leaving the rota in the next few months due to commencing new posts. There are three ASWs on the Rota per working day and, as required, there is a need to increase this number when more than three assessments are taking place simultaneously.</p> <p><b>Mental Capacity Act</b>                  The Draft code of Practice for the Mental Capacity Act identifies key statutory roles for ASW which entail a significant extension to the current roles under the Mental Health Order. Therefore profiling of future ASW numbers in this context is a priority with the need for representation across all key programmes of care given the brevity and scope of the Act.</p>	<p>For the third year the Trust has funded six ASW candidates per year to enhance the current ASW cohort. Three candidates successfully completed the Programme in the reporting period, with two pending ratification and one to resubmit in September. The Trust will continue to fund six places per year.</p> <p>The Trust has continued to engage in the regional consultation processes linked to the development of Regulations, guidance and policy related to the implementation of the Mental capacity legislation. The Trust in partnership with the Norther Trust recently convened a regional ASW group to consider the draft code of practice and regulations to provide feedback to the department. This will also inform the forthcoming Mental Capacity Act workforce planning on the 2<sup>nd</sup> May. The potential breadth and scale of the legislation across all services, the substantial logistical and organisational challenges in respect of workforce training delivery, service delivery processes and governance structures will be reviewed following this consultation.</p>	
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<p><b>Acute admission beds</b>                  There remains ongoing challenges for ASW staff due professional, logistical and organisational demands of the role. Working alone/autonomously, co-ordinating increasingly complex situations further exacerbated by limited GP, police and ambulance availability, and at times there continues to be limited bed availability.</p> <p>The regional bed protocol can add to delays in waiting for a consultant to consultant agreement on out of area admissions which are increasingly common due to limited bed availability. During delays the ASW has to support acutely unwell service users, at times where there can be risks to staff and others while also supporting often concerned and frustrated family members.</p>	<p>Following significant difficulties in securing inpatient admissions in the last reporting period, a new model has been developed by the Trust on all admissions to adult psychiatry wards called PIPA (Purposeful Inpatient Admission). The model is based on the Toyota production business model and aims to chart the patients admission from day one with the aim of planning discharge by reviewing all patients daily and reporting on outstanding actions at the 'report out' this is consolidated with a Formulation meeting within three days of admission. This has improved the admission process with a reduction in bed occupancy resulting in more bed availability and resulting reduction in prolonged assessments for ASW staff and patients.</p> <p>The Acting PSW attends the regional bed management group to participate in action planning regarding bed management regionally.</p> <p>Following a temporary suspension of the Trust established Multi-Agency Working Group due to changes to senior management, this group has recently reformed. This includes representation from PSNI, NIAS, GPs/ Primary Care, Acute</p>	
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<p><b>Length of time to complete ASW Assessment</b></p> <p>The time scale for completed assessments remains similar to last year, approximately 7 hours on average. Key delays in assessment and conveyance remain the same in regard to GP limited availability to react to assessments when requested, reduced prioritisation when ambulance requested, police use of interagency protocol (2017) has continued to impact on police assessment of the need to assist in assessments and bed availability. The latter has been further impacted on a reduction in admission to Muckamore Abbey Hospital thus requiring the admission of service users with learning disabilities who require admission to adult psychiatric beds.</p> <p>In addition, the recent audit of GP requests for Mental Health Order assessment indicated that 15% of all assessments were delayed due to reduced GP availability to attend an assessment when</p>	<p>Hospital Services and Mental Health Services, to provide a forum to promote collaborative interagency practice under the Mental Health Order.</p> <p>A recent regional bed pathway for learning disability patients has been developed while this is welcome it has not improved delays.</p> <p>As part of cross-Divisional efforts improvements in interface working, the acting PSW will deliver training on the role of the ASW within MHO assessments to Emergency Department staff. This has been delayed in provision due to a lack of mental health trainer. This will be provided by a social work consultant in conjunction with medical staff</p> <p>The Service is taking forward the development of data collation, management and analysis on PARIS as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity.</p> <p>The Regional ASW forum will continue to review patterns in MHO activity and</p>	
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<p>requested and 25% of all assessment requested after 3.30pm resulting in ASW's working after hours.</p> <p><b>Conveyance to Hospital</b> The Regional Interagency Protocol on the Operation of Place of Safety and Conveyance to hospital under the Mental Health Order (1986) (2017) provides the current operational framework for PSNI attendances at ASW-managed admissions for assessment.</p> <p><b>Demands on ASW workforce</b> The cumulative impact of these demands on the ASW workforce give rise to significant reduced role satisfaction and challenges in recruitment and maintaining staff on the rota. Engagement with staff members, staff side and professional representatives, the Service is seeking to further services and supports to ASW staff in this complex and challenging role.</p>	<p>practices to ensure that service delivery is meets the needs of service users and carers with assessment of the impact on staff and service provision.</p> <p>The Department has requested a review of the Protocol in light of the issues associated with PSNI capacity and attendance referenced above</p> <p><b>ASW Provisions;</b></p> <ul style="list-style-type: none"> <li>➤ <b>Memorandum of Understanding between RESWS and BHSCT:</b> Due to the increase in prolonged assessments under the MHO due to issues aforementioned, the agreement enables day time and RESWS ASW's to hand over assessment to each other where timescales for assessment are extended beyond reasonable working hours. This has been in place since May 2018 which has been successful where there is availability in each service.</li> </ul>	
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		<ul style="list-style-type: none"> <li>➤ <b>ASW Supervision:</b> each ASW has face to face supervision at bi-monthly intervals, ASW forums run bi-monthly, multiagency interface meeting being reconvened, service user and ASW feedback on service development and supports being implemented.</li> <li>➤ <b>ASW Supports:</b> ASW manager co-ordinating the rota daily</li> <li>➤ Yearly ASW audit – pending the recruitment of the co-ordinator</li> <li>➤ ASW risk assessment ongoing review.</li> <li>➤ Buddying system being considered</li> <li>➤ NHSCT model of operation being explored but is not currently operational due to lack of sufficient numbers to operate this model.</li> <li>➤ Service user feedback being implemented following MHO assessment – QI initiative been planned currently</li> <li>➤ Regional ASW forum to share learning and develop practices eg documentation, information leaflets.</li> <li>➤ Current audit of GP availability and impact on service.</li> <li>➤ Representation on the regional bed management protocol meetings,</li> </ul>	
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<p><b>ADULT SAFEGUARDING</b></p> <p>The referral numbers for 2018/2019 were 825. This is an increase of 20% from levels recorded during the preceding year. Completed investigations during the reporting period were 41. This is also an increase of 10% on the previous year's figures. Protection Plans 417, an increase of 15%. Joint Protocol 10, a decrease of 50%. ABE interviews 3, a decrease of 70%</p> <p>The Adult Safeguarding Policy has identified the Designated Adult Protection Officer (DAPO) role as a Band 7 senior practitioner or a Social Work Manager. There have been continued demands upon</p>	<ul style="list-style-type: none"> <li>➤ DATIX recording of all prolonged assessments or impact on service delivery which has an impact on risk management.</li> <li>➤ 8a on call out of hours rota support offered if and when required for practical issues.</li> <li>➤ ASW Training: three year refresher training, training sessions at ASW forum, ASW supervision, bespoke training matrix for ASW staff being developed</li> </ul> <ul style="list-style-type: none"> <li>➤ Bespoke mental health adult safeguarding training developed and provided to new staff.</li> <li>➤ Refresher training to existing staff with focus on completion of documentation and recording skills.</li> <li>➤ IO/DAPO support groups</li> <li>➤ Aid memoire developed to aid completion of safeguarding documentation by MH ASG team</li> <li>➤ Meeting with staff side and divisional social work and nurse leads to improve understanding of the IO/DAPO/ line manager roles</li> </ul>	
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<p>a limited pool of Band 7 Social Work staff within the Service arising out of limited number of designated Social Worker and Senior Social Work practitioners within teams to take on the role. There has also been an increase in adult safeguarding activity and their related ASW and operational management duties are unsustainable.</p> <p>At present there are 14 DAPOs delivering the role into forty one services, with the most substantial remit carried by the Adult Safeguarding Team providing DAPO support to twenty-three services.</p> <p>For the nine ASW trained DAPO staff the role also includes;</p> <ul style="list-style-type: none"> <li>➤ The provision of advice and guidance to staff (all professions) and outside agencies on safeguarding issues.</li> <li>➤ Liaison with the PSNI regarding whether investigations should be single agency or joint protocol managed.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Development of single integrated referral gateway across the directorate</li> <li>➤ Implementation of APP forms onto Paris across the service area to improve governance arrangements and to aid data collation.</li> <li>➤ It has been agreed that an *a lead for ASG is required, a job description will be developed and it is hoped that the post can be advertised in the next number of months.</li> </ul>	
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	<ul style="list-style-type: none"> <li>➤ The provision of Social Work professional supervision to Social Work staff who have a non-Social Work operational manager.</li> <li>➤ Practising as ASWs on the Daytime Rota</li> <li>➤ Practice Assessors for ASW Programme.</li> <li>➤ MARAC lead role and collation of adult safeguarding data returns.</li> </ul> <p>There continues to be challenges in the embedding of adult safeguarding awareness and practice knowledge, particularly in those services in which there is no current Social Work, these are as follows;</p> <ul style="list-style-type: none"> <li>➤ Refusal of band 6 nurses to undertake IO training.</li> <li>➤ Completion of documentation to Trust standards in regard to appropriate content</li> <li>➤ Understanding of the role of the IO</li> <li>➤ Further embedding understanding of alternative responses</li> <li>➤ Further development of line manager decision making</li> <li>➤ Completion of documentation within timescale due to prolonged reduced team capacity.</li> </ul>		
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	<p>➤ Workforce planning also needs to be cognisant of parallel responsibilities for Band 7 social work staff in the context of adult safeguarding duties, ASW role and Team Leader functions.</p>		
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<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>Vacancies</b>                  Currently there are six Band 6 temporary social work vacancies due to secondments, two permanent Social work vacancies, and two permanent team leader vacancies with the permanent PSW post to be recruited imminently. All these posts are currently in a recruitment process but there are delays evident in the recruitment processing systems outside of Trust control. Vacancies can create instability within teams, and with a significant number of expressions of interest currently, the focus within community teams is to fill positions permanently.</p> <p>The challenge of recruiting into Social Work positions both locally and regionally was explored at the Social Work Strategy: Workforce Workshop on the 14th March 2019. The focus was on processes used in recruitment systems, competition between Trusts in recruiting from the same pool of applicant, difficulty in retaining staff in positions due to the high number of temporary posts and number of Social Workers who prefer the flexibility of agency working which can result in a high staff turnover and impact on service consistency and stability. The OSS Workforce Data based on 2018-2019 OSS statistics was explored in workgroups focused on Succession Planning, Agency and AYE Working and scoping the structural issues that need to be addressed to increase regional consistency for the future workforce.</p> <p>The OSS will analyse current trends and implementation issues to make recommendations that will shape the future workforce and action Social Work Strategy outcomes. The issues of limited protected posts/normative staffing for Social Work was also highlighted in the context of the Mental Capacity Act implementation.</p> <p><b>Social Work and Team Leader Recruitment and Retention</b>                  Fortunately the service has supported Social Workers to take up team leader positions in five community mental health teams (including drug outreach team) which has bolstered the Social Work development and prioritising of delegated statutory functions within teams. This was supported by negotiations with staff side representatives in the previous reporting year in securing two of the Service Team Leader posts to be designated Social Work posts. This will provide much needed professional supervision and DAPO capacity. This was further supported by the recruitment of two temporary Clinical Services Managers who are both Social Workers to support the team leader role, Social Work delegated statutory functions and service development.</p> <p>It has been acknowledged that the team leader role for Social Work trained managers is challenging as in addition to the Team Leader responsibilities, (incorporating line management and professional supervision), they are required to undertake the DAPO role and also participate on the ASW Daytime Rota. This is a regional issue, profiled as a workforce priority in the regional Workforce Social Work Strategy.</p>

The Service management structure of community mental health has been redesigned during the reporting period to provide further support to primary and recovery teams. The structure of those teams providing front line assessment and interventions to service users within the service area is being reviewed to provide a model of care that targets need effectively, is responsive and timely, recovery and service user focused and accessible to service users and carers.

A focus of the review process will consider the skill mix within teams and further consideration to the need to protect posts to ensure current and future service needs in regard to delegated statutory functions can be met for example in regard to MHRT provision, IO and DAPO roles, professional supervision and developing ASW candidates. There is a pressing need to establish a robust workforce planning approach to ensure sufficient Social Work capacity to discharge bespoke statutory functions and to contribute to a range of core skills and knowledge essential to the delivery of safe, qualitative, evidence based, co-produced services.

#### **MHRT Social Circumstances report requests**

The last reporting period has seen an increase in requests for tribunals to be heard within the assessment period (6 within the reporting period). This has been a trend in recent years. In the context of the volume of service delivery demands, this can be a pressure on involved Social Work staff to complete the necessary report in adequate detail within the specified time-scale. Good practice guidance requires the report is lodged with the Mental Health Review Tribunal (MHRT) two weeks prior to the Tribunal hearing, which is not feasible within the 14 day assessment timescale.

#### **Approved Social Worker Service Provision**

The Service has outlined the major workforce challenges, which are impacting on the delivery of the ASW Daytime Rota and its ongoing efforts to address recruitment and retention of ASW staff in the short and longer-term. Please see 3.2, 3.3, 3.5-3.7 above.

#### **Mental Capacity Act (2016)**

The draft Code of Practice for the Mental Capacity Act issued in December 2018 details significant roles for Approved Social Workers. These roles include:

1. Making a short-term detention authorisation;
2. Consultation where a nominated person objects to a short-term detention authorisation;
3. Membership of Trust panels that will authorise;
  - a. Treatment with serious consequences where the nominated person objects;
  - b. Detention amounting to a deprivation of liberty;
  - c. Attendance requirements;
  - d. Community residence requirements

	<p>As previously discussed, the Acting PSW had arranged in partnership with the NHSCT, a regional ASW workshop on the 16<sup>th</sup> April 2019 to enable ASW's across the five Trusts to explore and review the draft code of practice and regulations in consideration of the impact on their current role as ASW and also in consideration of the future requirements of the role with extended responsibilities. Key themes emerged which inform a regional Mental Capacity Act Workshop being held by the Department on the 2<sup>nd</sup> May 2019;</p> <ol style="list-style-type: none"> <li>1. Emergency interventions: completion of statement of incapacity, request for emergency assessment for intervention and process, guidance on the process of disregarding Safeguards in an emergency.</li> <li>2. Short-term detention authorisations: Sequence of short term detention process, completion of Capacity assessment and best interests, where assessment will take place, definitions for example POH, POSH and 'the meaning of liable (to be detained)' in different contexts, definitions of Prevention of harm and type.</li> <li>3. Legal Power to convey, use of Warrants, process of application and documentation and in what circumstances can these be used.</li> <li>4. ASW report completion and governance arrangements.</li> <li>5. Trust Authorisation Panels: planning in regard to operationalisation, extent of the ASW role on the panel, responsibility for making applications to be clarified.</li> <li>6. Review Tribunals: process for applying to a tribunal roles and responsibilities for practitioners, legal supports.</li> <li>7. Need for dual training of ASW's on both pieces of legislation.</li> <li>8. Training timescales and resource implications given current challenges to ASW recruitment and retention of staff.</li> </ol>
<b>3.9</b>	<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>Residential &amp; Nursing Homes Charging – The Trust operates in accordance with the DHSSPS April 2015 Charge for Residential Accommodation Guide (CRAG) to determine charges. Updated guidance has been circulated to staff.</p> <p>Home Help Service – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service The Trust does not currently require service users to contribute for assessed domiciliary services.</p>
<b>3.10</b>	<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>Currently the Hospital Social Work team is made up of five Social Workers and one discharge co-ordinator. At the time of reporting there has been one long term permanent vacancy of the discharge co-ordinator (soon to be filled) and one Social Work post vacancy. The service is provided at each of the</p>

	<p>current hospital sites, the Mater (three wards) and Knockbracken Healthcare Park (Avoca, Rathlin, Clare and NRU) however the new acute inpatient centre at City hospital site is due to open on the 20<sup>th</sup> June 2019 where all wards will be relocated to one site. This will provide significant benefits for service users and carers with accessibility to major transport routes and will also remove the need for service users to be transferred between sites should they require psychiatric intensive care. The facilities are of a high standard providing service users with individual rooms, surrounded by gardens to aid their recovery with family contact room for each ward and various therapeutic activities on site.</p> <p>Social Work has advocated for the role within the multi-disciplinary context particularly within the PIPA framework. Social Work is a core function of the hospital MDT with specific roles in relation to all new patient admissions to the service. Key Social Work interventions are;</p> <ul style="list-style-type: none"> <li>➤ Formulating a social history with the service user and their carers,</li> <li>➤ Developing service user’s treatment and care plans</li> <li>➤ Co-ordinate links with other statutory agencies e.g. children’s services, probation, physical disability services, care management, and also community services.</li> <li>➤ Wellness Recovery Action Planning (WRAP)</li> <li>➤ Carer and young carer assessments</li> <li>➤ Think Family ethos (participation in the completion of the TFSWA pilot in the last reporting year)</li> <li>➤ Adult safeguarding referral and investigation – completion of the IO and DAPO roles by the hospital Social Work team.</li> <li>➤ Delegated statutory functions in regard to MHRT completion, guardianship and liaison with children’s services.</li> <li>➤ Family and carer liaison and consultation</li> <li>➤ Discharge and contingency planning to include care management referral and accommodation planning</li> <li>➤ Psychosocial interventions and use of models to underpin relational working with service users and carers to promote a recovery based person centred approach to care and self- determination.</li> <li>➤ Trauma informed practice for example signs of safety and Adverse Childhood experiences.</li> <li>➤ For those service users already known to a community Social Worker, hospital Social Work staff will liaise with community services to manage service delivery continuity across the discharge pathway.</li> </ul> <p>Currently the acting PSW is contributing to the inpatient review of role of Social Work within the MDT along with other professional leads to consolidate key interventions within the hospital environment and to agree outcomes based measures. This will ensure that outcomes for service users continue to be tracked and there is a benchmark to demonstrate the unique contribution that Social Work makes to the acute inpatient experience.</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 principles and ethos of a Human Rights approach is of central importance to all aspects of Social Work and Social Care interventions. It is the</p>

foundation upon which we base all aspects of care, support, advice and professional practice. In ensuring that a Human rights based approach remains pivotal in all aspects of care and governance arrangements, it is necessary to review and ensure adherence to both Trust roles and responsibilities in terms of person centred, recovery focused interventions based on a partnership approach in meeting the needs and rights of Service Users, carers and families in ensuring timely, appropriate and effective access to service provision.

Consolidation of a human rights approach is integrated into all aspects of Social Work practice in several ways;

### **Discharge of statutory functions**

#### **Mental Health Order Assessments**

The use of statutory powers under the Mental Health Order is mandated only in those circumstances in which, following rigorous application of the Mental Health Order, there is a significant risk of harm to the individual or others thus necessitating compulsory powers to be used which are proportionate and lawful. Such assessments take place where there is no alternative options available that can safely provide the level of care required for the Service User and the least restrictive option has been explored. In such complex situations, it remains necessary for the ASW to remain cognisant of their roles and responsibilities in working in partnership with the Service User. It is necessary to be transparent where this is possible and to uphold the dignity and respectful treatment of Service Users in all situations where this is not contrary to the safety of the Service User and others.

Monitoring of ASW practice is undertaken in professional supervision and professional responsibilities and good practice standards are reiterated at the ASW forums that take place bi-monthly which have a human rights focus. In addition, ASWs are required to undertake refresher training every three years and to undertake at least 2 assessments per year to maintain their ASW registration. ASW reports are also reviewed at professional supervision to ensure that professional and Trust governance standards are met alongside ensuring that any interference with the Service Users Human Rights have been clearly explained and evidenced in regard to proportionate and lawful practice.

The Service User and nearest relative have the right to appeal a compulsory admission to hospital via the mental health review tribunal which ensures that the Service Users human rights are enforced particularly in regard to Article 5, article 6 and article 8 of the Human Rights Act (1998). Consideration of Guardianship also follows this ethos.

#### **Declaratory Orders**

Consistent with NISCC standards and RQIA advice, the Trust has worked in collaboration with Directorate of Legal Services in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. In the last review period, the Trust has

sought and withdrawn one Declaratory Order application, with a further two applications currently pending.

**Deprivation of Liberty**

Human Rights considerations are central to professional decision-making. Documentation co-produced with Service Users in regard to the Regional Mental Health Care Pathway illustrates partnership and joint ownership of equality and ethically based assessment and service provision. Reports linked to the discharge of statutory functions involving restrictions of personal liberty must be explicitly justified and evidenced in terms of practice and regulated. Any Deprivation of Liberty must be explained, recorded, reviewed and shared with the Service User, All statutory agencies such as RQIA, and reviews undertaken by the MDT with family members must explicitly explain and address those situations where a deprivation of liberty is of absolute need to maintain the safety of the Service User and/or others.

Specific training is provided in relation to the Human Rights implications of the use of the Mental Health (NI) Order 1986 i.e. compulsory admission to hospital for assessment and treatment, applications for and renewals of Guardianship, MHRT and referrals to the Office of Care and Protection. Training for all Social Workers on preparation for and presentation at a MHRT including a focus on the Human Rights Act (1998) was provided in training at the Social Work Forum on the 7<sup>th</sup> June 2017. This is also addressed through mandatory training within the Trust and mandatory 3 yearly ASW renewal training.

**HUMAN RIGHTS**

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any on-going challenges?</b>
	<p>The use of compulsory powers under the Mental Health (NI) Order 1986 requires balanced consideration of the criteria for assessment, representation to the mental health review tribunal, application for and renewal of guardianship and undertaking the ASW role in the Supervision and Treatment Orders to be fully interpreted with reference to the Human Rights Act (1998). Adherence to both pieces legislation needs to ensure that actions taken are lawful, necessary and proportionate.</p> <p>This is also applied to increasing applications made to the court in respect of Declaratory Orders where deprivation of liberty requires court directed interventions.</p> <p>There are implications for the balancing of rights with the proposed partial implementation of the Mental Capacity Act recommended by the Department by October 2019. Current legislation does</p>	<ul style="list-style-type: none"> <li>➤ Provision of training session in respect of guardianship and Declaratory Order application at social work forums within the reporting period and last year in regard to MHRT training. Also the provision of training on disability discrimination Act.</li> <li>➤ Mandatory training matrix is being updated for all mental health services in conjunction with the acting PSW which will highlight all corporate workforce training including human rights training.</li> <li>➤ Champions Model continues to grow. Each quarterly meeting (four per quarter) has encouraged ongoing attendance by champions across the service area adopting a think family ethos of inclusion, family recovery, advocacy and a rights based approach to holistic intervention with families.</li> <li>➤ Ongoing emphasis on learning from practice experience and sharing of knowledge through attendance at ASW forums (bi-monthly) and Social Work forums (quarterly) to enhance decision-</li> </ul>	<p>Ongoing work as detailed</p>

<p>not make provision for current consideration of deprivation of liberty, hence the new legislation is welcome. However, there are significant resource, financial, operational and training implications for the Act to be implemented and further guidance is required to action this regionally.</p> <p>Balancing of service user Article 2, 3, Article 5, 6 and 8 rights, and statutory duty to safeguard adults at risk of harm and in need of protection.</p> <p>Consent to make a referral and to share information during investigations require a partnership approach based on transparency and openness in enabling service users to understand the duty of the Trust in reporting crime. This can be a difficult process where the service user does not wish to make a complaint. While IO's are guided by the Adult safeguarding policy and Procedures (2016), further work is being undertaken in conjunction with the training team to enhance IO/DAPO/line manager decision making with regard to thresholds and criteria for considering situations where consent is overruled in the interests of public safety.</p>	<p>making, risk analysis and interpretation into recovery based action planning with service user participation, human rights focus based on dignity, respect and advocacy for service users and carers to fully participate in decisions regarding their lives in this complex area.</p> <ul style="list-style-type: none"> <li>➤ Provision of quarterly DAPO and IO support groups to share learning and to disseminate practice developments in regard to further embedding a rights based approach to adult safeguarding investigation.</li> <li>➤ Bespoke mental health DAPO and IO refresher training is being developed with a focus on decision making skills and recording of investigation documentation.</li> <li>➤ Ongoing training with regard to MARAC and PPANI processes.</li> <li>➤ Mandatory corporate data protection training.</li> <li>➤ Use of Best Interests toolkit developed by the Trust training provided at the social work forum.</li> <li>➤ Continued consideration for the need for applications to High Court in those cases where significant deprivation of liberty is identified pending Mental</li> </ul>	
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		<p>Capacity Act Legislation. Ongoing consultation with legal services.</p> <ul style="list-style-type: none"><li>➤ Regional ASW meeting undertaken to consider the implications of the Mental Capacity Act for the ASW role. This will contribute to the feedback provided to the Mental Capacity Act Reference Group and workforce planning workshop.</li><li>➤ Engagement with and participation of carers/extended family in all circumstances where a deprivation of liberty is identified.</li><li>➤ Engagement of independent patient and carers advocacy.</li><li>➤ Adherence to Adult Safeguarding Policy and Procedures.</li><li>➤ Engagement with the service user to establish their wishes. If lacking capacity, use of Best Interests framework to facilitate multi-disciplinary decision-making.</li></ul>	
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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>
	<ul style="list-style-type: none"> <li>➤ <b>Recruitment of Senior Social Work practitioners and Social Work managers</b> – to support the delivery of statutory functions in community teams, there have been 5 Social Work trained team leaders appointed, two Social Work trained Clinical services managers and six Senior Social Work practitioners being trained per year across the directorate in adult services with the ASW training.</li> <li>➤ <b>Memorandum of Understanding</b> – close working relationships with ASW managers within RESWS and the day time rota has developed this agreement which serves to support ASW in both services where there are prolonged delays in conveyance of a service user who requires assessment under the mental Health Order. This agreement has fostered closer working relationships between both services and ensures a seamless service for service users and carers while supporting ASW's to undertake a role that can oftentimes lead to excessively long working hours impacting on substantive post.</li> <li>➤ <b>Regional audit of GP response times</b> and ASW requests will serve to inform the development of services particularly in regard to the forth coming Mental Capacity Act.</li> <li>➤ <b>Adult Safeguarding Audit</b> - A recent service adult safeguarding audit indicated 87% compliance with the regional operational policy with recommendations in regard to completion of adult safeguarding referrals and 97% adherence in completion of protection plans. In addition, there has been increased use of alternative response in regard to safeguarding actions which indicates an improvement in understanding of thresholds. Areas of improvement continue to be focused on recording detail, accuracy of information, line manager decision-making being completed clearly and in detail and updating of recording systems with safeguarding outcomes. This will be further supported through bespoke refresher training to be provided to IO's and DAPO's and line managers in regard to the recording on adult safeguarding documentation and will further support quality assured standards with the implementation of safeguarding recording onto Paris.</li> <li>➤ The Service continues to promote and embed the Think Family ethos. This is through a variety of methods such as continued use of The Family Model (Falkov 2012) and forthcoming pilot to further adopt use of the model within children services (by the Social Work development lead), adopting principles of Think Family in the social history template, presentation at the Think Family Symposium and conference in Oslo 'It Takes a Village' whereby the acting PSW will present the regional pilot and case study from the pilot at the conference to highlight the outcomes of</li> </ul>

	<p>this successful piece of research. The acting PSW has also submitted an article based on the regional pilot to the 'Advances in Mental Health' Journal for consideration for submission. The Champions Model continues to expand with seventy seven champions across children and mental health services and more recently learning disability services and in embedding Think Family practice across both Services.</p> <p><b>The Recovery College Awards</b></p> <ul style="list-style-type: none"> <li>➤ <b>2018/19 Belfast Recovery College</b> awarded a CPD 2018 accreditation mark (UK wide) in recognition of its excellence of ethos and education, which gives CPD, points to courses. The College is first in N. Ireland to achieve this and the second Recovery College in the UK to achieve this mark.</li> <li>➤ <b>2019/20 All Ireland Aontas Star Award Winners 2019 – Large Organisations</b> – Adult Learning Initiatives that Support Health and Wellbeing for making an outstanding contribution to adult learning in this field. We are the first Recovery College North and South to receive this Award.</li> <li>➤ <b>2019/20 CPD Provider of Training Excellence Award 30.4.2019</b> The Award is a Quality Award as a Centre of Training Excellence from the CPD Standards Office (UK based). CPD means Continuing Professional Development. Accreditation is given to Colleges of learning UK wide from this Awarding Body.</li> </ul> <p>This accredits the full Recovery College. Student one to one feedback, tutors, paperwork, qualitative and quantitative data are assessed. If successful, we are the first Recovery College UK wide, North and South to receive this quality kite-mark of education excellence.</p> <ul style="list-style-type: none"> <li>➤ The Recovery College now has 1707 students and has grown from strength to strength as demonstrated by the awards above.</li> <li>➤ <b>Homeless Hub</b> - Further transformational funding has contributed to the inclusion of health care services in the development of a Homeless Hub at Townsend Street nearby the Welcome Centre. It is envisaged that this will be a multi-disciplinary resource with a 'one stop' access to a range of support advice and physical care services for those individuals who are homeless with the aim of enabling those who are most vulnerable to achieve health and stability in improving their quality of life. Currently premises have been secured and a band 6 CPN post with a view to a Band 7 Senior Social Work Practitioner post.</li> </ul>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>There are several areas that remain as a priority in terms of service targets;</p>

	<ul style="list-style-type: none"><li>➤ Recruitment and retention of ASWs for the daytime rota and operational pressures associated with interfaces that impede completion of assessment, for example, bed availability and the frequency of dependency on out of area beds.</li><li>➤ Continue to support increased recruitment and retention of band 7 Social Workers into the roles of SSWP and team leaders across the mental health service to increase Social Work representation in multidisciplinary teams.</li><li>➤ Continued need for support of teams on processing adult safeguarding referrals due to the lack of DAPOs in situ and need to further strengthen the investigating officer role within teams.</li><li>➤ Creative exploration of options to improve Social Work workforce planning and improving capacity within the Service particularly in relation to ASW recruitment and retention particularly in relation to the requirements indicated by the Mental Capacity Act and ongoing consideration of the duality of ASW and DAPO roles within community mental health teams.</li><li>➤ Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings- an immediate focus on ASW and adult safeguarding.</li><li>➤ Progress of the assessment centre in conjunction with current planning for reintegration of community mental health teams in the forthcoming year to improve service delivery based on the right time in the right place and right person ethos.</li><li>➤ An increase in designated Social Work staffing levels in the Mental Health Service to improve skills mix and to prepare for future demands in meeting delegated statutory functions.</li><li>➤ Planning for the transfer of inpatient services to the new acute inpatient centre at the city Hospital site which will provide accessible, central, consistent care to inpatients on the one site.</li></ul>
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<b>Programme of Care / Directorate:- Learning Disability Services</b>
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<b>3.1</b>	<p><b>Named Officer responsible for professional Social Work</b></p> <p>In the reporting year, Ms Rhoda McBride has discharged the role as Associate Director of Social Work and then as Divisional SW in Learning Disability.</p> <p>The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service. 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.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> <li>➤ The professional leadership of the Division's social work and social care workforce.</li> <li>➤ The assurance of arrangements for the discharge of statutory functions relating to the delivery of statutory social care services by the Divisional workforce as detailed in the Regional Scheme of Delegation.</li> <li>➤ The provision of expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions.</li> <li>➤ The establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.</li> <li>➤ The establishment of arrangements and ongoing responsibility for the completion of the Divisional Interim and Annual Statutory Functions Reports.</li> <li>➤ The establishment of arrangements to facilitate the completion of other reporting requirements (both internal and external) relating to the discharge of statutory functions.</li> <li>➤ The establishment and assurance of Divisional arrangements to ensure the social work and social care workforce's compliance</li> </ul>
<b>3.2</b>	<p><b>Supervision arrangements for social workers</b></p> <p>The service area had 6 agency AYE staff during the reporting period. One of these staff successfully completed their Assessed Year in practice within the service area. They all received a robust induction including orientation to the service area, opportunity to shadow staff, mandatory training and familiarisation with relevant policies/ procedures. In compliance with the Regional Guidance for Registrants and their Employers, NISCC July 2010 the AYE staff received professional supervision on a fortnightly basis. They have a protected caseload, which is regularly reviewed at supervision.</p> <p>Professional SW supervision to AYE staff ensured their training and development needs were identified and addressed. It also provided regular opportunity for staff to reflect on their practice in a safe and supportive environment. Constructive feedback forms part of each supervision session following regular audit of records against agency standards and procedures and from direct observation.</p> <p>AYE staff have also availed of attendance at the AYE peer support group and the SW forum within the service area. All AYE staff also have a self-development review (SDR) completed to identify how they are contributing to the corporate objectives of the Trust.</p>

The Service continues to work within the Belfast Trust Adult Social Work Supervision Policy, which 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, additional professional supervision on a quarterly basis. All supervisory staff have received training on this Policy. Supervisory staff have also completed the Trust's professional supervision course.

Within the service area the 4 Community Learning Disability teams are managed by Band 7 Team Leaders from a SW background. This ensures that all Band 6 staff within these teams receive professional SW supervision from their line manager. All SW staff therefore within these teams and the Hospital SW team are supervised on a 4-6 weekly basis as per the Trust policy. The Team Leader also audits service user files on a regular basis and provides feedback to staff at supervision.

All Team Leaders who are qualified SW are in turn provided with SW professional supervision by the 8A Operations manager on a 6-8 weekly basis. The 8A Social Work Operations Manager audits supervision files on a 3 monthly basis.

In addition to 1:1 supervision, all SW staff attend the Service Area SW Forum which meets every quarter. This is an excellent opportunity for SW staff to meet with other SW staff across the service area. This forum has provided the opportunity for learning to take place through visiting speakers and or training sessions being incorporated into it. It also provides a valuable space for SW staff to reflect on practice.

A number of SW staff within the service area act as Approved Social Workers (ASW). All ASW staff now receive 1:1 professional supervision from an ASW manager (band 7 and above). This supervision takes place 4-6 weekly. Given the pressures placed on the ASW staff to participate of the ASW daytime rota and the complexity of the work associated with the discharge of statutory functions the service area now has also established a service area ASW practice forum, which meets quarterly. The Service area ASW Practice Forum allows newly qualified ASWs and more experienced practitioners to share practice learning in a safe and supportive environment. This Forum also provides opportunity for shared learning, to reflect on practice, to network with other ASW colleagues and to provide feedback regarding any issues to the larger ASW forum, which all ASWs from across the Trust attend on a quarterly basis.

The Service area also provides support to staff who are Designated Adult Protection Officers (DAPOs), Investigating Officers (IOs) and those trained in Achieving Best Interest (ABE) as the service area holds its own DAPO/IO Forum to give practitioners opportunities to discuss issues regarding adult protection work. A Service area DAPO support group ensures shared learning and consistency across the programme. This has proved to be extremely useful in transitioning to practice and service delivery requirements of the Revised Adult Safeguarding Policy, giving practitioners opportunities to keep up to date with research and to explore practice issues within a supportive setting.

SW staff are also supported in other roles they fulfil through attendance at the Trust Designated Adult Protection Officer (DAPO) /Investigating Officer (IO) Support Fora and Achieving Best Evidence (ABE) Support Fora. These are highly valued sessions, which ensure staff, have access to support in these complex areas of practice and are kept apprised of developments in these fields.

	<p>The service area has also recently established a social care forum which will meet quarterly. The focus of this forum will be on the reform of social care and how the recommendations from this can be taken forward. It will also provide the opportunity to offer support, for shared learning and compliance with NISCC standards.</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>In May 2018, the service area completed an audit of the Families Matter Shared Lives Service delivered by Positive Futures. This is a family based service. It provides long-term caring arrangements or short breaks support for people with a learning disability, acquired brain injury or autistic spectrum disorder. The audit addressed a number of service delivery areas, including overall quality of the service users' placement experiences and engagement of service users and principal carers in placement review and planning arrangements. The audit outcome was positive across all standards reviewed.</p> <p>All Team Leaders and Operations Managers within Community Learning Disability have attended training sessions on ASCOT. ASCOT is designed to measure the impact of and outcomes for service users of social care service delivery. The Service acquired two easy-read versions of the ASCOT tool to assist in engaging service users. The service area has now completed 9 ASCOTs since 1/4/18.</p> <p>Given the large-scale investigation into the service area's hospital several initiatives have been implemented to support staff post incident or injury. For example, a pathway for staff who have been injured on duty whilst working in the hospital has been devised. This is currently in draft form but is due to be rolled out across the hospital site. Similarly a pathway for staff following an incident in the service areas hospital is currently being developed.</p> <p>There are regular monthly audits completed in relation to adherence to Promoting Quality Care (PQC): Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability, May 2012. To take forward learning from these audits a working group has been established looking at current practices, the development of a flowchart and ensuring documentation is compatible to the service information system PARIS. Additional training in PQC has also been provided to the community and hospital staff across the service area.</p> <p>An audit of the use of antipsychotic medication has also been carried out across the hospital site and we are awaiting the findings. In addition, a review of physical health checks was recently completed across the hospital and the outcome of this review is soon to be forwarded to the service area.</p> <p>Given the large scale, investigation into the hospital a review of seclusion has been completed and the Seclusion policy has been reviewed. The consultation period is still ongoing and it is envisaged this policy will be implemented prior to June 2019.</p> <p>The service continues to provide a governance information dashboard on a monthly basis, encompassing governance indicators; complaints; compliments; absence rates; SAI/incident, RIDDOR and RQIA inspection data.</p>

The Service has continued its participation in the UK-wide Learning Disability Services benchmarking network. Forty-eight NHS Trusts and Health Boards made 68 submissions across England, Wales and Northern Ireland, as well as a number of independent sector organisations. The benchmarking metrics have afforded the opportunity for the Service to compare its performance and to identify areas for improvement utilising the network as a vehicle for sharing learning and exploring innovative service developments.

The introduction of safety pause has been a new initiative designed to provide the opportunity for the hospital staff to 'pause' for a one hour period and reflect on safety as the conversation. Since mid-March these weekly meetings (Wednesdays 2pm – 3pm) are facilitated by a Senior Manager and staff are encouraged to attend to represent their area, subject to care needs on the wards. One initiative that safety pause has discussed and is being piloted is a multi-disciplinary safety huddle in one ward area.

The weekly 'Situation Report' or SITrep is an executive reporting tool that summarises key aspects of care delivery, experience, safety and quality and any issues over the previous 7-day period. It provides a high-level overview of weekly patient numbers, admissions and discharges, occupancy, Patient care pathway, safeguarding, complaints, incidents, seclusion, patient feedback, staffing and staff support, Communications, finance, emerging issues and next steps / decision making. Population of the reporting tool has been incrementally developing over the last two month period.

During the current reporting period the service undertook a reassessment of service users who had been on community caseloads who have required minimal intervention. To date a social worker has reassessed all the clients living in West Belfast who had not been in touch with services for a considerable period of time. Service users and/or families were contacted and offered a social work assessment and care plan. A small number of service users and families did not wish to engage with services and they were provided with details of how they could easily access services in the future. For those who wished to engage, a social work assessment and care plan was completed, and a Carer's assessment offered. In many cases, the social worker was able to signpost the service user or their family to services within their community who could offer support re benefits issues, housing etc.

Following the reassessment, the service user either could be referred to the team for ongoing support / services or, with their agreement, could be discharged from the service, if no services were required at this time. For those service users not requiring further support the service user/family were then given a copy of a letter with contact details for the West Belfast team detailing how they could access the service in the future and a copy of this information was also forwarded to the service users' GP.

The social worker involved is currently working with the East Belfast team and will then move to the South and North Belfast teams.

There have been a number of Quality Improvement initiatives across the service area.

- Within the Children's Learning Disability Hospital and across a number of the community learning disability teams there are 'Joy in work' initiatives taking place.
- There is an improvement project taking place in a male ward in the hospital which is entitled 'On the move'. The objective of this project is to "To improve the physical



health and mental well-being of patients (8) in the ward as they will complete a minimum of 7 hours physical activity each week by June 2019”.

- Another quality improvement initiative project ‘Safe Spaces’ aims to reduce incidents of violent aggression on the female ward. The project forms part of a wider quality improvement initiative working on the same objective across adult mental health, PICU and CAMHs wards.
- These are all linked to the Safety Quality Belfast (SQB) improvement programme or the Scottish Improvement Leader (SciL) programme, both of which require participants to action learn and utilise improvement methodology through delivering a project. ‘Safe Spaces’ gathers daily incident data which is used to produce a ‘safety cross’ that visualises and shares incident data for the staff team. A current PDSA cycle is testing amended safety brief documentation to share, classify and discuss incidents and identify patients whose day may be stressful or who are cause for concern.
- A daily safety huddle is being piloted in one ward.
- There are weekly live governance meetings.
- The hospital SW team are also piloting receiving real time feedback from service users and their families in relation to whether they feel safer following Adult safeguarding intervention.
- The hospital SW team have also been piloting a Checklist for all new admissions, to ensure that at the point of admission all the relevant information is provided from community staff. This will ultimately assist in timely decision-making.

Over the last 25 years, the service area has been working in partnership with a variety of Housing partners, including the NIHE, registered Housing Associations, and the private sector to develop and provide a range of Supported Housing accommodation for adults with Learning Disability

Following the Bamford review recommendations and the associated capital & revenue investment from the DHSSPS and DfC for supported Housing a total of 12 new schemes creating 91 new tenancies were developed across Belfast for adults with Learning Disability between 2012 and 2018. This has significantly helped people with Learning Disability realise their right to live Ordinary lives in the community by enabling them to secure their own tenancies.

At 1<sup>st</sup> April 2018 there were 315 adults with Learning disability supported to maintain Housing tenancies across Belfast. The average weekly cost is £282 per week, with an annual care cost of approximately £12 m and £3m Supporting People income.

These supported housing schemes are almost always fully occupied with demand for new tenancies growing steadily. In order to best meet the emerging accommodation needs of this population a new five year Supported Housing development plan has been devised based on an accommodation needs assessment.

The service area has also developed a supported living scheme, Cherryhill. This is located opposite the hospital site. It is a Trust owned facility and registered with RQIA. Although Trust staff are employed in this scheme they are separate from the staff at the hospital site. This facility will accommodate 9 patients who are being discharged from the hospital in the near future.

Based on an analysis of the data the following Supported Housing priorities have been identified:

- **Care leavers.** The Trust has identified the need to provide specialist supported housing environments for young people leaving care often with learning disability and challenging behaviours. (Approximately 2- 3 persons per year). The Trust is engaged with one service provider in developing transitional housing for young adults wishing to develop independent living skills.
- **Forensic.** The Trust has identified the need for specialist supported housing for a number of people with learning disability and a forensic profile. The Service has identified twelve service users in this cohort, six of whom require accommodation urgently. There are 3 BHSCT patients from the hospital identified for a placement in an extension of an existing scheme. This is due to be completed in December 2019.
- **Challenging Behaviours.** Currently there is need for six to eight tenancies for adults with challenging behaviour including the return of people on ECR's. There are currently 6 patients in Muckamore and 1 patient in Iveagh who require tenancies for adults with complex challenging behaviour and the service is liaising with various providers in relation to this. There are plans in place for the return of two individuals on ECR's this year following the development of supported housing to meet the patients specific needs. There is also a need for the development of accommodation options for people currently living in placements, which are breaking down because of challenging behaviour.
- **Adults with lower level needs.** Currently there is a need for 5 to 10 tenancies per annum for adults with learning disabilities who require lower levels of support, and who prefer a shared living experience synonymous with L'Arche provision. There is a requirement for the service area to develop more single occupancy tenancies with 24 hour support, for those people who find it difficult to share accommodation.

The Trust has successfully completed its first Positive Action Employability Programme recruiting adults with learning disabilities into vacant permanent posts within Patient & Client Support Services.

The Service Area continues to utilise its Day Opportunities in a wide range of new opportunities for service users. The service has incorporated many different community based activities including hill walking, film making and creative and expressive arts projects into the ongoing programme. The community choir, Equal Notes, continues to grow from strength to strength and are in constant demand for public performances. It has also invested in personal development, training for work and independence programmes for individuals which will support them to take up day opportunities. These additional activities have provided a significantly enhanced range of day opportunities for service users and have been greatly welcomed by service users, carers and staff. There has been a focus on trying to secure city centred based opportunities to encourage service users to utilise and access a range of activities outside of their local community.

Through USEL (Ulster Supported Employment & learning) a Social Enterprise "Ability Café" based in a BHSCT Wellbeing & Treatment Centre has been established providing paid employment for 3 people with learning disabilities, in addition to a 6 further training opportunities. USEL have employed a Training Officer specific to the Café to provide the necessary skills for trainees to secure employment within the hospitality sector.

A review of the Intensive Support Service has been completed including a full scoping of the patients admitted to hospital and those on community caseloads who required intensive support as an alternative to hospital. The Collective Leadership team has now

	<p>agreed in principle to the establishment of an intensive treatment team and a project group is being established. This service will provide a wrap around service to those service users on the cusp of hospital admission. They will gate keep beds for the service areas hospital and will provide a 7 day per week service working into the evenings. They will reduce hospital admissions by providing alternative supports in the community as well as facilitate early discharges from the inpatient wards. This team will be clinically led by a Consultant Psychiatrist and be multidisciplinary including SW, Nursing, Psychology and OT. It is also anticipated that they will clinically manage a small number of beds in a community facility for a short period of time as an alternative to hospital admission.</p> <p>The transition from children’s services to adult services is often very challenging for young people with a learning disability and their families. It involves a change of service delivery arrangements at a time when they are also experiencing wider changes in their lives, for example in their educational circumstances. As a result of the process mapping exercise conducted last year the Service area, in conjunction with the Children with Disabilities Team, is reviewing current transitional arrangements with service users and carers and has now identified an action plan for improvement. This includes scoping of the needs of the young people long before they are transitioned to adult services to assist adult services to identify early their identified needs, greater engagement with young people and their families and better collaborative working with the educational authority. Additional funding has also been secured to assist in strengthening the work done by the service areas community teams in working better with children’s disability teams to facilitate smooth transition from children’s to adult services.</p> <p>As a consequence of the review of care management last year it was recognised that there were significant pressures on the workforce related to increased complexity of caseloads, particularly in relation to those service users with a forensic history, transitioning from children’s services and the re-settlement/delayed discharge of patients from hospital. The service area is now pleased to report that an additional Care Manager and Assistant care manager is being recruited to address the workload pressures and work with those young people transitioning from children’s disability services to adult Learning Disability services. Currently there is 1x 8a who operationally manages care management. There are 4x Band 7 SW trained Care managers and 1x Band 7 nurse-trained Care Manager. There are 2.5 WTE assistant care managers.</p> <p>A review across Community Learning Disability and the Hospital Social Work Team has identified the need to standardise documentation and processes to improve the safety, quality and seamlessness of service user pathways through the Service. The SW assessment and SW care plan has been reintroduced across the service replacing the About You, which was previously used by the service area.</p> <p>In order to enhance better multidisciplinary working each ward across the hospital site now has a dedicated social worker. They are also now based at ward level. This has improved working relationships and communication.</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>During the reporting period, there were twenty-nine announced and unannounced RQIA inspections leading to fifteen recommendations.</p>

The breakdown of inspections was as follows-

- 8 RQIA inspections for residential accommodation resulting in four recommendations; These were addressed via Quality Improvement Plans (QIPs).
- inspections to supported housing schemes with 3 recommendations; These were addressed via Quality Improvement Plans (QIPs).
- 2 RQIA inspections to day care resulting in no recommendations.
- There were 2 RQIA inspections to the hospital with 8 recommendations. These matters are still currently being addressed by the service area through an agreed action plan. These recommendations relate to a range of issues- staffing levels in the hospital, physical health care checks, financial governance, safeguarding practices, restrictive practices and hospital governance.

RQIA has also been involved in the ongoing adult safeguarding investigation in relation to the large scale investigation in the service areas hospital.

The Service area has been liaising with RQIA on adult safeguarding issues as they arise in relation to any registered facility. The Service area notifies the RQIA of any untoward incidents as per their reporting requirements.

During the reporting period the Service area had 4 social care staff referred to NISCC as a result of adult safeguarding investigations. NISCC has closed two of these referrals and a further 2 are in the process of being reviewed by NISCC.

All social work and social care staff are supported to meet NISCC's PRTL requirements through the provision of training and learning opportunities. Staff have been supported to complete Professional in Practice (PIP) post-qualifying bespoke programmes or to submit portfolios of learning to secure PiP accreditation. All Service-based social workers and social care workers have an annual Self Development Review (SDR). All social work and social care staff in the Service are compliant with NISCC registration requirements.

Each new staff member avails of a local induction and are required to attend the Trust's Corporate Induction. The Service area also provides a two-day bespoke induction for newly appointed staff. This induction is delivered by the Service Area twice per year with direct input from service users and carers.

The Service carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of 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 Mental Health Review Tribunals.

The Service has contributed as appropriate to MARAC and PPANI processes.

The Service has ongoing engagement with the PSNI and participates as appropriate, in Joint Protocol arrangements.

The Service continues to work with the Office of Care and Protection (OCP) as required but remains, as reported in previous years, concerned about the changes in OCP practice in relation to the management of service users' affairs.

A Declaratory Judgement in relation to deprivations of liberty regarding one community service user, who is also subject to Guardianship, was initially granted on 20/1/17, reviewed on 22/3/18 and is to be further reviewed in April 2019 by the High Court. No changes were made to the Order.

The service area is currently in the process of seeking a further 4 Declaratory Orders in respect of service users who have or will be transitioning from hospital to a community setting and 1 Declaratory Order relating to a service user moving from a family home to supported living.

Across the service area service users, who are currently subject to any deprivations of liberty, are subject to a Best Interests meeting. These meetings are chaired by a SW Team Leader and involve input from the multidisciplinary team, service user and carer. Any restrictions of liberty are clearly documented and the rationale for why they are in place is recorded.

The Service area currently has responsibility for the management of two Supervision and Treatment Orders. One has been in place for almost 2 years and the second was made during the previous reporting period. Both require the service user to continue to live at a family address. In the first case, the Service commissioned specialist assessment by a Forensic Psychologist to enhance the risk assessment and management planning. This report was received in February 2018 and a multi-disciplinary meeting was held to update the risk management plan. Both these clients are subject to PQC/CRA and are reviewed regularly under this policy.

There have been ongoing difficulties in securing additional resource through the NIHE for new supported Housing schemes. In the reporting year, the service was successful in making the case for the reprovision of Altnagarron Supported Living Scheme in West Belfast using capital only. However, the NIHE can no longer provide capital for new schemes and as a consequence, future schemes have halted and there has been a need for the service area to forge links with other private providers to meet the needs of our service users in respect of supported housing. This has impacted on service delivery, in particular for those patients in hospital whose discharge has been delayed due to a lack of community infrastructure.

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>
	<p><b>Lack of access to Physical Health care</b>                      There have been ongoing issues in relation to patients within the adult and children's hospitals not having adequate access to primary health care. There have been ongoing discussions with HSCB for GMS services to be available to inpatients. A GP has been appointed for 2 sessions per week for the hospital and recruitment is underway for the children's learning disability hospital.                      A pharmacist has also recently appointed to the hospital to assist in medication management.</p>	<p>Recruitment is underway for GP sessions in the children's Unit.</p> <p>Physical health checks have now been offered to all inpatients across the hospital and the Trust is awaiting the report following this review.</p> <p>There has also been an audit completed in relation to antipsychotic monitoring in the hospital.</p>	<p>Risk to the quality of outcomes for patients in the adult and children's Hospital relating to lack of access to primary health care- This is categorised as medium on the LD Risk Register</p>
	<p><b>Staff levels across the hospital site.</b>                      Given the ongoing large scale adult safeguarding investigation a number of staff have been suspended and others have gone off sick from work. Alongside this a number of staff have retired or resigned to take up career opportunities in other Trusts. This has resulted in difficulty maintaining the substantive acceptable</p>	<p>Recruitment processes are ongoing. Recruitment is being managed by central nursing.                      There has been backfill provided though an increase in the use of agency staff.                      The PICU ward is temporarily closed.                      The progression of the opening of Cherry Hill, a supported living scheme to support</p>	<p>Staffing levels across the adult hospital- this risk is categorised as Extreme on the LD risk register</p>

	<p>staffing levels across the hospital site. The Trust has a contract with external agencies and they have provided registrants which address the current deficit of staff.</p> <p>The staffing difficulties are exacerbated due to increased staffing required for special observations of patients whose hospital discharge has been delayed due to lack of suitable community placement. There are also current regional challenges in recruiting registrants across N. Ireland due to the limited number of available registrants for recruitment.</p> <p>Despite ongoing attempts to recruit registrants, this has proved difficult but the service has continued to be proactive in organising a job fair due to take place in May, to recruit substantive staff.</p>	<p>the discharge of 9 patients from the adult hospital is ongoing.</p> <p>Staff from Day Services in the Community are providing additional daytime activities for patients primarily at the weekends to support ward staff.</p> <p>Staffing levels are monitored on a daily basis.</p> <p>There is now a Manager On call at all times. There is now a minimum of 2 registrants on duty per ward per shift.</p> <p>At weekends (daytime) the aim is to have a minimum of 2 ward managers on duty across the hospital site.</p> <p>Ad hoc senior management walkabouts take place every week.</p> <p>Special observations are regularly reviewed by each MDT.</p> <p>An activity coordinator has been in place since Jan 2019. This has significantly improved the level of activities for inpatients across the Hospital Site. Therapeutic Day services are now also provided within the hospital at weekends and evenings activities.</p> <p>An E-Rostering review has taken place to ensure consistency of approach in allocation of shifts by Senior Nurse Manager. There is ongoing auditing in respect of this.</p>	
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	<p><b>Accommodation</b> Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for our service users with complex and challenging needs.</p>	<p>In the reporting year, the service area has completed a full scoping of the accommodation needs of our service users across the hospital and the community. This has enabled the service area to draw up a 5</p>	<p>Potential failure to meet assessed need due to lack of availability of appropriate service provision. This is categorised as medium on the LD risk register</p>



<p>Care management staff have forged links with a range of providers in order to meet the needs of the service users. Given the complexity of the issues, particular attention has given to ensuring that the appropriate staff, care, accommodation and contracts are all in place to meet the needs of service users. Across the private and independent sector there remains ongoing difficulties recruiting and retaining social care staff. In order to try to address this, the Trust have agreed to pay increased costs for the placements so that pay rates for staff can be increased to reflect the complexity of the work role and therefore assist with recruitment and retention of staff.</p> <p>The Service has also been proactive to support the providers in order to help develop the skills base of their staff but also to try to maintain the placements for our service users. There has been outreach from hospital staff, input from the Intensive Support Service and the community teams to assist the providers but also to provide additional training in respect of the implementation of positive behavioural support plans. In addition, for those patients being resettled there has also been in reach into the hospital from</p>	<p>year supported housing development plan and thus begin to plan services in order to meet the needs of our service users. The service identified a total of 223 adults with a Learning Disability who are assessed as requiring supported housing tenancies over the next 5 years.</p> <p>The Service has been continuing to work jointly with external agencies from England to purchase, at risk, accommodation options.</p> <p>There are accommodation and support plans in place to return two very complex service users currently in hospital in England, back to Northern Ireland this year.</p>	
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	<p>the providers to improve understanding of the patients' needs and ensure smooth transition from hospital to community. The Trust have also encouraged Providers to employ Behaviour Support staff and have agreed increased placement costs for this service. The Trust have also agreed to provide funding for transport for complex service users, in order to improve their quality of life and make community activities and facilities more accessible to them.</p> <p>There are a number of service users who require supported accommodation but due to their history of substance abuse and contact with the criminal justice system, providers are reluctant to offer placements because of the vulnerability of other tenants and potential risks towards them. This is an increasing population, which the service area continues to find difficult to support, and this will require the development of bespoke services.</p>		
<p>Lack of appropriate acute admission beds Given the difficulties experienced by the service area in terms of staffing the admissions to the adult hospital have been very tightly monitored.</p>		<p>There have been a series of workshops with other Trusts looking at the admission pathway. A draft pathway to handle admissions from the BHSCT has also been drafted.</p>	<p>Lack of appropriate acute admission beds due to a lack of appropriate community placements is categorised as high on the LD risk register</p>

	<p>A number of service users requiring admission have therefore been admitted to adult mental health beds or in learning disability beds across the region. There remains a high demand for acute admission beds due to the lack of appropriate community placements.</p>	<p>There has been partnership working with adult mental health services in relation to the admission of patients with a learning disability to an adult mental health hospital. Notification of delayed discharges are made to HSC Board.</p> <p>There are plans for delayed discharge patients and they are discussed regularly with owning Trusts.</p> <p>There are established links with PHA, board and senior medical management to assist with out of area admissions when at full capacity.</p> <p>Realignment of male/female beds completed.</p> <p>Recent discharges have helped but the ongoing development of discharge plans is essential for patient flow.</p> <p>There are plans in place for the ongoing development of community treatment infrastructure to provide treatment options in the community to prevent admissions.</p>	
	<p><b>Adult Safeguarding- see separate report on Adult Safeguarding</b></p> <p>There have been several cases, historical and recent, of alleged abuse by staff to patients within the Adult Hospital. These have been identified on CCTV footage.</p>	<p>There is currently CCTV running 24 hours per day in the inpatient settings.</p> <p>All adverse incidents and incidents alleging abuse by staff are reported through the Adult safeguarding team (ASG) and senior</p>	<p>Categorised as High on the LD Risk register</p>

	<p>Those incidents deemed to meet a criminal threshold have been referred to the PSNI.</p>	<p>management are involved in the investigation.                  Any incidents that require reporting to PSNI are reported immediately.                  A new ASG team has been established to address the historical CCTV incidents.                  Further CCTV footage is still to be viewed.                  Protocol re. disciplinary hearings has been agreed.                  There is ongoing liaison with Trade Unions, affected patients, families and staff.                  A series of workshops for families have taken place following the SAI.                  A Carer Consultant has been appointed to take forward a carers forum with families on the hospital site.                  A series of workshops for staff have also been facilitated to provide information, advice regarding supports available.                  Contemporaneous CCTV viewing is ongoing.                  There is a counsellor employed at the hospital to offer support to staff.                  Reflective practice sessions are also available to staff.                  Health fair is planned for staff.</p>	
	<p><b>Adult Safeguarding- see separate report</b>                  Risk of abuse and injury to vulnerable adults in shared settings, from other patients/service users (including inpatients</p>	<p>Safeguarding procedures including use of special observations to minimise targeting of vulnerable patients.</p>	<p>Categorised as Medium on the LD Risk register</p>

	<p>medically fit for discharge). Resourcing difficulties in meeting the demands of adult safeguarding protection plans.</p>	<p>Analysis of incidents.                  Timely discharge once patients are deemed medically fit.                  Discharge meetings convened to expedite community placements and notify Trusts of the number of safeguarding concerns for each patient remaining in hospital.                  Ongoing analysis of incidents.                  Pilot of live time feedback from service users and carers in respect of adult safeguarding input and whether they feel safer as a result.                  Ongoing training.                  Increase in activity levels of patients across the hospital site since appointment of activity coordinator in Jan 2019.                  Introduction of positive behaviour support to reduce incidents of challenging behaviour.</p>	
	<p><b>Re-settlement</b>                  The Independent SAI report completed in respect of the hospital in relation to adult safeguarding this year advised that 'no one should have to call hospital their home in future'. This view was fully endorsed by the DOH Permanent Secretary who expects the resettlement process to be completed by the end of 2019. He also advised that the issue of delayed discharge should also be addressed as a top priority, with the HSC system tasked to provide an action</p>	<p>The Service area will continue to work with other Trusts and the HSCB in achieving the retraction plan for the hospital.</p>	<p>This issue is on the LD Risk Register and is categorised as a medium risk.</p>

<p>plan to the Permanent Secretary in January.</p> <p>The Trusts meets with the HSCB finance and performance managers monthly to report on progress in achieving the resettlement of the remaining Community Integration Project PTL patients. There are currently 5 PTL patients still in the hospital. One of these patients will move back to the community in May 2019 and there are plans in place for the other 4 PTL patients to move back into the community in December 2019.</p> <p>The Trust have successfully resettled 6 very complex people to specialist supported living schemes within this reporting period.</p> <p>The Trust continues to work proactively with a number of providers including Positive Futures, Praxis, Triangle, M Care, Mencap and Autism Initiatives to identify appropriate accommodation and support options for a number of hospital and community service users in an effort to ensure appropriate plans are in place to ensure that no-one is delayed in hospital..</p>		
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	<p>They are currently assessing individuals and scoping accommodation options in respect of the inpatients to meet the December deadline.</p> <p>When an analysis was done in relation to the inpatients in the hospital there are a number of inpatients who require specialist nursing care. The Trust is currently liaising with one Provider about providing specialist nursing support.</p> <p>In addition, there are a number of inpatients with forensic backgrounds who have been extremely difficult to resettle in the community. Currently there are discussions with Triangle and Extern to provide support and accommodation to those with a forensic background.</p> <p>The Trust continues to work with providers to build their capability and resilience to maintain these patients in the planned community settings.</p>		
	<p>During 2018/19, the Trust successfully resettled 1 PTL and 3 Complex Delayed Discharge patients into a specialist residential service.</p>	<p>The Service has been working proactively with a number of providers to plan for the discharge of a number of complex delayed</p>	<p>Potential failure to meet assessed need due to lack of availability of service provision is included on the Trust's Risk Register as a medium risk.</p>

<p>Dympna Mews was completed in February 2018. This facility has supported the discharge plans for service users with complex needs. There are currently 8 people living in this service. Two service users returned to hospital and alternative plans are being developed to meet their needs. A further 3 service users will be moving in between April to June 2019.</p> <p>Lack of placement availability continues to be a major barrier to achieving discharge targets for those patients categorised as complex delayed discharges. There are currently nine complex delayed discharges in the adult hospital.</p> <p>One of these complex delayed discharges is living in a supported living environment but is awaiting an MHRT before he can be discharged from hospital. Another has completed his first overnight stay in a supported living environment and is expected to be discharged pending the outcome of the MHRT.</p> <p>Discharge plans are in place for six patients. One Patient does not have a confirmed discharge plan but the Trust are</p>	<p>discharge patients. This has included the residential and nursing home options.</p> <p>The Service strives to achieve discharge as soon as possible by commencing planning for discharge from the point of admission.</p> <p>The Service has scoped key data to profile its adult and children’s population to inform its long-term planning priorities and resource requirements. A Service Development plan has been drawn up.</p> <p>The Service notifies the HSCB of delayed discharges while engaging directly with inpatients own Trusts on a regular basis to update on and review discharge-planning options.</p> <p>The Service has prioritised the development of community treatment infrastructure to provide treatment options in the community to prevent hospital admissions.</p> <p>There are weekly meetings between Co-Director, Service Manager and Operations Managers to update on discharge plans for all patients including those in core treatment.</p>	
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<p>working with a variety of providers in an effort to develop an appropriate placement.</p> <p>The Service continues to have difficulty in sourcing appropriate accommodation options for a range of complex needs including autism, challenging behaviours and complex health care needs. The Service Area is very dependent on independent sector providers choosing to make provision available.</p> <p>The Trust has developed a supported living service Cherryhill across the road from Muckamore, to facilitate 9 hospital discharges. Three Belfast Trust patients have been offered placements in this scheme which will be opening in June 2019.</p>		
<p>The Service Area continues to struggle to make admission beds available as required. In this reporting period, there were 43 admissions to the hospital (20 detained- 7 BHSCT, 5 NHSCT and 8 SET) This level of activity is significantly lower than other years due to all admissions being closely monitored to ensure they were necessary. This has resulted in the admission of two patients to the Lakeview unit and three to the Mater with one</p>	<p>The service area continues to try to place delayed discharge patients in the community. A review of the Community Intensive Support Team is addressing service provision to reduce hospital admissions and, at the same time, facilitate early discharge from hospital.</p>	<p>Lack of appropriate admission beds is on the LD risk register as high</p>

	<p>transfer back to the service areas Learning Disability hospital, one to Avoca x2.</p>		
	<p><b>Domiciliary Care</b> The Service has continued to experience increasing difficulties in providing domiciliary care packages across the service there are 27 outstanding care packages. This is primarily due to a lack of capacity to meet demand levels across independent sector providers.</p>	<p>There are currently plans underway to access the Care Bureau to enhance the service areas potential to source care packages. The Service continues to proactively promote SDS uptake and the accessing of Direct Payments to obviate demand pressures for domiciliary packages</p>	<p>The issue of the potential failure to meet assessed need is on the Trust's Risk Register as a medium risk.</p>
	<p><b>Deprivation of Liberty</b> During the reporting year the Service has remained significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service remained of the view that the Departmental guidance of 14/10/10 was not sufficiently robust in light of the current legislative vacuum. The Service therefore adopted a pragmatic approach to decision-making in relation to applications for Declaratory Judgements. The Service pursued such Judgements only in those circumstances service user is actively resisting or a carer/relative is objecting to a placement. In all other cases, the Service uses a "Best Interests" approach to inform key decision making.</p>	<p>Consultation with HSC Board and DHSSPS in relation to Trust's requirements and responsibilities. Consultation with DLS. Recognition of DOLs issues in practice guidance. Consultation at Director level re how we proceed to put in place Declaratory Orders for those individuals who lack capacity where restrictive practices are in place. The Mental Health Capacity Legislation is due to be partially implemented by October 2019. The Trust has continued to engage in the regional consultation processes linked to the development of Regulations,</p>	<p>Potential failure to provide people deprived of their liberty with adequate safeguards and to meet legal requirements in relation to this- this is categorised as High on the LD risk register.</p>

	<p>The Mental Capacity legislation, which is due to be implemented, will fundamentally change the procedures in relation to restrictive practice.</p>	<p>guidance and policy related to the implementation of the Mental Capacity legislation.</p> <p>A Mental Capacity workforce planning day is scheduled for 2<sup>nd</sup> May 2019.</p>	
	<p><b>ASWs</b>                  Recruitment, retention and workload capacity of ASWs remains a major difficulty for the Service. The Service has three ASWs contributing to the Trust Daytime ASW Rota. The Trust is also struggling to secure sufficient practice assessors to support ASW candidates on the Regional ASW Programme. The implications of the Mental Capacity Legislation are yet to be fully realised but are likely to bring significant challenges in respect of workforce issues, training etc.</p>	<p>The service has currently one ASW candidate engaged in the Regional ASW Programme-the accredited ASW training pathway.</p> <p>Additional training will be required in respect of the new Mental Capacity Legislation.</p>	<p>The risks related to ASW Daytime Rota service delivery are currently being reviewed.</p>
	<p><b>Recruitment of Psychology staff:</b>                  There continues to be a lack of Psychology input into Learning Disability Day Centre's. Service users with highly complex needs and associated challenging behaviours are being supported in Day Centres without appropriate support from Psychological services.</p>	<p>There is ongoing recording and review of incidents by day care Manager and Operations Manager to ensure that associated learning from incidents applied to prevent harm from reoccurring.</p> <p>Funding for B7 Psychology post was</p>	<p>Lack of psychology input in day care is categorised as a Medium risk on the LD risk register.</p>

<p>In general, the Service is experiencing major difficulties in recruiting psychology staff. The Service has not had a Consultant Clinical Psychologist in post since April 2016 and recruitment to date has been unsuccessful. The Service area has also attempted to get locum cover via external national agencies but this has been unsuccessful to date.</p> <p>The staffing difficulties have had and will continue to have a significant impact on service provision. The Service is not currently able to offer autism or dementia assessments with priority given to eligibility assessments and high-risk situations. A significant number of service users continue to wait longer than we would wish for psychological therapies.</p>	<p>secured in 18/19 year but this has not yet been recruited.</p> <p>Information has been collated regarding all outstanding positive behavioural support plans that require review.</p> <p>Head of Psychology Service to release staff member part-time to commence reviews. Timetable agreed for first centres to have updated positive behavioural support plans.</p> <p>Recruitment fair is planned for June to recruit behavioural practitioners.</p> <p>Temporary clinical and management supervision arrangements are in place.</p>	
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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>Service SW workforce has gone through changes this year with the appointment of a Divisional Social Worker, a change in Service Manager, retirement of an Operations Manager and long term absence of another Operations Manager.</p> <p>One team leader vacancy (created by a move by previous team leader to the Service Manager role on a temporary basis) has been covered by an Expression of Interest.</p> <p>The remaining 3 community teams and the SW team in Muckamore have all retained social workers as their lead.</p> <p>Within the community teams there has been a number of changes in the permanent staff – there are currently 3 permanent vacancies in the West Belfast Team (one SW moved to another post within the service, one took up a post in another Trust closer to home and one resigned with a change of career). All vacancies have been covered by agency staff.</p> <p>The remaining teams have remained stable with some agency cover for Career Breaks, secondment to ASG teams etc.</p> <p>Within the hospital SW team there is one vacancy currently and this is currently being recruited. In the interim agency staff have provided cover.</p> <p>The service is currently in the process of recruiting an additional social worker for all 5 teams. The service has decided to recruit social work staff across all teams including the hospital with the intent of developing one waiting list for any further vacancies.</p> <p>The plan to partially implement the Mental Capacity Act (2016) in October 2019 will have widespread implications for the service area in particular the training timescales and resource implications given the current challenges facing the ASW workforce in terms of recruitment and retention. The code places additional roles and responsibilities on the ASW workforce to not only assess for detention but other extended responsibilities. In addition, it requires the establishment of panels who will be responsible for authorising treatment, detention which involves a deprivation of liberty and community residence requirements. The draft code of practice is currently out for consultation and a workshop has been scheduled by the DOH on 2/5/19.</p> <p>There are concerns in relation to how the service area will be prepared for the partial implementation. The service needs to give urgent attention in relation to- the need for additional training in relation to the new code of practice to clearly outline roles and</p>

	<p>responsibilities; the new processes involved; skills in carrying out capacity assessments; the additional demands that will be placed on an already stretched ASW workforce; the need for appropriate documentation detailing reasons for decision making in line with human rights considerations; governance arrangements; the setting up of authorisation panels and clarity around who sits on these panels, the frequency they sit, their roles / responsibilities and governance arrangements; the process for applying to Tribunals.</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>Residential and Nursing Homes Charging – The Trust operates in accordance with the DHSSPS Charging for Residential Accommodation Guide (<b>CRAG</b>) April 2015 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>The Hospital Social Work Team provides social work support to the inpatients in both Muckamore and the Children’s Iveagh Centre. The team structure remains the same with a Senior Social Worker, one Band 7 Designated Adult Protection Officer (DAPO) and four Band 6 social workers. One of these social workers provides social work support 2.5 days per week to the Iveagh Centre, the Children and Young Peoples ward.</p> <p>Although a Belfast Trust Facility, the hospital is a regional facility and patients are admitted from all Trusts. Each patient admitted receives the same social work service. Our input varies according to need. Initial assessment is required. During this year, we have introduced a new Social Work Assessment and Care plan tool. This is currently being implemented and is providing a clear structure to the social work role for individual patients. The assessment highlights the need for provision of support during initial admission, as an inpatient and on discharge.</p> <p>The admissions to the hospital have been very tightly monitored and this has reduced the number of admissions to the hospital in recent months. This is providing the social workers with an opportunity to complete their assessment and care plans accordingly and contribute to discharge planning.</p> <p>Social workers are a core part of the multidisciplinary team. Each ward has an assigned social worker who attends weekly ward meetings. During these meetings, the social worker actively participates in the assessment and consideration of treatment for patients.</p> <p>Social Workers have a key role in discharge and resettlement planning. It is part of the social work function to liaise closely with relatives and carers, assessing the home situation and offering carers assessments etc. As part of the discharge planning the social worker</p>

will also co-ordinate and communicate with relatives and carers, community social workers and patient and carer advocates across the Trusts.

If appropriate social workers will liaise with other agencies in the community, PPANI, MARAC, the PPU, Gateway services and Adult Protection services. A holistic view of the patient living in the community is developed and a review of risks in their environment considered to develop appropriate care plans.

One of the key functions of the social work team is to represent the Belfast Trust as the detaining authority at Mental Health Review Tribunals. In preparation for the Tribunal the allocated social worker will compile a report to adopt as their evidence to the Tribunal. They will speak to this evidence at the Tribunal and present the current risks and proposed plan for the patients.

In preparation for the Mental Health Review Tribunal the social worker will also coordinate a Contingency Planning meeting inviting key professionals and reviewing what is available for the patient if discharged by the panel.

The Social Work Department have provided evidence to the Mental Health Review Tribunal on six occasions. Four of these have been for the Belfast Trust and two for the Northern Trust. The Children's team provide written evidence for Tribunal's for children in the Iveagh Centre. They are supported by Muckamore Social Work staff given their experience in the completion of these reports.

The social work department continues to lead in relation to safeguarding patient on patient incidents in the hospital. As aforementioned, there is one Band 7 Lead DAPO. She processes the hospital adult safeguarding referrals under the Adult Safeguarding Policy. The DAPO has the lead role in investigations for patients. Two of our social workers are now trained as Investigating Officers. Together they support the Multi-disciplinary team in the development of risk management, alternative safeguarding responses and protection plans. Support is also provided to the patient and a referral to the PSNI if deemed appropriate, or at the request of patient or carers. If required, CCTV will be also be viewed by the DAPO.

In the last year, the service have implemented a new process in the management of safeguarding. This process is in keeping with the Adult Safeguarding Policy and provides opportunity for ward managers to become Safeguarding Champions. They can now make decisions regarding incidents that take place on the ward involving patient on patient and adopt an Alternative Safeguarding approach. The hospital SW department continues to provide support and advice to ward managers and nursing staff. The Senior Social Worker has been auditing this new initiative and raising any issues with hospital management.

	<p>Providing the Keeping You Safe Training to patients remains a key function of the team. Within the last year, 21 patients have been provided with the training. Various methods have been used, group and individual sessions, depending on the ability of patients.</p> <p>The Social Work Department continues to offer placements to ASW candidates. Social Workers provide support and advice to them throughout their placements.</p> <p>The Social Work team have a key function in assisting nursing staff in the implementation of Promoting Quality Care guidance, completion of Comprehensive Risk assessments and development of Risk Management Plans. Social Workers have experience and developed skills in assessing and managing risks therefore, they provide support to the nursing staff undertaking this role.</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 based approaches remain central to all aspects of the Service's work. The Service continues to work in partnership with service users and carers in the review and delivery of services. The Service's investment in co-production, engagement with and empowering service users, carers and communities provides the template for rights-based, compassionate, qualitative and safe discharge of statutory functions to people with learning disabilities and their carers. The Service Area is committed to service delivery, which promotes respect and dignity for each individual in line with corporate and professional values.</p> <p>The service has just recently appointed a carer consultant. She sits as part of the Collective Leadership Team and ensures a carer perspective is provided at a strategic level in the development of services. This contributes to the embedding of a human rights approach and carer focus.</p> <p>Since appointment she has been proactive in working in partnership with our carers and has co produced a draft Family/Carer booklet for the hospital.</p> <p>She has held her first family workshop, which included discussion on the booklet, the potential content of a quarterly newsletter and inclusion of families in resettlement plans.</p> <p>A carer forum is being established where there is more active involvement with families and their voice is elevated and respected throughout Learning Disability Services. Through working together better outcomes can be achieved for families in the areas of health, safety and quality of life. The forum will also develop effective lines of communication and ensure families are fully involved in the future decision making for their relative.</p>



It is planned the forum will consist of a core group of 4/5 family members initially and include different members of staff to progress different processes/policies for family participation, input and joint decision making. By increasing involvement and engagement with families and frontline staff, a human rights approach will be adopted so that staff and families work in partnership to have full ownership of any changes proposed.

There is ongoing consultation with service users and carers via various groups including Friends and Carers of Muckamore Abbey, groups allied to day centres, parents and friends groups allied to residential services. The Service continues to work alongside advocacy groups such as TILLI (Telling it like it is) and independent advocates through Bryson House and Mencap.

Following a review of day care in the hospital in October 2018 a more human rights approach is applied as the Therapeutic Day Service is a much more flexible service currently open Monday – Friday 9am to 5pm but moving to a 7-day service, which will include evenings and weekends. Patients are referred by their ward and are then individually assessed in relation to what type of day services/activities/ opportunities would be most suitable to meet their needs. These activities are therefore tailored to meet the patient's choice of activity and venue. A range of activities for example, can now take place in range of venues e.g. the Therapeutic Day Service building, the Gardens, on the grounds of the hospital, in the community or in the ward.

Activities for patients will be provided by all staff working with them. This ensures the holistic needs of patients is catered for with intervention, which may include recreational input, social input or skill development. By extending the frequency and range of appropriate and meaningful activity the mental, physical and emotional wellbeing and social needs of patients is promoted.

Therapeutic day services are now working with a broad range of providers thus providing greater choice for the patients e.g. Community Roots, Street Soccer, Social Farming, training placements, TCV Green Gym, Art and Music Therapist sessions and open swimming sessions etc.

Patient weekly timetables are a human rights based approach in that it gives patients the opportunity to plan ahead.

Joint Therapy Aims and Free time Plan/Activity Boxes have been introduced which allows ward staff to work on individualised therapy aims with patients, which forms an important part of their treatment. The box can also be used to deescalate a situation or redirect a patient from a difficult situation, which promotes the safety and well-being of patients.

The Learning Disability Day Services Forum has utilised Appreciative Inquiry methodology to review and then develop future provision. The Service has valued the contributions from service users, staff and carers and this has positively impacted on service delivery.

There have been a number of initiatives across the service to engage our service users and carers and staff to provide feedback. For example, the hospital SW staff are using interviews pre and post an adult safeguarding intervention with service users and families to assess how safe they feel; SLT are using talking mats to engage service users in identifying their wishes and choices in respect of activities they wish to engage in; the use of feedback cards for families to complete after they visit a ward are due to be piloted; there have been pilots carried out across the hospital site using a smiley machine to receive real time feedback on staff and Patient Experience etc. Working in partnership with carers/ service users and staff in an open and honest way, showing respect and dignity and valuing their contribution ensures that we are living our Trust values to ensure services are improved, developed and delivered to a high quality in a safe, effective, and compassionate way.

Specific Human Rights based approach is embedded in the training available to staff across the service area. This includes human rights awareness training; capacity and consent training; human rights considerations in discharging statutory functions under the Mental Health (N.I.) Order 1986 in relation to applications and admissions for assessment, Guardianship and Declaratory Judgements.

Within the service area human rights considerations are embedded in Policies and related guidance. These weigh up the human rights considerations in those circumstances in which interventions might impact on a service user's exercise of independent choice or where a service user's vulnerabilities require their access to independent advocacy and/or legal representation. These areas include for example:

- Adult Safeguarding.
- Capacity, Consent and Best Interests issues.
- Decisions relating to the use of powers under Guardianship.
- Applications for compulsory admissions for assessment.
- Risk assessment and risk management decision-making processes.
- Restrictive practices and the use of physical interventions.
- Observation Policy
- Care Planning.
- Use of CCTV to capture aspects of a service user's experiences of care.
- Seclusion and positive behavioural support.

Human rights considerations are clearly documented in SW case notes, assessments, care plans, Adult safeguarding, risk assessment and agency and legal reports etc. The Service uses the Best

Interests Decision Making Tool to inform complex decision-making. This recording should set out the context, weigh up the service users/carers choice, needs, wishes against the needs of the service user. Potential intervention options are identified within a human rights focus and their rationale for adopting a particular approach.

The staff have also availed on bespoke training on 'Recording- the legal issues' which is facilitated by a barrister highlighting the need for accurate, timely recording which explains the rationale for decision making with reference to human right considerations.

**HUMAN RIGHTS**

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any on-going challenges?</b>
	<p>As previously reported, the use of compulsory powers under the Mental Health (NI) Order 1986 continues to require careful balancing of 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.</p>	<p>ASW refresher and re-approval training.                      The provision of ASW fora to support good practice.                      Staff updates on legislative developments.                      Staff training in human rights awareness.                      The provision of guidance and support on incorporating human rights considerations into all aspects of practice.                      The use of tools to prompt human rights considerations.                      The provision of accessible information to service users and carers about their rights.                      The provision of advocacy services.</p>	<p>The new mental capacity legislation and additional responsibilities for ASW and the introduction of authorisation panels will add further to the challenges encountered when balancing a range of human rights. There is currently a review into the advocacy service in learning Disability</p>
	<p>As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.</p>	<p>The Service awaits the introduction of the new capacity legislation, which should address this issue.                      Provision of advocacy services.</p>	<p>With the introduction of the new mental capacity legislation and the establishment of panels it is likely there will continue to be challenges in this respect however there will need to be consistency in approach across service groups and indeed across the region.</p>

	<p>As outlined in previous reports the Mental Health Review Tribunal system is such that those who seek an independent review of an admission for 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.</p>	<p>The Service strives to be as accommodating as possible in arranging early Tribunal dates but this remains a major difficulty.</p>	<p>The introduction of panels as a result of the mental capacity legislation will ensure reviews are held in a more timely fashion however it remains unclear how quickly Tribunals will be set up and what format they will take.</p>
	<p>Adult safeguarding-generally involving a balancing of the statutory duty to promote and protect the welfare of a vulnerable individual and their right to self-determination. It can also involve complex decision-making with regard to risk management in non-adjudicated situations, balancing an individual's right to privacy with potential risks to the wider society of failure to share information. There are also wider implications, as has been highlighted in the recent large scale adult safeguarding investigation into the hospital, which also relates to the balancing of the rights of staff and ensuring action is proportionate and necessary. There has been issues regarding how the disciplinary policy, safeguarding policy and joint protocol interface with each other.</p>	<p>Review of adult safeguarding- learning from the SAI 'a way to go'.                  A task and finish group is being established to review BHSCT procedures in relation to adult safeguarding.                  Staff training on human rights.                  Staff training on data protection.                  Staff training on adult safeguarding issues.                  The provision of support groups for Investigating Officers and Designated Officers to promote best practice.                  The use of adult safeguarding tools which prompt consideration of human rights issues.                  The provision of advocacy services.</p>	<p>Ongoing</p>

	<p>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.</p>	<p>Review of the PQC guidance-review of process, audit of current compliance, guidance checklist to be developed to guide staff through the process.                  New roll out of additional staff training on the Promoting Quality Care guidance.                  Staff training on human rights.                  Staff training on data protection.                  Staff training on capacity and consent issues.                  Service user training on capacity and consent issues.                  The use of risk assessment and management tools which prompt consideration of human rights issues.                  The provision of advocacy services.                  Staff updates on legislative developments.                  Legal advice is sought on individual cases</p>	<p>Ongoing</p>
	<p>The use of compulsory powers under the Mental Health (NI) Order 1986</p>	<p>The Service is cognisant of the need to exercise its statutory remit in a balanced proportionate and least restrictive manner.</p>	<p>Ongoing</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 social worker completed her MSc and was awarded the Diana Jones prize for the highest scoring dissertation. She had an abstract accepted for the 6th Social Care Research Conference and presented this on the day and has been successful in securing a scholarship to complete a PhD.</p> <p>Another social worker successfully completed her Specialist Award in Practice Teaching.</p> <p>A social work team leader continues on the Strategy and Leadership award and will complete her MSc next year.</p> <p>The Learning Disability Day Services Forum was established in 2017 to shape the future of day services across Belfast. Staff, carers and service users were involved in the future planning of services facilitating Empowerment through Participation and the Appreciative Inquiry method of engagement. This involved trained family carers facilitating group discussions along with staff and the TILII group (Tell it Like It Is – a community based advocacy group of adults with Learning Disability). An event was held with the Trust Chief Executive leading in the praise for all involved in this initiative.</p> <p>Day Opportunities are utilised in a wide range of new opportunities for service users incorporating different community based activities for example, hill walking, filmmaking and creative and expressive arts projects into the ongoing programme. It has also invested in personal development, training for work and independence programmes for individuals, which will support them to take up day opportunities.</p> <p>Equal Notes, the community choir, continues to grow from strength to strength and are in constant demand for public performances.</p> <p>This year we can report that a Social Enterprise “Ability Café” based in a BHSCT Wellbeing &amp; Treatment Centre has been established through USEL (Ulster Supported Employment &amp; learning). It provides paid employment for 3 people with learning disabilities in addition, to a 6 further training opportunities. USEL have employed a Training Officer specific to the Café to provide the necessary skills for trainees to secure employment within the hospitality sector.</p> <p>The Trust has successfully completed its first Positive Action Employability Programme recruiting adults with learning disabilities into vacant permanent posts within Patient &amp; Client Support Services. This initiative was launched by Michael Wardlow, Chief Commissioner at the Equality Commission on World Job Shadow Day. Participants completed a 14 week OCN endorsed employability programme covering the entire PCSS Induction programme and on successful completion 9 trainees took up permanent posts within the Trust. It is hoped that this will become an annual recruitment drive</p>

within the Trust. This Positive Action initiative is part of the Trust's drive to ensure that staff are reflective of the community we serve and that all reasonable adjustments are made to support them. This initiative has been shortlisted for a number of awards as well as being asked to present at the EUSE Union of Supported Employment annual conference.

The manager of one of our Residential Units won the Northern Ireland Learning Disability & Autism Award for the Best Registered Manager. The award celebrated a manager who has demonstrated a high level of expertise, exceptional skills in leadership and management, great support for colleagues and a positive commitment to person centred support to meet the ever-changing needs of the people the service supports.

There has been a huge drive across teams to ensure people with a learning disability and their carers are centrally and meaningfully involved in co designing and coproducing everything we plan and develop. A Carer Consultant post has now been appointed. This will ensure co-production is at the heart of all our initiatives.

Significant work has been achieved to develop community support services and partnerships with community & voluntary sector, along with reviewing hospital discharge processes. This has allowed timely discharge from hospital. Engagement and contractual work has been done with our providers to set realistic expectations and accountability when signing up to sustainable community placements. The service is striving to ensure people with learning disability will be supported to live as independently as possible, with the support they need in their communities.

In partnership with our colleagues in Children's disability services, a review and process mapping exercise has given better insight into the transition process and what the protocol needs to 'look like' so both teams are achieving the best outcomes for transitioning service users and their carers. This will ensure young people with learning disability will be supported in their transition to access education, training, accommodation, employment and a full range of health and social care needs as adults.

Significant work has been undertaken to develop a range of flexible and responsive community services aimed at delivering assessment and treatment at home, avoiding hospital admission where possible.



<b>3.16</b>	<b>SUMMARY</b>
<p>This has continued to be a very challenging year in light of the high profile, large scale adult safeguarding investigation in the hospital. This has had a detrimental impact on our service users and carers and staff. Given the media coverage this has resulted in a perceived lack of public confidence in the service. The investigation is still ongoing and there is further CCTV to view which therefore continues to cause uncertainty for our services users and families and staff.</p> <p>Despite these challenges the outcomes of the SAI report, the actions arising from the RQIA inspections and general themes emerging have all helped focus the service on developing and implementing action plans to improve our service so it delivers safe, effective and compassionate care.</p> <p>There has been significant work undertaken with our carers and service users. There has been carer engagement throughout the reporting period in the form of workshops, the establishment of a carer forum and one to one meetings with the families affected by the investigation. The recent appointment of a carer consultant will be instrumental in ensuring there is a greater focus on co production and the needs of families and services is central to everything we do.</p> <p>There has been some preventative work completed with our service users through the roll out of the keeping yourself safe programme and the appointment of an activity coordinator to increase meaningful activity and reduce the likelihood of incidents. There has been a huge focus also on identifying suitable placements for our patients who are delayed discharges. There has been significant work done in forging working relationships with a range of private providers to meet our service user needs in the community. The Trust has also developed Cherry hill supported living scheme to support 9 service users in the community. In addition, the community teams and care management have been strengthened. The intensive support service is also being redesigned to provide intensive input at home and reduce admissions to hospital in the future. There has also been a review of policies and procedures including CCTV, the use of seclusion, observation etc.</p> <p>There has also been a significant amount of work undertaken to support our staff at this difficult time for example, there is a full time counsellor on site, reflective practice sessions are available, staff workshops, joint OH and OH sessions were available, a massage day was provided for staff and a health fair and 'be-well' sessions are planned. Due to staffing issues there has been backfill through agency and bank.</p> <p>There service area has also undertaken a range of organisational and workforce developments as part of its focus on distilling learning, improving and providing compassionate, safe and qualitative care.</p> <p>The Service has pursued a person centred care approach through working in partnership with service users and carers.</p>	

The Service has committed to promoting service user choice by developing flexible and bespoke care packages to meet needs. The service continues to promote SDS and all direct payments are now under SDS with a support plan.

There are ongoing substantial challenges in securing domiciliary care services.

The issues relating to legal authority for deprivations of liberty continue to cause major uncertainty but this will be addressed through implementation of the Mental Capacity legislation.

The roll out of the new Mental Capacity legislation will present significant pressures for the service in terms of workforce, training and resources.

<b>Programme of Care / Directorate:- Family and Childcare</b>	
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<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>The Co-Director Family and Child Care Services has overarching responsibility and accountability for the operational delivery of statutory functions by the Family and Child Care Service.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>
<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements.</p> <p>The Service continues to provide supervision to its social work workforce in line with the Regional Supervision Policy.</p> <p>The Service continues to implement a professional social work supervision exception reporting system. Monthly returns from the Service evidence satisfactory compliance with the requirements in respect of the frequency of supervision and facilitate monitoring of non-compliance.</p> <p>The Service has achieved satisfactory compliance with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 in relation to the supervision of AYE staff.</p> <p>The Service is in the two-year implementation phase of Signs of Safety. One of the central tenets of this practice model is 'Group supervision' in respect of individual cases to promote a culture of reflection and improve decision-making. Group supervision was introduced during this reporting period and is now being implemented across all of the Family Support teams and is being supported by the Implementation Lead, Practice Leads and members of the Implementation Team. This does not replace individual supervision but is very beneficial in enhancing the knowledge and skills of social workers and managers as the whole team benefits from group supervision. Group supervision is also being rolled out across the LAC teams.</p> <p>Additional support is being provided to a group of new team leaders on a monthly basis from the PPSW Child protection and to all Family Support team leaders via Therapeutic Support Services focusing on strengthening the role and function of this key group of staff in supporting frontline practitioners.</p> <p>A training programme for management has been developed within the Residential Service, co-designed by the Trust's Therapeutic Support Service, the LAC Principal Practitioner and the Training Team which focuses on Leadership and Reflective Practice as components of supervision.</p>

	<p>Caseload weighting has not been fully applied during this reporting period due to pressures on the team leaders and frontline staff due to vacancy levels. This is an area that will be revisited once the staffing levels improve.</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 has undertaken/participated in a number of thematic reviews/audits during this reporting period.</p> <p>A recent audit of re-referrals to the Gateway Service within a year identified a significant percentage of cases being re-referred with a higher threshold of need and therefore requiring a statutory social work assessment. Many of these cases had previously been sign-posted to Tier 2 Services. Evidence from the audit sample would suggest that these services were either not accessed or the outcomes had not prevented the need for intervention from statutory services. Further work is required to fully understand the practice implications of this audit for Gateway.</p> <p>The implementation of Signs of Safety as the overarching practice framework, with other approaches including ACEs (Adverse Childhood Experiences), BBF (Building Better Futures) and UNOCINI integrating with the Signs of Safety, continues apace within the Belfast Trust. The Belfast Trust is committed to implementing Signs of Safety in line with the Implementation Plan in order to support the Service to deliver enhanced quality services and practice. Through working together in partnership with families, the Service will strive to achieve strong and sustainable outcomes for children, young people and their families, and empower our families and our staff. The Service is implementing the 'dashboard' as a means of measuring Signs of Safety activity across the service.</p> <p>The Service Area's Case Conference Chairs have met within the context of the continuing implementation of Signs of Safety and the training required for them to facilitate and implement this practice model within Child Protection Case Conferences. This training, development and support will continue in line with the trajectory of full implementation of the Signs of Safety within the Case Conference process.</p> <p>Following on from the Thematic Review in relation to Child Sexual Exploitation (CSE) in November/December 2016, a further audit is about to commence into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland. A timetable for this audit to begin has been received by the Trust and will be completed within the next reporting phase.</p> <p>The Trust's Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers</p>

	<p>of young people at significant risk of CSE and the number of young people who go missing from home/care. The Trust reports on this data to the HSCB. Joint working between the PSNI and Trusts is crucial and has enhanced service delivery in the area of missing children. The PSNI Missing Children’s Team continues to be a particularly positive initiative in this regard. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people. During the reporting period, there has been a reduction across the Trust of 46% in the number of young people going missing.</p> <p>The Service will be engaging in an audit in the next reporting phase examining the referral processes and services for children and young people who display Harmful Sexual Behaviour (HSB). This audit is in the beginning phase. The NSPCC will undertake the audit with a view to developing an evidence informed operational national framework for children and young people who display harmful sexual behaviour.</p> <p>Assurance arrangements with regard to residential care services include monthly Monitoring Officer visits to and completion of reports in relation to individual residential homes; RQIA announced and unannounced inspections of residential homes; and HSCB reporting requirements pertaining to the operationalising of Restriction of Liberty Panels and Adverse Incidents reporting. Non-Executive Directors and Directors also visit the Homes on a rotational basis throughout the year.</p> <p>Due to capacity issues across the Senior Management Team, reflective practice sessions for managers relating to the findings and recommendations of Case Management Reviews, SAls, complaints and Internal Case Reviews have been put on hold during this reporting period although learning has been disseminated down through the line management arrangements and staff have been encouraged to attend wider Trust events. The Trust continues to participate fully in the Case Management Review arrangements under the auspices of the Safeguarding Board for Northern Ireland (SBNI).</p> <p>The Service is compliant with the requirements in relation to the reporting and dissemination of learning arising out of Serious Adverse Incidents and Untoward Events.</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>The Executive Director of Social Work/ Director of Childrens Community Services represents the Trust on the SBNI. The Trust’s representatives on the Belfast Safeguarding Panel are the Co-Director Family and Child Care; Designated Doctor for Safeguarding Children; Co-Director Mental Health Services; CSM for Gateway in her capacity as Chair of the BAD&amp;SV Partnership and Named Nurse for Safeguarding Children. A</p>

number of staff from a range of Services are currently engaged in various SBNI sub-groups.

The Service is engaged in a substantial number of partnerships with service user, community, voluntary and statutory sector organisations in the development of integrated service delivery responses to the spectrum of needs across Belfast's childhood population.

The Trust's Director for Childrens Community Services chairs the Belfast Area Outcomes Group, which is driving forward the operationalising of a Belfast-wide Early Intervention Service (EIS). The EIS is seeking to improve outcomes for vulnerable children and their families through the provision of a range of local, accessible, evidence-based services to support families and children who are experiencing difficulties before they become established and to enable children to develop to their full potential.

This initiative is predicated on a multi-systemic approach to supporting families at different points and to building relationships with families as the key lever for change. The template for the EIS incorporates a commitment to multi-sectoral partnership working within a shared vision delivered through an outcomes-based performance management and assurance framework.

In this context, the operationalising of the ten Family Support Hubs which signpost families with specific needs to appropriate services is of central importance. The EIS continues to provide a range of training/capacity building opportunities for Hub leads and Hub member organisations and this is key in building knowledge, capacity and skills across the service delivery organisations grouped around Hubs. A Celebratory Event was held in February 2019 to celebrate the work of the Hubs and the organisations that provide services to families and children through the Hub network. Following this, the Lord Mayor of Belfast invited the Hub Co-ordinators to her Parlour to each accept an Award from her for their work in the local community. The Trust welcomed the additional investment through transformational monies this year to further support the work of the Hubs.

The Service has met with Belfast City Council on a number of occasions to consider the engagement of the BAOG in the planning for and the delivery of a Belfast Community Plan-a vision for the city predicated on collaboration, partnership and optimising of resources across the spectrum of city stakeholders. This work will continue during the next reporting period.

RQIA have continued with its Inspection programme across all of the Services children's homes. During this reporting period RQIA continued to work with the Service in relation to a quality improvement project which involved the development of a new monthly reporting template.

A recent Court of Appeal judgement in relation to EPOs found that the Court was "plainly wrong" and acted "unlawfully" in proceeding to hear

	<p>an EPO application in the manner that it did. Arising out of the judgement is the requirement of applicant Trusts to draw attention to the “Mumby points” in their application. This will have implications for Social Workers particularly when out-of-hours applications and awareness raising sessions are being carried out.</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>FAMILY SUPPORT AND CHILD PROTECTION CASELOADS</b>                  The Trust continues to experience significant difficulties in allocating cases within its Family Support Teams. Caseloads within these teams continue at a level which is not conducive to ensuring families are appropriately supported in a timely manner. Additionally these caseloads are impacting on the Trust’s ability to retain and recruit staff to these vital front line posts.</p> <p>The Trust is seeking to effect a reduction in caseload numbers and equity of workloads across sectors, particularly in fieldwork services. The embedding and ongoing evaluation of the Service’s Care Pathways Protocol has continued to monitor its impact on caseload numbers across services. The Transfer Protocol between services provides a sound basis to manage the effectiveness of transfer arrangements between teams/ services in the context of complexity, volume of service demands and workforce capacity.</p> <p><b>UNALLOCATED CASES</b>                  Unallocated cases continue to be an area of significant pressure within the Family Support Teams given the difficulties with recruitment and retention of staff. As at March 31<sup>st</sup>, the total number of Directorate-wide unallocated cases was 246, 80 of which were Family Support.</p> <p>Family Support services have robust unallocated cases management, assurance, monitoring and reporting processes in place with regard to unallocated cases. These cases are reviewed on a weekly basis by the team leader and reprioritised as necessary. In addition, all unallocated cases have been reviewed by the PPSW Child protection during the reporting period to ensure consistent decision making across the service.</p> <p>Due to ongoing staffing vacancies within the LAC service a number of children/young people have not had a named social worker/allocated social worker. A number of measures have been put in place to manage this situation whilst the service awaits the arrival of new staff in the summer: weekly review of these cases by SSW/PSW and CSM; cases prioritised if before the court or recently through the court; Kinship support staff and residential staff ensuring visits are undertaken to children in these placements; and band 4 staff being employed on a temporary basis to support the social work teams.</p> <p><b>CHILD SEXUAL EXPLOITATION (CSE)</b>                  The Senior Practitioner (SP) with responsibility for CSE remains co-located with the Public Protection Unit in Antrim Road PSNI. The SP supports staff with the identification of CSE, and provides consultation</p>

and supports to staff in responding to this vulnerable group of young people. They have a key role in working with the PSNI in identifying and gathering intelligence relating to potential networks of adults who pose a risk to young people.

The Trust has continued to provide in-house training on CSE to a range of staff and has facilitated briefing sessions for voluntary and community groups. The Senior Practitioner for CSE provides on-going training input on CSE risk assessments to other agencies and to Trust staff. The complexity of assessing and supporting young people with regard to CSE where their behaviour changes and they at times become perpetrators of Harmful Sexual Behaviour (HSB) is recognised. The SP for CSE has completed AIM2 training (validated risk assessment tool for HSCB). This enhances her ability to risk assess these complex young people and to provide guidance to Trust staff.

A second audit is about to commence into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland. A timetable for this audit to begin has been received by the Trust.

#### **LEGAL DUTY TO ACCOMMODATE YOUNG PEOPLE**

On occasion, the Trust's Intensive Adolescent Support Teams have been managing safeguarding concerns in relation to young people who have been the subjects of paramilitary/community threats. The Trust is keen to see the full implementation of the draft guidance agreed regionally by the HSCB, Health and Social Care Trusts, PSNI, and PBNI "When a Child/ Young Person is subject to a Threat to Life". This approach promotes greater co-operation across agencies in the discharge of their safeguarding responsibilities and is waiting formal approval. Difficulties remain at times in verifying threats. Often the young people cannot be supported in their homes and require alternative accommodation outside their own localities. This presents challenges and risks that require safety planning with the young person and their networks.

The Trust has a statutory duty to provide accommodation to a young person assessed as being "in need". In a number of instances, this duty requires the Trust to provide accommodation to young people who have a history of offending/anti-social behaviours, including drug and alcohol misuse and/ or have experienced a breakdown in relationships at home. Due to ongoing recruitment challenges, the homeless SW post has remained vacant during this reporting period, which has placed significant strain on the intensive Adolescent Support Service. Effective working relationships have been established with the NIHE and Joint Commissioning providers to assist in the development and delivery of accommodation for homeless young people. Challenges remain in relation to sourcing appropriate accommodation for those young people whose needs cannot be met in residential care or current jointly commissioned accommodation due to the risks and challenging behaviours they present with.



Availability of and access to bespoke accommodation and supports for young care leaver mothers and young mothers who are Looked After children is a pressing issue.

#### **CASE CONFERENCE MINUTES**

As at 31<sup>st</sup> March 2019, the Trust had a 17.5% compliance rate with the required time-line for dissemination of case conference minutes. The reduction in compliance has resulted from a number of factors including significant challenges associated with the introduction of new business and related data quality assurance processes across administration and social work staff and ongoing recruitment difficulties across all grades of staff. The improvement in compliance is a priority area for Principal Social Workers and Minute Takers. A Quality Improvement Project has begun to focus on the compliance rates and the improvement of these.

#### **FAMILIES WITH NO RECOURSE TO PUBLIC FUNDS**

The Trust continues to experience a significant volume of referrals of children and their families with no recourse to Public Funds. These families often have extremely complex needs, are socially isolated, experience marginalisation, have difficulties in understanding statutory, legal processes and English is not their first language. They require substantial supports, including financial supports to meet basic living and housing costs on occasion.

#### **CARE PATHWAYS PROJECT**

The Care Pathways Project has been operational since 2016 and a planned review was due to be completed by the end of 2017 as part of the transformation process. Unfortunately, there has been delay in the report being finalised due to operational reasons. Feedback from within the Family Support Service is generally positive with staff seeing the benefits of remaining involved with families until the granting of the final Care Order. Feedback from both LAC staff and young people is positive although, due to the increasing demands on the LAC service, staff managing the complexity of the 16+ age group of young people, increasing caseloads and difficulties with staff retention, the full benefits have not been seen. Young people and social workers report, however, that in principle, the preferred choice is that those young people under 18 remain in the Looked After Service.

#### **ADOPTION AND PERMANENCE SERVICES**

Whilst the recruitment of potential adopters with appropriate skills and abilities to meet the often-complex needs of young Looked After Children, including sibling groups, in need of permanent adoptive homes has improved, this area none the less is one which the Service keeps a focus on. The recurring themes of chronic neglect, foetal alcohol syndrome, attachment difficulties and developmental delay are prominent in the profile of those children for whom permanency through adoption is determined as the optimal option for their future care.

Protracted Court proceedings in many cases impact adversely on the securing of timely permanence, especially where adoption is the Care Plan. Twenty-two Freeing Orders were granted during the period 1 April

2018 – 31 March 2019. The Trust is committed to improving performance in this key area. The implementation of the Revised Permanence Policy affords the opportunity to improve timely decision- making and planning to progress permanence through adoption.

On a positive note, at period end the Trust had no children freed for adoption who were awaiting placement with perspective adopters.

Once adoption has been identified as the Care Plan, the Principal Social Worker for Adoption (PSW) is responsible for monitoring timescales for presentation to the Adoption Panel and tracks the progress from “best interest” recommendations to achieving adoption. The Trust’s Adoption Service database captures key data across all aspects of adoption service delivery and performance.

With regard to the recruitment of adopters, all applicants complete a dual approval assessment and are matched with children who have a ‘best interest’ recommendation. Concurrent care is discussed with potential adopters as part of the Trust’s ongoing focus on promoting this model. While concurrent care is not appropriate for all prospective adopters, the number of carers open to considering concurrency is increasing. The Trust has eight approved dual/ concurrent carers awaiting matching and two concurrent placements. The Adoption Service works with colleagues in the Family Centre to provide bespoke parenting assessments for parents of children placed in concurrent placements. This is the consolidation of the HOT Project into mainstream services.

The Trust also continues to see a steady increase in the number of same sex applicants seeking to adopt. With the NHSCT and QUB, the Trust is participating in a research project in relation to adoption service delivery to same sex adopters.

The Trust continues to make improvements in the reduction of the number of applicants on the waiting list for assessment. With the retained bank of fieldwork staff supporting the Adoption Service staff resource, there is a rolling allocation of assessments. Waiting times for both assessment and training are often dependent on the applicants’ individual personal/home circumstances. The Trust is currently undertaking 9 adoption assessments at period end.

#### **CARE ORDERS AT HOME**

The Trust recognises there is a significant number of children placed at home with their parents under the auspices of Care Orders. Following a workshop the Service has established a Project Team to collate and analyse a range of data with regard to this placement cohort to inform its review of practice and wider service delivery themes. The Project Team has collated and analysed the data, undertaken interviews with social work staff with case responsibility and following the outcome, key staff are now involved in a QI project due for completion in June 2019.

**PERSONAL ADVISOR (PA) SERVICE**

Pressures on the Personal Advisor Service remain, primarily because of the increasing volume of young people who have a statutory entitlement to a PA and the challenges of retaining and recruiting to the Service.

At the period end, the Trust had 79 young people awaiting the appointment of a PA. Unfortunately, within the PA Service, there has been one vacancy during the reporting period and a long-term absence. This had led to an increase in the waiting list for PA case allocations. The vacant post has recently been recruited to and it is hoped that the other PA will soon be able to avail of a phased return to work.

Even with a full staff complement, it is unlikely that the PA service will be able to meet all its statutory responsibilities within the number of core funded staff. It is anticipated that the PA service would require at least an additional 1.5 PAs to meet the entitlement for eligible, relevant and former relevant young people.

**GEM SCHEME**

The GEM scheme continues to provide placement stability for a growing number of young people 18+ who can remain with their former foster carers. The increase in numbers, however, does impact on the continued availability of the foster carers to provide a foster placement for other Looked After Children. While additional funding has assisted in meeting some of the financial pressures from the GEM Scheme, if current demand trends continue, this will lead to a further increase in pressure on the current budget.

The Trust is involved in the regional work to review the funding to GEM placements, particularly with regard to fee paid foster placements in the projected care plans for post 18 care leaver placements.

**SUPPORTED ACCOMMODATION**

The Trust currently has access to a number of jointly commissioned accommodation resources, which support young people transitioning into independent living. These options provide a spectrum of peripatetic supports, which meet the diverse needs of young people leaving care. The Trust had identified a need for supported lodgings and had secured recurrent funding for same from the HSCB, however, the Trust in partnership with South Eastern Trust, felt this was no longer a priority area at the present time. The South Eastern and Belfast Trusts are now jointly exploring with the NIHE and current providers of jointly commissioned accommodation, the possibility of alternative placement options and support packages for those older young people whose needs cannot be met in either residential care or joint-commissioned accommodation, due to the challenges and risks they present. This work is being taken forward by both Trusts with further additional funding provided by the HSCB to provide intensive packages of support for vulnerable Looked After young people 16+ and care leavers.

There is a particular pressure on the Service to identify suitable accommodation for those young people with complex needs and

challenging behaviours, often presenting with risks to themselves and to others. These young people require bespoke packages of intensive, tailored supports and more specialist accommodation with attendant additional costs.

**Placement Pressures:**

There are substantial pressures in matching foster placements to the needs of individual Looked After Children as a result of the volume of children who are currently looked after, the throughput of children through the care system and the complexity and range of their needs. The Trust's Fostering and residential services continue to face ongoing pressures in sustaining their present placement capacity.

The Service has noted a growing trend of younger children presenting at the point of referral with complex emotional and behavioural needs, who require access to specialist therapeutic services and bespoke fostering and residential resources. During the reporting period, the Trust placed two young children under eleven years in residential care.

The professional, governance, organisational, logistical and resource implications of placing a young child in residential care are considerable. During the reporting period access to Children's House was not available to the Trust which placed pressures on its existing residential provision, and current specialist therapeutic support services. This resulted in significant costs associated with individual placement arrangements, bespoke supports and overarching workforce capacity. This issue requires a particular focus at policy and regional levels.

Placing young children in residential placements out with their Statement of Purpose, breaches regulatory requirements and results in a temporary hold on admissions to the individual home. The placement of one of these young people resulted in a JR application by the child's mother and an judicial process over a number of months. This has had a direct impact on the whole-system residential placement capacity and has generated indirect pressures within the fostering system.

A specialised, bespoke home has been developed in response to the specific needs of one young person. There have been issues with regard to recruiting a full staff team, which in turn has led to a temporary hold on admissions to one of the ISUs where the young person is currently residing.

One of the ISUs in Glenmona will be moving into the community, to College Park Avenue in the early Autumn. There are plans in place for two of the children's homes on site, the remaining ISU and the Unaccompanied Minors and Separated Children home.

One of the children's homes, Donard, provides placements regionally. This provision is being reviewed with the HSCB and Trusts.

	<p><b>SEPARATED CHILDREN</b></p> <p>The Glenmona Resource Centre provides a specialist residential service to separated children. It is recognised that this group of young people are particularly vulnerable.</p> <p>The Trust continues to manage these young people via the Intensive Adolescent Support teams, which support the development of expertise and skills base in this complex area of work. The focus of the Teams' interventions includes age assessments; ensuring a young person's cultural and religious needs are met; overcoming communication barriers through the effective use of interpreting services; and building relationships with young people. This service has developed positive working relationships with the newly established Independent Guardian Service.</p> <p>In March 2019 CSIB approved the 'Practice Guidance Note on the Legal Position of Separated and Trafficked Children'. This practice note provides the Trust with the rationale as to why the mandate of the Court should be sought to ensure judicial protection of the young people's human rights and UNCRC rights. This has placed additional pressures on the IAS teams who have now retrospectively made applications in cases that were previously known and managed on a voluntary basis.</p> <p>The Intensive Adolescent Service, residential and community staff support continuous practice development in this area. Staff attend multi-disciplinary Regional Practice Network meetings chaired by the HSBC. The Network has also developed a practitioner forum to share good practice with staff members and a consistent response across the region in work with unaccompanied asylum seeking and trafficked children, which is ever changing. There is also the current development of a regional fostering team to identify specialist carers for separated children given their specific and complex needs.</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>Implementation of Signs of Safety</b></p> <p>Within Belfast Trust, the Service is committed to our aim that Signs of Safety will be our framework for interventions with children and families, setting the processes through which the work is undertaken with individual service users in partnership with other agencies. Whilst Signs of Safety provides many opportunities and improvements in the way we carry out child intervention work, it is also important to recognise the challenges. These include the capacity of staff to implement Signs of Safety along with other practice directions for example, Building Better Futures (BBF) and Adverse Childhood Experiences (ACE). There are significant pressures related to workforce recruitment and retention and outstanding challenges with the integration of Signs of Safety and the various Trust information systems.</p>

**Adoption and Childrens Bill**

The Trust would wish to continue to highlight the significant resource, capacity and workforce planning requirements that will be necessary to deliver the implementation of this new legislation.

**Increase in Costs relating to Permanency**

The increasing costs of Residence Order Payments linked to the rise in Residence Orders continues to be a significant cost pressure to the Trust.

The number of Adoption Allowances continues to increase, reflecting the range and complexity of needs of children placed for adoption.

**Contact**

The Trust continues to experience significant difficulties in meeting the demands presented through the provision of contact with families. High levels of contact, demographics and family dynamics have continued to present as a substantial pressure on social work capacity. The Trust is continuing its review of the levels of contact, the time spent by social workers and the impact on caseloads. It is hoped that this review will highlight not only the pressures experienced by teams in managing contact and capacity to maintain contact demands, but also begin to identify how this can be addressed in order that future contact provision meets the needs of children and families.

**Fostering Placements**

The Trust continues to experience significant difficulties in securing appropriate placements for children and young people.

**PARIS**

The implementation of PARIS has continued to present significant resource, logistical, professional and organisational challenges. It is a crucial strategic, transformational improvement project and will require significant resources to optimise the potential of digital working and to position children's social care services to respond to the challenges and maximise the opportunities of the roll-out of Encompass.

**Specialist residential provision**

A specialised, one-bedded children's home has been developed in response to the specific needs of one young person in circumstances in which an ECR placement was not an option. There are substantial related resource and financial issues associated with the recruitment of a staff team to provide full-time care for this young person.

**Younger age children requiring residential placements**

The past year has seen an increase in the number of children at a younger age requiring residential placements due to complex behavioural and emotional difficulties. These young people have often had a high level of fostering breakdowns in a short period of time and have presented with behaviours that are too challenging for foster placements. Consequently, the Trust has had to reconfigure one of its children's homes for the younger age range and provide additional

	<p>training to staff on how best to meet the needs of this very complex group of young children.</p> <p>This Home will continue to be required during the next reporting period due to the ongoing needs of this group of children. This continues to impact significantly on the number of residential placements available for 13-17 year olds and has resulted in our mainstream homes increasing the number of young people placed within them – a move which is counter strategic.</p>
<b>3.7</b>	<p><b>Indicate if the issue is included on your Trust Risk Register and at what level</b></p>
	<p>The following risks in relation to the discharge of statutory functions were included on the Directorate Risk Register as at 31<sup>st</sup> March 2019:</p> <ul style="list-style-type: none"> <li>➤ Potential for young people to come to harm as a result of poly substance use;</li> <li>➤ Risk of young people engaging in risk taking behaviour eg substance misuse and vulnerability to CSE while having unauthorised absences and going missing from care;</li> <li>➤ Risk to delay in children and young people receiving services due to the number of unallocated cases within Family Support;</li> <li>➤ Risk of homeless young people aged 16+, who present to Family Support, becoming further involved in CSE, drugs/alcohol or crimes as result of being placed in unregulated placements such as B&amp;B;</li> <li>➤ Risk of verbal abuse and or injury/harm to staff due to violence and aggression from others;</li> <li>➤ Risk of mis-management of child protection cases due to the volume of cases and current staffing complement;</li> <li>➤ Risk of staff not being up to date with current practice because they have not undertaken statutory mandatory training;</li> <li>➤ Risk of some of the high volume of very sensitive information being forwarded incorrectly or not appropriately managed in line with Information Governance policies;</li> <li>➤ Risk associated with the implementation of Paris across the Family Support and LAC teams, the impact on Social Worker’s time and the potential for information to be entered incorrectly.</li> <li>➤ Risk of verbal abuse or injury/harm to staff due to violence and aggression from others</li> <li>➤ Risk of not being able to access appropriate foster care/residential placements</li> <li>➤ Risk of not being able to fully discharge statutory functions due to high levels of vacancies in FS and LAC</li> <li>➤ Risk of mis-management of Child Protection cases due to the volume of cases and current staffing complement.</li> </ul>
<b>3.8</b>	<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 past twelve months has been an extremely challenging time for the Children’s Community Services in terms of recruitment and retention of staff across all areas of frontline provision. The Directorate has held monthly workforce meetings to focus on the recruitment and retention</p>

of staff and when required weekly meetings with senior managers of particular service groups to review how vacancies are being managed. Whilst the Trust has a scrutiny process in place for review of vacant posts, the Executive Team has fully supported all recruitment requests for children's community social work posts. The main issues have been the timeliness of getting successful applicants through the recruitment process and the lack of available social workers in the latter part of the year. The Directorate has significantly increased its reliance on the use of agency social work staff although the availability of this group of social workers was limited as the year progressed.

Throughout the course of this reporting period, the Gateway Service has experienced significant workforce challenges with staff leaving post for various reasons, including promotion/ a change in career pathway/ wishing to seek out opportunities in other programmes of care. Due to the demography of the workforce, maternity leave has also been a particular feature. The Service has developed a pro-active recruitment and retention strategy with substantial HR supports incorporating a series of recruitment campaigns, development of incentives and accessing of agency staff. It has pursued a dynamic staff engagement and listening approach with a sustained focus on staff well-being, ongoing investment in a spectrum of training and development programmes and a commitment to flexible, family friendly approaches. The Directorate has sought to consolidate and further develop its links with the Degree course providers and to optimise the potential of its student placement programmes for future recruitment opportunities.

There are continuing workforce pressures across the Family Support Service in fieldwork posts. Stressors related to caseload size, service delivery volumes, demands and complexity of service user needs, levels of risk and related accountability remain substantial issues. The demands placed on field social work and senior social work grades has a detrimental impact on the recruitment and retention levels within Family Support.

Given the volume of new Band 7 SSW staff within the Trust and the crucial role they have, emphasis is being placed on the support available to staff via the SSW forum. This also incorporates psychological support available via the TFSS wraparound service.

Over recent months, the LAC service has experienced difficulties in recruiting and retaining social work staff. The bedding down of the Care Pathways Review, alongside increasing complexity of the casework, increasing caseloads with the rise in the Looked After population, ongoing Court work with Freeing Order Applications, other legal challenges from parents, for example arrangements for contact, have all contributed to experienced staff either leaving to go to other programmes of care or leaving the Trust to try to achieve a better work-life balance. The development and support of our workforce has been a key priority for the Directorate during the year and will continue as such during the next reporting period.



	<p>Overall, the Residential Service teams are at capacity although there are issues in relation to recruiting a full team for a new children's home recently developed.</p> <p>The Service has continued to support investment in learning and development opportunities for staff. As part of a Trust-wide process, the Service was assessed for IIP re-accreditation during this reporting period. IIP affords a framework within which the Service has sought to develop its workforce support and engagement structures to promote staff resilience. The framework's emphasis on reciprocity of respect, communication and transparency reflect the wider organisational values and principles. By building clear channels for staff to contribute to the Trust's realisation of its ambition, the Service hopes to achieve IIP Silver Award accreditation to maximise the workforce's potential.</p>
<b>3.9</b>	<b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b>
	Inter-country Adoption Services – Costs related to assessment and approval process.
<b>3.10</b>	<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>
	This will be addressed in the Children with Disabilities section.
<b>3.11</b>	<b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b>
	<p>Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. The Trust's vision, values and principles reflect the importance it attributes to the human rights of service users. All Trust policies and procedures comply with statutory requirements relating to its Section 75 responsibilities</p> <p>Professional and corporate mandatory training and accredited learning programmes embrace a focus on consideration of the impact on an individual's human rights in decision-making with regard to statutory services delivery.</p> <p>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 which affects them and the proportionate exercise of statutory authority, while retaining a focus on the paramountcy of a child's welfare, provide the template underpinning the Service's discharge of statutory functions.</p> <p>Under the auspices of the Trusts New Directions 2 document the Service is reviewing its arrangements to engage service users in the evaluation, planning, design and review of service. In addition to the involvement of service users in meetings such as child protection case conferences, LAC reviews, the Service has well-established service user involvement in a number of areas including the Care- experienced</p>

	<p>Young Peoples Forum, Family Nurse Partnership Project Board. The service will build on this over the next reporting period to incorporate a co-production approach.</p>
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**HUMAN RIGHTS**

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any on-going challenges?</b>
	<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 these families, the Trust is required to balance their rights 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>Discharge of statutory responsibilities which impact on the Human Rights of children and parents in discharging its statutory responsibilities to secure the safeguarding of children.</p>	<p>This is still an expanding area of work across the Trust. The Trust has developed staff with a skills base in working with NRPF families and has sought to develop its relationships with key agencies involved e.g. the United Kingdom Border Agency (UKBA).</p> <p>The Trust provides regular training and reflective learning opportunities for its social work staff in relation to the proportionate balancing of human rights considerations and the discharge of statutory duties to protect children. Professional practice is underpinned by the values and principles referenced in the NISCC Code of Practice and the Trust's own values. The initiation of statutory authority is contextualised within such values and principles and informed by statutory guidance and procedures. The involvement of children and parents/carers</p>	<p>The HSCB has published guidance on access to social care for people from EEA and non-EEA countries. The operationalising of the guidance has reinforced the complexities and ambiguities of the legislative framework.</p> <p>The Service Area will continue to review its practice in this area. It will seek to enhance opportunities for service users to contribute to the review and development of services and to ensure that service users have access to independent advocacy and legal representation.</p>

	<p>The area of post adoption contact for children who are subject to Freeing Orders and subsequently placed for adoption presents complex rights and professional challenges in balancing the rights of a natural parents and the paramountcy of a child's welfare</p>	<p>in all decisions which impact on their Human Rights is fundamental to practice.</p> <p>The Service has sought to build its knowledge, skills and evidence base in adoption and the area of post adoption contact to support evidence informed decision-making, which fully addresses the rights of the individuals involved.</p>	<p>To continue to develop professional practice base and review the evidence base to inform decision-making. To ensure relevant, up to date research is available for all staff and contributes to practice and planning approaches.</p>
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<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 implementation of Signs of Safety on a regional basis presents an opportunity to transform service delivery approaches and outcomes across the Service. However, it also presents significant challenges. It is crucial that the concerns in relation to the challenges are managed and overcome in order to ensure that it is implemented within the timeframe and leads to the anticipated changes.</p> <p>The Trust have developed a Therapeutic Family Support service (TFSS). This is a specialist service focusing on supporting social work teams in the Belfast Trust by providing access to psychological thinking across the different social work positions within family support. This service was developed in recognition of the intensity and complexity for our family support teams in their assessments and interventions with families. There is increased awareness and understanding of the impact of work on practitioners and staff well-being as central in providing better decision making and support to our families. There is increased emphasis towards reflective practice. The aim of the TFSS is to contribute to overall high quality safeguarding and support of vulnerable children/young people and families who have family support involvement.</p> <p>The Belfast Trust's residential service, in collaboration with the PSNI and IFA, have developed the 'Dare to Win' initiative, which is a twelve week programme, that aims to redirect young people from risk taking behaviours, teach young people sport and coaching skills, and in the long term provide work opportunities to young people</p> <p>The GEM scheme continues to grow with continuing improved outcomes for care leavers in terms of education, employment, vocational/training opportunities as well as offering enhanced stability in emotional and social wellbeing.</p> <p>The enhanced collaboration between Adoption and Fostering continue to provide a much better framework to engage in joint recruitment initiatives to identify permanent foster carers, dual approved adopters and concurrent carers. Following on from the HOT Project, the Trust has embedded concurrent placements and tailored parenting assessments into its core business.</p> <p>The Adoption Service has been very successful in the recruitment and approval of same sex adopters and this continues to be an area of growth.</p> <p>The successful partnership with Opportunity Youth and Include Youth with regard to the Employability Scheme for Looked After young people and care leavers has continued to develop a range of potential opportunities for young people in the workplace and in education. There continues to be a positive engagement with Further Education Colleges to support young people with their</p>

	<p>education. The Trust, as Corporate Parent, has committed itself to enhancing employment placement opportunities for looked after young people as reflected in the Scheme’s “ring-fencing” of employability opportunities for young care leavers in partnership with HR and other Directorates. The service is now working with two other departments within the Trust to develop a potential method of a paid one year internship and is also looking at opportunities for apprenticeships.</p> <p>The Residential Specialist Assessment has been integral to informing Care Planning and identifying interventions responsive to the presenting needs of each individual young person. With particular reference to the bespoke arrangement for two nine year old children, the specialist assessment has been critical in placement matching for each child.</p> <p>Aran House was shortlisted for the Social Work Awards – Children’s team award- for the expertise and skills they have developed in working with separated minors.</p> <p>The Trust led on a regional review of the recruitment and retention of foster carers in conjunction with ASG. The final report was presented to all relevant staff and a number of recommendations/actions agreed for moving forward.</p>
<p><b>3.16</b></p>	<p><b>SUMMARY</b></p>
	<p>This has been a challenging year for the Directorate in a number of areas:</p> <p><b>Workforce</b></p> <p>The Directorate has experienced a high number of vacancies at every level. The Interim Executive Director of Social Work Mr Growcott remained in post for the first 6 months of the year until the permanent position was recruited for in September 2018. 50% of the Tier 3 senior management positions remained vacant throughout the reporting period and following restructuring two new Co-Directors and a Deputy Executive Director of Social Work were successfully appointed to in March 2019. The Tier 4 management level also experienced a degree of instability with 5 new service managers being appointed out of a total of 8. The Directorate has developed its collective leadership model with the introduction of two new posts: Divisional Nurse and Deputy Executive Director of Social Work/Divisional social worker. It has also invested in strengthening the Directorates infrastructure in relation to ICT, information and governance. A high turnover of staff was experienced at band 7 and band 5/6 levels and, despite two recruitment campaigns, not all posts have yet been recruited to. This has had an impact in parts of the service being able to fully discharge its statutory functions. It is hoped that the stabilisation of the Senior Management Team and the recent recruitment of social workers will improve this situation in the first quarter of the next reporting period.</p>

**Current placement pressures**

The current difficulties relating to placement availability across both fostering and residential care have continued to give rise to challenges for the Trust in the discharge of its statutory functions. The Trust has been creative in developing two new specialist residential arrangements for young people to respond to their specific needs through the development of a residential home for 8-12 year olds and a residential home for one young person who displays sexually harmful behaviour. Whilst both options have been in the best interests of the children involved, this has been a cost pressure for the Trust.

**PARIS CIS**

The Directorate has implemented the new PARIS CIS across its frontline services with fostering and adoption to follow in the next reporting period. This has proved to be a substantial challenge for the staff involved and is still bedding down.

Despite these challenges the Directorate have maintained its focus on quality improvement, continuing to build its skills and knowledge base as it works with the Trust to achieve its ambition to be a top performing high quality and compassionate organisation.

The Service is committed to the valuing and the development of its workforce, to facilitating their access to training and accredited learning linked to career pathway opportunities and to promoting a strong reflective, outcomes and evidence based practice culture. The Directorate has had a focus on improving staff engagement at all levels to ensure both a bottom up and a top down approach to planning and involvement and has a People and Culture Plan in place to support this work. The Directorate has worked with the rest of the Trust towards achieving IIP Silver accreditation.

<b>Programme of Care / Directorate:- Children with Disabilities</b>
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<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>Oversight of professional social work practice and standards within the Children with Disabilities Service is the responsibility of Mrs Pauline McDonald, Childrens Services Manager, who is accountable to Ms Kerrylee Weatherall Co-Director for Child Care and Child Health and a qualified Social Worker, in respect of safeguarding and social work governance issues as well as service delivery and quality.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work workforce runs from the individual practitioner through Service management and professional structures, to the Executive Director of Social Work and onto the Trust Board.</p>
<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>The Service Manager for Children with Disabilities, Assistant Service Managers, Childrens Home manager and Team Leader posts are all designated social work posts.</p> <p>Supervision was delivered to the Service's professional workforce in line with their respective regulatory requirements</p> <p>The Service is compliant with the requirements of the regional Children's Services Supervision Policy. All 3 Team leaders have completed the Trust Supervision training programme.</p> <p><b>Forest Lodge</b>, (Short Break Service) is a registered Nursing Home, managed by a qualified nurse. RQIA nursing and Childrens social care inspectors jointly inspect the Home against Nursing Home and Childrens Standards. Supervision is provided to staff on a monthly basis by the Team Leader.</p> <p><b>The Regional Interdisciplinary Service Team (RISE) and Childrens Therapeutic Services</b> have multi-disciplinary workforces. (There is one designated social work post in RISE Team).</p> <p><b>AYE STAFF</b> As at 31/3/19, the Service had 7 AYE social workers in fieldwork and hospital social work teams, who were employed via a Recruitment Agency and two were recently successful at interview for permanent posts in the service. The Service has complied with the regulatory requirements in relation to induction, supervision and workload of AYE staff. The Service links closely to CCS Learning and Development Team to ensure that AYE staff, including Agency staff are appropriately supported to meet all learning objectives and required competences.</p> <p>The Service has assurance processes to monitor compliance with the discharge of its statutory functions and maintenance of good practice as follows:</p> <ul style="list-style-type: none"> <li>➤ Monthly/Supervision</li> <li>➤ Regular team meeting</li> </ul>



	<ul style="list-style-type: none"> <li>➤ Release to attend AYE forum</li> <li>➤ Mentoring from experienced Social Workers</li> <li>➤ Regular training and development opportunities</li> <li>➤ Regular file reviews</li> <li>➤ Reflective case discussion opportunities</li> <li>➤ Multi-Disciplinary reviews and consultation</li> <li>➤ Staff consultation and support events</li> </ul>
<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>Somerton Road Children’s Home</b>          This is registered as a home for children with Learning Disability and behaviours of challenge. This has been a mainly positive year for the home. The acting Manager has moved to a post outside of the Trust however, the deputy manager post has been permanently filled by an experienced Residential Social Worker and the service will recruit a replacement as soon as possible.</p> <p>One resident recently admitted to the home following a breakdown in his home circumstances has adjusted well to his new surroundings. The other residents have made significant progress throughout the reporting period, achieving increasing levels of personal independence and self-regulation. One young person is working with staff to get ready for his move to adult Learning Disability services, which though challenging for him is going well.</p> <p>Monthly monitoring and file reviews are ongoing (via Monitoring Officer). Recruitment of social work vacancies is now complete and the Service has adapted well to both new residents and staff. The Service continues to embrace Positive Behaviour Support (PBS) as its primary ethos and there has been a continued low-level use of physical restraint and restrictive practices within the home since our last report in line with appropriate practice guidance. Four members of staff have been trained as PBS coaches and a PBS reflective practice group continues to meet across the CWD Service. The Service remains committed to developing PBS as a cohesive and unifying framework across teams, services and with other departments within the Trust and is involved in regional PBS development work.</p> <p>In the last year, the Service has continued to provide regular structured reflective practice sessions for staff facilitated by a member of the Children’s Services Learning and Development Team.</p> <p>The pressure for places within Somerton Road has continued throughout the year with the Service identifying a number of children/young people on the edge of care. The Trust would request further discussion with the Commissioner in relation to developing the range and number of placement options for children with Learning Disability and behaviours that challenge both within Belfast Trust and regionally.</p>

**Forest Lodge (Short Break Service)** is a registered Nursing Home for children with Learning Disability and Complex Health Care Needs. The Home is inspected on a joint basis by both nursing and social work inspectors as part of the RQIA regulatory arrangements and is monitored monthly by the Monitoring Officer in line with Nursing and Children's Home Regulations. The Divisional Nurse provides professional nursing governance advice, guidance and monthly supervision to the registered manager. Monthly agency/management supervision is also provided to the manager by the Assistant Service Manager with responsibility for Residential and Short Break services.

This short break service continues to be evaluated positively by families and professional colleagues. Work is on-going to develop more effective ways to engage and understand the views of children.

**Willow Lodge (Short Break Service):** Willow Lodge is a Children's Home with two registered beds and currently has eight children using the service at various times and at varying levels, depending on assessed need. Several discharges have taken place of children whose levels of support were beyond the remit of a Short Break service and LAC regulations and these young people are now in full time placements. New residents are being introduced and the service expects to be supporting at least an additional 4 families within the next four months. The service has noted continued increase in complexity of need and family breakdown within a cohort of children identified to HSCB as being on the edge of care. Children with complex behavioural presentations are likely to present with increased need across a variety of services in the next few years, including residential placements, which the Trust has highlighted in discussions at Childrens Services Improvement Board (CSIB) and to HSCB.

A regional workshop was held in June 2018 to address regionally strategic themes, pressures and priorities. To date, a draft action plan has been shared with all Heads of Service, but no firm regional action plan has been agreed and no specific actions have resulted. This is regrettable and is an issue which requires focus from HSCB and Trusts.

Wherever possible SDS is provided and utilised to provide greater breadth of support and choice. Many Families describe the administrative requirements of SDS, lack of available and suitable PAs and lack of training and support as reasons for their reluctance to request SDS, or as the reasons why SDS is limited in its application. The most complex children require an increased range of direct and stable family support services such as Short Breaks, Shared Care and residential placements.

#### **Access to Services**

The Service has written referral and allocation criteria for each of its services detailing the responsibilities and accountabilities of Team Leaders and practitioners. The Service continues to adhere to its

comprehensive referral pathway process (aligned to UNOCINI requirements), which takes account of all services managed by CWD. In effect, this creates one “front door” for specialist Family Support services. All urgent or child protection referrals are responded to within twenty-four hours. The Service has a long term issue in respect of the reduction of unallocated cases and has engaged with the commissioner to try to resolve the situation. These are reviewed by the SSWs on a weekly basis and reprioritised as necessary.

#### **Community Nurse Learning Disability Service (CNLD)**

The CNLD has an active caseload of 111 children. All children referred to the CNLD service have an initial assessment to ensure that there are no safeguarding concerns and to understand family support needs. The Service has delivered a number of parent and carer workshops on sleep, toileting and behaviour management. 76 parents availed of these and reported that they found them to be very helpful. Outcomes are currently being evaluated. For those children who are assessed as having significant health or disability related issues, the CNLD service provides health promotion advice guidance, medication monitoring ,advice, guidance and support in management of epilepsy, sleep, anxiety management ,continence and challenging behaviour.

#### **Childrens Therapeutic Service**

The Children’s Therapeutic Service (CTS) provides Clinical Psychology, specialist behavioural, Speech and Language Therapy, Occupational Therapy and Family Support worker inputs. The Service works closely with community social work, Community Nursing Learning Disability teams and ID CAMHS colleagues and is currently providing specialist assessment, interventions and supports for approximately thirty-five children. CTS continue to hold a waiting list of ten children for Psychology and ten for behavioural assessment. Waiting times are reviewed regularly and kept to a minimum.

During the reporting period, the waiting list and referral process underwent significant review to ensure that only those children whose needs could not be met by another more appropriate service were accepted for assessment and support. In order to ensure that children and families with significant behavioural and psychological challenges are supported holistically, all children referred to CTS must be known to the CWD Social Work service. This has ensured that need has been appropriately assessed and identified and family support services put in place as per Pathway Plan. CTS has also developed a weekly consultation service for professionals, which has facilitated access to specialist advice and consideration given in a timely way as to whether or not a child or young person needs to be referred to the Service for more specialist assessment.

Waiting times and outcomes for the service are measured and recorded and information gained is used to appropriately target resources and improve the quality of the service provided. The service is working collaboratively with other teams and a much better understanding of its role, function and capacity is evident.

**Regional Integrated Support for Education RISE NI (BHSCT)**

The RISE NI BHSCT work to a tiered interdisciplinary, early intervention model supporting children, schools and families at universal, targeted and specialist levels, to ensure that children are fully engaged with the school curriculum and have the best chance to succeed in school and at home. RISE has facilitated service user focus groups and has led within the Service in shaping and improving practice in relation to service user involvement and outcomes-focussed service delivery. Both teachers and parents rate the Service highly and provide valuable feedback and perspectives on service delivery, which enables the Service to improve on an ongoing basis. During the reporting period, 415 referrals for specialist assessment were made and 4500 were seen through whole school/class or targeted programmes.

800 teachers and 500 attended RISE training programmes. The Service has links with statutory and voluntary agencies, which ensure that the right services are involved with children and their families and avoid duplication.

Parent/carer engagement has led to the development of a range of parent workshops, which are provided within school settings and enhance the supports delivered by both health and education services with parents reporting them as less stigmatising-in particular Solihull and Sleep Scotland workshops and training.

Selective Mutism services for children within the BHSCT are now embedded within the Service and 40 children have taken part in these programmes with successful outcomes. Outcomes look promising and this contributes to a reduction in need for more intensive psychological and other core services.

The Service notes increased need and complexity of children now attending mainstream nursery and primary schools and requiring assessment and support from RISE. This reflects current pressures in Educational Services, which would previously have provided specialist advice and support. The threshold for access to Educational Psychology services continues to increase the demand on the RISE team.

**Community Teams**

The Service has now recruited a third Team Leader and new team structures and arrangements have been created to enable efficient use of our limited social work resource and to ensure good governance of services. Social work teams have settled well and a positive culture is developing. We have finally concluded recruitment and are pleased to have appointed 3 staff who were formerly employed as Agency and who know the Service well.

The Service continues to prioritise the reduction of unallocated cases, but this has been challenging. The Trust has continued to raise this

pressure to the Board and is awaiting the outcome of regional plans for increased staffing to remedy the situation. The Service asserts that it will be unable to achieve a sustained reduction of unallocated cases without further investment.

PARIS is now fully implemented across all services and staff have had appropriate training. The Service notes the benefit of appropriate information sharing and access to professional assessments.

During the reporting period, managers have continued to develop systems for managing referrals and unallocated cases, linked to improvements in the Duty system. This has assisted the Service to understand risks and issues inherent in cases which cannot be fully covered. The Social Work service has collaborated with colleagues in CNLD and CTS services to provide early intervention workshops and support to families who have not yet been allocated a SW. To date feedback from parents has been very positive, with parents advising that they feel supported and enabled to manage their child and the challenges which they face.

RISE NI again ran a "Stress Less" workshop for parents and carers. Funding was provided from the Carer budget and included access to various therapies and treatments, including neck and shoulder massage for parents. Thirty-two parents in total attended these sessions. These afforded opportunities for carers to come together, relax and have some time for themselves while exploring how they might build resilience and manage stress. The programme was well-evaluated by parents who attended.

Carer support continues to be a priority for the Trust and 406 Carer Grants have been made and 136 Young Carer assessments completed. The service delivered 2 carer away days and workshops as outlined earlier in the report.

Community Teams are increasingly dealing with significant safeguarding cases. They have submitted 30 PJI1 forms and completed associated investigations during the reporting period. Three of these investigations resulted in ABE investigations with PSNI colleagues.

**Private Law applications:**

During the reporting period, there have been private law applications, which have required social work assessment, including visits to child, parents and family, observations of contact, attendances at Court, and provision of Court reports and update reports.

The Service also co-works a number of cases with LAC and FIT colleagues, which can be complex and time consuming.

Unallocated cases are reported on a monthly basis to the HSCB. Team Leaders assess and prioritise work referred into the Service to ensure they maximise the available staff resource, minimise and

manage unallocated cases and adhere to UNOCINI assessment and review timeline requirements insofar as possible. As at 31.3.19, the Service had 166 unallocated cases and continues to work to manage and reduce these. As reported earlier, the Service believes that this is a long term capacity issue, which requires additional professional social work resource to address and which requires additional investment.

As a service, Children With Disabilities is experiencing serious Cost Pressures linked to the increase in numbers and allocation of Self Directed Support packages based on assessed need. In addition, the Service has had to place three young people in full time placements outside of the Trusts commissioned arrangements and without additional funding. The service has also had to increase waking night staff numbers in children's homes due to increased complexity of residents.

Children with Complex Health Care Needs – the Service continues to work closely with the Community Children's Nursing (CCN) Service to ensure co-ordinated discharges from hospital and joint assessment where possible to support the families of these children. The lack of appropriate housing and care providers can often cause long delays in the discharge process.

The Disability Fostering Project provides placements for 4 children with complex needs on the edge of care. The Service is working closely with fostering colleagues to deliver appropriate placements. The project has led to improved communication and understanding between Children with Disabilities and Fostering Services and a more streamlined pathway for accessing foster placements for children with disabilities.

#### **ABI**

The Service is contributing to the development of the Trust Brain Injury Strategy Action Plan and is taking the opportunity to profile the care and support needs of children.

#### **Service User Audit, Engagement and Feedback.**

The Service seeks feedback from children and parents who access Short Break and residential services via the LAC processes and annual surveys. It continues to report on this in monthly reports to RQIA. During the reporting period, the Service actively engaged in various forms of stakeholder and user engagement as outlined below and is continuing to implement its PPI strategy, though management capacity challenges continue to limit developments in this area.

The Service has increased partnership working with the independent sector with particular emphasis on early intervention. This has also involved working more closely with parents and carers. The Service is working with the Carer Co-Ordinator for children to develop a more regular and relevant Carer Forum. The Service has also run a number

of workshops/sessions for siblings, which have been positively evaluated.

The Service has invested funds in Early Intervention initiatives with Sleep Scotland and MENCAP/epats.

### **Increasing Complexity of need in younger children**

As previously reported the Service continues to experience increased demand for family support, behavioural support, and treatment for the most challenging children. It has noted the increasing complexity and range of needs across the children with disabilities population. Children are presenting at a younger age with more complex conditions and difficulties, the most resource and time intensive being behavioural needs and the lack of diversionary and therapeutic services is significant. These children generally present with several co-occurring conditions- SLD, Autism, ADHD and Epilepsy (usually 3 or more). Community Teams and CTS are working closely to support families to maintain these children at home, but this is increasingly difficult within existing budgets. The Service believes that, without continued investment in community services, referral thresholds and waiting lists will rise and the risk and incidence of family breakdown will increase, placing considerable additional resource pressures on already stretched services.

### **Risk register**

All risks are reviewed at least quarterly by the Service Manager in conjunction with Risk and Governance colleagues. Community teams are increasingly involved in this process.

### **Looked After Children (LAC) Reviews**

The Service Area is compliant with requirements in respect of the scheduling of LAC reviews (with one exception during the reporting period due to staff sickness).

### **Self-Directed Support**

The Service's Self-Directed Support (SDS) Implementation Plan has been progressed and staff in Community Teams is working hard to deliver full implementation. The service has made good progress in ensuring that all cases are managed within a SDS framework, but will require another year to fully implement this. To date 498 active cases have an SDS plan and the service is continuing to press for full delivery of services in this way. The Trust wishes to highlight the fact that new responsibilities, business processes and expectations of services are creating significant additional work for staff. The Service Manager represents CCS on the Trust's SDS Steering Group and oversees progress in respect of service levels of compliance.

### **Family Group Conferencing**

The Service continues to offer access to Family Group Conferencing (FGC) in appropriate cases and has one manager trained in chairing FGCs. The Service has used the model in discharge and care

	<p>planning for children and will continue to offer this option when appropriate.</p> <p><b>File Review</b> During the reporting period, the Service has undertaken monthly file reviews within Social Work, Residential and Short Break services This has evidenced satisfactory standards of recording and care planning. Formal Audits are scheduled for the next reporting period.</p> <p><b>HEALTH AND SAFETY AUDIT-BRAAT 3</b> The Service has embraced the new arrangements for assessing and evidencing compliance with Belfast Risk Assessment and Audit Tool (BRAAT) expectations and standards and all managers have attended training on the new approach. The service is on track to meet all required standards.</p>
3.4	<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> The Service is compliant with NISCC registration requirements pertaining to its social work and social care workforce.</p> <p><b>Regional Groups</b> The Service Manager represents the Belfast Trust on two Children and Young Peoples Strategic Planning Groups (CYPSP) related to children with disabilities (CWD and Transitions) and is a member of the Children with Disabilities Children's Services Improvement Board (CSIB) Sub-group. CSIB has completed work on regionally agreed criteria for CWD services.</p> <p><b>Adverse and Serious Adverse Incident Reporting.</b> Service processes in relation to RQIA and HSCB reporting requirements have been audited to ensure full compliance with same This has been achieved in-year. All incidents were reviewed quarterly at First Line Managers meetings and CCS Governance Meeting. There were no SAI's during the reporting period.</p> <p><b>Judicial Review and Court Judgements-</b> The Trust has received pre action Protocol correspondence in respect of a complex case and has been conjoined with NIHE and EA in this action. DLS have complemented the service on the extent and quality of its assessments and focus on the needs of the children concerned. The service is concerned at the low threshold currently applied by the courts, which avoids local resolution and is expensive to respond to.</p> <p><b>Regulation Quality and Improvement Authority</b> The Service has experienced a challenging year and has had to breach Statements of Purpose on two occasions due to a lack of placement options.</p>



	<p>The Service has achieved satisfactory levels of compliance with the relevant regulatory standards. Each Children's Home has had a number of inspections during the reporting period. The Service is addressing recommendations/requirements through the Quality Improvement Planning. Issues relating to inappropriate placements due to lack of options is noted and unlikely to resolve without investment locally and regionally.</p>
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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>Unallocated Cases- IA-</p> <p>Stat Visits- missed due to sick leave of SW</p> <p>Lack of suitable placement options for Children with Disabilities with complex behavioural presentations</p> <p>Lack of funding for the above</p> <p>Unmet Need in respect of levels of Short Breaks required to support those with complex physical and behavioural difficulties</p> <p>Lack of Shared Care placement options Lack of funding for Shared Care development</p> <p>Lack of Domiciliary Care Agency support for complex children( physical care needs)</p>	<p>A bid has been made to HSCB for additional workforce investment</p> <p>Tracking system developed.</p> <p>Service has made internal capital bids to move forward</p> <p>See Above</p> <p>The service prioritises and allocates resources as per Children Order requirements</p> <p>Service has made internal capital bids to move forward</p> <p>Service has made internal capital bids to move forward</p> <p>The market is limited and shows no sign of maturing to meet these needs.</p>	<p>On CCS Risk register</p> <p>Not on Risk Register</p> <p>On Service Area Register</p> <p>Not on Risk register</p> <p>On service area risk register</p> <p>On service area risk register</p> <p>Not on register</p> <p>On CCS 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.</b></p>
	<p>The Service complies with the corporate 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, effective and efficient manner.</p> <p>BSO/Recruitment delays have caused slow recruitment and extended vacancies. The last quarter of the reporting period saw some improvement in this due to the efforts of managers and HR colleagues. Vacancies have been filled in a more timely way however this has required a significant amount of management time, creating pressures elsewhere</p> <p>Agency staff availability remains variable – managers continue to link closely with providers to minimise delays in recruitment and management of workloads.</p> <p>Retention of staff is good within the Service and it has been positive to see former Agency staff successful at interview.</p> <p>Unallocated cases remain a serious concern and the deployment of 2 additional social work posts has stabilised teams, but not led to sustained reduction in unallocated numbers. No additional investment has been provided for frontline social work disability services in over a decade despite the increasing complexity of cases referred into the service and additional demands on staff from UNOCINI, PARIS and SDS. In addition this service has never received funding for senior practitioner posts despite the growing complexity of cases. This needs to be addressed by the Commissioner to bring this Service on a par with the mainstream children’s services teams. The Trust will continue to pursue this through CSIB.</p> <p>One staff has retired on medical grounds this year and another redeployed for similar reasons. Overall, the workforce has remained stable.</p> <p>An increase in Court and Private Law work is notable, which has impacted negatively on caseload management. The Service is watching this trend and its impact closely.</p> <p>The introduction of Signs of Safety is welcomed within the Service and staff are embracing the approach and ethos.</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>N/A</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>

Social work services to the Royal Belfast Hospital for Sick Children (RBHSC) and Royal Jubilee Maternity Hospitals (RJMH) are delivered in a uni-professional model within a medical and nursing operational environment. Social work is seen as a distinct but vital part of the multi-disciplinary team and staff provide advice and input on safeguarding concerns and the social and emotional vulnerabilities of families of children in treatment and palliative care. A close partnership exists with the Clic Sargent cancer charity in respect of supports for families of children receiving cancer treatment and the charity funds one of two Oncology Department social work posts.

Supervision levels in this part of the Service remain consistently high. Files are regularly reviewed by the team leader and senior manager responsible for the service.

In RJMH staff work in a task centred way to determine the need for referral to Gateway or FIT Teams and to ensure that safeguarding concerns are shared appropriately and in a timely manner with community professionals. If families are already known to Social Services, the appropriate social worker is made aware of the referral and circumstances. The Hospital social worker will attend/provide a report to case conferences and core group meetings as appropriate and ensure that child protection plans are understood by ward staff. Post-delivery referrals are usually in respect of emerging child protection concerns.

On those occasions when babies are not being discharged to the mother's care, the Team liaises closely with all relevant professionals within the hospital to ensure the timely implementation of the Regional Child Protection Policy and Procedures and appropriate interim safeguarding arrangements. The Service provides advice to doctors and midwives on thresholds for intervention and onward referral and management of risk. The ante-natal clinic for pregnant women with socially complex issues such as drug and alcohol abuse has placed considerable demands on the Maternity Social Work Service.

Social workers in RJMH also provide a service to the Neonatal Unit, which is situated within in the same building (RJMH). This can be in respect of child care concerns and/or for supports to families following the birth of a baby with complex medical issues, disabilities and support needs.

Social workers in the RBHSC offer assessment and support to children and young people with complex health care needs, disabilities, chronic or life limiting or threatening illness and their families. Social workers provide supports to inpatients and outpatients with complex renal conditions, cancer, blood disorders and cystic fibrosis regionally. All wards within the Hospital can refer to a social worker in line with established referral criteria.

	<p>The Service works closely with community social work teams and CCN teams across the region to achieve co-ordinated and appropriate discharge of children with complex health care needs who require complex discharge planning 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 protection and promotion of Human Rights is central to the design, development and practice of all Belfast Trust services and policies. It is regarded as fundamental to treat service users and carers with respect and dignity regardless of status, religious, economic or sexual orientation.</p> <p><b>Training</b>          Human Rights training is provided on an on-going basis by the Learning and Development Service. This is mandatory for all social work and social care staff and the service ensures compliance for its staff.</p> <p>The Service Area ensures the promotion of a human rights-based approach in all social work and social care practice and service delivery. Managers work closely with practitioners to ensure that consideration of the human rights of service users is integral to practice and not tokenistic. A number of initiatives which support the upholding of human rights are described below.</p> <p><b>Mental Health Order</b>          All staff involved in activities and actions under the Mental Health (NI) Order 1986 are required to give consideration to any potential breaches or engagements of rights referenced in Articles 5 and 8.</p> <p><b>UNOCINI</b>          The UNOCINI framework reflects the significance of partnership and respect in working with service users and parents/carers.</p> <p><b>Safeguarding</b>          Staff are required to ensure that any statutory interventions with an individual or families are proportionate to the risk presented and fully respectful of parents and children’s rights.</p> <p><b>Transitions Practice</b>          The Service Area is currently updating transitions arrangements with Learning Disability service colleagues to review and improve current practice and protocols and will ensure that arrangements are sensitive to the promotion of individual human rights. The Service Area promotes service users’ human rights through the principles of respecting the child and family’s values and beliefs, meaningful person centred engagement, empathic presence, partnership and advocacy and promoting choice wherever possible.</p>

**HUMAN RIGHTS**

3.12	<b>Identify any challenges encountered in the balancing of Rights.</b>	<b>3.13 What action have you taken to Manage this challenge?</b>	<b>3.14 What additional actions (if any) do you propose to manage any On-going challenges?</b>
	<p>Consent and capacity to the accessing of and receipt of services.</p> <p>Restrictive Practices in children’s homes and use of physical interventions in the management of behaviours which challenge</p>	<p>Wherever possible, children’s consent to using services will be sought by social work staff. The views and wishes of children who are Fraser-competent will be sought and respected in relation to service delivery matters. The Service endeavours to assist parents to support their children’s wishes and feelings where they have sufficient capacity to exercise informed choice and where their best interests/welfare/safety will not be compromised.</p> <p>Restrictive practices are used as little as possible, however, are sometimes necessary to maintain a child’s safely within a residential or short break setting. Decision-making in relation to restrictive practices is informed by multi-disciplinary assessment and review processes, which seek to incorporate parent/child/advocate’s participation. All such practices are subject to regular review.</p>	<p>Staff address this issue with parents at the point of referral in order to ensure that the views and perspectives of the child are fully represented in all service requests.</p> <p>On-going monitoring and review of trends pertaining to use of restrictive practices.</p>

	<p>Ensuring the child's voice is heard and Their wishes fully considered in all decision- making processes.</p>	<p>The Service is pleased to note that VOYPIC has become involved in supporting Looked After Children with disabilities to comment on services and have their voices heard.</p>	<p>The Service seeks to develop mechanisms and structures to promote engagement with children and young people in the review, planning and delivery of services.</p>
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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><b>Positive Behaviour Support</b>  The Service won the Chairman’s Award in “Our People” category during the last reporting period for its promotion and implementation of Positive Behaviour Support within Children with Disabilities Service. The prize money was invested in further training for new staff and parents.</p> <p><b>Complaints</b>  The Service Area has continued to engage positively with families and has taken a proactive approach to the management of concerns and communication with carers. Managers and staff encourage families with concerns to make direct contact and resolve matters as early as possible. Six complaints were received and resolved during the reporting period.</p> <p>One complaint remains unresolved and is currently with NIPSO office for adjudication.</p> <p>The Service also responded to three constituency enquires/FOI requests.</p> <p><b>Interdisciplinary Working and User Engagement</b></p> <p>RISE works to an interdisciplinary model, facilitates service user focus groups and has led within the Service Area on shaping and improving practice in relation to service user involvement and service delivery. Both teachers and parents rate the service highly and provide valuable feedback and perspectives on service delivery.</p> <p>RISE has achieved significant successes in early intervention, accessibility, trans-disciplinary working and the upgrading of the OCNNI/BHSCT Classroom Assistant course from an accredited programme to a Level 2 qualification. This is a significant achievement and evidence of the Team’s ethos of working in partnership across professional and organisational boundaries. The Service’s OCNNI Classroom Assistant course, which won the PHA Advancing Health Care Award in 2016, has now been delivered to over two hundred classroom assistants within the BHSCT area and has been successfully rolled out regionally across Northern Ireland with over two hundred and fifty classroom assistants undertaking the course and being successful in gaining their level 3 accreditation.</p> <p><b>Autism</b>  The Service continues to work collaboratively with colleagues in the Belfast Autism Assessment and Intervention Service (BAAIS).</p> <p>The Service continues to focus on meeting the needs of parents and carers of children with autism via carer support events to develop</p>



	<p>resilience at an earlier stage and to promote good mental health and wellbeing.</p> <p><b>User and Carer Involvement</b>                  Carer support events and measures have continued to develop during the reporting period.</p>
<b>3.16</b>	<p><b>SUMMARY</b></p> <p>The current service delivery context remains challenging. The Service is continuing to ensure that structures, financial and staff resources are organised and utilised as efficiently and effectively as possible and are focussed on improved and demonstrable outcomes for children and their families. During the reporting period, 284 referrals were received.</p> <p>The Service has developed therapeutic and psychological services for children with challenging behaviours, their parents and families following HSCB investment. The Children’s Therapeutic Service has worked closely with community, residential teams and schools to support children to achieve good standards of emotional health and wellbeing and increasingly to deliver workshops to support parents to care and stay well. The Service has experienced significant difficulty in recruiting a Consultant Psychologist due to limited pool of candidates and this limits the impact which the Service can make. Recruitment of this post is a priority for the Trust.</p> <p>The Service is continuing to engage in joint working opportunities across children and adult services to ensure better experiences of transition for young people and their families. New structures are emerging and the Service is fully engaged in the process of revision of existing arrangements.</p> <p>Services to children with complex health care needs continue to deliver flexible short breaks, and provide essential equipment. The Service is fully engaged in the Trust Carer Strategy delivery and has taken forward plans to expand the use of personalised budgets and self-directed care despite the pressures outlined throughout this report.</p> <p>Direct Payment reviews place considerable pressures on social work practitioners. Direct Payment provision has increased during the reporting period, leading to a significant unfunded pressures.</p> <p>Unmet need for residential placements is a growing concern and we have identified an increasing number of children and young people who are deemed as being on the Edge of Care, Lack of investment in short break and Shared Care placement options in the last decade has led to an effective crisis and difficulties in accessing timely treatment at Iveagh. The continued reliance on Glencraig Boarding School for placements of young people whom the Trust cannot accommodate in its own residential provision is a source of concern for the service and has been raised previously with the HSCB.</p>

One out of jurisdiction placement of a seven year old girl was made during the period due to the lack of appropriate facilities within Northern Ireland. The service is monitoring the placement carefully. The service applied for this placement via ECR process but was turned down. The apparent inconsistency of application of the ECR process by the ECR panel is a matter of concern for the Trust.

The service appointed a Carer and QI support Worker this year and has seen its early intervention support workshops develop and support the social work service.

Residential and SDS Cost Pressures have significantly increased and are likely to continue to do so in the next year. Funding models do require review to keep pace with this pressure and trends.

Over half of community teams' social work staff have been trained in Signs of Safety and the Service has had improved access to PPSWs following the implementation of SOS across CCS.

The Service Manager is a member of the Trust's Residential Model Review Group, working with colleagues to develop a Trauma-informed model of practice for specialist residential homes.

The Service has begun a workforce review, which will support the development of a workforce and succession plan.

The context of service delivery to children with disabilities and their families remains challenging. The Service has prioritised the effective and efficient organisation of structures, financial and staff resources.

Services to children with complex health care needs continue to be a funding priority - to deliver flexible short breaks, and provide essential equipment. The Service is fully engaged in the Trust Carer Strategy delivery and has expanded the use of personalised budgets and self-directed care despite the pressures outlined throughout this report.

**DATA RETURN 1 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?		3709
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?		2338
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?		6485
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?		291
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	i. Residential Home Care		584
	ii. Nursing Home Care		1538
	iii. Domiciliary Care Managed		2966
	iv. Domiciliary Non Care Managed		701
	v. Supported Living		123
	vi. Permanent Adult Family Placement		0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  <b><i>A BSO Audit into compliance with the Care Management Circular in February 2019 indicated limited assurance across all divisions in relation to compliance with the Circular. An action plan is in place to address deficits.</i></b>		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.  <b><i>All new cases are assessed and managed by professional Social Work staff. The BSO audit has highlighted areas where compliance needs to improve particularly in evidencing care planning. The service area has established a working group to address all recommendations.</i></b>		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.		

	<b><i>The service area has undertaken an audit within CReST to ensure that service users, residents and carers are being included in their assessment, care planning and review process. Within the CReST team, 76% of all families attended the service user review.</i></b>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector		701
	- Independent sector  <b><i>The service area notes that this figure is dependent upon a manual count. The service area is currently working to improve the integrity of this data point.</i></b>		460
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		34
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		151
	- Independent sector  <b><i>The service area is unable to disaggregate this information.</i></b>		
1.8	Unmet need (this is currently under review)	<b>X</b>	<b>X</b>
1.8a	Please report on Social Care waiting list pressures  <b><i>The service area have a new referral criteria and screening allocation process in place. New referrals are now triaged as emergency, urgent, non-urgent. The area are managing a waiting list of approximately 300 waiting allocation for assessment across the whole service area. There are measures in place to manage this and on-going communication with those who are waiting.</i></b>		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding  <b><i>The service area have recruited a Senior Practitioner role to develop the capacity within Specialist Oncology and Palliative Care Service, this is funded on a non-recurrent basis.</i></b>  <b><i>The service area have also appointed Service Development posts for the Shared Lives and</i></b>		

	<b>development of Regional Domiciliary Care model. Funding for both of these posts is also non-recurrent.</b>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		5
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p><b>The service area is currently developing a new information leaflet for people in receipt of Domiciliary Care in response to a complaint.</b></p> <p><b>Due to a significant number of complaints associated with Continuing Healthcare, the service area has developed a response template to ensure a consistent response, in the absence of regional continuing healthcare guidance.</b></p> <p><b>The service area is currently undertaking a quality improvement project in relation to how it manages its complaint responses, to improve response times.</b></p>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**DATA RETURN 1 – Hospital \_\_\_\_\_**

This is reported in a separate Statutory Function Report

<b>1 GENERAL PROVISIONS – HOSPITAL</b>
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**DATA RETURN 2 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		448
	Partially sighted		225
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		56
	Deaf without speech		32
	Hard of hearing		1988
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		91

**DATA RETURN 3 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<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.	N/A
	Number of Disabled people known as at 31 <sup>st</sup> March.	N/A
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	N/A
3.3	This is intentionally blank	
	<b>Narrative</b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	N/A

**DATA RETURN 4 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<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	30
	Total expenditure for the above payments	£4183
4.2	Number of TRUST FUNDED people in residential care	436
4.3	Number of TRUST FUNDED people in nursing care	<b>1024</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>514</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	PHD reporting

**DATA RETURN 5 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.			<b>1498</b>
5.2	Number of adult individual carers assessments <del>undertaken</del> <b>completed</b> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>			<b>724</b>
5.2a	Number of adult individual carers assessments <del>declined</del> during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>			<b>774</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>287</b>
5.5	Number of young carers offered individual carers assessments during the period.			<b>0</b>
5.6	Number of young carers assessments <del>undertaken</del> <b>completed</b> during the period <i>(to be collected from 2019/20 onwards)</i>			<b>0</b>
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March			<b>0</b>

5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	214
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	214
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	209
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	0
5.11	Number of one off Carers Grants made in-year.	496
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<p><b><i>Due to the high level of Band 4 staff in community Social Work and the transition of all initial assessments to Social Workers, the service area is struggling to prioritise carers assessments unless in crisis situations. There are some 200 carers awaiting assessments at the end of March 2019 and the service area is concerned about this trend.</i></b></p> <p><b><i>The service area has been significantly impacted by the absence of the two Trust Carers Co-Ordinators during this reporting period and this has impacted upon the quality of the data available for reporting. The service area has been unable to disaggregate the data by the age of Carers. Staff have not consistently recorded this data, in the absence of Carers Co-Ordinators they are uncomfortable requesting the personal data of carers, particularly in relation to those who have refused the assessment. The service area is continuing to work to cleanse the carers data and is reviewing its processes and are confident reporting will improve going forward.</i></b></p>		

**DATA RETURN 6 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<b>6 SAFEGUARDING ADULTS</b>
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**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

**DATA RETURN 7 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

<b>7 SOCIAL WORK STAFF</b>
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**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31<sup>ST</sup> DECEMBER**



**DATA RETURN 8 – PoC / Directorate – Older People Services / Adult Social & Primary Care**

**8 Assessed Year in Employment**

**TRUST-WIDE RETURN SUBMITTED BY TRUST SOCIAL SERVICES LEARNING AND DEVELOPMENT SERVICE IN SEPARATE REPORT**

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

**DATA RETURN 9 – PoC / Directorate – Older People services / Adult Social & Primary Care**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	43	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	32	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>  <b><i>These figures are in line with previous trends</i></b>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>  <b><i>These figures are in line with previous trends</i></b>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	Yes the service area can provide this assurance	

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	14
9.2a	Of these, how many resulted in an application being made?	13
	<i>Comment on any trends or issues on the use of holding powers</i>  <b><i>These figures are in line with previous trends</i></b>	

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	43
9.3.a	How many of these were completed within 5 working days	39
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>  <b><i>The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report</i></b>	



<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	3
9.7.a	Number of Approved Social Workers removed during period	6
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	32

	<p><b>Commentary</b>  <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p><b><i>The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.</i></b></p>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.	0
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<p><i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i></p> <p><b><i>Increasingly the Service Area is challenged in assessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments.</i></b></p> <p><b><i>The service area notes that there can be significant delays in the OCP progressing applications. Staff have on occasion had to support a small group of people, through the provision of Article 15 payments, where they have been deemed to lack capacity and cannot access their own funds for extended periods of time.</i></b></p> <p><b><i>Staff from the service area have attended training with the OCP during this reporting period.</i></b></p>	30

<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 9.10 how many have their treatment required as:	0
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	0
	<b>Commentary</b> (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)	

**DATA RETURN 1 – PoC / Directorate – Hospital Social Work / Adult Social & Primary Care**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	114	3259	8105
1.2	Of those reported at 1:1 how many assessments of need were undertaken during the period?	114	3259	8105
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			1574

Age is at date of referral for 1.1 and 1.2

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

**DATA RETURN 1 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	<b>1470</b>	<b>858</b>
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	<b>1248</b>	<b>786</b>
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	<b>1348</b>	<b>353</b>
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	<b>488</b>	<b>353</b>
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	vii. Residential Home Care	<b>25</b>	<b>N/a</b>
	viii. Nursing Home Care	<b>112</b>	<b>N/a</b>
	ix. Domiciliary Care Managed	<b>506</b>	<b>N/a</b>
	x. Domiciliary Non Care Managed	<b>155</b>	<b>N/a</b>
	xi. Supported Living	<b>62</b>	<b>N/a</b>
1.4a	xii. Permanent Adult Family Placement	<b>0</b>	<b>N/a</b>
	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  All the care packages have an identified key worker and are reviewed according to the BHSCT standards which are in line with the DHSSPS Care Management HSC ECCU/1/2010 Circular.		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.  There is a robust system of supervision for the team providing a Care Management service and this is overseen by an Assistant Care Manager. Difficulties being experienced are in relation to the shortage of domiciliary care provision and the increase of referrals with complex needs including non-compliant cases.		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.		

	Service users are involved in care planning and included in the review process. Their carers and families are also invited to participate, with the service user's consent.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	<b>195</b>	<b>550</b> (OPS DC's)
	- Independent sector	<b>55</b>	<b>0</b>
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	<b>509</b>	<b>0</b>
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	<b>0</b>	<b>0</b>
	- Independent sector	<b>0</b>	<b>0</b>
1.8	Unmet need (this is currently under review)	<b>X</b>	<b>X</b>
1.8a	Please report on Social Care waiting list pressures		
	There are ongoing difficulties in accessing domiciliary care packages and the service area takes part in a twice weekly priority call.		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding		
	There are none at present.		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	<b>1</b>	<b>0</b>
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.	<i>Board return</i>	<i>Board return</i>
	None.		

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.



**DATA RETURN 1 – PoC / Directorate – Physical & Sensory Disability Services /**  
Adult Social & Primary Care

<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 period?	N/A to PSD Service	N/A to PSD Service	N/A to PSD Service
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	N/A to PSD Service	N/A to PSD Service	N/A to PSD Service
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	N/A to PSD Service	N/A to PSD Service	N/A to PSD Service

Age is at date of referral for 1.1 and 1.2

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

**DATA RETURN 1 – PoC / Directorate – Physical & Sensory Disability Services /**  
Adult Social & Primary Care  
This is reported in OPS

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A		
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			

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 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	<b>1</b>	<b>X</b>
2.2	Number of adults known to the Programme of Care who are:		
	Blind	<b>293</b>	<b>448</b>
	Partially sighted	<b>131</b>	<b>225</b>
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	<b>131</b>	<b>56</b>
	Deaf without speech	<b>86</b>	<b>32</b>
	Hard of hearing	<b>510</b>	<b>1988</b>
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	<b>18</b>	<b>91</b>

Please note that this return does not reflect service users who are registered visually impaired. There has been a decline in the number of people who are choosing to be registered blind and partially sighted. The service has noted an increase in service users who are registered visually impaired and feels it is important to reflect this in the returns as these individuals require assessment and service provision.

**Adults who are visually impaired: Under 65: 199**

**Over 65: 807**

**DATA RETURN 3 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b><i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i></b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>2328</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>1701</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>1867</b>
3.3	This is intentionally blank	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	<b>0</b>

**DATA RETURN 4 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	<b>29</b>
	Total expenditure for the above payments	<b>£1451.85</b>
4.2	Number of TRUST FUNDED people in residential care	<b>47</b>
4.3	Number of TRUST FUNDED people in nursing care	<b>140</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>8</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	<b>3</b>

**DATA RETURN 5 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	<b>12</b>	<b>452</b>	<b>43</b>
5.2	Number of adult individual carers assessments <b>undertaken completed</b> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	<b>11</b>	<b>280</b>	<b>24</b>
5.2a	Number of adult individual carers assessments <b>declined</b> during the period <i>and the reasons why (to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	<b>1</b>	<b>172</b>	<b>19</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>	<b>0</b>	<b>0</b>
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	<b>2</b>	<b>87</b>	<b>9</b>
5.5	Number of young carers offered individual carers assessments during the period.	<b>16</b>		
5.6	Number of young carers assessments <b>undertaken completed</b> during the period <i>(to be collected from 2019/20 onwards)</i>	<b>14</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>14</b>		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>36</b>		

	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	<b>20</b>
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>171</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.8 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>3</b>
5.11	Number of one off Carers Grants made in-year.	<b>479</b>
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b>		

**DATA RETURN 1 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	3557	46
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	3475	45
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	3130	184
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	1826	4
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xiii. Residential Home Care	46	32
	xiv. Nursing Home Care	121	56
	xv. Domiciliary Care Managed	38	10
	xvi. Domiciliary Non Care Managed	0	0
	xvii. Supported Living	161	10
	xviii. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  The Service area can provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.  Care Managers are professionally qualified staff, currently registered with their respective professional bodies, The Care Management team are responsible for completing the assessment of needs, The delivery and review of packages of care for individual service users. The BHSC Mental Health Care Management Service is organisationally managed and responsible to the MH Community Services Manager. The Assistant Service Manager in turn provides the operational management to the service, including service planning, supervision and governance  <b>TYC Challenges and Action</b>		

	<p>Reflecting the strategic shift from hospital to community-based care and the priority afforded to seamless and time-bound discharge pathways, Care Management works with service users with increasingly complex needs.</p> <p>In partnership with Housing Associations, Community and Voluntary (C&amp;V) providers and the Independent sector, the Service has developed a Stepped Care Model that provides nursing, residential and supported housing options in response to the needs of service users.</p> <p>In the context of the achievements and success of the first phase of the Service’s community-infrastructure development programme, it is now clear that the Service’s future challenge will be to meet the bespoke needs of smaller groups of service users with highly complex support needs in partnership with other sectors. This cohort of service users would formally have remained in hospital on a long-term basis or experienced lengthy and repeated admissions. Due to the complexity of the needs of this group, placement is often difficult, resulting in delayed discharges from acute wards, in particular, Clare Ward and Shannon Clinic Regional Medium Secure Unit. This places an on-going pressure on community statutory facilities with a limited number of places.</p> <p><b>Projects</b></p> <p>The PIPA project that commenced in Summer 2018 to help support the flow of service users from the above mentioned inpatient wards is well under way and evaluations to date are demonstrating positivity and a valuable additional resource from Care Management to the ward staff and medical Consultants.</p> <p>Altagarron decant – is a project about the quality of the Housing accommodation and increasing placements serving the West Belfast area. This is working in a Tri-patriate partnership with the Housing association, Care Provider and the BHSC</p> <p>A future project that is in prelim discussions is working with the private sector to explore future developments in the Belfast area.</p> <p><b>ECR/IFR Patients returning to NI</b></p> <p>The continued lack of appropriate facilities to meet the needs of service users returning from ECR placements has impacted on statutory supported housing. Transitions from specialist inpatient care are often difficult, particularly in the absence of appropriate accommodation.</p> <p><b>Self-Directed Support (SDS)</b></p> <p>With the first phase coming to an end and the first ministerial target being met, and the second phase consultation</p>		
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	<p>commenced, the implementation of SDS has presented significant additional workload pressures on care managed services in the absence of additional resources to support this work.</p> <p>All new packages are assessed under SDS. A key challenge in implementation has been in ensuring that service users already receiving commissioned services have an understanding of the model and are re-assessed as part of the “roll-out.”</p> <p>The Service has embraced the ethos of SDS and has used the implementation process to improve collaborative working across services. SDS is being developed through co-production with the involvement of service users and carers at every stage, including staff training and strategic decision-making.</p> <p>SDS remains to be an excellent example of collaborative working across services and of the benefits of a co-production approach with service users and carers</p> <p>Monthly monitoring is carried out by Care Managers in the statutory Supported Housing schemes. Service users, carers and other professionals are asked for their views on the services provided.</p>		
<p>1.4c</p>	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>Service users and carers are involved in all aspects of assessment, decision-making, review and care planning. Where it is apparent that a service user or carer would benefit from additional supports, the Care Manager will link with advocacy services.</p> <p>Service user and Carer feedback questionnaires have commenced and are in place. Further discussions are taking place regarding the mental health '10,000 voices' and linking this to the current strategy to strengthen the voice of the Service user and their Carers.</p> <p>Reviews are generally held within the requisite time-frame. Service users are encouraged to engage in their reviews and care planning arrangements.</p> <p>Care Management recognise the opportunity that SDS brings to ensure each service user is empowered and central to the support planning process, giving increased ownership and choice in the future.</p>		
<p>1.5</p>	<p>Number of adults provided with respite during the period</p>	<p><i>PMSI return</i></p>	<p><i>PMSI return</i></p>

1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care						0	0
	- Statutory sector						276	10
	- Independent sector						30	5
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities						217	0
1.7	Of those at 1.6 how many are EMI / dementia							
	- Statutory sector							
	- Independent sector							
1.8	Unmet need (this is currently under review)						X	X
1.8a		Domiciliary Care	Direct Paymts	Support ed Housing	Residenti al Care	Nur sing Car e	Hos	
	Acute Hospital	0	0	8	4	4	3	
	Community	4	2	5	1	1	0	
	Shannon	0	0	2	0	0	0	
	NRU	0	0	0	0	2	1 ph	
	General Hospital	0	0	0	0	1	0	
	ECR	0	0	0	0	2	0	
	Prison Service	0	0	1	0	0	0	
Total	4	2	16	5	10	4		
<p>Please report on Social Care waiting list pressures</p> <p>Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.</p> <p>A total of 41 individuals are waiting for placements or packages. This is an increase of eleven from the previous year.</p> <ul style="list-style-type: none"> <li>➤ Two individuals waiting on Direct Payments</li> <li>➤ Sixteen individuals are waiting on Supported Housing.</li> <li>➤ Five individuals are waiting on Residential Care. Ten individuals are waiting for Nursing Home placements</li> </ul>								



	<p>➤ Four individuals are delayed discharge from Acute wards</p> <p>There is a need to consider the continuing provision for patients who require in-patient neuro-rehabilitation treatment. Acute or low secure psychiatric wards are unsuitable and overly- stimulating environments for patients with an ABI. For patients in the community or acute services who previously would have transferred to NRU, future provision has not been resolved to date.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>In the absence of additional funding, since August 2018, a pilot project has commenced to enhance the PiPA model undertaken by the Acute Mental health Wards. A Care Manager attends the Inpatient Mental Health wards on a daily basis. This gives an opportunity for decisions to be made, about service provision, by the whole Multi-Disciplinary Team who are present at these meetings. Packages and placements agreed at these meetings, these are then reviewed in keeping with Care Management processes, 6 weekly, then 6 monthly and then yearly.</p>		
1.9	<p>How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?</p>	8	
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>Care Management receive a low number of complaints. Outstanding issues from the previous year remain linked to the resettlement of the long stay service users and declaratory orders yet to be raised in court. This has included the implications of financial assessments for community placements. To date, in each of these situations, the Service has been able to reach an agreed resolution. The Service has used the learning from these episodes to ensure that families and carers are provided with information by staff who have experience and knowledge of this area at an earlier stage.</p>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**DATA RETURN 1 – Hospital – Mental Health Services (Inpatient team) / Adult Social & Primary Care**

<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 period?		135	
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?		135	
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?		29	

Age is at date of referral for 1.1 and 1.2

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

**DATA RETURN 1 – PoC / Directorate - Acute Hospital (general setting) Mental Health / Adult Social & Primary Care**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			

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 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	1	0
	Partially sighted	5	1
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	0	0
	Deaf without speech	5	1
	Hard of hearing	9	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

**DATA RETURN 3 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care**

<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>14</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>105</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>36</b>
3.3	This is intentionally blank	
	<b>Narrative</b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

**DATA RETURN 4 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	205
	Total expenditure for the above payments	£10,856
4.2	Number of TRUST FUNDED people in residential care	77
4.3	Number of TRUST FUNDED people in nursing care	116
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	6
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	0

**DATA RETURN 5 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16-17	18-64	65 +
5.1	Number of adult carers offered individual carers assessments during the period.	2	453	59
5.2	Number of adult individual carers assessments <del>undertaken</del> <b>completed</b> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	0	270	30
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	0	181	8
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	1	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	0	152	2
5.5	Number of young carers offered individual carers assessments during the period.		9	
5.6	Number of young carers assessments <del>undertaken</del> <b>completed</b> during the period <i>(to be collected from 2019/20 onwards)</i>		5	
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March		5	
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March		12	

	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	<b>6</b>
		<b>52</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	<b>2</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	<b>2</b>
5.11	Number of one off Carers Grants made in-year.	<b>562</b>

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

### Commentary

It is acknowledged that due to a change in the method of collating the data for carer assessments due to the carer co-ordinator being on sick leave long term at the beginning of the reporting period, that the totals are unlikely to be accurate. As a result, numbers indicate that the number of adults that were offered a carer assessment has reduced by almost 300 compared to last year, the number of assessments completed has reduced by more than half and also the number of carers receiving a service has reduced compared to 2017-2018 figures. This is a concerning outcome and will be addressed through the collective leadership framework and the Social Work forum.

However, there has been an increase of 27% in the number of carer grants made. This may indicate an increase in carers declining assessments but agreeing to a grant. This is now clearly reported on in the annual report and can be monitored in terms of patterns of uptake. There were also 106 therapy grants awarded and there were 33 sessional social events including lunch, meals, overnight at a hotel, relaxation workshops and Psych-Social workshops for Belfast carers provided within the reporting period at a variety of locations.

In addition, there has been a reduction in the number of young carers assessments completed following the successful work completed last reporting period to increase awareness of this service. This will be addressed through renewed work with action for children, young carer co-ordinator and the acting PSW and Social Work Development Lead to address this reduction and continue to raise awareness within the service area to prioritise the needs of young carers.

**DATA RETURN 6 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

## 6 SAFEGUARDING ADULTS

6.1	Number of safeguarding adult referrals within the period	
6.2	Of the referrals at 6.1, how many were received from acute settings?	

6.3	Number of investigations commenced within the period	
6.4	Number of investigations completed within the period	
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	
6.6	Number of adult protection plans commenced within the period	
6.7	Number of adult protection plans in place on 31 <sup>st</sup> March	
<b>Commentary</b>		

**DATA RETURN 7 – PoC / Directorate – Mental Health Services**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31<sup>ST</sup> DECEMBER**

<b>7 SOCIAL WORK STAFF</b>
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7.1a	Provide an overview of social work management staff in this Programme of Care/Directorate that are required, as a condition of their employment, to be included on the NISCC register.	Data Return 7 spreadsheet – 7.1a
7.1b	For those reported in 7.1a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.1b
7.1c	For those reported in 7.1a, return the numbers that are enrolled on/have completed PQ awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.1c
7.2	How many teams are there within this Directorate/Programme of Care?	
7.3a	Provide an overview of the social work staff based within a team, who are required as a condition of their employment, to be registered with NISCC.  NOTE: The number of team returns should match the number of teams reported at 7.2	Data Return 7 spreadsheet – 7.3a
7.3b	For those reported in 7.3a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.3b
7.3c	For those reported in 7.3a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.3c
7.4a	'Singleton Practitioners' who are required, as a condition of their post, to be registered with NISCC.  Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.	Data Return 7 spreadsheet – 7.4a
7.4b	For those reported in 7.4a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.4b

7.4c	For those reported in 7.4a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.4c
7.5a	<p>'Singleton Practitioners' in a post which requires registration with a professional body and the current post holder is registered with NISCC.</p> <p>Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.</p>	Data Return 7 spreadsheet – 7.5a
7.5b	For those reported in 7.5a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.5b
7.5c	For those reported in 7.5a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.5c
7.6	How many Practice Learning Opportunities were provided by the Trust during the period?	Data Return 7 spreadsheet – 7.6
7.7	Provide a breakdown of DHSSPS PQ training targets	Data Return 7 spreadsheet – 7.7



PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

**DATA RETURN 9 – PoC / Directorate – Mental Health / Adult Social & Primary Care**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	309	<b>X</b>
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	234	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	1	
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications Increase in assessment requests after 3.30pm from GP's resulting in an increase in out of hours working by ASW's on the day time rota. audit September to december 2018 indicated that 25% of all assessments requested after 3.30pm.</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	<p>Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.</p> <p>The Nearest Relative is informed of the patients progress under the Mental Health Order and of discharge planning. This is supported by the PIPA framework also. Currently the acting PSW has completed amendments to the information forwarded to nearest relative throughout each stage of the admission process under the Mental Health Order. The regional ASW working group has also reviewed the information given to the nearest relative and to the service user at the</p>		

	point of admission under the Mental Health Order and this will be used regionally to promote consistency across the region and will also be translated into commonly used languages.	
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<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	110
9.2a	Of these, how many resulted in an application being made?	98
	<i>Comment on any trends or issues on the use of holding powers</i>	

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	309
9.3.a	How many of these were completed within 5 working days	26
	<p><i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i></p> <p>There has been an increase in reports that have not been completed within the recommended 5 days. The reasons given by ASW's has been due to workload capacity and sick leave. The full time ASW in the team has only one day to completed reports in the week due to being on rota 16 times per month and this has impacted on time to complete reports due to the demands of the rota on a daily basis.</p>	

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	1
9.4.a	Number of completed reports which were completed within 14 days	1
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>	
<b>Mental Health Review Tribunal</b>		

9.5 Number of applications to MHRT in relation to detained patients (provide total number) **Applications 122**

Withdrawals 16  
 Adjournments 27  
 Re-graded prior to Tribunal 36  
 Remained detained 26  
 Discharged by Tribunal 11  
 Discharged to another trust 6

14 Day Assessment Period 4 in total (3 remain detained , 3 regraded at tribunal)

Beechcroft MHRT applications for individuals under 18 years;

DATE OF APPLICATION	DATE OF TRIBUNAL	OUTCOME
09/04/18	14/05/18	Detention Upheld
24/04/18		Withdrawn
08/01/19	13/02/19	Withdrew on 11/02/19
14/02/19	20/03/19	Patient regraded 13/03/19

*Comment on any trends or issues in respect of Mental health Review tribunals*

There have been several requests for MHRT within the 14 day assessment period and it is considered that this trend will increase in upholding the patients right to challenge their detention within the assessment timeframe thus negating further detention for treatment and need to if they are discharged by the MHRT.

9.5.a This is intentionally blank

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	6
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	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 period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	5
9.6.f	Number of Guardianships accepted by a nominated other person	0

9.6.g	<p>Number of MHRT hearings in respect of people in Guardianship (provide total number)</p> <p>One MHRT hearing was been postponed until early April due to difficulty in achieving a suitable date.</p> <p>One MHRT has been postponed pending declaratory Order application.</p> <p>One MHRT has been postponed due to the service users physical health.</p>	1										
9.6.h	<p>Total number of Discharges from Guardianship during the reporting period (Article 24)</p> <table border="1" data-bbox="411 853 1382 1077"> <tr> <td>Discharges as a result of an agreed multi-disciplinary care plan</td> <td>0</td> </tr> <tr> <td>Lapsed</td> <td>0</td> </tr> <tr> <td>Discharged by MHRT</td> <td>0</td> </tr> <tr> <td>Discharged by Nearest Relative</td> <td>0</td> </tr> <tr> <td>Total</td> <td>0</td> </tr> </table>	Discharges as a result of an agreed multi-disciplinary care plan	0	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	0	0
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Discharged by Nearest Relative	0											
Total	0											
	<p><i>Comment on any trends or issues in respect of Guardianship</i></p>											

<b>Approved Social Worker (ASW) Register</b>		
9.7	<p>Number of newly appointed Approved Social Workers during period</p> <p>2 trained staff are pending ratification by QUB with one further to resubmit in September 2019.</p>	3
9.7.a	<p>Number of Approved Social Workers removed during period</p>	6
9.7.b	<p>Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)</p>	25

	<p><b>Commentary</b>  <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p>Due to the number of staff moving post and retiring, the number of trained ASW available to participate on the ASW rota has fluctuated significantly in recent years. As a result, the Trust has committed to training 6 ASW candidates per year. However, this is mostly represented by candidates from mental health service area, with only 2 ASW's based in CAMHS, 3 in older persons services and one in the physical disability/sensory impairment service who is currently unable to participate on the rota. Each service areas has been reminded of their responsibilities in recruiting ASW's as a corporate responsibility. This will be more pressing with the implementation of the Mental Capacity Act which will require significant representation from olders persons services, physical disability and sensory impairment and CAMHS.</p>																																							
<p>9.8</p>	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>Admissions for individuals under 18 years;</p> <table border="1" data-bbox="300 1120 1337 1585"> <thead> <tr> <th>Date</th> <th>Age years</th> <th>Relevant powers used (i.e. admission or guardianship)</th> </tr> </thead> <tbody> <tr> <td>16/04/2018</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>16/07/2018</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>12/09/2018</td> <td>17</td> <td>Admission</td> </tr> <tr> <td>03/10/2018</td> <td>12</td> <td>Admission</td> </tr> <tr> <td>24/01/2019</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>29/02/2019</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>13/02/2019</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>29/03/2019</td> <td>16</td> <td>Admission</td> </tr> </tbody> </table> <p>Beechcroft MHRT applications;</p> <table border="1" data-bbox="300 1702 1220 2000"> <thead> <tr> <th>DATE OF APPLICATION</th> <th>DATE OF TRIBUNAL</th> <th>OUTCOME</th> </tr> </thead> <tbody> <tr> <td>09/04/18</td> <td>14/05/18</td> <td>Detention Upheld</td> </tr> <tr> <td>24/04/18</td> <td>None given as withdrawn</td> <td>Withdrawn</td> </tr> <tr> <td>08/01/19</td> <td>13/02/19</td> <td>Withdrawn on 11/02/19</td> </tr> </tbody> </table>	Date	Age years	Relevant powers used (i.e. admission or guardianship)	16/04/2018	16	Admission	16/07/2018	16	Admission	12/09/2018	17	Admission	03/10/2018	12	Admission	24/01/2019	16	Admission	29/02/2019	16	Admission	13/02/2019	16	Admission	29/03/2019	16	Admission	DATE OF APPLICATION	DATE OF TRIBUNAL	OUTCOME	09/04/18	14/05/18	Detention Upheld	24/04/18	None given as withdrawn	Withdrawn	08/01/19	13/02/19	Withdrawn on 11/02/19
Date	Age years	Relevant powers used (i.e. admission or guardianship)																																						
16/04/2018	16	Admission																																						
16/07/2018	16	Admission																																						
12/09/2018	17	Admission																																						
03/10/2018	12	Admission																																						
24/01/2019	16	Admission																																						
29/02/2019	16	Admission																																						
13/02/2019	16	Admission																																						
29/03/2019	16	Admission																																						
DATE OF APPLICATION	DATE OF TRIBUNAL	OUTCOME																																						
09/04/18	14/05/18	Detention Upheld																																						
24/04/18	None given as withdrawn	Withdrawn																																						
08/01/19	13/02/19	Withdrawn on 11/02/19																																						

	14/02/19	20/03/19	Patient regraded 13/03/19
	No applications made to the MHRT or guardianship in respect of individuals under 18 years old at Iveagh hospital.		
9.9 *	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?		3
	<p><i>Issues or trends relating to notifications to the office of care and protection and ongoing management of such arrangements</i></p> <p><i>All instances of referral to the office of care and protection have been in relation to concern in regard to the persons capacity to manage their financial affairs. This will be considered in future under the Mental Capacity Act where Trust Authorisation Panels will make decisions in regard to any deprivation of liberty based on capacity.</i></p>		

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). 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 9.10 how many have their treatment required as:	
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	
<p><b>Commentary</b> <i>(include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i></p> <p>Most service users who are discharged under STO are under the care of the community forensic mental health team. However, currently the team only have one ASW due to one ASW requesting to come off the rota and another moving post. While the role is uncommon with currently no STO's, provision needs to be accommodated should this role be required again.</p>		

**DATA RETURN 1 – PoC / Directorate- Learning Disability / Adult Social & Primary Care**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	129	2
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	129	2
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	1576	240
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	1552	230
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xix. Residential Home Care	107	25
	xx. Nursing Home Care	103	73
	xxi. Domiciliary Care Managed	21	5
	xxii. Domiciliary Non Care Managed	86	28
	xxiii. Supported Living	240	40
	xxiv. Permanent Adult Family Placement	14	0
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>All service users have a full assessment of their needs to ensure that the appropriate service is put in place. All placements are subject to regular review (at least annually). The Learning Disability Programme has recently been involved in process mapping in order to improve our adherence to the 2010 Circular and we have reviewed our processes and updated the forms that we use for data collection. This process has not been piloted yet.</p> <p>A Care Manager and Assistant care manager is currently being recruited to address the workload pressures and work with those young people transitioning from children's disability services to adult Learning Disability services. Currently there is 1x 8a who operationally manages care management. There are 4x band 7 SW trained care managers and 1x band 7 nurse-trained care manager. There are 2.5 WTE assistant care managers.</p>		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting		



	<p>any particular difficulties being experienced and how they are being addressed.</p> <p>Care Managers gather the information, request the assessments and liaise with the keyworker, the service user and/ or the family to find out their views. Based on this information the care manager recommends an appropriate package of care. The key worker submits a New Service Request form to The New Service Request Panel for discussion. The Panel will then agree funding for the package, if deemed appropriate. The Care Manager will liaise with all relevant people to share the outcome of the assessment and will arrange a care planning meeting to agree the details of the package and plan the commencement of the package. All information shared with the Provider will be agreed with the person and/or family prior to sharing. The person and/or family will receive a copy of the Care Plan.</p> <p>Providers in residential/ nursing placements are asked to provide a weekly update about the residents. Domiciliary providers will be contacted several days after commencement to ensure there are no issues.</p> <p>When the package commences, the Care Manager reviews it 6-8 weeks later to ensure it is effectively meeting the person's needs. When the package is not effective, additional supports are put in place. Subsequent reviews are held as required depending on individual needs but at least annually.</p> <p>There are current pressures in the service due to increased workload and caseloads but this is being addressed by the recruitment of additional staff.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>The views of service users and families are gathered as part of the assessment process. Service users and families are involved in Care Planning meetings and they get a copy of minutes as well as a copy of the Care Plan.</p> <p>Service user and families are fully involved in reviews where possible and are asked to comment on the service as appropriate.</p> <p>Service users and families are involved in all decision relating to care provision.</p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	<ul style="list-style-type: none"> <li>- Statutory sector</li> <li>- Independent sector</li> </ul>	475	55
		64	4

1.6a	<p>Number of adults known to the Programme of Care in receipt of Day Opportunities</p> <p>There has been a change in numbers from the last reporting period for a number of reasons – firstly the focus has been on developing Day Opportunities in local communities in line with regional expectations and this has been hugely successful. Secondly, the service have increasing numbers of people with more complex needs in our centres which impacts on the numbers of people who can attend as they may require 1:1 staffing due to behaviours/needs and have complex physical needs.</p>	527	44
1.7	<p>Of those at 1.6 how many are EMI / dementia</p> <ul style="list-style-type: none"> <li>- Statutory sector</li> <li>- Independent sector</li> </ul>	9	11
1.8	<p>Unmet need (this is currently under review)</p>	<b>X</b>	<b>X</b>
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>We continue to have a waiting list for supported accommodation and we have developed a 5 year accommodation plan to identify those people who are likely to require accommodation during this period.</p> <p>We also have a waiting list for domiciliary packages and we are joining Care Bureau in order to try to secure domiciliary packages.</p> <p>Currently within the service area we have-</p> <ul style="list-style-type: none"> <li>5 PTL's</li> <li>9 Delayed Discharges</li> <li>27 waiting for Domiciliary Care</li> </ul> <p>There is a huge difficulty accessing supported accommodation for people who have addiction or forensic backgrounds.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>Last year, the Service reported that it secured £43923.00 non-recurrent funding from 01 May 2017 to 30 April 2018 to support service users routinely excluded from services because of their challenging behaviour and forensic history. The Extern Reminiscence Community Hub provided three reminiscence projects, (total 252 attendances), to include costs for preparation, evaluation, travel related to Reminiscence (630 Hours) and additional Community Hub activity (1850 hours). This service still remains in place.</p>		

	<p>The Service also reported last year that it secured £10,230.40 non-recurrent funding from April 2017 to March 2018 for TILII Group (ARC NI) to: support the delivery of 24 group meetings (total 84 service user attendances and 24 ARC attendances); 12 TILII Forum Meetings (total 8 service users and 12 ARC attendances); 3 peer knowledge learning sessions (total 40 service users and 3 ARC attendances); and 2 Trust induction sessions. The service can now report that this funding is now recurrent.</p> <p>There was no non recurrent funding allocated 2018/19.</p> <p>There has been an agreement for £10,000 recurrent funding to commence in April 19 for the Now project. This funding will provide an evening social opportunity for up to 20 people with autism once per week for 48 weeks per year.</p>		
<p>1.9</p>	<p>How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?</p> <p>There are currently two service users placed outside Northern Ireland. Plans are well developed for both to return to Northern Ireland.</p>	<p>2</p>	<p>0</p>
<p>1.10</p>	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>The breakdown of complaints/ enquiries this year has been as follows for the service area-</p> <ul style="list-style-type: none"> <li>7 related to Treatment &amp; Care</li> <li>1 related to an Appointee</li> <li>3 related to Environmental issues</li> <li>8 related to Service Delivery</li> <li>1 related to Injury from another service user</li> <li>1 Safeguarding concern</li> <li>1 related to Patients Personal care</li> <li>1 related to a Change of HCP</li> <li>1 related to Incorrect Medication Given</li> </ul> <p>The learning for the service included additional training, additional recruitment and issues related to transitioning from children’s to adult services is being addressed through a working group.</p> <p>There are a number of recommendations from the SAI panel into the hospital, themes emerging from the Adult safeguarding investigation and RQIA recent inspections that are currently detailed in action plans and currently being addressed.</p>	<p><i>Board return</i></p>	<p><i>Board return</i></p>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**DATA RETURN 1 – PoC / Directorate - Iveagh and Muckamore Abbey Hospital / Learning Disability / Adult Social & Primary Care**

<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 period?	9	43	1
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	9	43	1
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	7	65	0

Age is at date of referral for 1.1 and 1.2

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

**DATA RETURN 1 – Acute Hospital (general setting) \_\_\_\_\_ N/A \_\_\_\_\_**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			

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 – PoC / Directorate - Learning Disability / Adult Social & Primary Care**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	27	0
	Partially sighted	38	0
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	12	0
	Deaf without speech	15	0
	Hard of hearing	28	1
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	3	0

**DATA RETURN 3 – PoC / Directorate - Learning Disability / Adult Social & Primary Care**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	87
	Number of Disabled people known as at 31 <sup>st</sup> March.	1816
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	87
3.3	This is intentionally blank	
	<b>Narrative</b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	10

**DATA RETURN 4 – PoC / Directorate – Learning Disability / Adult Social & Primary Care**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	41
	Total expenditure for the above payments	£11,173
4.2	Number of TRUST FUNDED people in residential care	112
4.3	Number of TRUST FUNDED people in nursing care	176
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	3

**DATA RETURN 5 – PoC / Directorate - Learning Disability / Adult Social & Primary Care**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16- 17	18- 64	65 +
5.1	Number of adult carers offered individual carers assessments during the period.	7	90	17
5.2	Number of adult individual carers assessments <b>undertaken completed</b> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	5	69	11
5.2a	Number of adult individual carers assessments <b>declined</b> during the period <i>and the reasons why (to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	2	21	6
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	0	996	160
5.5	Number of young carers offered individual carers assessments during the period.	7		
5.6	Number of young carers assessments <b>undertaken completed</b> during the period <i>(to be collected from 2019/20 onwards)</i>	5		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	0		

5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	29
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	29
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	155
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	138
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	17
5.11	Number of one off Carers Grants made in-year.	311
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<p><b>Commentary</b>  The 2018/19 the overall carers budget was £64,723.00</p> <p>This year there has been a significant reduction in the number of carer assessments offered / completed by the community teams. This reduction in carers assessments has largely been due to the additional pressures placed on the community teams to assist with investigating adult safeguarding issues. Given the pressures on the specialised team to address the historical CCTV viewing of the hospital, the community teams had to take on the specialised teams' normal work. This meant that the community teams were involved in investigating all community referrals including large scale ones involving institutions and a sizable number of historic referrals generated from the adult safeguarding investigation in the hospital. The community teams are in the process of recruiting additional SWs per team and a new ASG specialised team is now in place to deal with the ASG investigation relating to the referrals generated from the historical viewing of CCTV. The service area now has a robust plan in place to address this issue in relation to offering and completing carer assessments.</p> <p>The service area is pleased to report that there has been an increase in SDS and all patients have been transferred to SDS from direct payments with a support plan in place.</p>		

**DATA RETURN 6 – PoC / Directorate** - Learning Disability / Adult Social & Primary Care - **see separate report**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

**7 SAFEGUARDING ADULTS**

6.1	Number of safeguarding adult referrals within the period	977
6.2	Of the referrals at 6.1, how many were received from acute settings?	789
6.3	Number of investigations commenced within the period	560
6.4	Number of investigations completed within the period	560
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	1
6.6	Number of adult protection plans commenced within the period	536
6.7	Number of adult protection plans in place on 31 <sup>st</sup> March	536
<b>Commentary</b> See separate report		

**DATA RETURN 7 – PoC / Directorate** - Learning Disability / Adult Social & Primary Care

**7 SOCIAL WORK STAFF**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31<sup>ST</sup> DECEMBER**

7.1a	Provide an overview of social work management staff in this Programme of Care/Directorate that are required, as a condition of their employment, to be included on the NISCC register.	Data Return 7 spreadsheet – 7.1a
7.1b	For those reported in 7.1a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.1b
7.1c	For those reported in 7.1a, return the numbers that are enrolled on/have completed PQ awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.1c
7.2	How many teams are there within this Directorate/Programme of Care?	



7.3a	Provide an overview of the social work staff based within a team, who are required as a condition of their employment, to be registered with NISCC.  NOTE: The number of team returns should match the number of teams reported at 7.2	Data Return 7 spreadsheet – 7.3a
7.3b	For those reported in 7.3a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.3b
7.3c	For those reported in 7.3a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.3c
7.4a	'Singleton Practitioners' who are required, as a condition of their post, to be registered with NISCC.  Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.	Data Return 7 spreadsheet – 7.4a
7.4b	For those reported in 7.4a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.4b
7.4c	For those reported in 7.4a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.4c
7.5a	'Singleton Practitioners' in a post which requires registration with a professional body and the current post holder is registered with NISCC.  Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.	Data Return 7 spreadsheet – 7.5a
7.5b	For those reported in 7.5a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.5b
7.5c	For those reported in 7.5a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.5c
7.6	How many Practice Learning Opportunities were provided by the Trust during the period?	Data Return 7 spreadsheet – 7.6

7.7	Provide a breakdown of DHSSPS PQ training targets	Data Return 7 spreadsheet – 7.7
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PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

**DATA RETURN 9 – PoC / Directorate** - Learning Disability / Adult Social & Primary Care

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	18	10
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	16	10
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	0
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>  Requests for second ASW input have remained low through the directorate.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>  This remains low throughout the Directorate		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.  The Trust engages with service users and carers in a timely manner and ensures where practicable that at least seven-days' notice is given of planned discharge from hospital.		

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	13
9.2a	Of these, how many resulted in an application being made?	11
	<i>Comment on any trends or issues on the use of holding powers</i>	

	The use of the Form 5 is reflective of the number of patients who initially agree to a voluntary admission but then decide to leave contrary to medical advice.
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<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	26
9.3.a	How many of these were completed within 5 working days	26
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>	

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed.  <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	0
9.4.a	Number of completed reports which were completed within 14 days	N/A
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>	

<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients (provide total number)  There was a total of 10 however 4 of these patients were regraded to Voluntary prior to the Mental Health Review Tribunal.	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>  The vast majority of the Mental Health Review Tribunals in Learning Disability services are as a result of a mandatory request by the Trust and are therefore reviews. There are ongoing issues in relation to the MHRT deciding to discharge patients from detention with immediate effect resulting in difficulty for the MDT, despite contingency planning to find alternative safe placements in the community.	
9.5.a	This is intentionally blank	

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	2

9.6. a	New applications for Guardianship during period (Article 19(1))	1
9.6. b	How many of these were transfers from detention (Article 28 (5) (b))	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 period (Article 22 (1))	1
9.6 .e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6. f	Number of Guardianships accepted by a nominated other person	0
9.6. g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6. h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	0
	Lapsed	1
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	1
	<i>Comment on any trends or issues in respect of Guardianship</i>	

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	3 left day time rota
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	4

	<p><b>Commentary</b>  <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p>3 ASW staff left the ASW day time rota this year – 2 were team leaders and 1 DAPO. It is not in their job description to undertake this role and function. They have however been on the rota for sometime but due to the additional pressures placed on these staff this year due to an increase in Adult safeguarding work associated with the large scale investigation they came off the rota. We have 1 staff member currently undertaking the ASW course. There are ongoing concerns about the number of ASW’s who have other roles such as Team Leaders, DAPO’s. The service has now included in the SW job descriptions that there is a requirement to complete the ASW course within 2 years of taking up post and participate on the day time ASW rota.</p>
<p>9.8</p>	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>Belfast Trust Patient Under 18 years of age admitted to Iveagh between 1<sup>st</sup> April 2018- 31<sup>st</sup> March 2019 who are / were subject to detention.</p> <p><b>Patient A</b></p> <p><b>Date of Birth : 2001</b></p> <p><b>Female</b></p> <p><b>Transferred from a CAMHS unit as Detained patient on a Form 9 under Mental Health (NI) Order 1986</b></p> <p><b>Date of admission; 12/06/18 - Current</b></p> <p><b>Reason for admission</b></p> <p>Patient A has a diagnosis of Intellectual disability, Autism spectrum disorder.</p> <p>Prior to admission there was a deterioration in Patient A’s mental health with associated anxiety and behaviours that challenge. There was an increasing change in presentation, becoming anxious, fearful about everyday objects that previously did not cause any distress. There were daily episodes of verbal and physical aggression towards mother. Recent incident of physical aggression towards mother, hitting and kicking, locking herself and her mother in a room at home to assault. Patient A has also made threats to kill her father.</p> <p>Patient A was placing her fingers in her ears and engaging in repetitive hand movements/finger movements on a more frequent basis.</p> <p>Patient A can present with low mood, anxiety and depressive symptoms. Has been overheard to whisper/mutter to herself when alone, appearing to be</p>

responding in conversation, statements or words cannot be understood. Patient A will throw things that are near to her when she becomes frustrated.

Patient A required a period of assessment and treatment to manage these behaviours and prevent serious risk.

Subject to LAC Review

**Patient B**

**Date Of Birth 2003**

**Male**

**Detained under the Mental health NI Order 1986**

**Date of admission: First admission 23/5/18 – 6/6/18**

**Reason for Admission**

Patient B is diagnosed with severe learning disability, autistic spectrum disorder and ADHD.

Escalating level of aggression displayed over the week prior to admission. Patient B was displaying challenging behaviours, absconding, stripping and putting himself at risk on equipment in the environment, climbing naked onto tractors, resulting in bruising. Patient B had been using Google to ask how to burn accommodation and how to run away. He had been breaking latches on windows in an attempt to abscond.

Prior to admission, Patient B had absconded from his placement and ran to nearby rail tracks. PRN medication was administered with no impact. Patient B did not appear to know staff; he was crawling about the floor and had bitten a number of staff. Patient B's level of staffing was normally 2:1 however immediately prior to admission 4-8 staff were required.

Patient B's level of aggression towards staff intensified e.g. hair pulling, slapping, biting and kicking. He also stripped and urinated on his clothes when in a state of heightened emotion. He also pulled clothes from his wardrobe and urinated on them.

Patient B was displaying some sexualised behaviours that included self-stimulation using furniture and he also attempted to insert objects such as toothbrushes into his back passage. He also pulled his trousers up and down several times a day, exposing himself.

Patient B can be self-injurious biting himself and nipping his stomach when he is in a state of emotional distress.

**Patient B**

**Date of Admission** : Second Admission 12/06/18

**Reason for Admission**

Patient B was re-admitted on **12/06/18** due to challenging and unpredictable behaviour in placement. There was an incident prior to admission, Patient B absconded and displayed a high level of aggression towards staff. He went to an area that was deemed unsafe. As well as displaying aggression towards staff, he engaged in self injurious behaviour, slapping and nipping himself. PSNI assistance was required to assist with managing Patient B's behaviour. He was readmitted under the Mental Health NI Order.

**Patient C**

**Date of Birth: 2001**

**Male**

**Detained under the Mental health NI Order 1986**

**Date of Admission** 15/08/2018 – 04/03/2019

**Reason for Admission**

Patient C has a severe Learning disability.

Patient C was admitted to hospital following an aggressive outburst which resulted in injury to two staff members of Residential Children's Unit. He was admitted on a voluntary basis from 07/08/2018 – 14/08/2018. Patient C settled quickly during this time and was discharged back to Residential Children's Unit. Initially he appeared to be calm and settled. Patient C's demeanour then changed and he became agitated. He was destructive of property in his room, throwing objects and smashing things. Staff withdrew until he ceased and then attempted to re-engage, when he had calmed. Patient C declined PRN medication, and went on to repeat his destructive behaviour. PSNI were called however, Patient C had settled by the time they responded. A short time later, Patient C's behaviour became threatening toward staff and other residents. There was a threat to kill and there was evidence of broken glass in his room giving staff serious concern re risk to staff, residents and himself. Measures such as reassurance from familiar staff and positive reinforcement did not prove effective. GP and ASW were requested to attend and an admission under the Mental Health Order was deemed necessary.

Subject to LAC Review

**Patient D**

**Date of Birth: 2006**

**Male****Detained under the Mental health NI Order 1986****Date of Admission:** 27/09/2018**Reason for Admission**

Patient D is diagnosed with a Severe Learning Disability, Autism Spectrum Disorder and co-morbid Attention Deficit Hyperactivity Disorder, he presents with behaviours that challenge at home and at school, displaying physical aggression towards others.

Prior to admission Patient D exhibited a significant deterioration in his presentation. He experienced emotional upset and distress, sudden mood swings accompanied with aggression towards his parents. This included violent attacks escalating to involve more prolonged physical attacks. He focused on targeting their eyes, with him exerting pressure on their eyes/orbits raising the risk of serious eye injury to both parents.

**Patient E****Date of Birth:** 2006**Male****Detained under the Mental health NI Order 1986****Date of Admissions:** First admission 04/04/18, discharged on 17/04/18.**Reason for Admission:**

Patient E has a history of ASD with Pathological Demand Avoidance Profile. Patient E has a long history of high levels of anxiety manifesting as challenging behaviour. In the weeks prior to admission Patient E brandished a knife at his parents. There was an escalation in behaviours, displaying high levels of aggression. Hitting out at his parents, nipping, biting and pulling their hair. Parents were finding it increasingly difficult to manage Patient E at home.

**Second admission** 06/06/2018 - ongoing**Reason for Admission**

Similar presentation as previous, long history of periods of agitation and anxiety, which manifests into behaviour that challenge. Patient E had presented as very difficult to manage in days leading up to his admission.



	<p>A voluntary admission was attempted on 4.06.18. Patient E presented as extremely difficult to manage. An ambulance was arranged to transport, however, failed due to Patient E being unsafe and destructive whilst in the vehicle. He presented as highly aggressive to community professionals and absconded from community offices. Parents returned home with Patient E due to how distressed he was presenting.</p> <p>Patient E was assessed and brought to hospital under the Mental Health NI Order 1986 on 06/06/18, required assistance of PSNI to transport.</p> <p>Not subject to LAC Procedures.</p>		
<p>9.9*</p>	<table border="1"> <tr> <td data-bbox="352 674 1366 801"> <p>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</p> </td> <td data-bbox="1366 674 1520 801"> <p>1</p> </td> </tr> </table>	<p>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</p>	<p>1</p>
<p>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</p>	<p>1</p>		
	<p><i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i></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	2
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	2
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	2
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	0
<p><b>Commentary</b> (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</p> <p>Both these STOs have been in place for over a year. There have been no problems with accessing services for either service user.</p>		

**DATA RETURN 1 – PoC / Directorate – Family & Childcare / Social Work and Children’s Community Services**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?		
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?		
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?		
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?		
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xxv. Residential Home Care		
	xxvi. Nursing Home Care		
	xxvii. Domiciliary Care Managed		
	xxviii. Domiciliary Non Care Managed		
	xxix. Supported Living		
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  <b>Narrative</b>		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.  <b>Narrative</b>		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.  <b>Narrative</b>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector		
	- Independent sector		

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		
	- Independent sector		
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures <b>Narrative</b>		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding <b>Narrative</b>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. <b>Narrative</b>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**DATA RETURN 1 – Family & Childcare / Social Work and Children’s Community Services**

<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 period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			

Age is at date of referral for 1.1 and 1.2  
 Age at 31<sup>st</sup> March 187 for 1.3

Hospital Social Work Service data is recorded in the Children with Disabilities Data Return 1.1 to 1.3

**DATA RETURN 1 – Acute Hospital (general setting) \_\_\_\_\_**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			

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 – PoC / Directorate – Family & Childcare / Social Work and Children’s Community Services**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		
	Partially sighted		
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		
	Deaf without speech		
	Hard of hearing		
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		

**DATA RETURN 3 – PoC / Directorate – Family & Childcare / Social Work and Children’s Community Services**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b><i>Note: ‘disabled people’ includes individuals with physical disability, sensory impairment, learning disability</i></b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	
	Number of Disabled people known as at 31 <sup>st</sup> March.	
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	
3.3	This is intentionally blank	
	<b><i>Narrative</i></b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

**DATA RETURN 4 – PoC / Directorate - Family & Childcare / Social Work and Children’s Community Services**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	172
	Total expenditure for the above payments	£18,283.70
4.2	Number of TRUST FUNDED people in residential care	
4.3	Number of TRUST FUNDED people in nursing care	
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	
<b>See Physical Health and Disability Return</b>		

**DATA RETURN 5 – PoC / Directorate - Family & Childcare / Social Work and Children’s Community Services**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16- 17	18- 64	65 +
5.1	Number of adult carers offered individual carers assessments during the period.	n/a		
5.2	Number of adult individual carers assessments <b>undertaken completed</b> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	n/a		
5.2a	Number of adult individual carers assessments <b>declined</b> during the period <i>and the reasons why (to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	n/a		
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	n/a		
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March	n/a		
5.5	Number of young carers offered individual carers assessments during the period.	<b>37 – Action for Children</b>		
5.6	Number of young carers assessments <b>undertaken completed</b> during the period <i>(to be collected from 2019/20 onwards)</i>	<b>37 – Action for Children</b>		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	<b>83 – Action for Children</b>		

5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	0
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	0
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	0
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	0
5.11	Number of one off Carers Grants made in-year.	136
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b> The Trust understands that information in relation to young carers will be available through the future suite of PARIS reports.		

**DATA RETURN 6 – PoC / Directorate - Family & Childcare / Social Work and Children's Community Services**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

**8 SAFEGUARDING ADULTS**

6.1	Number of safeguarding adult referrals within the period	
6.2	Of the referrals at 6.1, how many were received from acute settings?	
6.3	Number of investigations commenced within the period	
6.4	Number of investigations completed within the period	
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	
6.6	Number of adult protection plans commenced within the period	
6.7	Number of adult protection plans in place on 31 <sup>st</sup> March	
<b>Commentary</b>		



PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

**DATA RETURN 9 – PoC / Directorate - Family & Childcare / Social Work and Children's Community Services****N.B. This return has been amalgamated with the return from Learning Disability**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO		
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)		
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)		
<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>			
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.		

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	
9.2a	Of these, how many resulted in an application being made?	
	<i>Comment on any trends or issues on the use of holding powers</i>	

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	
9.3.a	How many of these were completed within 5 working days	
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>	
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed.	

	<i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	
9.4.a	Number of completed reports which were completed within 14 days	
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>	

<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients (provide total number)	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>	
9.5.a	This is intentionally blank	

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	
	<i>Comment on any trends or issues in respect of Guardianship</i>	

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	
9.7.a	Number of Approved Social Workers removed during period	
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	

	<p><b>Commentary</b>  <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p>	
9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<p><i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i></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	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	
	<b>Commentary</b> (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)	

**DATA RETURN 1 – PoC / Directorate** – Children with Disabilities / Social Work and Children’s Community Services

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	n/a	
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	n/a	
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	n/a	
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	n/a	
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:	n/a	
	xxxi. Residential Home Care	n/a	
	xxii. Nursing Home Care	n/a	
	xxiii. Domiciliary Care Managed	n/a	
	xxiv. Domiciliary Non Care Managed	n/a	
	xxv. Supported Living	n/a	
	xxvi. Permanent Adult Family Placement	n/a	
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  <b>Narrative</b>  N/A	N/A	
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.  <b>Narrative</b>  N/A	N/A	
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.  <b>Narrative</b> N/A	N/A	
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		

	n/a		
	- Statutory sector		
	- Independent sector		
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		
	- Independent sector		
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures <b>Narrative</b> N/A		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding <b>Narrative</b> N/A		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. <b>Narrative</b>	<i>Board return</i>	<i>Board return</i>

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

**DATA RETURN 1 – PoC / Directorate** – Children with Disabilities / Social Work and Children’s Community Services

<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 period?	944	1014	
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	944	1014	
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	453	134	

Age is at date of referral for 1.1 and 1.2

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

**DATA RETURN 1 – Acute Hospital (general setting) \_\_\_\_\_**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?			

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 – PoC / Directorate** – Children with Disabilities / Social Work and Children's Community Services

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		
	Partially sighted		
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		
	Deaf without speech		
	Hard of hearing		
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		
		N/A	

**DATA RETURN 3 – PoC / Directorate** – Children with Disabilities / Social Work and Children's Community Services

<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.	n/a
	Number of Disabled people known as at 31 <sup>st</sup> March.	n/a
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	n/a
3.3	This is intentionally blank	
	<b>Narrative</b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	24



**DATA RETURN 4 – PoC / Directorate** – Children with Disabilities / Social Work and Children’s Community Services

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	2
	Total expenditure for the above payments	£200
4.2	Number of TRUST FUNDED people in residential care	n/a
4.3	Number of TRUST FUNDED people in nursing care	n/a
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	n/a
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	n/a

**DATA RETURN 5 – PoC / Directorate** – Children with Disabilities / Social Work and Children’s Community Services

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>				
		16- 17	18- 64	65 +
5.1	Number of adult carers offered individual carers assessments during the period		<b>406</b>	
5.2	Number of adult individual carers assessments <del>undertaken</del> <b>completed</b> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		<b>406</b>	
5.2a	Number of adult individual carers assessments <del>declined</del> during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		<b>0</b>	
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		<b>406</b>	
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March		<b>565</b>	
5.5	Number of young carers offered individual carers assessments during the period.		<b>136</b>	
5.6	Number of young carers assessments <del>undertaken</del> <b>completed</b> during the period <i>(to be collected from 2019/20 onwards)</i>		<b>136</b>	
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March			

5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	32
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	32
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person? 73 Direct Payments/126 SDS	199
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	5
5.11	Number of one off Carers Grants made in-year.	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b> <i>Direct Payment numbers have risen as have the number of hours delivered.</i>		

**DATA RETURN 6 – PoC / Directorate** – Children with Disabilities / Social Work and Children’s Community Services

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS**

**9 SAFEGUARDING ADULTS**

6.1	Number of safeguarding adult referrals within the period	n/a
6.2	Of the referrals at 6.1, how many were received from acute settings?	n/a
6.3	Number of investigations commenced within the period	n/a
6.4	Number of investigations completed within the period	n/a
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	n/a
6.6	Number of adult protection plans commenced within the period	n/a
6.7	Number of adult protection plans in place on 31 <sup>st</sup> March	n/a
<b>Commentary</b>		

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31<sup>ST</sup> DECEMBER**

**DATA RETURN 9 – PoC / Directorate** – Children with Disabilities / Social Work and Children’s Community Services

**N.B. The Children’s Return has been included in the return by Learning disability POC.**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	n/a	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	n/a	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	n/a	
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	n/a	

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	n/a
9.2a	Of these, how many resulted in an application being made?	n/a
	<i>Comment on any trends or issues on the use of holding powers</i>	

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	n/a
9.3.a	How many of these were completed within 5 working days	n/a
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>	n/a

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed.  <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	n/a
9.4.a	Number of completed reports which were completed within 14 days	
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>  n/a	n/a

<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients (provide total number)	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>	
9.5.a	This is intentionally blank	

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	n/a
9.6.a	New applications for Guardianship during period (Article 19(1))	n/a
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	n/a
9.6.c	How many were Guardianship Orders made by Court (Article 44)	n/a
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	n/a
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	n/a
9.6.f	Number of Guardianships accepted by a nominated other person	n/a
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	n/a

9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	n/a
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	
<i>Comment on any trends or issues in respect of Guardianship</i>		

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	n/a
9.7.a	Number of Approved Social Workers removed during period	0
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	0

	<b>Commentary</b> <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.  N/A	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i>  N/A	

<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	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	n/a
	Treatment as an in-patient	n/a
	Treatment as an out patient	n/a
	Treatment by a specified medical practitioner.	n/a
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	n/a
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period.	
	<b>Commentary</b> (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient) N/A	

## APPENDIX A

### DATA RETURN 8 – PoC / Directorate All

#### 8 Assessed Year in Employment

#### Assessed Year in Employment (AYE) 2018-2019

#### Return for Employers year ending 31<sup>st</sup> March 2019

1. The Standards referred to in this document are the “Minimum Standards for Completion of the Assessed Year in Employment (AYE)” as published by NISCC in Revised Guidance for Registrants and their Employers NISCC November 2015 (Version 2).

Please complete the sections below which provides an overview of all staff who were subject to an assessed Year in Employment (AYE) in your organisation for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019. These are staff that are in a post which is suitable for the verification of practice against the required Standards, such that they are eligible to be registered without the AYE condition with the NISCC.

Table 1 asks for the number of Newly Qualified Social Workers who are subject to an AYE by setting. The table requires numbers of AYEes that were in post at any time during the year and those who are still in post at 31<sup>st</sup> March 2019. 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.

<b>Table 1</b>		<b>During year 1/4/18 to 31/3/19</b>	<b>At 31<sup>st</sup> March 2019</b>
	<b>Job setting</b>		
1	Gateway	6	3
2	Family support/intervention team	12	10
3	Looked after team	6	4
4	Fostering team	0	0
5	Adoption	0	0
6	Leaving and after care	0	1
7	Children’s disability>(*1 Children’s Hospital)	8	6*
8	Residential child care	12	6
9	Early years	0	1
10	Other Children’s CAMHS	2	2
11	Hospital social work team	8	4
12	Older people	15	6
13	Mental health	6	8
14	Health and Physical disability (Adults)	3	1
15	Sensory impairment	0	1
16	Learning disability	3	3
17	Vulnerable adults	0	0
18	Other (Adult)	0	0

	<b>Total number of AYE</b> s	<b>81</b>	<b>56</b>
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Of the 81 registrants: 30 staff left the Trust without completing their AYE.  
8 staff left having completed the AYE.  
43 staff completed their AYE and are still with the Trust.

## 2. Of the Total AYE

s employed, describe their employment status?

<b>Table 2</b>	<b>During year 1/4/18 to 31/3/19</b>	<b>At 31<sup>st</sup> March 2019</b>
<b>Employment Status</b>		
Permanent	22 (7 left 15 presently in post)	5
Temporary	8 (1 left 7 presently in post)	3
Recruitment agency	51(30 left during the year 21 presently in post))	48

### Commentary on Question 1 and 2:

#### Of the 81 AYE's who were in post during last year.

- 38 were employed for a short period and then left employment of BHSCT
- Of these 38 staff, 8 had completed their AYE with the Trust.
- 43 staff were endorsed by BHSCT as competent to complete the AYE.

#### Trends over the last 5 years:

- **Increase in staff turnover:** In the last five years there is a significant increase of staff turnover within the AYE group. In 14/15 of the cohort of 30 AYE staff four (31%) left to seek employment elsewhere. In 18/19 of the cohort of 81 staff 38 left to seek other employment (47%). See Appendix 1 for graph.
- **Increase in Agency Staff:** This has continued to increase over the last 5 years. In 18/19 a cohort of 99 staff are either in post having completed their AYE this year or are still in the process of completion. All of these staff will likely have under two years experience and 69% are agency staff.
- **Increase in numbers.** The number of AYE Registrants within the workforce has continued to rise. See Appendix 1 for graph. In summary: in 14/15 30 staff completed/worked towards completion of their AYE and by 18/19 this figure has risen to 81. This is almost a threefold increase of AYE numbers.

#### What does this mean?

- Staff turnover is likely to have an impact on service delivery: as new staff move on there will be disruption for the service users.
- Team Leaders are spending increasing time on induction and supporting new staff to have a good understanding of their service user's assessment/care plan plus teaching and mentoring staff in a new area of work.
- The Learning and Development Team meet/greet, track, manage the administration, audit and support. The increase in AYE Registrants and turnover has increased their work by threefold.



3. How many Newly Qualified Social Workers (NQSW) were employed by the Trust during the year in posts that did not require a Social work Qualification. That is they were not able to undertake their AYE, and in what capacity were they employed.?

Table 3 Employment area	No. of NQSW not undertaking AYE
None	

4. What processes has the Trust put in place to ensure that every AYE produces a Summary of Learning upon commencement of post? (narrative)(Standard 1)

The Learning and Development Consultant meets with all AYE Registrants and New Line Managers and both are informed of the requirement to provide a Summary of Learning. An audit monitors compliance and of the 15 files reviewed, one registrant had not filed the document.

**Clarification Note in relation to Question 5,6,7,8**

Question 5-8 ask for commentary on the totals that are noted on Table 1. The Trust is not in a position to comment on all AYE Registrants. As outlined in Circular HSS(OSS) AYE2/2015, the Trust sample 25% of performance appraisals.

5. How many AYE's from the total given in Table 1 failed to produce a Summary of Learning?

1

6. Have all AYE's a Personal Development Plan (PDP)?

Yes  No

The sample confirmed a 60% compliance with this standard.

**Please describe the process you have in place to ensure PDPs are relevant and up to date.**

There is no evidence of registrants returning to update the Personal Development Plans. The mid and final reflective statements however confirm that registrants are identifying learning and future learning needs. While the PDP is not updated the Trust accept the Reflective Statements as meeting this requirement.

7. 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.

- The Trust’s audit of AYE 2018/19 sampled the records of 15 (30%) registrants. All records complied with this standard.
- Exit questionnaires with AYE registrants confirmed compliance with this standard. Albeit the return was 39%. The returns were evenly spread over permanent, temporary and agency staff.
- AYE Registrants are invited to attend a monthly AYE Forum. This Provides an opportunity for the AYE Lead in the L&D Team to ‘check-in’ with staff.

Additional Comments on the AYE Forums:

- The numbers in the AYE cohort will vary each month as this is a fluid Group. Therefore the statistical analysis is difficult. However, in a review of attendance in the last 6months 70% attended 0 or 1 group. Of the 30% who did attend the majority attended between 3-5 Forums.

**Quotes:**

Shift pattern made attending this difficult. Met with AYE Lead and other AYEes from other homes.

Felt confident in my ability not to attend

They were a great opportunity to discuss experiences with other social workers.

Attend! Gives you the chance to catch your breath, chat and discuss opportunities.

**8. Have all AYEes received a formal Social Work Induction as per the NISCC guidance?**

Yes

No

See explanatory note.

Please provide details of the Induction Procedure (Standard 2).

**Explanatory Note:**

**Audit:**

- 6 files in the audit of 15 files did not evidence induction by completing an Induction Booklet provided to all AYE Registrants.

This 60% compliance is an improvement from last year’s 50%. The Trust interpret

this data as staff not evidencing their induction as opposed to it not happening. The questionnaire returns indicate that induction does take place.

**Questionnaire Return:**

- 95% stated that they received induction into their role and
- 95% said that it prepared them for their post.
- 90% said they had completed the Induction Booklet.

**Summary Comment:** Evidencing this standard is tricky as the AYE’s definition of Induction will vary. The Trust are satisfied that in triangulation of the audit, Questionnaire and no issues being raised with the AYE Forum that staff are receiving adequate action.

**Action:**

- In 19/20 continue to reinforce the importance of induction with managers and encourage staff to evidence via the Induction Booklet.
  
- Have a conversation with the AYE Forum on their experience of Induction.

**Induction Procedure:**

Induction is a three way process.

- **Corporate Welcome.** This is a half- day corporate induction to welcome staff to the organisation. It explains the Trust’s structures, values and provides information for example on Infection Control and Safeguarding. In 2019 this ‘Welcome’ will extend to a one day event where all staff will exit having completed all the core statutory and mandatory training requirements.
- **Local Induction.** This will consist of Team/Departmental orientation arrangements to detail job role, processes, procedures and policies. This is lead by the Team Leader, Senior Practitioner and/or professional lead.
- **Induction to Assessed Year in Employment.** A Learning and Development Consultant who leads on AYE meets new staff within three weeks of appointment and will also meet Line Managers as required.

**9. Please answer Yes or No for each of the following systems that are required to be in place and available for all AYE. Provide a separate explanation for each instance that ‘No’ has been ticked.**

<b>Table 4 Systems required</b>		<b>Yes</b>	<b>No</b>
1	Human Resource system to track AYE progress	x	
2	Performance appraisal for AYE's		
	6 monthly	x	
	Year end	x	
3	25% Sample of AYE performance	x	
4	Management of AYE workload <b>The Exit Questionnaire asks:</b> <i>"In general my workload is about right" and "I can keep a reasonable balance between work and personal life" Both answers received</i>	x	

<p><i>the same response.</i> 7 staff strongly agreed, 11 staff agreed and 2 neither agreed/disagreed. This is an encouraging position.</p>		
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**10. Please report on the frequency of professional supervision afforded to the AYEs in post at 31<sup>st</sup> March (Standard 3).**

<b>Table 5</b> Job setting	<b>Number of AYE receiving supervision:</b>		
	<b>Fortnightly</b>	<b>Monthly</b>	<b>Other</b>
Children’s (1 to 10 from Table 1)	6	26	
Hospital (11 from Table 1)	1	3	
Adults (12 to 18 from Table 1)	10	10	

How many of those shown above as ‘Fortnightly’ have been in post for more than 6 months @ 31<sup>st</sup> March?

0

How many of those shown above as ‘Monthly’ have been in post for more than 6 months @ 31<sup>st</sup> March?

39

Trust should provide details and explanations of situations where professional supervision of AYEs is less than the minimum requirement in Standard 3, and what steps are being taken to achieve full compliance.

The Trust seeks to identify non-compliance by reporting by exception those situations in which supervision does not comply with the expected standard.

100% of the questionnaire returns confirmed that supervision took place.

The Trust acknowledges that in some services there have been particular workforce issues but considerable efforts have been made to comply with this requirement.

Comments from staff indicate that supervisors strived to provide a supportive learning environment,

My managers encourages my development at work.  
**Strongly Agree:** 16  
**Agree:** 4

My manager has recently told me I’ve done a good job.  
**Strongly Agree:** 16  
**Agree:** 4

**11. What proportion of staff who provide professional social work supervision to AYEs have 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).**

The Trust is unable to answer this question with a numerical reply as it is not possible to interrogate training data via HRPTS. The Trust has previously raised this matter with HSCB.

On the 31<sup>st</sup> March 2019 there were 41 professional supervisors. On reviewing the list the Learning and Development Manager believes they all have completed supervision training. See comment below that provides assurance of compliance.

**What arrangements are in place within the Trust to ensure that all such supervising Social Workers have undertaken the appropriate training?**

(Narrative)

All newly appointed managers or professional social work leads complete a 3 Day Regional Supervision Course and refresher training is available for all. In the Data 7 Report 31/12/18 the Trust evidenced 100% compliance with the following DHSSPS Target:

*From 2010, all newly appointed Senior Social Workers/Team Leaders will undertake relevant training in professional supervision and appraisal within two years of appointment.*

The Trust usually meets this standard within six months of appointment.

In addition, the Learning and Development Consultant for AYE meets all Managers new to AYE and other managers by request to ensure that they have been apprised of their roles and responsibilities. This is supported by Learning and Development Team guidance notes for managers new to post/AYE.

**12. Please provide an account of how the Trust assess 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)**

- The individual AYE registrant 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 mid-point the registrant submits a 750-word reflective summary of learning needs, progress in evidencing the six key roles and identifies any gaps in learning which require to be addressed during the remaining period of the AYE.
- The Line Manager assesses the registrant's performance at six months against the six key roles, recording the outcomes in the supervision file.
- The final appraisal follows a similar process as the mid-point review with the Line Manager beginning to identify how the registrant will continue their journey post-AYE via the Professional in Practice accreditation pathway.
- The audit process and exit questionnaire provide opportunities to benchmark the AYE Registrants' experience.

- The audit reviewed the AYE Registrants' reflective summaries and they conveyed a sense of growth in confidence and competence.
- Equally the documentation that managers were required to complete met the necessary standard.

This process mirrors the requirement that is detailed in the *NISCC (2015) Assessed Year in Employment*.

#### Additional Comments from AYE Exit Questionnaires:

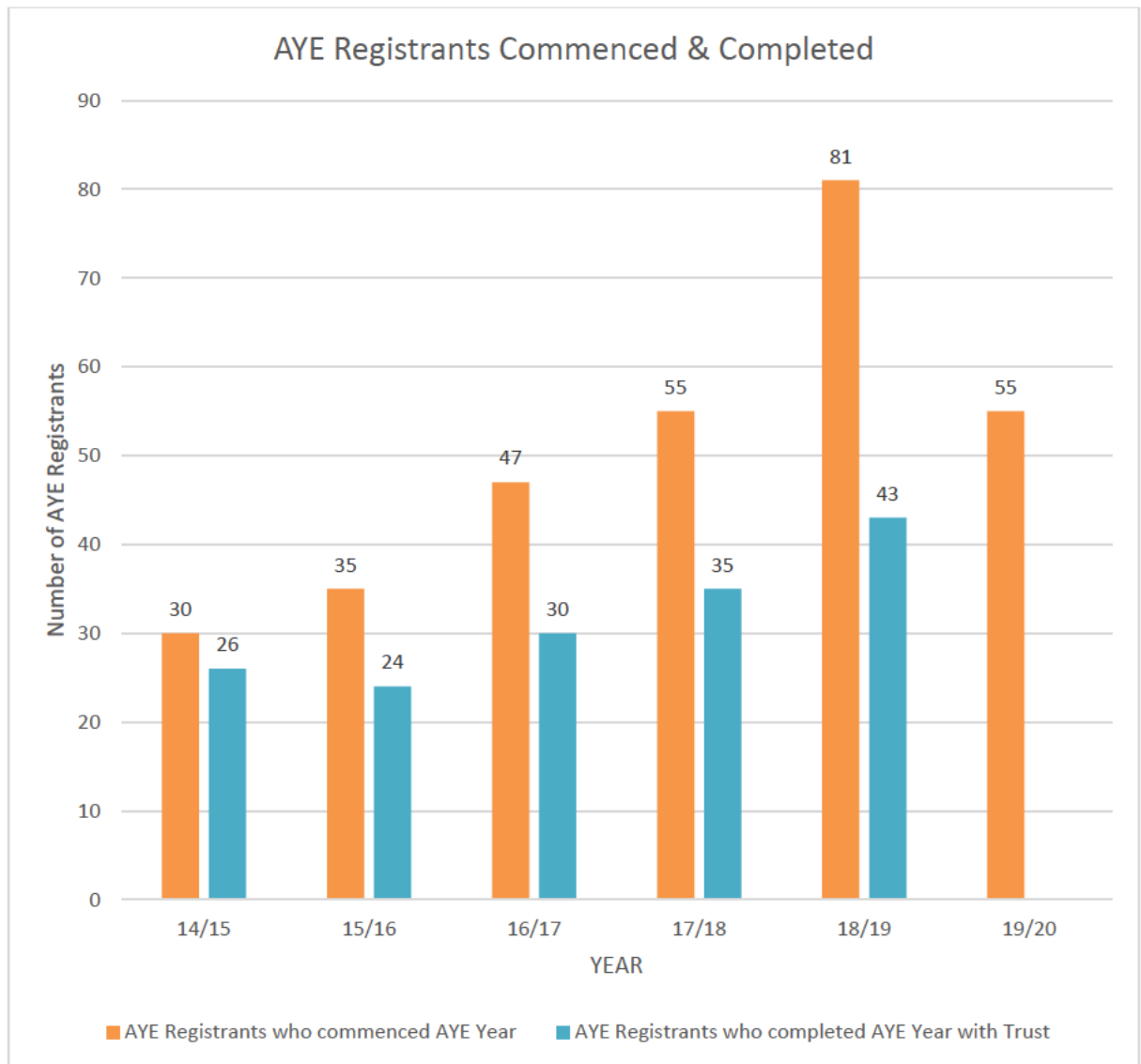
(The AYE Lead).. was very helpful throughout and I could not thank him enough.

Very helpful meeting at the beginning of AYE. I used notes from this meeting when I was putting together my folder and to write up the 6 month and final reviews.

I really appreciated the support and advice from colleagues, manager and the AYE Lead. It helped me a lot through the journey

Do not be afraid to ask for more training opportunities. You are not expected to come from university knowing everything.

**Summary Comment:** The Assessed Year in Employment is now embedded into practice. The responses to some of these questions are a repeat of what was reported in previous years as we are now reporting on established systems. At this point it would be useful to review and streamline this reporting template.



## APPENDIX B

### DATA RETURN 11 - PoC / Directorate ALL

**Please Note: Information for this section will inform the Annual Accountability Report to the Department of Health, Social Services and Public Safety**

<b>11 Accountability Report</b>		
<b>Personal Social Services Development and Training Strategy 2006-2016</b>		
<b>11.1 Regional Social Work Trainees</b>		
<b>11.1.1</b>	Regional Social Work Trainee Investment 01.04.18 - 31.03.19	<b>Accountability 18-19</b>
<b>11.1.2</b>	How many Regional Social Work Trainees were employed within the Trust as at 1 <sup>st</sup> April 2018?	<b>0</b>
<b>11.1.3</b>	Total Number of Trainees completed within 2018 -19	
<b>11.1.4</b>	How many Regional Social Work Trainees were employed within the Trust as at 31 <sup>st</sup> March 2019?	<b>0</b>
<b>11.1.5</b>	<p><i><b>Narrative.</b> Trust must detail any students which have deviated from expected pathways to include reasons for deviation, current salary point and expected graduation date.</i></p> <p>The Regional Social work Scheme ceased approximately five years ago. This section of the report is redundant.</p>	
<b>11.2 Practice Learning Opportunities</b>		
<b>11.2.1</b>	PLO Investment 01.04.18 - 31.03.19	<b>Accountability 18-19</b>
<b>11.2.2</b>	How many PLOs have been provided by the Trust during the period?	<b>Accountability 18-19</b>
<b>11.2.3</b>	How many Children's PLOs have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	<b>Level 2—23 Level 3- 20</b>
<b>11.2.4</b>	How many Adult's PLO have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	<b>Level 2- 22 Level 3--22</b>
<b>11.2.5</b>	<p><i>Commentary. Trust must highlight and provide explanations for any deviations from the expected PLO provision. Processes which have been implemented to ensure high quality Adult's and Children's PLO should be included in addition to specific demands on resources and achievements in year.</i></p> <p><i>Commentary. Trust must highlight and provide explanations for any deviations from the expected PLO provision. Processes which have been implemented to ensure high quality Adult's and Children's PLO should be included in addition to specific demands on resources and achievements in year.</i></p> <p><b>Deviation from PLO Provision:</b> The Trust are contracted to provide 91 PLO's and while 91 were presented 87 commenced. This small shortfall arose as students did not commence PLO due to personal circumstances or the PLO was reallocated to another agency to meet the needs of the student.</p>	



**Processes to ensure high quality PLO's:** The Trust is approved by NISCC as Designated Practice Learning Provider (DPLP). This requires the Trust to meet the *'The Standards for Practice Learning for the Degree in Social Work'*. Compliance with these Standards is monitored by NISCC.

The NISCC Standards provide a framework for ongoing evaluation and continuous improvement. This includes:

- An audit of student supervision records and evidence files that provides an insight into the teaching and assessment that the Practice Teacher has provided.
- Universities provide feedback on their experience of provision of PLO's.
- Students complete an evaluation of Corporate Induction and an Exit Interview. In addition, the Degree Provider also asks students to complete an evaluation of the PLO. This all contributes to providing an overview of the student's experience.
- Active Practice Teachers and On-sites are required to attend an annual workshop where they receive feedback from the audit, updates on changes to the PLO assessment and space to reflect on their practice.
- Newly qualified Practice Teachers and Practice Teachers returning to the role receive mentoring and support through the PLO.

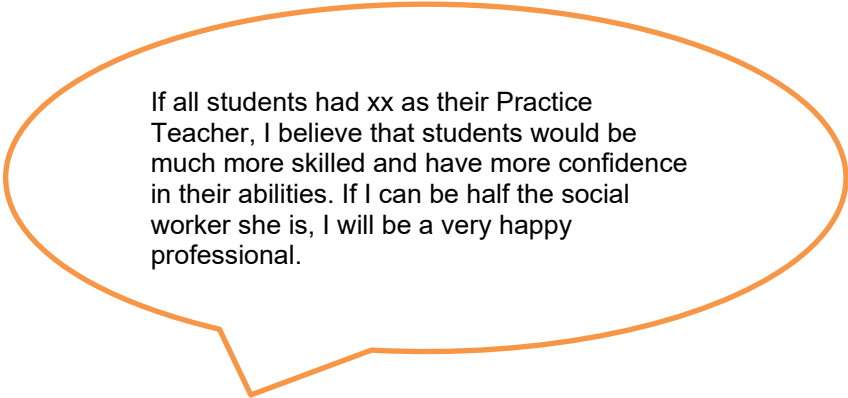
**Focus of the 18/19 Audit:** In 18/19, the BHSCT fully implemented the introduction of electronic files that contain the student's PLO Meetings, supervision records and evidence files. The electronic file was reviewed to establish how practice teachers were adapting to this new arrangement and the appropriateness of student evidence. (Previously too much evidence was being presented.)

**Outcome:** There were inconsistencies in how practice teachers had organized the electronic files. Those presented in sub sections were more accessible.

**Action:** Create an electronic file with subsections to harmonise how all store and present information.

**Focus of the Audit 19/20.** This year universities stated the standard of practice teaching reports is variable. This will be the focus of the next audit.

#### **Feedback forwarded by the University on one Practice Teacher.**



If all students had xx as their Practice Teacher, I believe that students would be much more skilled and have more confidence in their abilities. If I can be half the social worker she is, I will be a very happy professional.

#### **Specific Demands on Resources:**

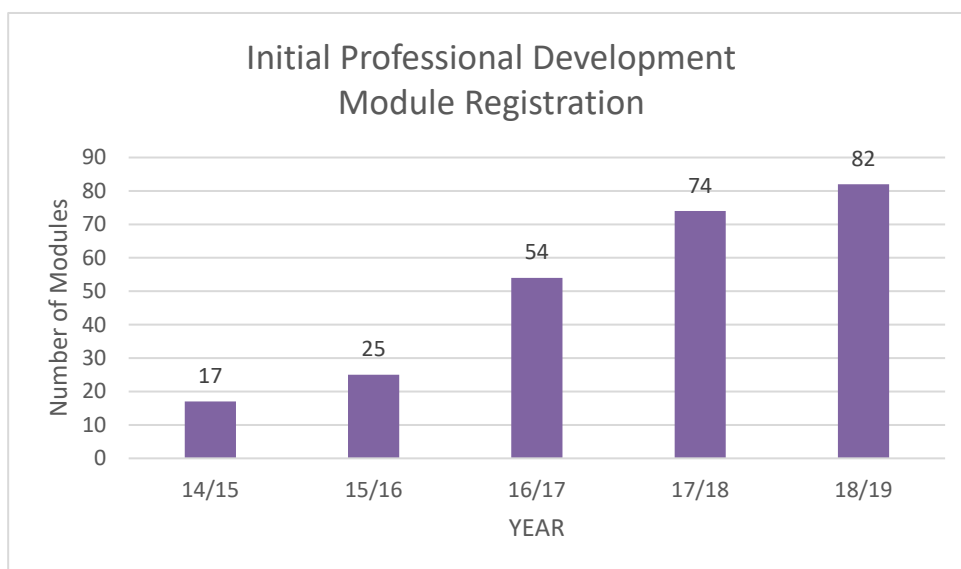
	<p><b>Collaborative Working:</b> The provision of the BSc Social Work is dependent on collaborative arrangements with many agencies. This includes for example, membership of Boards, Committees, Practice Assessment Panels, Recruitment Panels, Teaching and contributing to the achieving the NI Social Work Degree Business Plan. The latter is a significant time commitment that often remains invisible.</p> <p><b>Identification of PLO's:</b> Change is a consistent theme and it can often seem that the workplace is in one continual change process. This year a high level of staff turnover, sickness and vacancies continue to augment the stresses and difficulties experienced by teams and individuals. In this context, it is a challenge to engage practice teachers and teams to host PLOs. The consequences are:</p> <ul style="list-style-type: none"> <li>• The Learning and Development Team spend considerable time and effort in gaining commitment to 91 PLO's. Often the strength of personal relationships/goodwill is a key factor in meeting the target.</li> <li>• A fast changing workplace means that PLO's that are agreed four to five months before the start date can be unavailable and time is required to rearrange and accommodate students. This augments the work of the PLO Coordinator and detracts from the student experience. In January, some PLO's were only being confirmed on the start date.</li> </ul> <p><b>Individual Circumstances of Students:</b> Students can identify individual circumstances that the Trust are required to consider and accommodate these in keeping with legislation, policy and procedure. In the August –December PLO, five of the thirty- five students PLO end due to mental health/stress. The experience of the Trust and other employers is that this is an increasing issue. The 'duty' to accommodate these needs, to support the student and practice teacher plus the responsibility to ensure that the management of the PLO meets the requisite legislation requires time and attention to governance.</p> <p><b>Non- Car Drivers.</b> The number of students who have no access to a car has increased. This is a challenge in allocating of PLO's, as this is essential criteria for the majority of social work posts.</p> <p><b>Opportunities for social care staff to pursue a career in social work.</b> As already alluded, the Trust and other employers are struggling to fill vacant posts. There a small number of employees who wish to pursue a career in social work. Due to financial commitments, however they cannot participate in the fulltime degree. These staff are exploring how they can continue their studies through the Open University by making a commitment to self- fund if the Trust supported them by providing a practice teacher/PLO. This in itself is a cost to the agency. In light of our present vacancy, rate and decline in social work applications there could be merits in the DoH, HSCB and employers exploring a sponsored scheme for staff to complete a social work qualification.</p>	
11.2.6	<i>This has been left blank intentionally</i>	
11.2.7	<i>This has been left blank intentionally</i>	
<b>11.3 Post Qualifying Training</b>		
11.3.1	Post Qualifying Training for Social Workers Investment	<b>Accountability 18-19</b>
11.3.2	Post Qualifying Training for Social Workers Activity	<b>Accountability 18-19</b>

**11.3.3**

*Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.*

This section of the report must be read in conjunction with the Excel Accountability Report Section 11.3 as this includes the detail of the course fee expenditure, the achievement of candidates and work of the Learning and Development Team.

**Consolidation Award:** Newly qualified staff within their first three- year period of registration with NISCC must complete a minimum of two requirements in the Consolidation Award. While this requirement was introduced in 2010, there was a lead-in period and it was not until 2014 that eligible staff were re-registering with NISCC. The number of staff availing of Initial Professional Development (IPD) Modules has continued to rise over the last five years.



**Success of staff meeting NISCC meeting mandatory requirements with their period of registration.** This previous graph indicates that staff, managers and the Learning and Development Team have heavily invested in achieving this target. As staff exit the Assessed Year in Employment, they are encouraged to move seamlessly into the Professional in Practice Framework. The majority of staff will quickly engage in the taught modules of the IPD Course at Ulster University. In 2018, all staff met the NISCC requirement In 2019 there are 36 staff due to meet the NISCC Requirement and already 33 staff have already achieved what is required. This illustrates that the Trust proactively work with staff to meet their registration requirements ahead of time.

In 2018/19, all staff chose to meet the NISCC Requirements via the taught Initial Professional Development (IPD) Course at University of Ulster. The lack of uptake of Individual Assessment Route and Credit Accumulation will be discussed later in this section.

**Agency staff joining from the voluntary sector who delay in PiP:** Staff who struggle to achieve this target are usually Agency Staff or staff joining from

the voluntary sector (whose fees are not funded) who have chosen to delay their studies in hope of gaining a permanent post and thus avoid self-funding.

**Encouraging Staff to complete the Consolidation Award:** The DoH ambition for newly qualified staff is that they complete all of the Consolidation Award. Of 124 staff eligible staff, 21% achieved the entire Award while 79% chose to meet the NISCC Requirements, which are two requirements out of a possible six.

**Impact of the increase in uptake of Initial Professional Development**

**Modules:** The uptake of IPD Modules has increased by 20% over the last five years.

- **Financial Impact:** A module costs £252 and a 20% increase in the uptake of these modules has increased monetary expenditure. The fees are a 60% reduction in normal fees. This reduction is premised on the employer via the Learning and Development Teams co-producing and delivering these modules. The arrangement with the Ulster University provides a real opportunity for the employer and university to collaborate in the education of employees. This brings real synergy.
- **Increase on workload for Learning and Development Teams.** The work of the Learning and Development Team in the delivery of the IPD Modules is invisible to many who are unfamiliar with the delivery of university courses. Particularly in this situation when the Learning and Development Team are delivering 60% of the course for example through teaching, assessing, mentoring and marking. The impact of 20% growth in IPD Modules has consequently meant that the work of Learning and Development Teams in supporting this course has also increased by 20%. Each year the Trust has realigned resources to respond to this growth however when the data is reviewed over a five year period alongside the Assessed Year in Employment (Data 8 that confirms a growing number of new staff entering the workforce) it is evident that the demand for IDP will continue to increase.

**Specialist and Strategic & Leadership Award Accredited Courses:**

The Trust offer a range of courses for both these Awards. These include the Practice Teachers Award, Adult Safeguarding, Community Development, the Approved Social Work Award and Diploma and Certificates in Cognitive Behaviour Therapy and Systemic Practice. The Trust usually support 40 candidates on these courses and this number is consistent over the last number of years. The staff who apply for these one-year courses at Masters Level are motivated to progress with academic studies and professional development.

The funding for these courses varies between payment of full fees to a 60% reduction in lieu of the Trust Learning and Development Teams working in partnership to co-deliver the course. This is the same arrangements as described for the Initial Professional Development Course. At present, the five Trusts are engaged in the delivery of the Adult Safeguarding Programme, Community Development, Approved Social Work and the Practice Teacher's Award. As already indicated this is invisible work that is often not apparent to those unfamiliar with the Learning and Development Service.

**The Strength of the Partnership Arrangement:** The partnership arrangements between employers and education provides the opportunity to have a taught

course that can quickly respond to the changing needs of social workers. This an integrated way of working that maintains links between academia and the employer.

***Is the financial allocation sufficient?*** Social Work Education and employers have a long history of collaborating to meet the learning needs of the workforce. Trusts have engaged in this partnership model (60% reduction in fees in lieu of work) probably thirty years ago when there were fewer courses and a very small number of candidates. As the PiP Framework has grown an staff participation has grown the Trust believe that we have not paid sufficient attention to the Learning and Development staff costs/ time that are required to support and deliver these courses.

It is the Trust's opinion that costs quoted in the excel expenditure sheet do not reflect the level of activity of the L&D Teams. A scoping of the time required to support PiP Courses commenced in 18/19 and will provide a benchmark to negotiate more realistic costs in 19/20/

**Action:**

- Trusts alongside the HSCB will work together to agree realistic costs to reflect the significant and hidden work of Learning and Development Teams and to build them into the budget allocation.
- Future proposal to develop PiP Courses must include the 60% costs to Learning and Development Team as a way of highlighting the required resources. (The Trust representative can raise this at NISCC PiP Partnership Board.)

**Funding for the Diploma in Practice Teacher, Approved Social Work and Adult Safeguarding:** The BHSC host the management of these three courses that includes the oversight of Course Co-ordinators, a Band 3 Administrative. This will be discussed in 11.13 Additional Allocations as this funding is managed on behalf of the five Trusts.

**Credit Accumulation and Individual Assessment Route:**

PiP Credit Accumulation and Individual Assessment Route allows social workers to earn professional credits for a broad range of learning and development that can be gained through taught or self-directed study. This model endeavours to capture and encourage *'learning and reflection in the workplace'* and reinforces the complimentary nature of formal and informal learning. The evolution of the framework set out to make the PiP Framework accessible to all social workers as opposed to the few who completed accredited academic learning. In the last four year the Trust have expended time on raising awareness of PiP Credits as a way to maintain Post Registration and Learning Requirements (PRTL) and how achieve Requirements within the Professional Awards. The Excel Activity Report indicates that this year we have continued to provide these awareness sessions with 148 in attendance. This mirrors the investment of previous years.

**Outcomes of the above work:** The Trust and other Trusts are not gaining traction with this route.

In

- **17/18:** 100 staff registered credits for learning
- **18/19:** 40 staff registered credits for learning.

- **18/19:** No staff in BHSCT sought professional Requirements/part Awards (21 staff from the voluntary and the statutory sector submitted for requirements with a 66% success rate. This is a small uptake.)

In reviewing the Credit Accumulation Report, the pattern is that staff attend an Awareness Session/seek individual advice and they will register credits however, they do not continue to embed this into their practice. The L&D Team have also targeted longer in-house courses such as 3 Day Supervision Course, Solihull Foundation Course (3day), Achieving Best Evidence (8day) and Therapeutic Crisis Intervention Foundation (5day), TCI Refresher by integrating an input into credit accumulation as a means to encourage success but almost no success.

In reviewing the staff who registered for credits in the previous year 17/18 only four of these staff returned to register credits in 18/19 and three of these staff were in the Learning and Development Team. This is disappointing. The volume of training provided to social work staff is evident in the Excel Report with in an excess of xxxxx training places and only 40 staff chose to register for PiP credits.

As yet, the social work profession have not yet embraced a commitment to evidencing continued learning. Indeed a motivator for many staff to engage in the PiP Framework is to avoid the NISCC PRTL Audit.

**Action:**

- The Trust will table the low uptake with the NISCC Partnership Board.
- The Trust will continue to promote all models of learning within the PiP Framework.

**Work based/Course Based Learning:** There are a small number (Regional Quality Improvement, Risk Assessment of Sexual and Domestic Violence and Stroger Together Leadership Course) of 'pilot' courses overseen by NISCC that are linked to the PiP Awards but not academic accreditation. The Trust participate in these courses with good candidate feedback. The strength of this approach is that the coursework generates the evidence, assessment is 'built-in' and a course leader can endorse practice as being at the requisite level.

**Action:**

- This is a pilot with good outcomes. Staff achieve Awards and social work practice is greatly enhanced. There is some disquiet that while practice is at a specialist/leadership level the academic aspect of the course may not be evidenced at Masters Level that is stipulated..

**Signs Of Safety:** The SoS Implementation Plan sets the objective of enabling staff to achieve appropriate PiP Awards. Staff will at a minimum attend a two day Foundation Course and others like Practice Leaders will attend in excess of 10 days training that will be supplemented by '*learning in practice*' through completion of group supervision and leading their staff team through the implementation. There will be at least 60 Practice Leaders within each Trust plus all child care social workers will complete the 2 day Foundation Course. The Signs of Safety Training Sub Group have NISCC involvement and a professional officer is mapping how staff can avail of Awards.

	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• As indicated in the action point above it will be important that this route is explored and endorsed by NISCC/Employers through the PiP Partnership Board if appropriate.</li> <li>• At this point the detail of how the assessment for the Awards is still under discussion but consideration is being given to this been undertaken by Resolutions (who lead on SoS). The financial cost of this must be explicit in any proposal.</li> </ul> <p><b>Summary Comments on PiP:</b></p> <ul style="list-style-type: none"> <li>• The partnership model of delivering on PiP Course has many strengths in addition, in the context of the Learning and Improvement Strategy 2019-27 this model of working meets strategic priorities of working in partnership.</li> <li>• Insufficient attention has not been given to making explicit the financial costs of providing a 60% input into these courses. The HSCB/Trusts should collectively agree the true costs of these courses.</li> </ul> <p><b>Is the funding adequate:</b> There is an overspend in this category. This year a number staff progressed to the Diploma in Systemic Therapy and this increased out usual PiP Costs. As already indicated this is likely an under estimation as the Trust are not capturing the extent of the partnership work (60% fee reduction to equate to 60% course input ) within Learning and Development Teams. Discussions with other Trusts indicate a similar position.</p>		
<p><b>11.3.4</b></p>	<p>Describe the process by which the Trust selects suitable candidates for PQ training <b>(Narrative)</b></p> <p><b>PiP Accredited Courses:</b></p> <ul style="list-style-type: none"> <li>• Courses are advertised across all of the social work population to ensure equity of opportunity to express an interest.</li> <li>• Staff who are required to complete two Specific Requirements as part of their registration and newly Senior Practitioners required to complete three Specialist Requirements are identified through an information system and they receive individual emails to apply for appropriate courses.</li> <li>• Staff must complete a Trust PiP application form endorsed by their Line Manager.</li> <li>• The Learning and Development Manager reviews the appropriateness and to benchmarks the applications. The course must compliment/develop a core part of the applicant’s job role.</li> <li>• Recruitment for the Approved Social Work Course is led by operational managers who wish to target teams/services where this role needs developed. Staff are interviewed to establish their suitability for the course and to act in a Band 7 role on completion of the course.</li> <li>• High demand courses like the Practice Teacher Award have additional criteria to help priorities applications.</li> <li>• Courses for example the Masters in Systemic Practice/CBT are not routinely offered as the level of knowledge/skills is beyond the usual social work role. These courses will be offered in exceptional circumstances for example the development of a new service.</li> </ul>		
<p><b>11.3.5</b></p>	<p><i>This has been left blank intentionally</i></p>		
<p align="center"><b>11.4 Learning and Development in Children’s Services</b></p>			
<p><b>11.4.1</b></p>	<table border="1"> <tr> <td data-bbox="351 2004 1316 2067">Investment in Learning and Development in Children’s Services</td> <td data-bbox="1316 2004 1548 2067"><b>Accountability 18-19</b></td> </tr> </table>	Investment in Learning and Development in Children’s Services	<b>Accountability 18-19</b>
Investment in Learning and Development in Children’s Services	<b>Accountability 18-19</b>		

11.4.2	Learning and Development in Children's Services Training Activity	<b>Accountability</b> <b>18-19</b>
11.4.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p><b>Strategic Direction:</b> The Children Services Learning and Development Programme in 2018-19 was shaped by the following:</p> <ul style="list-style-type: none"> <li>• The Children Services Improvement Board (CSIB)</li> <li>• PHA, Infant Mental Health Strategy</li> <li>• BHSCT Corporate and Children Services Management Plan.</li> <li>• Signs of Safety Implementation Plan.</li> <li>• SBNI Learning and Development Priorities &amp; Strategic Plan.</li> <li>• Transformational Funding to support various projects.</li> </ul> <p><b>The importance of synergy:</b> It is important that Children's' Services focus on continuous improvement and development of services and at present there are a number of transformational initiatives that are led by Children Services Improvement Board, Health and Social Care Board, Public Health Agency and the Safeguarding Board NI. The initiatives such as Signs of Safety, Adverse Childhood Experiences, Infant Mental Health, Building Better Futures Outcomes Based Accountability, Quality Improvement and electronic records (PARIS) are in themselves important developments. There needs to be a synergy across all of these developments.</p> <p><b>Challenges for the Children's Social Work:</b></p> <ul style="list-style-type: none"> <li>• The above initiatives bring significant changes within Children's Services.</li> <li>• In BHSCT, this is within the context of significant staff vacancies.</li> <li>• Promotion/Staff changes means that there is a significant cohort of newly qualified staff in social work roles plus Team Leaders and Principal Social Workers also new to post.</li> <li>• The possibility of '<i>change fatigue</i>' is conceivable and this can create a barrier to embedding change.</li> </ul> <p><b>Challenges for Learning and Development:</b> The challenge for the Trust Learning and Development Service is to merge these many themes into existing training provision and to create the connections for staff.</p> <p><b>Learning and Development Provision:</b> Section 11.4.1 of the Excel Accountability Report details the range of training provision that was provided by the Social Services Learning and Development Team. The majority of these courses are provided by the Team and reflects the knowledge and expertise within the service.</p> <p><b>An overview of key areas of learning and development:</b></p> <p><b>Signs of Safety:</b> Signs of Safety is an integrated framework introduced across Northern Ireland to shape intervention with children and families. It is predicated on families and agencies building a meaningful relationship that enables child</p>	



welfare interventions to be the catalyst for change that will empower families to change behaviours.

**SoS Volume of Training Activity:** The first year of the Regional SoS Implementation Plan placed a heavy emphasis on provision of training.

- Foundation Course (2day) 240 staff in attended and 35 voluntary sector
- Advanced Course (5 day). 33 staff.

The Learning and Development Team took a key role in the recruitment, management of these courses. The exit evaluations were all very positive with staff showing eagerness and a willingness to engage with the Signs Of Safety process. Staff also identified the challenges of implementing SoS in an environment that is struggling to manage workloads and that were experiencing staff shortages. The comments reflect the challenges for implementation of a whole system complex change.

**SoS Implementation & Learning and Development.**

**Delivery of Course/Supporting Learning after March 2020.** Unlike other training initiatives, the capacity to deliver SoS Courses after March 2020 will be placed with experienced practitioners who can anchor their teaching/learning in current SoS practice experience. The Trust are in the process of identifying appropriate staff for this role.

**Action:** There is no resource to continue specifically fund or provide workload easement for the implementation of SoS in 20/21. This is a reality and likely a deficit in the implementation plan. In a year, the Trust and others will still be in the early stage of implementation. The funding of a post or even a part-time post/job share with Learning and Development could provide a platform to provide training but more importantly space to continue to mentor and coach practice '*in practice*'. Opportunities for funding often quickly emerge and we need to be mindful of this unmet need.

**Involvement of Learning and Development Teams in SoS:** The Trust Learning and Development Manager has been involved in the Trust's Implementation Plan and Regional Leadership Days. This has assisted in connecting practice and the Learning and Development Team. SoS will influence the delivery of Child Care Services in the next five years or longer and it is important that Learning and Development Staff are fully engaged in practice. The Child Care Learning and Development Staff attended the Foundation Course and are involved in the Practice Leader's Workshop. Involvement in the Practice Leader's Workshop brings them alongside Team Leaders and Senior Practitioners. This is further extended by the The Learning and Development staff have become involved in assisting with group supervision as a means of enhancing their practice.

**Innovate Idea:** The Practice Learning Co-ordinator that oversees the placements of 91 students each year has worked alongside the SoS Implementation Officer to provide group supervision for students as a means of exposing them to elements of SoS. Practice teachers are also working with students to incorporate 'the three houses' plus Danger/Safety Statements in casework.

**Integrating/Linking SoS with key knowledge and skills.** SoS is a process of working that still depends on staff having knowledge, for example of child

development, attachment, and impact of trauma, domestic violence plus the skills of appreciative inquiry, analysis and working with reluctance.

**Action:**

- The Learning and Development Team will continue to attend Practice Leaders' Workshops and negotiate way of observing and become involved in practice opportunities.
- The Learning and Development Team will strive to create links to SoS through other core training.

**Summary Comment:** Early research indicates that there can be improvement in assessments, management of risk and a more focused approach to goals. The DoH (July 2017) Evaluation of Signs of Safety in 10 Pilots reaffirms that improvements are possible however they also note that there must be a necessary commitment of trust in their staff plus increased resources and time to spend with families. It concludes that Signs of Safety is *'not a magic bullet'*. We need to be mindful that we are now entering the challenging phase of *'landing SoS'* across the organisation.

**Trauma Informed Practice/Adverse Childhood Experiences (ACE):** The SBNI through ETIP are taking forward a strategy *'Developing Trauma Informed Practice In NI'*. The Strategy sets out to interrupt the cycle of generational adversities that can cause repeat trauma in families. Trauma Informed Practice provides a framework to consider the systemic changes that are necessary in planning and delivering children services. The Learning and Development Manager is a member of the Regional Steering Group.

Trauma Informed Care is based on the understanding that many service users have experienced previous trauma and social workers must cognisant of this fact. Many of the in-house training courses such as Therapeutic Crisis Intervention already reference Trauma Informed Care and the task of Learning and Development is to make the theory and connections more explicit.

**Action:**

- The SBNI Trauma Informed Lead will provide a one-day workshop for Learning and Development Team to assist and support staff to consider how to expand and develop existing training courses.
- The Trauma Informed Care will also provide opportunities for the delivery of discrete training to social services staff plus the opportunity to Train Trainers to continue to cascade learning.
- Adoption and Fostering staff who deliver group work to carers/adoptive parents may be well placed to incorporate this into their existing work.
- To link Trauma Informed Care and SoS practice

**Trauma Informed Care for Staff:** Managing vicarious trauma among practitioners and the importance of self-care is also within the remit of this Project. BASW's Report Insult to Injury and the DoH's commitment to produce a framework to promote consistent approaches to safe and supportive work environments. Transformational Funding led by Inspire within residential services also explores promotion of staff wellbeing. These all combine to create a continued impetus to consider how aspects of self-care is integrated into social work tasks such as Team Meetings and Supervision.

**Action:**

- The Learning and Development Team will continue work with the residential workforce through TCI, the pilot with Inspire and other project work to continue to explore how supports for staff in a challenging environment.
- Two QI Project are exploring the supports for staff in residential care. A Learning and Development Consultant is mentoring one of the Projects and a member of the Steering Group for the second.
- To promote and respond to the DoH Framework.
- To engage with the DoH or the Trust to provide information/learning on self-care/protection for social workers within a digital world.

**Building Better Futures for Children (ETIP):** This Project is in the final year and set out to improve children's outcomes by providing an evidence-based model of social work assessment and interventions. Unfortunately, for a myriad of reasons in BHSC the Implementation of this Project is not on schedule. The Project Plan has an expectation of a continued 'roll-out' of this approach across all Teams. Staff who have availed of training and implemented the assessment speak very positively about the development in their own practice and the improved assessment and understanding of the family.

**Action:**

- The Trust is committed to continuing with the Project. A lead Snr Practitioner and a Learning and Development Consultant have further training planned and a commitment to continue to support staff. The BHSC Implementation Plan for the Signs of Safety will need to consider how these two Projects interface and consider how we can support staff to engage with both methods of work in a timely and appropriate manner.

**Graded Care Profile (GCP) Assessment Tool:** This assessment tool provides a framework to assess and to intervene with families where neglect is prevalent. The Trust have engaged in two pieces of national research with NSPCC dating back to 2013 to develop and to evaluate the tool. The Learning and Development Consultants and the Safeguarding Nurse continue to take an active approach to implementation by provision mentoring on the tool in practice. The focus on neglect is in tandem with the SBNI Strategic Priorities 2018-22. Similar to Building Better Futures the focus on SoS has diluted the capacity to promote GCP. The model can also interface with SoS and can assist in naming and scaling problems with family.

**Action:**

- The impact of neglect is core learning for social staff and is part of the Trauma Informed Practice. In the next year, the Learning and development Team need to connect all these strands so that staff receive integrated knowledge as opposed to silo teaching.

**Summary Comments:** The discussion of SoS, Trauma Informed Care, Graded Care Profile and Building Better Futures illustrates that recent developments have not always taken account of each other.

**Assessment/Analysis:** Critical analysis in social work assessments and interventions is a continued development need.

**Community Teams:** This year to promote the transfer of learning into practice the Learning and Development Consultant worked with one service comprising 15 social workers. He read and reviewed a Court Report from each member of staff providing individual feedback and feedback to the Team as how they could improve as a team by agreeing standards and formats for Court Reports. In addition, Team Leaders seek one to one coaching for staff who are having particular issues with written records.

**Action:**

- Continue to work with this service to develop analysis within assessments.
- Provide coaching/mentoring for staff who wish to improve written records.

**Residential Services:** The service has worked alongside Therapeutic Support Services (TSS) to create an assessment format for residential services and the Principal Practitioner and TSS are in the process of introducing this to homes. It is '*well bedded*' into the short-term homes. In the long-term homes the focus is to assist practitioners to think about assessment, care planning and outcome based practice at a micro and macro level. Interventions need to identify how to best support the young person's health and well-being, through short and long-term goals that can evidence progress for the young person and others.

**Infant Mental Health:** The PHA (2016) Infant Mental Health Framework for NI continues to inform the work of the Learning and Development Service. The Learning and Development Manager is a member of Belfast Infant Mental Health Steering Group. The focus of our work is collaborating with others to deliver the 2-day Solihull Foundation Course (focus is on attachment, containment, reciprocity and behaviour management), follow up Practice Sessions to integrate learning into practice plus delivery of Solihull Master classes (Brain Development/Attachment and Trauma).

**Action:**

- The Learning and Development Service will continue to deliver this programme and explore how we can create reflective space for participants who have completed the course over a year or more to continue to refresh and explore their work using this conceptual model.

**Think Family**

**Family: Focused Practice- Champions:** This is the third year of the revitalisation of the Champion Support Group with membership of approximately 60 staff. An annual review workshop took place in June 2018 provides the opportunity to review and to agree a work plan for the coming year. The larger group is split into four groups bringing staff from same practice areas/geographical area together. In 18/19 Forums have addressed the following:

- Awareness and Information sessions arising from issues raised by Champions around the interface between adult mental health and children's services
- Sharing of information on resources to support parents and children living with parental mental ill health

- Supporting Champions to apply the Family Model in respect of their casework
- Discussion of practice issues arising across the interface
- Sharing of developments in collaborative working- for example, Champions from Children's Hospital Team and CAIT (CAMHS) have been spent time shadowing each other to build understanding of roles and responsibilities and to improve relationships and communication

**Achievement:** At the Think Family Symposium in May 2018, the Family Focused Champions Project was submitted and won the Poster Section.

**In-house Courses:** The Learning and Development Service provide a range of mental health courses to develop the knowledge of staff. This includes a two-day course, *Working with Parents who have mental health problems*. Many Services mandate this course for their staff and it is the foundation course for those who are Champions.

**Think Family E Learning-Collaboration with the HSCB:** The Learning and Development Consultant has also worked with the HSCB to review E-learning modules that have been developed through international partnerships.

**Action:**

- Continue to led and sustain the Family Focused Champions.
- Support HSCB to develop an e-learning module to demonstrate to supervisors how to integrate the Think Family Model into supervision.

**Children moved across borders including those at risk of trafficking and modern slavery:** Belfast as a centre of large population with hubs for various transport routes need to be mindful of the risks to these children. The Learning and Development Manager is a member of a Regional Network (Members are senior staff in DoH/HSCB/Trusts/Border Control/PSNI etc.) and work with others to maximise learning opportunities for a small cohort of staff who need to be experts in this area of complex work. The Network ask as a learning forum for key agencies where research, news article, legal judgements are shared.

In July 2017, a similar Network for practitioners was set up however the momentum of this has not been sustained. There is an opportunity for rich learning between these Band 7 staff but in retrospect asking the group to self-manage by appointing a Chair with administration did not work as in a busy front line post it is difficult to maintain a priority/focus on learning groups.

**Action:** In 2019/ 20 we will return to how we can better support these networks. It may be more prudent to delegate the management of the group to a Learning and Development Consultant as a way of encouraging/supporting learning.

**An Achievement:** The NSPCC and HSCB hosted a European Conference on the 16<sup>th</sup> May 2018 that will brought together 100+ experts from the UK and Europe. The Belfast Learning and Development Team made a significant contribution to the organisation of this event.

The social workers involved in the work with these young people have developed expert knowledge in legislation, policy and practice that underpins work with

those seeking asylum or who have trafficked. This year HSCB centrally funded staff to attend Age Assessment Courses.

**Action:**

- The DoH have indicated that this year they will progress on a product on what cultural competence means for the Social Workers in Northern Ireland. The Trust and the Learning and Development Team will engage in whatever work comes forward. The population of our city is rapidly changing.
- Reconsider how we can re-energise the Practitioner's Network
- Organise a workshop with the Refugee Support Service/Independent Guardian Service to share learning on the first year in practice.

**Residential Child Care:** Residential care is a challenging work environment. Young people who have trauma related experiences have a myriad of needs and often the frustration and anger of the young people can manifest in verbal and/or physical assault. The DoH and Trust through Transformational Funding are taking forward a project with Inspire.

- Inspire have commenced work with staff in one residential home to consider how staff are supported to work with trauma, manage their own emotions and to build team and self-care networks.

**Action:**

- The Trust will support this project and work towards embedding and spreading the learning. This Project must be connected to the DoH's plan to produce a framework to promote consistent approaches to safe and supportive environments, the work of the SBNI's Trauma Informed Practice that is discussed earlier and the existing work of the Trust's Therapeutic Support Services.

**Building the capacity of Residential Managers:** The Trust has also initiated a number of strategies focused on enhancing the capacity of the service to provide the best possible care for children and young people. This included the recruitment of Deputies within the homes. Using examples from international contexts a Learning and Development Consultant alongside managers developed a job description that clearly informed the applicant about the personal and professional skills and ethical perspective required for this role. The staff development of all managers/deputies within residential childcare then focused on leadership, management and supervision. There are a number of strands to this including a two-day workshop (x 2) on leadership and supervision. To further embed and support learning a Learning and Development Consultant co-facilitated a Deputies' forum, which seeks to develop their specific role, to give space for reflective learning and to consider how they balance their management responsibilities including governance, supervision, staff care alongside supporting therapeutic care for the young people.

**Social Pedagogical and Restorative Approaches:** The Trust in 2018 have reflected on the models of care to underpin residential practice. It was recognised that while there are many models of work within the service it is important to have common unifying approaches that have common language that will support team work. It was agreed to continue to commit to existing

models of Social Pedagogy and Restorative Practice. Both approaches fit well with TCI.

This work was underway prior to the DoH's plan to work towards a one model of residential care across Northern Ireland. The Trust understand that the latter work is an overarching framework that will accommodate all of the various models.

**Action:**

- Workshops to revisit these long-standing practices of Restorative Practice and Social Pedagogy are planned for 2019.

**Therapeutic Crisis Intervention:** The purpose of TCI is to provide a crisis prevention and intervention model for residential childcare that will prevent crisis from occurring, de-escalating potential crisis and managing acute crisis. Reflective Practice, Post Crisis Debriefing and agreeing Individual Crisis Management Plans are all key to the model. Cornell University will soon release Edition 7 of TCI. There will be a stronger emphasis on Trauma Informed Care. This is welcomed as it will reinforce the ethos within residential care and make links to other areas of practice.

This year the Trust have continued to:

- Delivered Refresher training to over 100 staff.
- Delivered a 5 day Foundation TCI Course to Bank/Agency Staff.
- Addressed operational issues on whether staff are 'fit' to participate in physical aspects of the course.
- Continue to emphasise that TCI is essentially about prevention, de-escalation, and the use of relationship skills to respond to trauma.
- Support and Mentor TCI Trainers.
- Trained new TCI Trainers.
- Provided workshops for managers and deputies on Post Crisis Response and how best to support staff.

**Action:**

- Continue to provide TCI Courses.
- Support and mentor practice through workshops or mentoring managers with a post crisis response.
- Introduce TCI Edition 7.

**Children with Disabilities Residential Care:**

This Service uses Positive Behaviour Support (PBS), a person centred approach to supporting people who display or a risk of display behaviour that challenges. To continue to embed the model staff who are identified as 'coaches/leaders' undertook refresher training.

**Action:**

- To continue to support the residential service through reflective practice opportunities to embed PBS.

	<b>Summary Comments:</b> As indicated in the opening statement of this section many new initiatives were introduced over the last two year. This year the task is to make sense as to how they integrate and interface.	
<b>11.5 Learning and Development in Adult's Services</b>		
<b>11.5.1</b>	Investment in Learning and Development in Adult's Services	<b>Accountability 18-19</b>
<b>11.5.2</b>	Learning and Development in Adult's Services Training Activity	<b>Accountability 18-19</b>
<b>11.5.3</b>	<p><b>Commentary.</b> <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>The Learning and Development Team aims to meet the diverse range of training need of approximately 2500 staff from Band 2 to 8d.</p> <p>The Adult Services Learning and Development Programme in 2018–2019 was shaped by the following</p> <ul style="list-style-type: none"> <li>• A Learning and Improvement Strategy for Social workers and Social Care Workers 2019 - 2027 (DoH)</li> <li>• Bengoa Report 2016 “Delivering Together – Health and Well-being 2026</li> <li>• Power to People – Expert Advisory Panel 2017</li> <li>• Making Life Better – a whole system framework for public health2013-2022</li> <li>• HSC Collective Leadership Strategy 2017</li> <li>• Adult Safeguarding Policy 2015</li> <li>• Self-Directed Support – Phase 2</li> <li>• Co-Production</li> <li>• Dementia Strategy 2011 and The Dementia Learning and Development Framework 2016</li> <li>• Improving and Safeguarding Social Wellbeing a Strategy for Social Work 2012-2022</li> <li>• Mental Health</li> <li>• Capacity and Consent</li> <li>• RQIA Training Requirements</li> <li>• Trust Statutory/Mandatory Training Requirements</li> </ul> <p><b>Adult Social Care Forum:</b> Adult Social Care is in the process of significant reform driven by a drive to deliver more centred care, a greater demand for care and the challenges retaining social care staff. To assist staff linking policy and plans within the Trust to redesign services the Adult Learning and Development Manager worked with the Director of Adult Services to host this one- day forum to engage with staff and to gain ownership.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• A further forum will occur in the autumn.</li> </ul> <p><b>Transforming the Delivery of Home Care:</b> The Adult L&amp;D Manager is a member of the Trust Steering Group to deliver on the reform of home care services and Chairs the Learning and Development Sub- Workstream. This is a significant commitment with monthly meeting and associated tasks. This reform brings opportunities to improve service delivery and to develop career pathways for the social care workforce. All of these staff are mandated to register with the NISCC and are required to meet the NISCC post registration and learning requirements. This in itself can create opportunities to develop new career pathways for social care staff.</p> <p><b>Challenges/Areas to Explore:</b></p> <ul style="list-style-type: none"> <li>• In BHSCT, the Homecare Workforce is in excess of 750 staff and 28% of these are over 60. This statistic may well indicate that these staff will exit the workforce in coming years.</li> <li>• 47% of these staff have already attained Level 2 NVQ/QCF/RQF and this % will likely decrease as staff retire.</li> </ul>	



**Action:**

- The Learning and Development Manager in conjunction with others will develop a Learning and Development plan detailing what learning is key to delivering on this planned reform. This will highlight financial resources including '*staff back fill*'.
- There is a target that 60% of these staff will have achieved RQF Level 2 in three years. Existing L&D resources are insufficient to meet this target. Trusts and HSCB need to consider this funding deficit.

(Refer also to commentary in next section, Vocational Qualifications.)

**Trust Joint Negotiation and Consultation Forum- Learning and Development Sub**

**Committee:** Trade Unions will be involved in the workstream considering the Home Care Staffs' learning needs. In addition, the Adult Learning and Development Manager represents Social Services Learning and Development in the Trust's Meeting with the Unions. This is an opportunity for both parties to identify emerging workforce themes.

**In House Courses:** There were 121 learning and development events with 2564 staff trained. Many of these events were delivered by the Learning and Development Team. These are detailed in the appended Excel Sheet

Commentary is provided on key aspects of the Adult Learning and Development Provision.

**Meeting the NISCC Learning Requirements of the social care workforce:**

The social care learning needs are met through this category, 11.6 Qualification Credit Framework and 11.9 Safeguarding Adults. As already indicated the focus on the social care population is greater due the employers' responsibilities to support their NISCC Registration, the recognition of their importance in delivering future services and the high level of accountability through RQIA. In the Spring of 2018, NISCC piloted an audit of Social Care Staff whose re-registration was due. The Learning and Development Team supported managers/staff to submit for audit and have provided raising awareness session on the NISCC Requirements. Compulsory Registration for residential staff occurred in 2015 thus by 2020, many of these staff will be re-registering and a % will be audited. The re-registration of this staff group will soon be a constant flow and as employers, we will need to support these staff to re-register and to comply with audit.

**Self-Directed Support – SDS:** The Learning and development Manager is a member of the Trust SDS Steering Group and two members of the Learning and Development teamwork in collaboration with Service Users/Carers and SDS Project Manager to deliver the Self-Directed Support Strategy across the Trust. The strategy has been underway since 2015 and is now entering Phase 2 of Implementation. During the period 2018-2019, 297 staff participated in a range of learning opportunities creating a total of 1924 social care and social work staff who have engaged in this learning since 2015.

**Learning and Development Opportunities**

- Level 1 – SDS Awareness ½ day programme
- Level 2 – SDS Process ½ day programme
- Level 2 – SDS Direct Payments ½ day programme
- Level 3 – SDS Support Planning - full day programme
- SDS Reflective Practice Groups – 2½ hour session

During the course of the year, the learning and development opportunities have been reviewed and co-designed in collaboration with service users/carers, the current provision for this year has been:

### **Black and Minority Ethnic Communities access to Self-Directed Support Project**

The Learning and Development team contributes to an on-going project aimed at supporting Black and Minority Ethnic communities to access Self-Directed Support. This is a collaborative project, involving community and statutory services. In April 2018 BHSCT launched their report *'Black and Minority Ethnic Communities: The Health and Wellbeing of Older People in Belfast'* to help map the needs of the growing older BME population in Belfast and help influence the design and delivery of high quality and culturally appropriate health and wellbeing services for BME older people. The report has a number of recommendations that highlight need for all health and social care services to be more equitable in terms of access and cultural appropriateness. The Learning and Development Team work with the SDS Project Manager in sharing information to encourage uptake of the options under SDS.

### **SDS Co-production Activities**

The Learning and Development Team continue to deliver on the SDS strategy using a co-production approach, working collaboratively with service users, carers, practitioners and the SDS implementation officer on the development and delivery of regional, standardised learning and development opportunities. The team provide continuous support to a group of service users and carers with a view to building capacity, competence and confidence in the design and delivery of training. The service user group are representative of carers and service users who receive support from learning and physical health and disability services. There are currently 4 service users and 3 members of staff who actively participate in this group. Overall, progress has been excellent and the group are becoming increasingly confident as co-facilitators, delivering training, developing training materials and sharing their personal stories.

### **Co-Production Study**

A member of the Learning Development Team is currently carrying out a research study. The title of the study is *"Getting co-production off the ground: The perspectives of social work practitioners and service users/carers who have tried"*.

### **The Objectives are:**

1. To explore service user/carer and social work student/practitioner perspectives or experience of the implementation of service user involvement or co-production both in social work practice and social work education
2. To identify examples of good practice, opportunities and outcomes that this way of working presents
3. To explore the challenges and barriers faced by those who have tried to work in this way

### **The Methodology:**

Between 12-15 semi-structured interviews with service users/carers and social workers. There has been a good response to the study and interviews have

commenced. The interview phase will cease at the end of May. Service users/carers are involved in design and analysis of study. A final report and presentation will be available in September 2019.

### **SDS & Recovery College**

Collaborative work is on going with the Recovery College. One session was delivered during this period that was aimed at raising awareness of self-directed support, principles, ethos and how to access practical assessment and support if it is needed. .

Phase 2 Self-Directed Support - Review of Training Provision. Self-Directed Support is entering Phase 2 of implementation and there is significant work underway in terms of reflecting on learning from phase 1 and planning for the next phase.

### **Action:**

- Learning and Development provision will be reviewed and influenced by the evaluation and feedback from participants.
- Reflective Practice Sessions and bespoke Awareness Sessions. The SDS Project Manager and a Learning and Development Co-Ordinator will facilitate these sessions in-house for teams across Adult and Children with Disability Services.
- Self-Directed Support Process training and Support Planning sessions will merge into one full day and the programme is currently being co-designed with service user/carer group.

### **Dementia:**

A programme of learning and development activities is provided cognisant of the Dementia Strategy 2011 and the Dementia Learning and Development Framework 2016. This includes:

- Dementia Awareness – for all staff in Adult Services with the aim to develop staffs understanding of dementia; consider the impact this can have on the individual and to begin to develop skills and person centred practice in supporting the person living with dementia.
- Specific Dementia Awareness Training for Home Care staff – a number of sessions were facilitated at the request of this service.
- 2-day Dementia Awareness - People with a Learning Disability – Doctor Diana Kerr continues to provide one session a year. This focuses on the particular needs of people with a learning disability and considers the challenges for early diagnosis, highlights the need for a supportive and conducive environment as dementia progresses and enables staff to consider their values and how best to support those living with dementia.
- Following the success of The Virtual dementia bus experience we provided a further 15 sessions this year. This was extremely well evaluated. It provided an environment for staff to experience what it might be like for people living with dementia on a daily basis. Staff reported this was an extremely effective method of training, it produced real feelings and emotions of fear and confusion and the debrief afterwards provided an opportunity for staff to discuss their learning and how this can be applied in every day practice.

**Action:**

- Adult Services Learning and Development will continue to provide a rolling programme of activities to meet the needs of as staff described in Tier 1 of the Dementia Learning and Development Framework.
- Provision of further training provided by the Virtual Dementia Bus.
- Doctor Diana Kerr is retiring and we will need to source another facilitator to meet the needs of staff supporting adults with a learning disability and dementia.

**Mental Health:**

Staff training needs in this area remain consistent.

Changes within the staff team, primarily the retirement of the lead Learning and Development Coordinator reduced the range/volume of training provided this year as a new member of staff needed to develop their knowledge/skills to lead on this work.

Mental Health Awareness is a tailored course to meet the varied needs and experiences of the social work/ social care workforce and allied health professionals. As this training is generic, there is an acknowledgment that a lot of information is covered in 3-hour training session.

Successes include; positive feedback meeting the learning expectations of attendees, requests for more in depth training for staff in new posts within mental health teams.

Attendees have requested more in depth training on mental illnesses. Requests particularly from staff who have moved into new posts within mental health teams.

**New legislation:** The future provision of Mental Health Training continues to be challenging given the implementation of the Mental Capacity Act. It is still not determined the impact this will have on the training needs of social care/social work staff. Issues of '*capacity and consent*' and '*deprivation of liberty*' continue to be highlighted by staff at training and the legal "*vacuum*" created by legislation and policy keeping pace with case law and judicial reviews.

Other aspects of mental health courses/developments are referenced in 11.4.3 (Think Family Champions & a two- day course *Working with Parents with a Mental Health Problem.*)

**Action:**

- Changes to legislation will generate learning and development needs within social work/care and other professions. It is critical that Trusts are involved in planning how meeting these needs. It is likely that additional Learning and Development resources will be required.
- Scope the need for a course that will meet the needs of staff who require a more in depth knowledge.
- The Learning and Development Service will continue to provide support to the Mental Health Recovery Services Directorate in terms of co-ordinating

the ASW Re-approval training yearly (in partnership with South Eastern Trust) and ongoing facilitation of mental health social work forums.

### **Human Rights Awareness training**

A half day programme is delivered alternate months. There is a rise in the demand for this course and perhaps the Commissioner of Older People's Report that highlighted the need for an increased attention to Human Rights as prompted this response.

Challenges have include tailoring this training to the varied needs and experiences of social work/ social care workforce and allied health professionals across adult and children's services ensuring appropriate up to date referencing to recent case law and rulings.

There has been a good response to this training with feedback being very positive.

#### **Action:**

- Review of current provision as demand is currently outweighing capacity. This could include developing courses that will focus on Human Rights and areas of practice. For example Human Rights and Children Services, Human Rights and Older People.

#### **Anti-Poverty Event** (While reported in this section it was open Adult and Children Services.)

On 7th March 2019, the Learning and Development Team hosted an event to raise awareness of the Anti-Poverty Practice Framework. This was attended by social work and social care staff across the Belfast Trust. Aine Morrison, Professional Officer from OSS set out the key themes of the Anti-Poverty Framework. Keynote speakers, Pam Borland (Principal Social Worker for Community) and, Gerry Largey (Senior Social Worker) stressed the importance of working together to combat social inequalities and the cruelty of poverty. The event was interactive in nature and a number of representatives from the voluntary and community sectors, facilitated round table discussions. Feedback from participants was that this was both valuable and productive. The majority of participants highlighted the need for more collaborative work and ways in which to connect with our community and voluntary partners in combating poverty and social inequalities.

#### **Specialist training for Rehabilitation Workers**

In previous years, additional funding of £12.5k was provided to support 2 Trainee Rehab Workers to undertake the BCU FdSc Rehab Work at Birmingham University. The HSCB chose not to fund the final year fees and associated costs. Funding was accessed from this allocation.

#### **Concluding Remarks:**

The Learning and Development team in Adult Services responds to identified staff training needs, meets RQIA mandatory training requirements and takes account of social care governance, service user specific needs, service change and redesign of an increasingly changing and diverse social work and social care workforce.

	It has been a challenging year due to staff changes. This has resulted not only in the reduced capacity of the team but also the loss of a wealth of knowledge and experience from the service. This year the Trust have successfully recruited 2 permanent L&D positions and have appointed a temporary full-time L&D Coordinator. This has been a challenging and transitory time that has focused on induction and developing the capacity of new team members. It has also been extremely positive in terms of what this brings to the team and has given us the opportunity to build on strengths, review existing practices and move forward together in meeting the demands of the social work and social care workforce.	
<b>11.6 Qualifications and Credit Framework Training</b>		
<b>11.6.1</b>	Investment in Qualifications and Credit Framework Training	<b>Accountability 18-19</b>
<b>11.6.2</b>	Qualifications and Credit Framework Training Activity	<b>Accountability 18-19</b>
<b>11.6.3</b>	<p><i>Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>The Springvale Community Learning Centre has responsibility for the delivery and the overall management of the Regulated Qualification Framework (RQF) (QCF) qualifications for social care staff within the Trust.</p> <p>City and Guilds the External Awarding Body inspected the Assessment Centre in May 2018. The External Quality Assurer commended the Centre for providing records of the highest quality. Whilst there were areas of improvement, she had <i>“no hesitation in awarding a low level risk status.”</i></p> <p>At present, the Team are preparing for an External Quality Assurance assessment from City and Guilds on 22<sup>nd</sup> May 2019.</p> <p>The Centre also ensures consistent and quality assurance in the delivery of vocational qualifications by attendance at Regional Vocational Meetings. These are key to collating a Northern Ireland perspective as often England influence/drive changes. The Trust also work alongside NISCC who oversee the development of standards.</p> <p>The Centre has undergone significant changes to the staff team in 2018–2019:</p> <ul style="list-style-type: none"> <li>• One of the full-time Vocational Advisors has now completed the TAQA 3 and is near completion of the TAQA 4.</li> <li>• One of the new full-time Vocational Advisors resigned and a part-time Vocational Advisor is retiring at the end of April. Interviews are scheduled for the beginning of May for these positions.</li> </ul> <p>The reduced capacity in terms of staffing quota and experience has been challenging in terms of new course intakes, course progression and course planning. The team have been focusing on supporting current learners to complete units.</p> <p><b>A new Vocational Manager:</b> The Trust are increasingly aware of the need to increase development opportunities for the social care workforce. When a Band 7 vacancy arose with the Learning and Development the post was re-evaluated and a Vocational Team Leader Post created. The manager will lead/supervise the Team and there</p>	

is an expectation that the manager will take an increased strategic and developmental lead in responding to the emerging needs of the social care workforce.

**A new pilot. Developing Career Pathways.** (This interfaces with the review of Home Care and the need to develop Career Pathways in Social Care.)

The L&D Team have introduced a pilot for Band 3 staff to complete a Level 3 Diploma. The pilot in Mental Health Older People's services aims to provide a career pathway for existing Band 3 staff to gain further knowledge and skills that would enable them to apply for a Band 5 post. These staff are unable to make the move from Band 3 to Band 5 as there are no Band 4 posts and they do not meet the essential criteria for Band 5. This pilot was originally anticipated to take twelve to eighteen months for completion. However, on review we perceive it may take sixteen to twenty-four months for all of the learners to complete the course.

**The challenge:** There is a significant knowledge and competence jump from a Band 3 to a Band 5. While the Service have been innovative in wishing to pursue this staff development opportunity, the unintended consequence is that the staff undertaking the Diploma require staff release from their current duties to have space to learn, observe the practice of others and to be mentored within work. This staff release brings financial implications plus logistically problems of managing staff rotas.

**Action:**

- Resources are at a premium however, as all Trusts move forward to up skill and develop staff the hidden costs of learning and development must be made explicit and the potential for 'back fill' sought.

The Assessment Centre currently delivers the RQF qualification at Levels 2, 3 and 5. Completion of the qualification can take up to 18 months to 2 years to complete according to the Level to be obtained and therefore the frequency of the courses delivered varies every year and is dependent on the demands for the qualification and the capacity within the team. This year the Centre commissioned Belfast Met to deliver RQF Level 2 qualification to a group of 12 learners from the Home Care Service.

**RQF Level 5 Diploma Health and Social Care Leadership**

There continues to be high demand for this qualification as it is a recognised requirement by RQIA for Band 7 positions within the social care workforce. A new cohort of 8 commenced training in 2018 and are expected to receive their qualification within 24 months.

The increase in demand outweighs the capacity of the vocational learning and development team. As career opportunities and pathways are developed there needs to be consideration given how we can meet this increasing needs without further discussion and strategic planning at local and regional levels.

Cross- Reference to 11.10 Leadership and Management, for discussion on ILM Level 4 Certificate in the Principles of Leadership and Management for Adult Social Care in 2018.

	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Discussion with Trust, Board and NISCC to consider how the learning and development needs of the increasing social care workforce can be facilitated and to agree an action plan.</li> <li>• To implement recommendations from the External Quality Assurance Assessor and a as a team to review systems and processes and ensure quality assurance with standardisation as per the Centre’s Sampling Strategy.</li> <li>• To support new team members to achieve their Assessor Qualifications and IQA qualifications as necessary.</li> <li>• To continue to work closely with City and Guilds in the review of current levels of training and ensure a standardised regional approach to the RQF qualifications.</li> <li>• Continue to prepare and implement the City and Guilds new standards for each of the levels in RQF in the second half of 2019 and early 2020.</li> <li>• To progress from a paperwork system to an electronic system.</li> <li>• To continue to work closely with managers in Mental Health for Older Peoples Services regarding the pilot for Band 3 staff to complete a Level 3 qualification. To review regularly and complete an overall evaluation of the Pilot on completion.</li> </ul>
<p><b>11.6.4</b></p>	<p>What measures has the Trust taken to ensure QCF training is embedded across the workforce? <i>Trusts should comment specifically on any difficulties within this area and evaluation of any pilots if applicable (Narrative)</i></p> <p>The Centre has established good working relationships with service managers throughout the Trust. It ensures the range of qualifications available are appropriate to the needs of the workforce and communicated to relevant managers across the Adult Social Care Workforce and welcomes expression of interest; all requests are screened against eligibility criteria.</p> <p><b>Challenges:</b></p> <p>A constant challenge facing vocational training is that of capacity. The review of Adult Social Care including the report from the Expert Panel “Power to People” refers to the changing demands of an increasingly ageing population with increasing complexity of needs. Personal social services is provided via Self Directed Support ensuring that those in need of support have more control, choice and flexibility in how this is provided. This increasing demand requires us to be more creative and person centered in our delivery of care and support. NISCC has highlighted this in their corporate plan and highlights the demands this places on the social care workforce and on learning and development in a workforce that is primarily female and where there are significant issues with retention of staff.</p> <p>As already referenced in 11.5 the Trust are reviewing the Home care Service. This includes ensuring that the workforce have the necessary skills, knowledge and qualifications to ensure quality provision. Such transformation will challenge the capacity of the learning and development service in terms of supporting a range of vocational qualifications across a career pathway for social care workers.</p> <p>This is a very exciting time for the vocational training team and social care workforce but at the same time extremely challenging in terms of meeting this demand without increased resources/capacity.</p>



	<p>We need to address this workforce issue in terms of all Trusts, the HSCB and NISCC collectively considering an immediate and long- term action plan that will continue to shape the development of accredited learning for the social care workforce.</p>
<p><b>11.7 Quality and Safety Issues</b></p>	
<p><b>11.7.1</b></p>	<p>Investment in Quality and Safety Issues</p>
<p><b>11.7.2</b></p>	<p>Quality and Safety is the cornerstone of good practice throughout social care services and demands a high level of investment from the Learning and Development Service.</p> <p>The key areas identified are central to social care governance and are identified as RQIA training requirements. All regulated services are inspected on staff attendance at the following training programmes:</p> <ul style="list-style-type: none"> <li>• First Aid</li> <li>• Food Safety</li> <li>• Food Safety Refresher</li> <li>• Medicine Management for Care Workers</li> <li>• Medicine Management for Managers</li> </ul> <p>There were 88 training events with 1384 staff trained. These learning and development programmes are offered on a planned basis, circulated by a training calendar and staff attendance recorded on HRPTS. There is a high attendance rate at all sessions.</p> <p><b>First Aid Training:</b> Emergency First Aid at Work Training is a one-day programme. It is HSCENI approved and is a comprehensive First Aid course designed to deliver training in basic lifesaving priorities and skills.</p> <p><b>Food Safety Training:</b> Food Safety Training is a 1-day programme. The key learning outcomes include:-</p> <ul style="list-style-type: none"> <li>• Firm understanding of the importance of food safety and knowledge of the systems, techniques and procedures involved.</li> <li>• Understanding of how to control food safety risks [personal hygiene, food storage, cooking and handling.</li> <li>• Confidence and expertise to safely deliver quality food to service users.</li> </ul> <p><b>Medicines Management:</b> Medicines Management Training for Care Workers is a 5-hour programme. It includes the following areas:-</p> <ul style="list-style-type: none"> <li>• Introduction to medicines and prescriptions.</li> <li>• Understanding direction and types of medicines.</li> <li>• Usage, procedures and techniques.</li> <li>• Administration, storage and disposal of medication.</li> </ul>
	<p><b>Accountability 18-19</b></p>
	<p><b>Accountability 18-19</b></p>

	<p>Medicines Management for Social Care Manager places emphasis on the manager's responsibility to develop and implement safe practice, to have robust governance systems and to support staff to implement safe practice.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• To provide appropriate training opportunities to meet RQIA requirements.</li> <li>• To enhance the skills and knowledge of the Social Care Workforce in the areas of Medicines Management, First Aid and Food Safety.</li> </ul>	
<p><b>11.7.3</b></p>	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet requirements from RQIA visits (announced or unannounced) or failure to comply notices.</i></p> <p><b>Funding:</b> The allocated funding for this category remains inadequate to meet the mandatory and RQIA requirements for a large social care workforce.</p>	
<p><b>11.8 Child Protection</b></p>		
<p><b>11.8.1</b></p>	<p>Investment in Child Protection Training</p>	<p><b>Accountability 18-19</b></p>
<p><b>11.8.2</b></p>	<p>Investment in Child Protection Training Activity</p>	<p><b>Accountability 18-19</b></p>
<p><b>11.8.3</b></p>	<p>Of those who attended Child Protection Training, how many staff were from other disciplines or sectors? <i>(Narrative)</i></p> <p>Safeguarding Children is 'everyone's business' and this is reinforced by the SBNI Child Safeguarding Learning and Development Strategy 2015-18 that states that 'all staff and volunteers in the organisation must avail of Safeguarding Level 1' and on a three-yearly basis <i>access learning and development that enables them to deliver on their responsibilities</i>'. In a Trust of 22,000 staff, this generates huge logistical, capacity and resource challenges.</p> <p>The following challenge has been highlighted in previous years and it remains a problem. Social Services Learning, Development, and Safeguarding Nurses are the only staff providing Safeguarding Courses. Others do not know nor understand social services ring fenced funding and there is a perception that it is the task of this limited resource to meet the learning needs of all 22,000 staff. There are large cohorts of staff, for example, administration, psychology, psychiatry that have no allocated funding for a Safeguarding Children Course. The Social Services Learning and Development Service are not in a position to deliver mandatory safeguarding training within its current workforce and funding base. The challenge is also replicated in Adult Protection.</p> <p>It is unfortunate given the known success of multi-disciplinary/agency training that within Northern Ireland that we have been unable to negotiate central funding for this activity. At</p>	

	<p>present, there is no central focus to take this work forward as the SBNI Education Committee stood down a few years ago.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• BHSCT Safeguarding Children Committee have asked the Learning and development Manager to scope this resource.</li> </ul> <p>Learning and Development have now created an Information Booklet (via Page Tiger that supports video clips) that is sent to all new employees. It is Level 1 Awareness meeting the learning needs of staff that have no direct role with children parents and/or carers. In addition to this the Learning and Development Service hosts a Safeguarding Children Information Page on the Trust Intranet.</p> <p><b>How many staff trained from other disciplines:</b> These figures are an approximate number. The Information Management System (HRPTS) is unable to generate this data.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• HSCB and Trusts to explore the purpose of collating this data and if required agree how all Trusts can capture.</li> </ul>	
<p><b>11.8.4</b></p>	<p><i>Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p><b><i>This section must be read in conjunction with the ACPC Section 11.12.3 to gain an overview of all of safeguarding children training activity within the community and voluntary sector.</i></b></p> <p>The SBNI, Safeguarding Learning and Development Strategy 2015-2018 and the SBNI Strategic Plan 2018-2022 continues to shape and inform the activity of this category.</p> <p>As already highlighted in 11.4 there are many initiatives within Children’s Services and it is important that priorities be taken forward in a cohesive and consistent fashion.</p> <p><b>SBNI Priorities and the Trust’s response:</b></p> <p><b><u>Sexual Violence:</u></b>  <b>Child Sexual Exploitation (CSE):</b> NEXUS continue to provide Level 1 and Level 2 courses. In the contract Year 2 and 3 was to see the development of CSE Level 1 e-learning programme. It is also envisaged that CSE Conferences, Seminars, and other supporting materials would be uploaded onto a bespoke safeguarding site. The Trust are unaware as to how these plans are progressing.</p> <p>The Senior Practitioner for CSE continues to play a key role in the Trust by providing bespoke awareness sessions on CSE and risk assessment.</p>	

**The Missing Children Protocol (June 2015):** A review of this document is still in process with an expected completion date in the autumn of 2019.

**Action:**

- A review of this document may well identify further opportunities to host workshops for PSNI/Social Work and other relevant staff to share learning and to increase understanding of role and responsibilities.

**Children who pose a risk to others:** The SEHSCT manage this specialised service and they deliver a one-day course each year.

**Domestic Violence:**

**Belfast Domestic Violence Partnership.** The Learning and development Manager is the Chair of the multi-agency Belfast Domestic and Sexual Violence Partnership (BDVP). The Trust alongside BDVP continues to facilitate multi-agency Raising Awareness of Domestic Violence (half-day) and Domestic Violence the Impact on Parenting and Children (1-day) programmes. This year the BDVP received funding from the Policing and Community Safety Partnership and by the Trust funding venue and catering Trust and other multi-agency staff were able to attend the following workshops.

- Domestic Violence and Mental Health.
- Domestic Violence and Addiction
- Domestic Violence and Physical Health.
- Coercive Control.
- Domestic Violence and the Digital World
- Prostitution.

**Action:**

- The BHSCT PPANI Co-ordinator had led the development of an Information Leaflet on Adult Child to Parent Violence. This will be launched in May with workshops to raise awareness of this issue.

**SBNI, Domestic Violence and Sexual Violence Sub Group:** The Trust have contributed to SBNI's Training Needs Analysis/Scoping Exercise to seek assurances that professionals working with children/young people have adequate training.

**Action:**

- The SBNI are collating the findings and the Trust await the outcome.

The SBNI Sub Group have also funded "*Working With Young People's Violence in Close Relationships*" a five day course provided by RESPECT for SEHSCT and two staff from BHSCT.

SBNI will also fund Non Violent Resistance-Child to Parent Violence a two-day course in 19/20.

These are high cost programmes and it is important that nominated staff have the opportunity and scope to implement their learning.

**Domestic Violence – Risk Assessment:** QUB and Barnardos developed risk assessment tools/interventions for social work staff that are widely used across the UK.

**Action:**

- This is important work and in the context of Signs of Safety, we need to revisit how/if this work will progress.

**Parental Mental Health and Safeguarding:** Please see 11.4.3. Think Family and 11.5 Mental Health.

**Action:**

- Provide a workshop on peri-natal mental ill health.

**Mental Health of Young People:**

Staff avail of a range of courses/conferences including Applied Suicide and Intervention Skills. Young People can present with a myriad of problems that will not be addressed through training. Teams like the Therapeutic Support Services offer Consultation Clinics and also visit residential homes to discuss and reflect on particular issues presented by the young people.

**Action:**

- Re-establish the Young People and Self-Harm Course. Work with CAMHS to develop an awareness course for fieldwork staff.

**Chronic Neglect:**

Refer to 11.4.3 for discussion on the implementation of the Graded Care Profile. The SBNI Multi Agency Neglect Strategy 2017-19 continues to reaffirm the importance of childhood neglect and has a sub-group with members from a range of agencies including Trust Learning and Development Teams to develop resources to support trainers to deliver a range of learning events for single and multi-agency audiences.

**Action:**

- The Trust will continue to embed the use of the Graded Care Profile.
- Continue work with SBNI to implement to develop course materials at Level 1.
- Implement the Trust's Neglect Multi-Disciplinary Action Plan

**E-Safety:** The Team continue to offer a 1-day course and bespoke workshops. It is a challenge, however to remain up to date and current with this fast moving world. Residential Child Care staff all received an update on this theme in their annual Safeguarding Children Refresher.

**Female Genital Mutilation:** A Safeguarding Nurse and a Social Services Learning and Development Consultant deliver a course designed by Female Genital Mutilation (FGM) National Centre, England. The DoH free e-learning course is hosted on the Trust Intranet for staff.

**Outcomes of Case Management Reviews:** The SBNI CMR Panel with support from the Trust hosted a workshop that identified key learning from CMRs.

**Action:**

- The Trust will continue to profile, cascade and promote learning from CMRs, SAIs and other processes to improve safeguarding practice across all service delivery settings.

**Co-operating to Safeguard Children and the SBNI Policy and Procedures:**

Working Together/Understanding Roles and Responsibilities is key to Safeguarding Children. A range of multi-disciplinary training provides staff with the opportunity to learn together and to explore their role in safeguarding. This includes Safeguarding Level 1,2,and 3 plus *Safeguarding Children, Making a Good Referral and Care Pathways* provide information for other professionals on their roles in child protection and family support.

**Action:**

- The Trust continues to raise awareness of these procedures through the various Safeguarding Children Level 1, 2 and 3.
- The Trust have significant vacancies and it is likely that newly qualified staff will be appointed to these posts. The Trust will consider how these new staff can be mentored in these early stages of practice, as while 'ready for a career in social work' they will need space to consolidate their practice.
- The management of Child Protection Case Conferences will change by January 2020 and alongside the Signs of Safety Lead, the Trust will consider how to prepare other disciplines to engage in this new process within the meeting.

**Joint Protocol for Investigating Cases of Suspected or Confirmed Child**

**Abuse:** The Trust equip staff to implement this protocol via Awareness Sessions, trained to complete Pre-Interview Assessments (3-day course) and to complete interviews in accordance with ABE processes and standards (8-day course).

The initial training and subsequent refresher training require substantial investment through staff release plus the Learning and Development Service. A proposal to explore each Trust in co-locating one staff with PSNI, as a means to centralising this work, reducing the volume of staff involved did not receive regional support.

In 18/19 through staff, promotion/new posts the cohort of available staff have reduced. There are 69 PIA staff and 19 ABE who are available for this work with further staff leaving in 19/20.

A DoJ Action Plan in 2015 advocated inter-agency meetings between PSNI and Trusts. These are in place since 2016 and have a small number of attendees with Social Services being the key driver. In 18/19, issues on Information Sharing have arisen in joint working and this will be a theme for a workshop in the coming year.

The Learning and Development Manager is a member of the Regional Core Group and a regional conference may be planned for the autumn.

	<p><b>Public Protection Arrangements in NI:</b> The Learning and Development Manager (Children) is a member of the Regional Steering Group. The PPANI Officer works with the Learning and Development Service to deliver multi-agency training courses to profile the operationalising of PPANI structures, statutory remit and interfaces with Trust services.</p> <p>PPANI Officers and those in Forensic Services receive specialised training under the umbrella of PPANI.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Continue with Raising Awareness of PPANI.</li> </ul>
<b>11.9 Adult Protection</b>	
<b>11.9.1</b>	Investment in Adult Protection Training <span style="float: right;"><b>Accountability 18-19</b></span>
<b>11.9.2</b>	Investment in Adult Protection Training Activity <span style="float: right;"><b>Accountability 18-19</b></span>
<b>11.9.3</b>	<p><i>Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p><b>Safeguarding Adults Learning and Development Framework:</b> The BHSCCT delivers the 5 levels of Adult Safeguarding training as outlined in the NIASP Training Strategy and Framework (revised 2016). These 5 levels are designed to equip staff of different bands develop the knowledge and skills commensurate with their job role and experience to support adults in need of protection and to promote staff confidence and competence in effectively carrying out their adult safeguarding role. The Training Strategy is compatible with the Adult Safeguarding Policy 2015, Regional Operational Procedures, 2016 and the Joint Protocol, and all training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. Training is provided for all levels and our specialist Investigating Officer/Designated Adult Protection Officer and Joint Protocol Trained staff are supported through quarterly support group workshops.</p> <p><b>Safeguarding Adults in Children Services:</b> In the policy/procedure the term 'safeguarding adult' is used in its widest sense, that is, to encompass both activity, which prevents harm from occurring in the first place, and activity which <b>protects</b> adults at risk where harm has occurred or is likely to occur without intervention. By virtue of this definition, it is likely that Children Services Staff are working with parents/carers/adults who are in need of safeguarding. For example</p> <ul style="list-style-type: none"> <li>• A Kinship Carer subject to physical/financial abuse from a young person. Particularly if the person is older/mental health issues etc.</li> <li>• Parents of Looked After Children who have chosen to have a minimal role with their child/social services due to the nature of the placement.</li> <li>• Domestic Violence and Modern Slavery are also defined apart of Safeguarding Adults.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• In May 2019 the Learning and Development Team will pilot a bespoke course on Safeguarding Adults for those whose primary role is working with parents/carers /young people.</li> </ul>

**Deficit in Funding:**

The profile of Adult Safeguarding has been at the forefront this year with the publication of the Commissioner of Older People's NI Report and ongoing investigations into Muckamore Abbey Hospital. Adult Safeguarding is now a multi-disciplinary/multi-agency concern that continues to increase demands on our learning and development service.

As already discussed in Safeguarding Children there is a deficit in funding to meet the need for Safeguarding Learning. This is '*everyone's business*', it is mandatory training for a large cohort of staff however within other professional groups and other supports services there is no dedicated funding to support the training need.

The demand and lack of capacity to deliver Safeguarding Adults is even greater than Safeguarding Children as this mandatory training for a greater number of staff.

**Inadequate training places for other professionals/services:** To accommodate other professionals a small number of places are offered for other Trust employees whose primary role is work with adults. There however continues to be requests from many different service areas and we have delivered some bespoke training to try to meet these demands. Lifeline staff became Belfast Trust employees, Estates and Palliative Care received bespoke Level 1 Adult Safeguarding Course. There however, remains a concern that we continually have to turn down requests and in this last year, in particular from medical staff including staff from the GUM clinic, Geriatric services, psychiatry, nursing and OT services. This problem was further exacerbated when an Inspection of Out Patients Departments raised these very concerns.

This in turn highlights the potential that the implementation of the Regional Operational Procedures and Joint Protocol is not standardised across these different service areas.

**Responding to the unmet training needs.** The Learning and Development Manager alongside other key staff will scope the training needs of all Trust staff for both Safeguarding Children and Adults.

**Learning for Social Work/Social Care Staff:** In the social work/social care, population there continues to be a high demand for Level 1 Adult Safeguarding awareness raising and mandatory refresher courses. The RQIA requirement for the social care workforce to attend Level 1 and Refresher training is the primary driver supporting compliance. The requests for bespoke training for these service areas is considerable. For example, this year we delivered bespoke awareness raising training to new staff in the Mental Health Assessment teams and a two- day bespoke training for both investigating officers and designated adult protection officers within the mental health POC. A further example was 2 sessions in Muckamore Abbey regarding quality recording in the Adult Protection referral forms.

While it is unfortunate the L&D cannot meet the needs of others our priority is to meet the needs of social work and social care staff.



**Modern Slavery/Human Trafficking:** The DoJ, were tasked to take forward a training needs analysis and creating a response to this training need for health and social care staff. DoJ initial contact was made via the Trust CEO and similar to the delivery of Safeguarding Adults/Children the matter was referred to the Social Services Learning and Development Team. Considerable time was spent directing the DoJ to the variety of other training providers like Centre for Clinical Education, NI Medical and Dental Training Agency. This is another example of the complexity on raising awareness/training on generic issues that cross all social care and health care staff. The Social Services Learning and Development Team have agreed:

- To integrate information on trafficking into existing courses like Safeguarding Children/Adults
- Advanced knowledge likely only applies to those in Gateway Child Care, Gateway Adults Regional SW Emergency Service. These staff will complete the National Referral Mechanism forms. As these forms will soon be electronic and this new process and a refresher on trafficking will be delivered.
- Training for Trainers: The Trust will avail of this training when offered by DoJ. This is for all disciplines and provides information/resources to deliver anything from a video awareness to a Lunch and Learn Sessions (45mins).

**Action:**

- To ensure that all training material is contemporary and compatible with 2015 and 2016 Policy & Procedures to ensure staff are knowledgeable about roles and responsibilities in adherence to regional requirements.
- To continue to support staff through the quarterly facilitation of practice support groups for staff undertaking the roles of IO, DAPO and Achieving Best Evidence interviews. This ensures that staff are cognisant of the current NIASP strategy and that issues from a staff perspective are understood. It also involves inviting speakers and sharing relevant adult safeguarding research to ensure staff are aware of up-to-date developments related to adult safeguarding.
- To continue to sustain and develop effective relationships with PSNI and Regional Adult Safeguarding trainers in the delivery of the NIASP training strategy.
- To continue to be committed to meet workforce needs in working towards full implementation of the regional policy and procedures. It has been emphasised that these documents are 'live' documents' and therefore it is imperative that staff are kept updated in relation to on-going changes.
- To deliver bespoke training to reorganized POC's to ensure confidence / competence in relation to screening and thresholds that are compliant with the 2016 Regional Policy and that recording of required forms are of a high quality.
- Several service reorganisations are underway and it is anticipated that these programmes of care will require additional training to develop confidence and

	<p>competence in relation to screening referrals at ASC/Line management level and in relation to quality recording in all APP forms.</p> <ul style="list-style-type: none"> <li>• Progress raising awareness of Modern Slavery/Human Trafficking.</li> </ul> <p><b>PREVENTION</b></p> <p><b>LASP Prevention Group</b></p> <p>The focus of the LASP prevention group continues to be compatible with the NIASP strategic plan 2013 -2018. The group meets on a quarterly basis and membership of is derived from voluntary and statutory sectors. The group continues to increase awareness of adult safeguarding to communities through the well-established projects that have been developed and sustained.</p> <p>A review of the Keeping You Safe project was completed in July 2018 and the outcome was that while large numbers received the training the number of active staff delivering the training was low due to a variety of reasons including staff moving to new posts, retiring or leaving the trust. Existing staff attended an update session in July and this was well received and achieved the aim of ensuring that Adult Safeguarding messages are standardised and consistent with current policy. The programme was evaluated positively and is viewed as a very useful resource for service users. This will continue to be delivered across a range of regulated facilities and in all service groups. There continues to be an additional session for new staff who want to deliver this training and this was likewise well attended and evaluated. This is a very important project as it is designed to empower service users to recognize abuse and know who to talk to if concerned. It is imperative that the current staff trained to deliver this programme to service users are supported and encouraged to continue to remain involved. It is equally important that new staff be recruited on a yearly basis to ensure that key adult safeguarding messages are far reaching and that service users are involved as co-facilitators. Towards the end of the last year, the group considered developing a DVD to assist in the delivery of adult safeguarding messages but subsequently decided against this project as a regional one was being developed and there was a risk of duplication. This may be revisited, as the thought process was a DVD to be shown to service users as opposed to staff.</p> <p>The group continues to meet on a quarterly basis and will focus on organizing workshops for ASC's in commissioned services who are now required to complete a yearly return position report. The aim of these workshops will be to establish the level of confidence in relation to completing these forms and will assess understanding of commissioned services understanding of the position report, what are the expectations and what support will they require going forward.</p>
<p><b>11.9.4</b></p>	<p>Of those who attended Adult Protection Training, how many staff were from other disciplines or sectors? <i>(Narrative)</i></p> <p>Raising Awareness of abuse amongst staff is one of the most important single measures towards prevention of abuse.</p> <p>During 2018/2019, 20 Level 1 Awareness courses were delivered with 424 staff attending of which 120 were from other disciplines.</p>

	43 Level 1 refresher courses were delivered with 671 staff attending of which 110 were from other disciplines.	
<b>11.10 Leadership and Management Protection</b>		
<b>11.10.1</b>	Investment in Leadership and Management Training	<b>Accountability 18-19</b>
<b>11.10.2</b>	Leadership and Management Training Activity	<b>Accountability 18-19</b>
<b>11.10.3</b>	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>The BHSCT Leadership and Management Framework 2016-19 outlines the ethos and the objectives of the Trust in the next three years. The principles of the Berwick Report (outlined below) provide the platform for the Trust's future direction.</p> <ul style="list-style-type: none"> <li>➤ Safety and quality.</li> <li>➤ Engaging and empowering service users.</li> <li>➤ Growing and developing staff.</li> <li>➤ Transparency and accountability.</li> </ul> <p>There are a range of learning opportunities for all social services staff including both corporate and bespoke social services courses. For example,</p> <ul style="list-style-type: none"> <li>➤ Service Improvement-Change Management; Managing Conflict; Managing People; Coaching Skills for Managers.</li> <li>➤ Organisational Development.</li> <li>➤ Leadership and Management-ILM 3 Leadership and Management; ILM 5 Managing for Success; and Living Leadership with Care (a modular 7-day programme over 10months for all Trust Senior Managers).</li> <li>➤ An in-house 3 days First Line Management Programme for Social Services Managers.</li> <li>➤ NISCC accredited Diploma in Health Services Management, Managing Effective Practice and Stronger Together.</li> </ul> <p><b>Action:</b> Integrating learning and practice:</p> <ul style="list-style-type: none"> <li>• Three Coaching Sessions are already offered to all newly appointed Team Leaders</li> <li>• In recognition of the support needs of a group of newly appointed Team Managers, the Principal Practitioner is facilitating reflective workshops with the input of the Learning and Development Team. This will continue in 19/20.</li> <li>• The Learning and Development Team will work with Human Resources to consider how best support newly appointed Principal/8a Managers.</li> </ul> <p><b>ILM Level 4 Certificate in the Principles of Leadership and Management</b> From the success of last year's pilot a new cohort of 12 learners commenced this level 4 certificate in January 2019. They are due to complete in June 2019. This</p>	

extremely well evaluated programme addresses a gap in a career pathway for Band 5 staff.

**Supervision:**

**Regional Social Work Supervision Course:** This course is well established in addition, feedback indicates that learners are reporting increased confidence and knowledge.

The DoH set the following target:

*From 2010 all newly, appointed Senior Social Workers/Team Leaders will undertake relevant training in professional supervision and appraisal within two years of appointment.*

Year of Appointment	Target date	Number	Achieved
2010-2016	2018	26	26
2017	2019	9	9
2018	2020	11	11

It is apparent that this course is given a priority within the Trust and that newly appointed social work staff are motivated to attend.

**Action:**

- Continued development and delivery of this course.
- The Learning and Development Manager alongside other Trust staff are members of a Regional Supervision Group that is contributing to the review of the Regional Supervision Policies.

**Coaching:**

Coaching plays a key role in the Trust Leadership and Management Strategy, is integral to 'Putting Improvement at the Heart of Social Work' and is acknowledged as a key component in non-formal learning. Two of the Learning and Development Team accredited at ILM 5 Coaching continue to offer coaching to all newly appointed managers and other staff who make a particular request. Those avail of the service provide positive feedback and it is an additional support to staff when they are transitioning to a new role.

**Action:**

- The DoH have funded an eight-day Coaching Course for six residential staff. It commenced in March and will continue until May. This compliments work with Deputies and Managers that was referenced in 11.3 that encourages these staff to use supervision, Post Crisis Response and other opportunities to embed learning into practice.

**Co-Production Learning & Development Team:**

The team continues to support the development of the Co-production Learning and Development Team to build capacity, competence and confidence in the design and delivery of training in Adult Services. The group are becoming increasingly confident as co-designers and co-facilitators, delivering on course content and developing initiatives namely:-

- continued input into SDS, Recovery College sessions, vocational training
- input into the Regional Social Work and Communities programme

- Participation in local and regional implementation and planning groups (Belfast LEP, SDS Implementation Group and SDS Project Board).

**Action for 2019-2020:**

- Continued input into learning and development programmes (SDS, Recovery College, Quality Improvement Awareness).
- Continued support from learning and development staff – bi-monthly meetings
- Participation in a “Learning and Development PATH to explore the vision for Co-production within Adults and Children’s Services and agree an action plan – June 2019.

**Improving and Safeguarding Social Wellbeing a Strategy for Social Work 2012-2022 – Belfast Local Engagement Partnership:**

The Learning and Development Service continues to provide ongoing support to the Belfast Local Engagement Partnership (LEP) and Stage 2 of the Social Work Strategy, with the focus on “*Putting Improvement at the Heart of Social Work*” with key priorities: Leadership; Improvement; Outcomes and Co-production. Membership of the LEP has been “*open*” and widely drawn from the BHSCT, voluntary, and community sectors including education and criminal justice. This has included Social Work reps, PPI representation, Service Users and Carers.

The Belfast LEP has 2 Co-chairs, Dave Milliken, person with lived experience and Avery Bowser, Action for Children.

The LEP activity has included:

- Participation in the Regional review of Local Engagement Partnerships and stage 2 of the SW Strategy
- Bi-monthly LEP steering group meetings
- Organisation and facilitation of a series of LEP events including; Co-production Café; Power to People and social care reform event; Outcomes in social work event.

**Action 2019-2020:**

- Organisation of a series of events on the theme; “Dust of your documents”, to showcase policy/practice for Social Work this will include; an event on the report; *‘Black and Minority Ethnic Communities: The Health and Wellbeing of Older People in Belfast’* and will include input from a project to increase the uptake of SDS in the Chinese Community and an event of the OSS “Anti-Poverty Framework linking this with community development for social work.
- The LEP recognises the need to get more front line Social Workers at Trust level involved in the group and need to promote on Belfast Trust HUB; Social Work Forums, etc.

**Quality and Social Work/Social Care:**

The Social Work Strategy has identified improvement and quality as the template for social work professional development. It has outlined a vision and related goals and outcomes that profile the pivotal importance of innovation, co-production and a relentless pursuit of improvement and quality as the foundations for service delivery.

The Learning and Development Manager is a member of the Steering Group for the Regional Social Work QI Course and 5th BHSCT QI Training Sub Group. At present social work/care staff can access:

- Quality Improvement Level 1 via E-Learning or a Corporate Course.
- Quality Improvement Level 1 for Social Work/Social Care delivered by the Learning and development Team
- Quality Improvement Level 2: The Regional Social Work Quality Improvement Course alongside a similar BHSCT Quality Improvement course provides the relevant learning opportunities..
- The QI Staying Connected Forum also provides a vehicle for QI Level 2 students to continue their learning.
- The Regional Social Work QI Group continues to provide support and education for those who are mentoring staff on the Level 2 Course. It is recognized that they are also at the beginning of their learning journey and that they need additional teaching on improvement science and coaching skills specific to QI.

**Achievements:**

- In June 2018, the Regional Social Work QI Steering Group collaborated to host a QI Conference that focused on improvement within social work and social care. This launched the SCIE QI Webpage.
- The Trust have funded one manager for a short duration to lead on QI across the Adult and Children's Directorate. The initial focus is develop thinking and systems on data collation and measurement.
- The Level 1 Course that is for social care/work staff only was enhanced this year by working with a service user who has an interest in QI. The course is now co- produced with practice and discussions relevant to the audience's daily work.
- The Trust have sponsored three social work staff to complete the Scottish Leadership and QI Course

**Action:**

- In 19/20, the DoH have funded six places on the Scottish Leadership and QI Course for residential services. This is an opportunity for social work to continue to build on existing QI foundations.
- The Learning and Development Team will continue to mentor and support candidates on the Regional Social Work Course.

There is increasing engagement in social work/social care with Quality Improvement but the ownership and integration of Quality Improvement is still at an early stage. While this role *'is everyone's business'* there needs to be space and time to focus on service improvement.

**Research:** The Trust strive to implement the Social Work Research and Continuous Improvement Strategy 2015-20 by promoting a culture of evidence informed practice to enhance outcomes for service users.

**Achievements:** The Trust promote research under the banner of Resilience Through Evidence Informed Practice. The concept is to share the wealth of research and projects generated by candidate participation across the spectrum of programmes within the PiP Framework. This is a collaborative venture,

	<p>working in partnership with SEHSCT and QUB. Three events were hosted with 175 social workers and social work students in attendance.</p> <p>In November, in partnership with SEHSCT and UU, a workshop was hosted with Professor Jill Manthorpe, Kings College London. Twenty practitioners attended, exploring current Adult Safeguarding practice.</p> <p><b>Dissemination of Research via PiP Courses:</b> The HSC Library participate in workshops to raise awareness of PiP and staff are encouraged to join the library. While undertaking PiP Accredited Courses candidates are required to demonstrate competence in understanding research, and to facilitate a presentation to their team. This ensures the dissemination of learning. For example in the Adult Safeguarding Course, participants presented to eighty-four social work staff. The presenters then went on to deliver these presentations to a wider audience in Social Work and Adult Safeguarding Forums.</p> <p><b>Evidence Informed Practice and Research Methods:</b> The Trust continue to recruit very small number of staff to this course. The Learning and Development support and mentor a Service User’s participation in the course.</p> <p><b>Challenges:</b> The Assistant Director for Governance and Learning and Development work with the HSCB to identify appropriate research that will support the work of social workers. This is a challenge as often the interests of the researcher and the employer are not in tandem.</p> <p>It is, acknowledged that other health colleagues have been more research minded and that social work/care needed to be more research active in the workplace. The ethos of social work/care leading research in their own field is an important goal but it may not be achieved unless there is specific funding that can periodically release staff.</p> <p>The final year of the strategy will provide an opportunity to reflect on our journey.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• The Trust plan to continue with the above work in 19/20.</li> </ul> <p><b>Concluding Remarks:</b> An emerging theme is that this category is increasingly being utilised to resource developments emerging from the Social Work Strategy. Research, coaching and quality improvement are examples of practice developments which have been resourced through funding for this section.</p> <p><b>Funding:</b> The funding in this category has a slight overspend.</p>		
<b>11.11 Programme Support</b>			
<b>11.11.1</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Programme Support Expenditure</td> <td style="width: 20%; text-align: center;"><b>Accountability 18-19</b></td> </tr> </table>	Programme Support Expenditure	<b>Accountability 18-19</b>
Programme Support Expenditure	<b>Accountability 18-19</b>		
<b>11.11.2</b>	<p><i>Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the demands of training provision for the workforce.</i></p> <p>The expenditure in this section funds administration costs of the Learning and development Service.</p>		

<b>11.12 ACPC</b>		
<b>11.12.1</b>	Investment in ACPC Training	<b>Accountability 18-19</b>
<b>11.12.2</b>	ACPC Training Activity	<b>Accountability 18-19</b>
<b>11.12.3</b>	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and include any training activity undertaken in addition to other support activity such as an ACPC trainer.</i></p> <p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and include any training activity undertaken in addition to other support activity such as an ACPC trainer.</i></p> <p>The Belfast Keeping Safe Initiative is a partnership of key voluntary, community, statutory and public sector organisations in Belfast, which all have a remit and responsibility for safeguarding children and training. The Initiative was set up in 1999 to meet the increasing demand for training on good practice in safeguarding children and young people.</p> <p><b>Keeping Children Safe training</b> is a suite of modules which gives participants the opportunity to explore the current and relevant issues in safeguarding children including legislation, statistics and good practice. Participants will learn through a variety of methods-presentations, group work, scenarios and case studies.</p> <p>The importance of creating safe spaces for children and young people remain a key safeguarding priority. Volunteer Now continues to play a central role in supporting the initiative by producing standardised training materials, provide 'Training Trainers' programmes and quality assurance..</p> <p>This year 38 accredited trainers delivered a range of 64 Keeping Safe Courses to 997 volunteers/staff. The organisations are wide and varied including Sure Starts, Church Groups, Brass/Flute Bands, Community Forums/Centres and the Donkey Sanctuary.</p> <p>Training sessions are becoming more diverse in terms of ethnicity of participants, including Belfast Islamic Community, Indian Women's Group, Polish Education and Cultural Association, Chinese Welfare Community Association, NI Nigerian Community Association and Polish Cultural Association (POLCA). Many of these sessions rely on the support of the Interpreting Service.</p> <p>This activity is based on agencies and volunteers gifting this training time. The Trainer's Group are keen to meet and continue to develop their knowledge and there are now quarterly meetings that will enhance their development.</p> <p>The Trainer's practice is monitored/quality assured annually by reviewing course evaluations and every three years by an observation of a training course.</p> <p>This year the Trust supported three staff from the community/voluntary sector to complete a Trainers For Trainer Course thus continuing to build capacity to deliver this Project.</p>	



	<p>The Keeping Safe training courses remain in high demand and are positively evaluated by participants.</p> <p><b>Challenges:</b> Volunteer Now continues to face ongoing financial challenges and due to ministerial changes and no local government, their funding is not guaranteed. This is precarious for a small organisation.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>The Trust will continue to support this worthwhile project.</li> </ul>	
<b>11.13 Additional Allocations</b>		
<b>11.13.1</b>	Investment in other Training Activity/Initiatives	<b>Accountability 18-19</b>
<b>11.13.2</b>	Other Training Activity	<b>Accountability 18-19</b>
<b>11.13.3</b>	<p>Commentary. <i>Trust should include comment on each additional allocation individually including those allocations for regional initiatives or schemes and in-year additional allocations.</i></p> <p>The Belfast Trust manage three PiP Courses on behalf of the five Trusts and there were challenges in managing this budget in 18/19 with an overspend. As already indicated in discussions on PiP in 11.3.3 there are concerns about the accuracy of PiP funding.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>The HSCB and Trusts will need to review this allocation.</li> <li>Review and benchmark the costs allocated to Course Co-ordinators.</li> </ul> <p><b><u>Approved Social Work Course:</u></b></p> <p>The primary purpose of the NI Approved Social Work Training Programme is to ensure the competence of social workers being considered for appointment as Approved Social Workers (ASWs) by their employing Health and Social Care Trust.</p> <ul style="list-style-type: none"> <li>Funding allocation of £100,000.</li> <li>Actual Expenditure £117,519.</li> </ul> <p>Fees to QUB are approximately £65,000 and costs of a Residential at £4,860 account for the majority of the expenditure. While QUB provide a small discount on fees, it is not equal to the 60% reduction provided by UU.</p> <p><b>ASW Training Programme Activity:-</b> 22 candidates commenced training in September 2018</p> <p><b>Action 2019–2020:</b></p> <ul style="list-style-type: none"> <li>- The ASW Coordinator has given her intention to step down from this position. Given the uncertain nature of the Programme with the implementation of the Mental Capacity Act the Joint Management Group have reviewed the Job Specification for this role and intend to recruit this position on a temporary basis for one year and then review.</li> <li>- With the impending introduction of the Mental Capacity Act consideration needs to be given to the training needs of the ASW staff group and the wider social care workforce to ensure they are competent and prepared for implementing the new legislation and codes of practice</li> </ul>	

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**Practice Teacher Award:**

- Allocation: 40,000
- Actual Expenditure: £40,306

There are 34 candidates currently on the programme.

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**Adult Safeguarding Programme:**

- Allocation £30,000
- Actual Expenditure: £30,000

The Adult Safeguarding Programme was delivered through 3 taught modules in June and September 2018 and January 2019. There are currently 41 candidates registered with the programme.

The programme continues to attract Regional applications with staff at varying stages of completing the Full Award.

The Programme Co-ordinator has invested a huge amount of personal time and commitment in the programme and has been instrumental in its growth and development.

The Adult Safeguarding Programme continues to be positively evaluated by candidates and external verifiers

There are many additional challenges facing the safeguarding agenda at this time. This year two large-scale investigations have placed a renewed focus on how we all safeguard adults. In addition, social work staff must be mindful of other aspects of safeguarding such as modern slavery, trafficking and forced marriage and domestic violence. Safeguarding Adults involves nuanced judgements and often many aspects of safeguarding are both intractable and enduring. This modular course provides an opportunity for staff to build on their existing strong practice to further build on their knowledge and skills to respond to the complexity of this work. Those who complete the programme comment on how it has increased their confidence in their work.

**Course Applications:** This is a modular course providing the opportunity for busy practitioners to pace their study commitments. The following provides an overview of the uptake of the course in the last three years.

- 2016/17 ----41 Modules
- 2017/18-----41 Modules
- 2018/19-----53 Modules (BHSCT 25 modules, NHSCT 11 modules, SEHSCT 13 modules and SHSCT 3 modules.)

While the above data indicates that this course is viable and that there is a market. An analysis of this data shows that there is a variation between Trusts in the numbers of staff that they sponsor. This year the variation is quite stark with BHSCT having significant participation level than other Trusts. This may well be explained by the dedication and enthusiasm of the Adult Safeguarding Co-ordinator who works within BHSCT however, this is an opportune time to remind other Trusts of how this course can contribute to developing a highly skilled and confident workforce.

**Safeguarding Adult Programme contributing to quality assurance and governance.** The course provides a benchmark for employers to develop effective and competent workforce with the arena of Adult Safeguarding. Employers can promote this course among staff where this is their core business and perhaps an expectation that those in Senior Practitioners complete the programme.

**Action:** HSCB, the Directors of Social Work and the Directors of Adult Services consider the merits in this course as providing a platform to continue to develop evidence based and skilled practice within Adult Safeguarding.

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### **REGIONAL ALLOCATION FOR SENSORY SERVICES TRAINING**

The Social Services Regional Training Managers identified Ann Purse, Belfast Trust to link with the Regional Sensory Network to manage these additional monies on behalf of the region. The Sensory Network identified their training priorities and Belfast Trust has coordinated learning and development opportunities and managed this funding in conjunction with the Regional Sensory Networks Training sub-group. Belfast Trust has also provided administration support in respect of the organisation of venues, catering, and travel and accommodation costs. Belfast Trust has regularly provided updates on this learning and development activity at the Regional Training Managers Meetings.

#### **Funding allocation: £4,592**

This funding enabled Trusts to support qualified visual rehabilitation staff to complete an online single module offered by Birmingham University on Dementia and Mental Health. Funding secured 7 places on this course, which ran over 12 weeks.

Outcomes: 5 staff who completed this course have reported an improved understanding, and new strategies to engage people with mental health or dementia within the role or rehabilitation.

#### **Funding allocation: £15,340**

This funding met the following training priorities/requests:

- |   |        |
|---|--------|
| • University of Birmingham Mentor Training Day        | £ 900  |
| • Regional Sensory Support Team Training Day          | £1,300 |
| • Group Work Training – facilitated by Jarleth Benson | £3,000 |
| • BSL Level 2   | £4,140 |
| • Macular Society – Skills for Seeing                 | £6,000 |

#### **TOTAL**

**£15,340**

#### **Outcomes:**

##### University of Birmingham Mentor Training Day :

2 Rehabilitation workers attended this training in Birmingham. This enabled them to act as mentors to trainee rehabilitation workers, to help them understand their role and responsibilities in supporting them to achieve their qualification and to practice safely and to the required standard.

##### Regional Sensory Support Team Training Day:

To provide regional training to staff from all 5 Trusts regarding CVI process, audiology, auditory implant centre and round table reflective discussion. 90 multi-disciplinary staff attended this full day training and addressed the workforce

	<p>training needs of the Regional Strategy building the capacity and skills of the workforce.</p> <p><u>Group Work Training – facilitated by Jarleth Benson:</u> This 2 day training plus follow up supervision was designed to meet the specific needs of sensory support staff. A total of 15 places were available.</p> <p><u>Macular Society – Skills for Seeing:</u> To teach and further develop the skills of eccentric viewing for visually impaired people. 21 staff attended this training – there were numerous practical sessions to demonstrate the learning that was achieved. Participants were provided with a Toolkit.</p> <p><u>BSL Level 2:</u> Funding has enabled 8 staff to attend a 32-week course that was interactive, used modern teaching techniques to support staff to learn vital communication skills and expand their vocabulary to work directly with the deaf community in their own language at a more advanced communication level.</p> <p><b>Action 2019/2020:</b> The Regional Sensory Network training sub-group have identified training priorities for 2019/2020. It has been agreed by the Regional Training Managers that Belfast Trust will continue to coordinate and manage any funding working closely with the training sub-group. A training plan is currently being finalised and a proposal will be submitted for funding for next financial year.</p> <hr/> <p><b><u>PHYSICAL &amp; SENSORY DISABILITY AWARENESS TRAINING</u></b> <b>Funding allocation £7,000 – in year allocation to BHSCT</b></p> <p>To meet the workforce training needs in relation to the Regional Strategy Provision of a range of training included:</p> <ul style="list-style-type: none"> <li>• BSL Level 1&amp; Level 1 Refresher Training</li> <li>• Virtual Dementia Bus Training</li> </ul> <p>This funding has increased the workforce capacity in terms of qualification attainment and the development of specialist skills.</p> <hr/> <p><b><u>BELFAST LOCAL ENGAGEMENT PARTNERSHIP</u></b> <b>Funding allocation - £1,150</b></p> <p>To cover cost of venue, catering and facilitator for a LEP event on 8<sup>th</sup> March focusing on Outcomes in Social Work. Facilitated by Dr Helga Sneddon of Outcomes Imps.</p>
<b>General</b>	
<b>11.14</b>	This has been left blank intentionally
<b>11.15</b>	<p>How many attendees at in-service training were from other disciplines within Trust or from external providers? (including voluntary, community and commercial organizations)</p> <p>Where does this most commonly occur? (<i>Narrative</i>)</p>

	<p>The multi-disciplinary and other sector attendance has already been addressed within the main body of the report.</p> <p>Safeguarding Adults and Safeguarding Children are the two courses, which are in high demand from other disciplines and agencies. As already highlighted the Social Services Learning and Development Service resource cannot respond to the demand for mandatory training for 22,000 staff plus external requests.</p>
11.16	<p>Describe the mechanism(s) by which the Trust ensures staff attendance at Training courses and; how appropriate staff can meet the PRTL requirements set by the Northern Ireland Social Care Council. <i>(Narrative)</i></p> <p><b>Staff Attendance at Courses:</b> Essentially ensuring that we have the 'right staff' on the 'right course' is one way of ensuring that the Service effectively use of resources. In relation to short courses the Administration Team pay attention to whether applicants meet the criteria and the Service has adopted an over booking approach as inevitably there will be a percentage of Did Not Attend (DNAs).</p> <p>Staff vacancies/workload pressures have contributed to a high DNAs and the cancellation of some courses..</p> <p>Courses that require a more significant period of study, for example the accredited PIP Courses will have a more rigorous application process where written Line Management Support is sought or interviews to establish suitability of candidates are held. Notwithstanding these processes, candidates may have to defer or withdraw from these commitments. Work demands can escalate within a Team. There are currently significant workforce pressures across all service delivery settings. Within a largely female workforce, the demands of childcare and other caring roles generate significant additional pressures for those staff engaged in both accredited and one-off training courses.</p> <p><b>Mechanisms to ensure staff meet their NISCC PRTL requirements:</b> The Trust's Staff Development Review Framework provides an organisational vehicle to deliver annual appraisal and learning and development reviews. On an annual basis with a mid-point review, staff and line manager identify how they will contribute to the Trust's strategic objectives as outlined in the Corporate Plan and the local Service and Team Plans including PRTL requirements for registrants.</p> <p>The Learning and Development Service provide bespoke supports to staff identified by NISCC for inclusion in their randomised audit of PRTL compliance. The opportunity to evidence compliance via the PiP Credit Accumulation route has been a welcome innovation reinforcing in a practical sense the value of engaging in accredited learning.</p>
11.17	<p>Identify key achievements or awards within the Trust, which specifically support the delivery of the PSS Training and Development Strategy 2006-16. <i>(Narrative)</i></p> <p>See Analysis of Data 7 Report that outlines the Trust's achievement in the identified DOH targets in Appendix 1.</p>

<p><b>11.18</b></p>	<p>Describe any activities, which have been undertaken in the reporting period to evaluate the impact of training on service delivery and improvement within the Trust. Trusts should comment on outcomes of such activities where applicable. <i>(Narrative). Examples may include audits and evaluations undertaken</i></p> <p>The Trust has an Evaluation Framework for Learning and Development based on Kirkpatrick’s Model of Evaluation.</p> <ul style="list-style-type: none"> <li>• <b>Reaction:</b> Exit Questionnaires are completed.</li> <li>• <b>Learning:</b> Monitored/Evaluated for example through feedback from managers, outcomes of accredited courses participation in audit of casework.</li> <li>• <b>Behaviour:</b> Staff completing AYE, RQF and other accredited courses requires live observation of practice and reflection in practice.</li> <li>• <b>Return on Investment:</b> This is always more of a challenge to identify however; the Keeping Safe Project is undoubtedly a good example of efficient use of resources that builds capacity in the Trust/Voluntary and Community Sector.</li> </ul> <p><b>Challenges:</b> Evaluating the Effectiveness of learning is a challenge. In a complex organisations change is constant and multi-faceted and it is difficult to draw direct correlations between training and outcomes. In addition, it is difficult to measure the non- formal methods of learning purported by the 70-20-10 model.</p> <p>Another drawback is that focusing on the changes in behavior/results is the most useful information and this is time consuming, resource intensive and expensive to implement.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• The Learning and Improvement Strategy for Social Work and Social Care 2019-27 identifies the importance of evaluating the impact of learning and commits to designing new methods. The Trust will work with the DoH and HSCB to achieve this priority.</li> </ul>
<p><b>11.19</b></p>	<p><i>This has been left blank intentionally</i></p>

## APPENDIX C



# **Belfast Local Adult Safeguarding Partnership (LASP)**

## **Annual Report 2018/2019**

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### **SECTION 1: Overview**



The Belfast Health and Social Care Trust is committed to promoting the health, well-being and protection of all adults in receipt of its services across the spectrum of its universal and specialist provision including domicilliary and day care services, residential care, nursing home care, supported living and respite care provided by or commissioned on behalf of the Trust.

The Local Adult Safeguarding Partnerships (LASPs) are located within each of the Health and Social Care Trust areas. The role of LASPs is to implement Northern Ireland Adult Safeguarding Partnership (NIASP) guidance, policy and procedures at a local level. Membership is drawn from local statutory, voluntary, independent and community sectors, including representation from Criminal Justice Agencies, Local Commissioning Groups, Local Authorities and the Faith Community.

The annual LASP work plan is reviewed under the three core themes contained in Adult Safeguarding Prevention and Protection in Partnership (2015).

The report includes an update from each Trust service area in relation to adult safeguarding, with each service area detailing challenges, achievements and activity levels.

LASP partner organisations are also provided with an opportunity to detail adult safeguarding work undertaken within their organisation during the reporting year.

## **SECTION 2: Work plan for Reporting Period Achievements and Challenges**

### **PROTECTION**

#### **Adult Safeguarding Structures within the Belfast Trust**

Currently within the Belfast Trust each service area have their own separate arrangements in place for delivery of adult safeguarding. While these service area arrangements have been effectively delivering on adult safeguarding work for a number of years, it had been agreed that the current structures would be amended to reflect the requirements of the Prevention and Protection in Partnership Policy 2015. The Department of Health (DOH) Policy details the structures required within Trusts in terms of a single Adult Protection Gateway Service.

The Trust took the decision to develop a single Adult Protection Gateway Service and remains committed to delivering on this objective. This work has been delayed due to other operational priorities but the Trust remain committed to developing a Trust wide Adult Protection Gateway Service.

Work in relation to the development of this new Adult Protection Gateway Service will be progressed by the Trust Adult Safeguarding Specialist (TASS) and the three divisional social workers for each service area.

#### Adult at Risk of Harm work

The Trust recognise the importance of ensuring that there are robust arrangements in place in response to adults at risk of harm when the threshold for an adult protection investigation has not been met. The need for professional risk assessment/risk management strategies and alternative safeguarding responses is recognised as pivotal to the safety and welfare of this group of service users. There is also a need to ensure that effective governance and monitoring arrangements are in place for adults at risk of harm. As detailed in the Older Peoples Core team service area report, work is currently underway to develop the necessary tools to ensure that this important area of work is appropriately and effectively addressed.

#### Role of the Adult Safeguarding Champion (ASC)

The Belfast Trust ASC is accountable to the Executive Director of Social Work for the discharge of their role. Given the size of the Trust, the ASC role has been delegated down through the current reporting structures, with first line managers being responsible for the operational delivery of the role. Within social work, many of these line managers are already trained DAPOs and are therefore very familiar with the ASC role and where this fits within the wider adult safeguarding structures and reporting arrangements.

Adult safeguarding training for line managers has been amended to ensure staff are fully briefed on the ASC role and responsibilities. There is a need for widespread training of line managers to ensure that they are fully briefed on their role as ASCs but given limited resources this is currently being managed on a phased basis. In the interim any adult safeguarding referrals received by a DAPO not meeting the threshold for an adult protection investigation will result in advice being given regarding the need for a professional assessment and alternative safeguarding response.

### **RQIA inspection in Hospital Outpatient Departments across the region**

An RQIA inspection of Outpatient Departments in hospital settings identified a lack of knowledge among staff (medical and nursing) in relation to adult and child safeguarding. The Belfast Trust drafted an action plan in response to issues identified. This action plan included a number of actions. Of particular note are proposals to develop a new Adult Safeguarding Nurse Specialist post similar to the current Specialist Nurse Child Protection posts. It is anticipated that this will help ensure adult safeguarding is embedded in the acute sector. Job descriptions are currently being drafted

### **Regional Joint Protocol**

The primary aim of the regional Joint Protocol 2016 is to ensure that adults at risk of harm who have experienced harm which constitutes a criminal offence have equal access to the justice system. The Protocol further seeks to promote a rights based approach in relation to the individual's views and wishes. In this reporting period Trust adult safeguarding staff continue to view as positive the limited discretion within the Protocol which facilitates a sensitive and proportionate response. Trust staff have, however, also continued to report instances when there are differences between PSNI and Trust in relation to the interpretation and scope of the Protocol. The Protocol includes a process of escalation where there is a difference of opinion between Trust and PSNI and this has been used appropriately and effectively.

A review of the Joint protocol is ongoing and practice issues identified are being addressed within the review process. The working group taking forward this review includes representatives from Trusts and PSNI. RQIA, as co-signatories to the Joint Protocol, have also provided an input into this review. The review had been put on temporary hold at PSNI's request and was further delayed as a result of the Belfast TASS sick leave. The working group have reconvened and held a two-day workshop in Garnerville. It is hoped that a first draft of the revised Joint Protocol will be available for consultation in June/July 2019.

### **Scamwise**

Scamwise Northern Ireland Partnership have produced the fourth edition of the 'Little Book of Big Scams' and have shared these books with Trusts for onward circulation. The Trust welcomes the opportunity to assist with this very significant area of financial abuse.

PSNI are also in their second year of a rolling programme to raise awareness of financial abuse and in particular scams. Year one focused on training Trust domiciliary care workers in order to heighten their awareness of potential scams, so that they could assist vulnerable service users in early identification and scam avoidance. Now in year two the Trust are working with relevant PSNI scam prevention officers to facilitate training of independent sector domiciliary care staff. Feedback from Trust staff in year one was very positive and it is anticipated that this success will be mirrored in year two.

### **COPNI Report and Independent Review commissioned by Department of Health**

The COPNI report Home Truths and the issues of concern highlighted within this report have formed the basis of an action plan at regional and local Belfast Trust level. Belfast Trust have participated fully in regional meetings to discuss and address issues raised and have also been looking at Trust practice at a local level.

The Trust have welcomed the independent review commissioned by DOH and have met with the Independent Review Panel to discuss its role in relation to Dunmurry Manor.

More recently DOH notified each Trust to submit an anonymised list of all adult safeguarding referrals commenced in nursing homes during the period 01.03.17.-28.02.19. They subsequently clarified that this list should include nursing, residential and supported living. Trusts were advised that CPEA would be conducting an audit in relation to 50 files which would be randomly selected from the list submitted. Belfast Trust have submitted lists as per DOH requirement and await clarification on files submitted for audit.

In addition, on 12 March 2019 the CPEA independent review team held a working session for social work practitioners involved in adult safeguarding cases in Dunmurry Manor Nursing Home. Each Trust was asked to nominate 8 practitioner staff to attend this event. Belfast Trust practitioners in attendance at this session reported that it provided a useful opportunity to reflect on practice and consider areas for improvement.

The current culture is one of openness, reflection and learning and the Belfast Trust have embraced opportunities to reflect on current practice.

### **Belfast Trust Learning and Reflection Workshop**

The Trust Adult Safeguarding Champion organised a Belfast Trust adult safeguarding workshop with a focus on reflection and learning. Margaret Flynn facilitated this workshop, which was well attended by adult safeguarding staff across all programmes of care. Members of the Trust collective leadership teams also attended, as did senior consultants and senior nurse colleagues. Margaret Flynn shared with the group the themes and issues that had emerged from her extensive portfolio of conducting high-profile reviews such as Winterbourne View and Operation Jasmine. The themes and initial learning from her review in relation to Muckamore Abbey Hospital were also discussed and she touched on some of the initial learning from the COPNI and DOH

independent review in relation to Dunmurry Manor. The workshop was very interactive and allowed for a reflective discussion on adult safeguarding experience and practice within the Belfast Trust. The work from this session will inform Belfast Trust adult safeguarding practice going forward.

### **Pressure Ulcers within an Adult Safeguarding Context**

HSCB and PHA gave a commitment to develop a regional Safeguarding Adults Protocol in relation to the interface between pressure ulcers and adult safeguarding. A regional working group was established and the Belfast TASS contributed to this by convening a regional meeting to look specifically at the threshold/criteria for referral of pressure ulcers into an adult protection process. Specifically the group were tasked with looking at the Department of Health (DOH) England 'Safeguarding Adults Protocol - Pressure Ulcers and the Interface with a Safeguarding Enquiry' (January 2018), to consider whether this would meet the needs in a Northern Ireland context. This group drafted initial views and this work helped inform a regional workshop on 10<sup>th</sup> October 2018. HSCB and PHA have since drafted a guidance document in relation to the management of pressure ulcers and this is currently out for consultation.

The Belfast Trust Adult Protection Gateway Team have previously made referrals to police under Article 121 of the Mental Health Act in relation to potential wilful neglect. As noted in the APGT service area report, the Public Prosecution Service have taken the decision in one case to refer to PHA. The Belfast Trust welcomes plans to reach a regionally agreed position in terms of the interface between adult safeguarding and pressure ulcers.

### **Capacity Assessments**

In April 2019 the Trust received confirmation from the Royal College of Psychiatrists NI that a decision had been taken that Financial Capacity Assessments would not form part of core NHS work for Consultant Psychiatrists. The view taken was that financial capacity assessments can often be complex, requiring the obtaining and assimilation of much information in addition to detailed clinical assessments. The decision to deem a Patient incapable of managing their financial affairs can have far reaching consequences. In addition, there may be a perceived conflict of interest in cases where the Trust has asked for a Financial Capacity Assessment and a Psychiatrist is acting as an officer of that Trust.

The consensus view from the Royal College of Psychiatrists is that Financial Capacity Assessments are not part of core NHS work for Consultant Psychiatrists; rather they are special medico legal or category 2 work. As such, our opinion is that Consultant Psychiatrists are not obliged to carry out this work as part of their job plans. The only exception to this is when a Patient is detained as an inpatient under the Mental Health (NI) Order 1986, when a Consultant acting as RMO may carry out a Financial Capacity Assessment if necessary as part of that Patient's care. There may be other exceptional clinical circumstances when a Consultant may conduct a Financial Capacity Assessment in cases of immediate clinical need.

Trusts were advised of the need to make alternative provisions for these assessments. This will have significant implications for the Trust and for Adult Safeguarding in terms of financial abuse allegations. While the number of Trust assessments privately funded is currently quite low, it is anticipated as a result of this notification there will be a need for the Trust and Adult Safeguarding to be clear regarding arrangements in place going forward.

The issue of capacity to consent to and/or contribute to a police investigation is an important element of Adult Protection work and Joint Protocol. To date the Trust have provided these assessments when required and occasionally have needed to fund these privately. Police are of the view that Trusts are best placed to provide these assessments. In light of the Royal College of Psychiatrists' position in relation to financial capacity assessments, there will be a need to clarify their position in relation to capacity assessments for Joint Protocol.

### **Complex Investigations**

Central to the work of Adult Protection is the management and co-ordination of complex investigations, many of which relate to large scale investigations in regulated services. These investigations are resource and time intensive and are managed within the context of competing priorities. The multi-agency nature of many of these large scale investigations, along with issues associated with working across Trust boundaries, can be challenging. For the agencies who have staff subject to investigation, protection plans can also be resource intensive. As detailed in the Learning Disability service area report, the Muckamore Abbey Hospital adult protection investigation is ongoing. The work involved in this investigation is critical to the safety and welfare of the patients and is a key priority for the Belfast Trust.

### **Adult Safeguarding / Adult Protection Funding**

The Trust welcomes the additional funding provided in relation to adult safeguarding work.

The non-recurrent funding of £39,400 was utilised to help fund the Muckamore Abbey Hospital adult protection investigation. It is important to note that this investigation is very time and resource intensive. Funding of this investigation and any subsequent investigations of this scale will require ring-fenced funding from DOH.

The recurrent funding of £112,000 is also welcomed and the Trust are currently considering how best to utilise this additional funding. There are competing priorities for this funding, as each service area could benefit from additional DAPOs to support their work in complex adult protection investigations.

The Trust had in previous reports highlighted the need for additional funding in relation to adult safeguarding training and delivery of adult safeguarding training continues to be a challenge for the Trust.

### **Data Returns**

The Belfast Trust continue to collate HSCB monthly data returns manually and as in previous years this has proved challenging. Priority is understandably given to casework and this has resulted in collation of information being a secondary consideration. The Trust continue to struggle to ensure accuracy in collation of information and to avoid duplication in terms of statistical returns. The new HSCB reporting template was implemented in October 2018 and is currently subject to regional review. It continues to be the aim of Belfast Trust to ensure that the new Adult Safeguarding Module on Paris will provide the necessary statistical collation. Work in relation to this is ongoing.

## **PARTNERSHIP**

### **Belfast LASP**

The Belfast LASP normally meet quarterly but due to TASS extended sick leave, only three meetings were held within this reporting period. Attendance at LASP meetings has fluctuated this year, in part due to changes in named LASP representatives for partner organisations.

The LASP work plan for 2018-19 has also been impacted by TASS sick leave and TASS operational pressures associated with work in Muckamore and back-fill in the Adult Protection Gateway Team. There is a need to re-energise Belfast LASP in terms of membership, focus and an achievable work plan for 2019-20, which is inclusive of the aims and objectives set by NIASP and by LASP members.

### **Policing & Community Safety Partnership (PCSP)**

The TASS continues to represent adult safeguarding on the South Belfast PCSP. Adult safeguarding continues to be an established area of work in terms of the PCSP Action Plan. There is currently a project in South Belfast - Growing Older Growing Safer, which aims to increase the safety of older people in South Belfast with access to prevention, early intervention and protection. The project supports community guardians who will provide support and information to organisations and individuals with regard to keeping themselves safe.

On 7 March 2019 the PCSP held a community event for seniors in the Finaghy Road area of Belfast. A local councillor and the Lord Mayor were in attendance. This event included a number of information stalls, one of which was a Trust-manned stall providing information on adult safeguarding, local Trust services and self-directed support. The event was well-attended and feedback received on the day was positive.

### **NIASP**

The TASS continues to represent Belfast Trust at a regional level on NIASP. TASS attendance at NIASP facilitates the sharing of information from NIASP to LASP. LASP members view this as a key positive as it ensures they are kept updated on regional issues and regional developments.

### **Human Trafficking**

In November 2018 Trusts were issued with an updated version of the Working Arrangements for the Welfare and Protection of Adult Victims and Potential Victims of Human Trafficking & Modern Slavery. This guidance document was jointly issued by DOJ, Police and HSCB and had been developed in discussion with DOH. As the NIASP representative on the DOJ Engagement Group, the Belfast TASS has been working with the Modern Slavery Strategic Training & Data Coordinator in the Protection & Organised Crime Division / Modern Slavery & Human Trafficking Unit, to look at raising awareness of the guidance document and the role of Trusts. An initial information session has taken place



with the regional TASSs and work is planned with the regional training group. It is anticipated that bespoke training for key staff will be devised. The conduit for taking forward this work is that it will fall within the remit of adult safeguarding. The Belfast TASS and the South Eastern Trust TASS are currently working on a proposal in relation to a Trust internal referral pathway.

### **Domestic & Sexual Violence and Abuse Partnership / MARAC**

Trust Adult Safeguarding are represented on the Belfast Area Domestic & Sexual Violence & Abuse Partnership by the TASS. Attendance at meetings has been problematic due to sick leave and competing operational priorities. That said, there is relevant communication with the Chair of the Partnership. The TASS had chaired the MARAC work-stream but this had been put on hold following changes at regional level, which included the MARAC Operational Group being disbanded. It is understood that a new strategic MARAC Operational Board has been established with Terms of Reference and objectives set. The Belfast MARAC will reconvene to ensure delivery of regionally agreed objectives.

### **Domestic Violence & Abuse Disclosure Scheme**

The Domestic Violence & Abuse Disclosure Scheme, launched in March 2018, continues to function following MARAC meetings. Issues around information sharing and the decision making forum continue to present challenges.

## **PREVENTION**

### **Adult Safeguarding Training**

The BHSCT delivers the 5 levels of Adult Safeguarding training as outlined in the NIASP Training Strategy and Framework (revised 2016). These 5 levels are designed to equip staff of different bands develop the knowledge and skills commensurate with their job role and experience to support adults in need of protection and to promote staff confidence and competence in effectively carrying out their adult safeguarding role. The Training Strategy is compatible with the Adult Safeguarding Policy 2015, Regional Operational Procedures, 2016 and the Joint Protocol, and all training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. Training is provided for all levels and our specialist Investigating Officer/Designated Adult Protection Officer and Joint Protocol Trained staff are supported through quarterly support group workshops.

This year the Learning & Development service has continued to deliver to social work and social care staff and due to the high level of demand from other programmes of care, we reserve a number of places for any Belfast Trust employee whose primary role is work with adults. There continues to be requests from many different service areas and we have delivered some bespoke training to try to meet these demands. Lifeline staff became Belfast Trust employees and they received bespoke level 1 adult safeguarding training. Other examples include Estate services and Palliative Care staff. However, there remains concern that we continually have to turn down requests and in this last year, in particular from medical staff including staff from the GUM clinic, Geriatric services, psychiatry, nursing and OT services. While they access a limited number of places on the awareness raising courses concern remains that they do not appear to have access to Adult safeguarding training for the numbers required. This in turn highlights the potential that the implementation of the Regional Operational Procedures and Joint Protocol is not standardised across these different service areas.

There continues to be a high demand for Level 1 Adult Safeguarding awareness raising and mandatory refresher courses. The RQIA requirement for the social care workforce to attend Awareness Raising training is the primary driver supporting compliance. The requests for bespoke training for these service areas is considerable. The Learning & Development team continue to respond to requests for bespoke training. For example, this year we delivered bespoke awareness raising training to new staff in the Mental Health Assessment teams and a 2 day bespoke training for both investigating officers and designated adult protection officers within the mental health POC. A further example was 2 sessions in Muckamore Abbey regarding quality recording in the Adult Protection referral forms.

Several programmes of care are continuing to undergo reorganisation and it is anticipated that these programmes of care will require additional training to develop confidence and competence in relation to screening referrals at

ASC/Line management level and in relation to quality recording in all APP forms. This will have an impact on resources within the training team.

**Action 2019 – 2020:**

- To ensure that all training material is contemporary and compatible with 2015 and 2016 Policy & Procedures to ensure staff are knowledgeable about roles and responsibilities in adherence to regional requirements.
- To continue to support staff through the quarterly facilitation of practice support groups for staff undertaking the roles of IO, DAPO and Achieving Best Evidence interviews. This ensures that staff are cognisant of the current NIASP strategy and that issues from a staff perspective are understood. It also involves inviting speakers and sharing relevant adult safeguarding research to ensure staff are aware of up-to-date developments related to adult safeguarding.
- To continue to sustain and develop effective relationships with PSNI and Regional Adult Safeguarding trainers in the delivery of the NIASP training strategy.
- Continue to be committed to meet workforce needs in working towards full implementation of the regional policy and procedures. It has been emphasized that these documents are 'live' documents' and therefore it is imperative that staff are kept updated in relation to on-going changes.
- To deliver bespoke training to reorganized POC's to ensure confidence / competence in relation to screening and thresholds that are compliant with the 2016 Regional Policy and that recording of required forms are of a high quality.

**LASP Prevention Group**

The focus of the LASP prevention group continues to be compatible with the NIASP strategic plan 2013 -2018. The group meets on a quarterly basis and membership of is derived from voluntary and statutory sectors. The group continues to increase awareness of adult safeguarding to communities through the well-established projects that have been developed and sustained.

A review of the Keeping You Safe project was completed in July 2018 and the outcome was that while large numbers received the training the number of active staff delivering the training was low due to a variety of reasons including staff moving to new posts, retiring or leaving the trust. Existing staff attended an update session in July and this was well received and achieved the aim of ensuring that Adult Safeguarding messages are standardized and consistent with current policy. The programme was evaluated positively and is viewed as a very useful resource for service users. This will continue to be delivered across a range of regulated facilities and in all service groups. There continues to be an additional session for new staff who want to deliver this training and this was likewise well attended and evaluated. This is a very important project as it is designed to empower service users to recognize abuse and know who to talk to if concerned. It is imperative that the current staff trained to deliver this programme to service users are supported and encouraged to continue to remain involved. It is equally important that new staff are recruited on a yearly basis to ensure that key adult safeguarding messages are far reaching and that service users are involved as co-facilitators.

Towards the end of the last year the group considered developing a DVD to assist in the delivery of adult safeguarding messages but subsequently decided against this project as a more regional one was being developed and there was a risk of duplication. This may be revisited, as the thought process was a DVD to be shown to service users as opposed to staff.

The group continues to meet on a quarterly basis and will focus on organizing workshops for ASC's in commissioned services who are now required to complete a yearly return position report. The aim of these workshops will be to establish the level of confidence in relation to completing these forms and will assess understanding of commissioned services understanding of the position report, what are the expectations and what support will they require going forward.

<b>Adult Safeguarding Training Activity</b>	<b>No. of candidates attended</b>	<b>No. of courses held during the reporting period</b>
ABE 5 Day	16	1
ABE 7 Day	2	1
ABE Practice Support Group	24	3
ABE Refresher	8	3
Adult Safeguarding Level 1 Awareness	424	20
Adult Safeguarding Level 1 Refresher	671	43
Adult Safeguarding Level 2	52	3
Adult Safeguarding Level 3 Investigating & Designated Officers	61	3
Adult Safeguarding Level 4 Joint Protocol	24	1
Chairing Skills for Designated Officers	22	3
Court Skills (IO/DAPO)	14	1
Designated Officers Practice Support Group	49	4
Investigating Officers Practice Support Group	181	4

Keeping You Safe for Facilitators	31	2
Keeping You Safe Review	12	1
LASP Prevention Group	26	4
MARAC	29	2

Period – 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019

### **SECTION 3: Belfast Trust Adult Safeguarding Activity Returns**

**Chart 1:** Belfast Trust Safeguarding Referral Rates April 2011 - March 2019

**Chart 2:** Belfast Trust Monthly Safeguarding Referral Rates by Service Area  
April 2018 – March 2019

**Chart 3:** Belfast Trust breakdown of Adult Safeguarding Activity by Service Area

**Chart 4:** Table of Percentage Increase / Decrease in Adult Safeguarding Activity

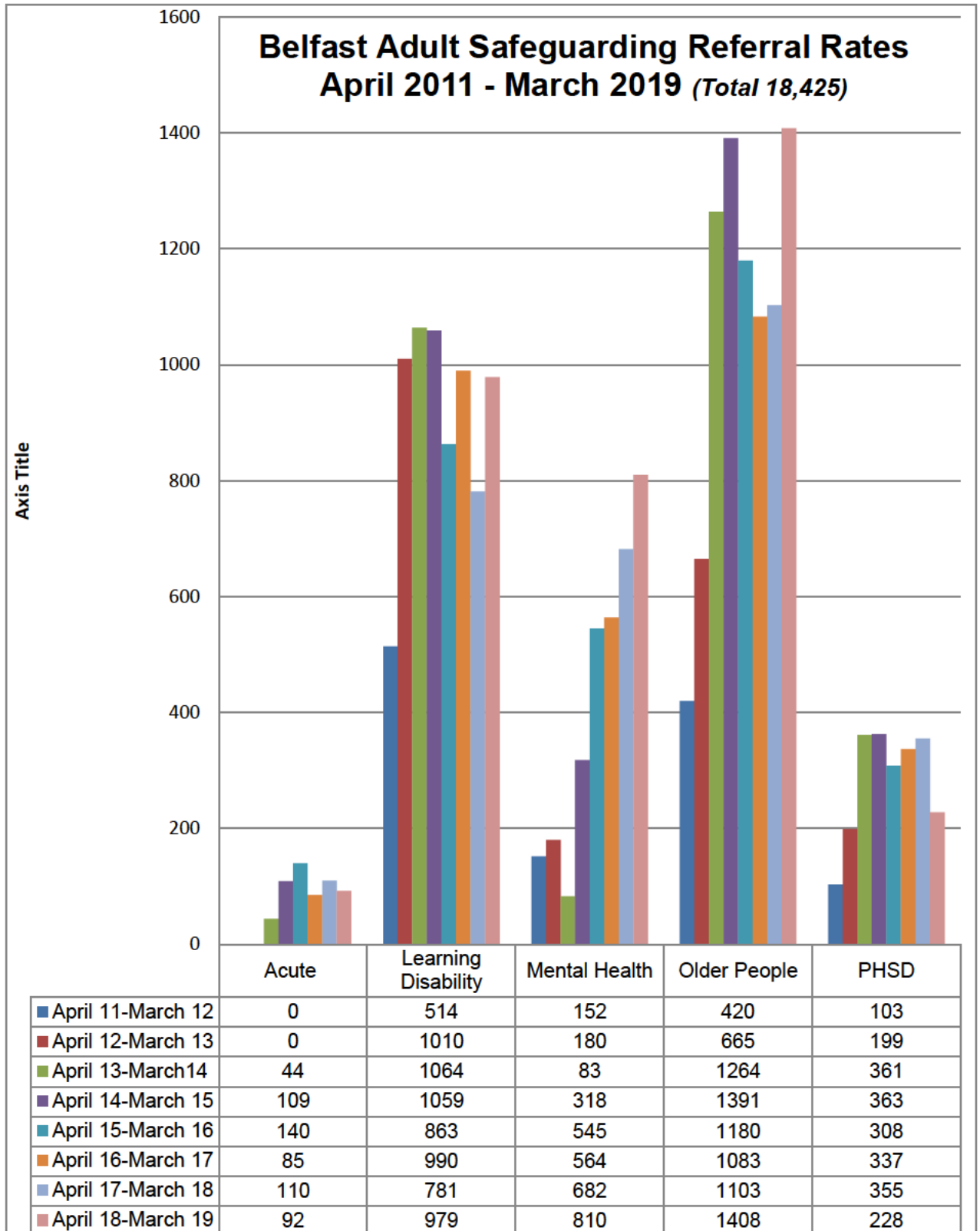
#### **Data Returns**

Analysis of data returns is included in each service area report. This section therefore focuses on the overall position in relation to the Belfast Trust statistical returns.

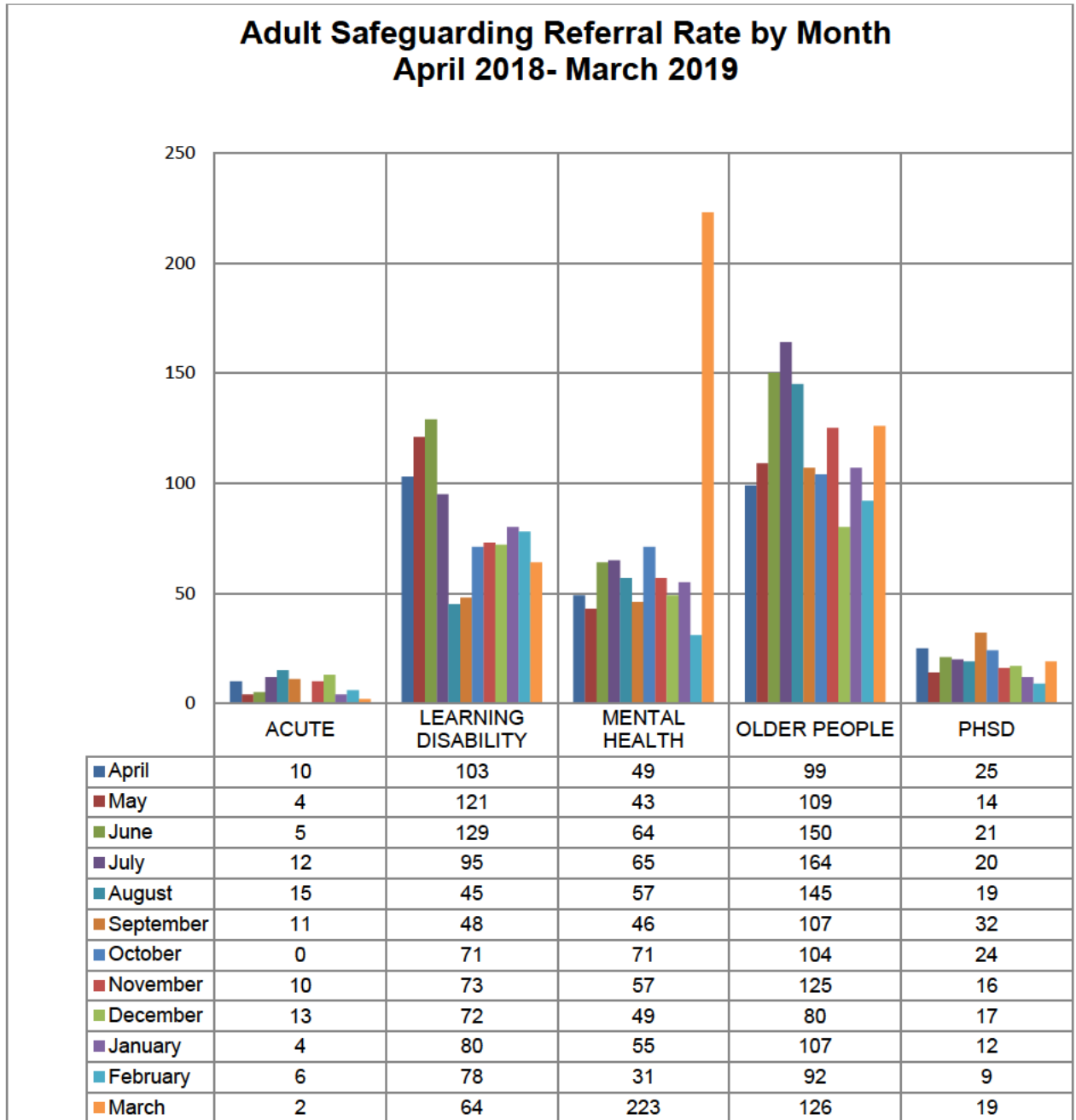
As detailed earlier in the report, the Belfast Trust continue to find the current system of manual collation challenging. The Trust are working with Paris developers to set up a system where in future this information can be collated directly from Paris.

In this reporting period April 2018 to March 2019 the Belfast Trust received a total of 3,517 referrals. 1,723 of these referrals resulted in an adult protection investigation. There is clearly significant work to be done to ensure more accurate reporting of adult protection cases. This will be a key piece of work for Belfast Trust in the coming year.

CHART 1



Referral rates have continued to rise year on year.

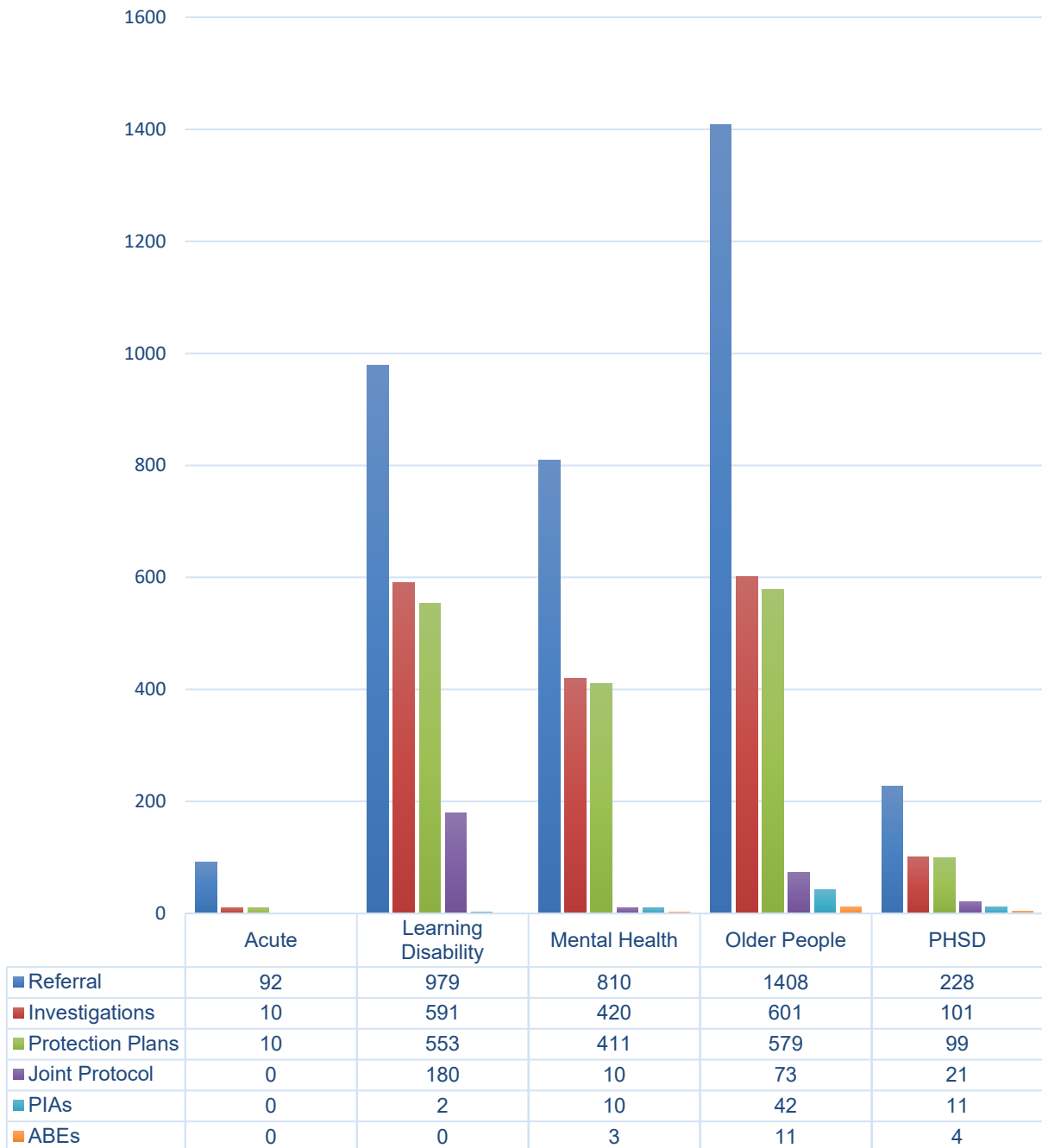


Note: astronomical data point for MH, March 2019 is due to non-reporting of data by specific teams during the year, then reporting in a cumulative manner for March 2019. Unable to separate into individual months.

**CHART 3**



### Breakdown of Adult Safeguarding Activity by Service Area April 2018 - March 2019



The differential between referrals and investigations across each of the service areas highlights that, in real terms, the numbers of adult protection investigations is significantly less than would first be perceived, e.g. Older People 1408 referrals, only 610 resulted in an adult protection investigation, meaning that less than 50% resulted in an adult protection investigation.

CHART 4

Table Of Percentage Increase/Decrease In Adult Safeguarding Activity Years 17/18 to 18/19												
Service Area	Referrals		Investigations		Protection Plans		Joint Protocol		PIAs		ABE Interviews	
	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %
<b>Acute Sector</b>	110	92 -16%	6	10 +67%	4	10 +150%	0	0 NC	0	0 NC	0	0 NC
<b>Learning Disability</b>	781	979 +25%	352	591 +68%	343	553 +61%	34	180 +429%	0	2 *	1	0 -100%
<b>Mental Health</b>	682	810 +19%	364	420 +15%	362	411 +41%	21	10 -52%	12 -	10 -17%	9	3 -67%
<b>Older People</b>	1103	1408 +28%	448	601 +34%	444	579 +30%	58	73 +26%	24	42 +75%	12	11 -8%
<b>PSD</b>	355	228 -36%	131	101 -23%	129	99 -23%	14	21 +50%	10	11 +10%	2	4 +100%

## **SECTION 4: Service Area Reports**

### **PHYSICAL & SENSORY DISABILITY**

Within the reporting period there have been 144 Adult Safeguarding referrals. 26% of this activity was assessed as not appropriate for the safeguarding frameworks. 43% were assessed and considered as level three activity and were subsequently managed by the Adult Protection Gateway Team with protection plans being implemented by that team. The remaining 31% were subject to investigation and protection planning from within the service area.

There has been a continued appropriate reporting of quality concerns with 33 referrals within the reporting period. This reflects the pattern in the previous reporting period and would suggest that professional staff continue to correctly utilise alternative safeguarding response processes.

All relevant staff in the community teams are trained to Designated Adult Protection Officer or Investigative Officer level. The updated Adult Safeguarding Operational Procedures were implemented in the service area in June 2017 and the Belfast Trust Training Team provided additional training to all relevant staff. Staff have continued to embed the Operational Procedures into practice.

The implementation of the Operational Procedures and the Designated Adult Protection Officer role has been positive within the service area. The Designated Adult Protection Officers in the service area make decisions upon the thresholds for all referrals and are responsible for activity relevant to situations involving adults at risk of harm, including the consideration of alternate safeguarding responses and the investigation of adult safeguarding concerns. Therefore, there are no referrals/consultation with the Adult Protection Gateway Team in relation to those adults as defined within the Operational Procedures as being 'at risk of harm'. The service area continues to find the transition positive for service users; it has reduced delay in decision-making, by eliminating the transfer of cases to the Adult Protection Gateway Team to await their decision-making and has improved service user experience by ensuring that the core team staff maintain involvement without interruption. However administrative demands continue, the service area has a limited number of minute takers and discussions continue regarding how this pressure can be relieved.

Across the reporting period, interface challenges with the Adult Protection Gateway Team remain. This primarily relates to consistency and clarity in decision making within referrals involving suspected criminal activity, wherein the Protocol for Joint Investigation is required; and cases being accepted for investigation involving 'adults in need of protection'. It is apparent that challenges remain regarding differences in operational understanding of this Protocol between the Belfast Trust and the PSNI. Such instances have caused delay, and it has been necessary for a small number of cases to be re-referred to the Adult Protection Gateway Team for further strategic discussion with colleagues in PSNI. The service area includes a number of trained Achieving

Best Evidence interviewers; however, there are insufficient opportunities to embed this learning in practice and to meet NIASP requirements, given the lack of demand. This reduction on the demands of specially trained practitioners has been consistent with a rise in decision making within Joint Protocol strategy discussions between the Adult Protection Gateway Team and PSNI which have resulted in single agency, PSNI only Achieving Best Evidence interviews. Staff within Physical & Sensory Disability service area continue to advocate on the behalf of those service users who may benefit in achieving equity to justice from the support available via 'special measures'. Additionally the levels of complexity of these cases being returned to core teams for investigation is very significant in terms of implementation of safety plans and responses to any emerging concerns.

With regard to user engagement within the safeguarding process, it is critical that we continue to ensure and demonstrate that individuals are fully involved in the interventions that bring about their desired outcomes. The 10,000 Voices project has provided a vehicle for important discussions and critical reflection upon the investigative process. The service area has continued to promote and encourage user participation within the survey.

The service area continues to utilise internal networks in terms of practice development. Furthermore, staff participate in the designated and investigating officer forums facilitated by the Training Team. Staff report positively on these opportunities.

The core teams continue to employ the community information system to record all activity. Unfortunately, the Regional Operational Procedures documentation is not yet available on PARIS, and availability of the updated administrative tools to record the investigative process will be welcome.

Throughout this reporting period the service area continues to foster a climate within which the implementation of the Adult Safeguarding Prevention and Protection Regional Policy (2015) and attendant regional procedures and joint protocol occurs. It continues to be essential that service users are equipped with the knowledge regarding what constitutes abuse and know the basic care standards. The Keeping You Safe programme is a priority for the service area and continues to be delivered to groups and individual service users by trained staff. This will enable and empower service users to assess risk, ensure quality and thwart detrimental behaviours developing. This labour intensive activity will increase demand upon the workforce but it is critical in assuring the prevention of harm. The Keeping You Safe programme recognises service users as experts in their own lives and provides the means to achieve contact with the right professionals if they so require it. It is vital in the effort to work preventatively regarding adult abuse and is a key objective for the service area. Work to continue the provision of this service user training programme is planned within the Day Centre forum.

**ADULT PROTECTION GATEWAY TEAM**

The Adult Protection Gateway Team (APGT), is now in its sixth operational year and continues to provide a gateway / protection response for the Older People (OP) service area and Physical and Sensory Disability (PSD) service area. In the APGT this two tier function acts to provide a central point of contact for external referrals, for all internal safeguarding referrals for OP and for protection referrals forwarded by PSD. For referrals that require a protection response cases are allocated to APGT DAPOs and IOs for investigation. To provide this service the APGT has the following compliment of staff: 1 B8A Assistance Service Manager, 4 B7 DAPOs, 6 B6 IOs and 1 B6 Nurse Specialist. During this reporting period the rate of referrals, screened out, protection investigations and joint protocol investigations were as follows:-

	<b>Older People Service</b>		<b>Physical Health &amp; Sensory Disability Service</b>	
	<b>2017/2018</b>	<b>2018/2019</b>	<b>2017/2018</b>	<b>2018/2019</b>
<b>Total Referrals received</b>	1103	1408	355	228
<b>Total Level 3 Adult Protection Investigations</b>	190	323	48	58
<b>Total Screened Out referrals</b>	351	429	135	84
<b>Total Joint Protocol Investigations</b>	58	73	14	21

Looking at a comparison from 2017/18 to 2018/19 there is an evident increase in Adult Protection L3 investigations and an increase in Joint Protocol Investigations over this period.

The task of screening referrals on duty continues to require a daily resource of one DAPO and one IO to manage. As noted above, the number of referrals forwarded to APGT continues to remain high in comparison to investigation figures. The level 3 adult protection investigations account for approximately 23% of the total number of referrals received by the APGT. However, the task of receiving and recording information, conducting screening processes and allocating referrals requires one quarter of the B7 resource within the team.

As reflected in previous reporting years, there remains a high number of inappropriate referrals sent to APGT for screening. Over the period of 2018/2019, approximately 32% of referrals were screened out of the adult safeguarding process. The APGT continue to receive a high number of

inappropriate referrals from Care Homes and external agencies which include resident on resident incidents, quality issues, explained injuries, medication errors etc. APGT have also noted a continuing trend whereby Care Homes report incidents to the Belfast Trust keyworkers, however they are then redirected to APGT to make a referral under Adult Safeguarding Policy and Procedures. This creates duplication for care homes who have referred the incident to RESWS or Community Teams/CRest and then directed to contact APGT, when on occasions many referrals are inappropriate and do not meet the Safeguarding Threshold.

Last year's report envisaged the requirement to work with Care homes to focus on thresholds for reporting adult safeguarding concerns. This action will be carried forward with the intention over the next few months to work with Care Homes which will focus on ensuring that the thresholds for reporting concerns are being applied appropriately and that the reporting pathways are clear.

This action is timely, as the statistical breakdown for OPS over the period of 2018/2019 reflected a significant increase in referrals to APGT for screening for Older Peoples Programme of Care. The statistics highlight a significant increase of 28% in referrals made to APGT for screening. The increase in referrals is most evident over the months of June 2018-August 2018 with referrals peaking at 164 in July 2018. The increase in referrals over this period can be linked to the release of the COPNI report mid-June 2018 which seen an increase in Adult Safeguarding referrals referred to APGT by Care Homes and external agencies.

Within the Belfast Trust there has been a phased approach to implementing the regional Safeguarding Policy & Procedures, with Older People service area being the last to be implemented. Significant organisational change and workforce challenges have resulted in delays in full implementation. Now that the CReST service is established it is anticipated that work with Care Homes and CReST will be carried out concurrently to ensure that there is further clarity regarding thresholds, reporting arrangements and referral pathways.

PSD implemented the new Procedures in June 2017. The ability for core services to screen their own referrals and to forward only protection referrals to APGT has been welcome and demonstrates a more appropriate use of the APGT gateway function. As both service areas are working within different safeguarding frameworks, APGT's ability to straddle two processes and pathways has been challenging. It is expected that current pressures will be alleviated when service areas are working within the same framework.

Followed on from the previous year, the Director of Adult Services determined that the Belfast Trust would move to one Trust wide Adult Protection Gateway service. This will require one team to act as a single point of contact and manage all adult protection cases. Given the current arrangements within the Trust, it is anticipated that Mental Health and Learning Disability services will join with the existing APGT. There has been some initial work in relation to the structure, function, role and remit of the new Trust wide protection team but further discussion and consideration of the remit of the team is required.

In addition to the gateway function, it is proposed that the APGT will also act as a central point of contact for all Human Trafficking, Female Genital Mutilation, Forced Marriage, No Recourse to Public Funds, Domestic Abuse and MARAC referrals. Within the framework of the new Trust-wide team the APGT will continue to hold responsibility for these areas of practice, additional to this the development of audit and governance arrangements for both APGT and Core services will also be required.

The development of a Trust-wide team will require Core services to provide a screening and safeguarding response for those referrals that do not require a protection response.

Casework that requires a joint protocol, multi-professional or institutional investigation continues to be challenging, resource driven and time consuming. This is evident when regulated facilities particularly Nursing Homes are involved. The referral rates relating to abuse, exploitation and neglect in regulated facilities have remained consistently high with figures outlined highlighting a significant increase from the previous year. With the implementation of the new Policy and Procedures it has become evident that at times there has been a level of ambiguity in relation to the interpretation of cross Trust arrangements and the roles and responsibilities of host and placing Trusts. At times there also appears to be some variation in the role, function and remit of the Strategic Management Group across Trusts. This has been flagged with the NIASP Protection work-stream who are currently reviewing the Procedures. It is anticipated that the update of the regional Procedures will address the practice issues identified. In the interim, the Trust continues to work in partnership with other Trusts to ensure the safety and well-being of residents. This includes ensuring that investigations and protection plans are in place. In moving forward, further clarification regarding what is defined as an institutional investigation would also be helpful.

Over the reporting period of 2018/19 referrals and adult protection investigations vastly increased resulting in additional pressure on the staff within APGT. As a result, APGT were placed on the Risk Register in relation to an identified back log of case closure and recordings which fell outside the expected standards. This was subject to close monitoring and review by management of APGT.

In the last quarter of this period, APGT were subject to significant staffing changes with three senior members of the team, two DAPOS and the ASM/Team Manager, leaving the team to pursue temporary Expression of Interest Posts within the Trust. Additionally, APGT experienced the departure of Investigating Officers who left the team or moved into senior positions. The staff situation experienced by APGT has had a consequential impact on the team, APGT were placed on the Risk Register due to the staff shortages, however the void in the staff team remains ongoing despite actions from Senior Management to recruit and stabilise the service.

APGT were successful in recruiting B7 Social Workers/DAPOs, and partially successful in recruiting two B6 social workers, however the recruitment process is ongoing, with the pressing need to fill the empty posts. Due to the nature of

the service delivered and the impact of recent staff changes within the team, APGT are now functioning with an inexperienced staff team, which requires enhanced monitoring and support from senior management for the foreseeable future.

Despite the practical challenges identified, APGT continue to function as the central point of contact for external agencies and continue to screen adult safeguarding referrals for OPS and investigate level 3 Adult Protection investigations for PSD and OPS. Additional challenges faced by APGT over this reporting period include APGT experiencing an increase in information requests from professional bodies such as NISCC & NMC. This is in addition to Freedom of Information (FOI) requests, subject access requests and Data Protection requests from external managers, relatives and staff members subject to investigation. APGT continue to liaise with Data Protection and DLS when required to meet the requests outlined.

This has also highlighted the interface issues between Adult Protection Investigations and HR/Management Internal Investigations and the challenge faced when agencies attempt to use safeguarding reports as evidence during internal investigations. Responding to such information requests within specified timeframes places additional pressures on the team, this was evident over the past 12 months when APGT received numerous statistical data requests following the release of the COPNI report in June 2018. The collation of data and producing of reports exceeded the current staffing resource and created significant pressures within the team.

Over this reporting period, APGT experienced an increase in referrals from for OPS resulting in an increase in level 3 adult protection investigation in care home settings. The impact on the team resulted in an increase number of complex investigations with multiple incidents of abuse subject to investigation at any one time. As a result, the b6 specialist nurse was subject to a change in case work allocation and activity, such as removal from duty and allocation of specialist case work due to the increased volume of investigations and activity within Care Home settings. The specialist nurse role continues to remain a vital component within APGT due to the complexity of care home and nursing/ care related investigations referred into the Trust. A fundamental service provided by the nurse specialist is the facilitation of bespoke education sessions with care homes, service providers and agencies in relation to the Role of APGT and function of Adult Protection investigations within the Belfast Health and Social Care Trust.

There has been an increase in the requests and demand for the education sessions by agencies in an attempt to increase the awareness within care settings in relation to Adult Protection and Adult Safeguarding. Additionally, the specialist nurse attends and contributes to the review of regional strategic developments for example the development of the NIPEC guidance on safeguarding training in the nursing profession, developments relating to investigating pressure damage and chairing of quarterly Regional NIPEC meetings attended by specialist nurses across the region.

Due to the expert clinical area of work undertaken by the specialist nurse in complex investigations which include Article 121 of the Mental Health Order,



Pressure Damage and Institutional Abuse, APGT senior management have conducted a review of the skill mix within the team and has proposed the appointment of a temporary B7 Specialist Nurse within the APGT. There is the intention to pilot this post for a 6 month period and review it in relation to role, responsibility and outcomes.

It continues to be the case that none of the Joint Protocol investigations conducted by APGT with police under Article 121 of the Mental Health Order have reached the threshold for prosecution as determined by the Public Prosecution Service (PPS). What is of note is that investigation processes in this area of work are elongated and protracted with outcomes for the most part of no prosecution. It would be beneficial and informative if the PPS could provide a clearer understanding of what constitutes a criminal threshold for wilful neglect and provide guidance around investigations and threshold for referral to police. Currently it would appear that police are seeking advice from PPS about thresholds for prosecution before investigations are concluded. While this is welcomed, it would be preferable if PPS and police could agree thresholds for wilful neglect. The review of the Joint Protocol will consider in detail the use of Article 121. Following the regional review of pressure damage investigations, APGT conducted an investigation under Adult safeguarding and Joint protocol policy and procedures with a recommendation by the PPS for prosecution under Health and Safety Legislation, this is the first of its kind in the Belfast Trust area, with the process and outcome eagerly anticipated.

The number of investigations agreed as Joint Protocol by police increased by 26% for OPS and 50% for PSD over the reporting period of 2018/19. This is a substantial increase, however the number of ABE interviews conducted for OPS decreased by 8% over this period, with PSD ABE interviews increasing from 2 to 4 demonstrating a 100% increase over this reporting period. Approximately only one third of referrals made to CRU are agreed as Joint Protocol. It is generally acknowledged that the new Joint Protocol is being interpreted very differently by respective agencies, hence resulting in a high percentage of referrals made by DAPOs not meeting Joint Protocol as determined by police. Given outcomes APGT find themselves querying decisions made by police and have on a number of occasions challenged decisions in support of vulnerable service users. APGT staff are experienced practitioners who frequently negotiate decision making with the police and use the escalation process as detailed in the Joint Protocol. Again, it is anticipated that the review of the Joint Protocol currently underway will address the concerns identified and will reach a consensus position in terms of definition and application of the Joint Protocol.

The reduced number of investigations agreed by police has had a substantial impact on the number of PIA and ABE interviews conducted. Aside from the implication of this on vulnerable service user groups, there has also been a significant impact on social work ABE interviewers who are unable to meet their practice requirements as outlined in the protocol. APGT note that police have advised DAPOs that referrals are being passed to uniformed Police Officers and Registered Intermediaries are being used as an alternative to ABE trained social workers. The review of the Joint Protocol will consider this and all related issues.

**CORE TEAMS - Older People's Service Community Social Work Teams**

The Adult Safeguarding Protection Team still retain the responsibility for receiving and screening all adult safeguarding referrals in Older People's Services. During this reporting period the Older People's Social Work Service continues to move ahead with structural and organisational change. The professional oversight has been strengthened with four 8a Team Leader posts across all Community Social Work and the service is pleased to report that this management structure is now stable. However, during this reporting period a vacancy of rate of 50- 75% in team leaders in Community Social Work has prevented the full implementation of the Regional Policy. Adult Safeguarding referrals continue to be screened and thresholded by the Gateway Team. It is the view of the service area that this was the only way that we could ensure a consistent response and thresholding during this very unstable period. Whilst the service area intends to move forward with full implementation of the policy, we remain concerned that further work needs to be developed in relation to identifying standards and processes for managing adults at risk of harm and developing alternative pathways. This is a priority for the service area in the forthcoming year

The management of safeguarding concerns raised in the care home sector continue to present significant demands. The development of a preventative CREST model has ensured that early warning signs of a change in standards in a care home setting are identified with earlier interventions. The issues raised through the Dunmurry Manor investigation Home Truths Report continues to be a focus in the broader discussion of how risk is identified and managed across the Service Area. Staff have been involved in DOH and Trust facilitated workshop sessions reflecting on particularly how our current thresholds of risk and risk management plans are a critical to our broader responsibilities under Safeguarding.

The CREST model has been significant in ensuring the development of strategies which deliver timely reviews, responsive supports and prevention work in Residential and Care Home sector. The ASCOT tool along with the guidance and mentoring of Kent University is being introduced to the CREST team as a methodology to support and assure. Further training and development in this area is anticipated. This outcomes tool will both support the care homes in identifying particular areas for improvement and provide a mechanism to work together on improvements. Also it will bring a rigour to the work carried out by our Social Work staff in observations, monitoring and reviewing within the sector to prevent safeguarding concerns arising.

Quality Improvement methodology has been applied to reviewing and improving the understanding of how older people and/or their family can feel safe in raising concerns or complaints within the care home setting. This again has at its core service improvement and also supports the prevention of concerns being raised later or not at all and escalating to the need for protection.

Staff have also benefited from being able to attend training and events held by partner agencies such as Women's Aid and Action on Elder Abuse.

### Challenges

The service area is training staff to be able to bring a range of tools to the protection of our older citizens through a range of methodologies. Community Services have made use of the High Court to ensure the protection of those who lack the capacity to make decisions to protect themselves. This work will inevitably change as aspects of the Capacity Legislation is enacted. As a Service Area we are working to remain flexible and creative in how we respond to the circumstances of individuals to ensure their safety.

At present the Service Area is taking an action to the High Court in respect of a service user who has been subject to harm through the actions and interference by another. The service user lacks capacity to recognise and manage these harmful actions. The Trust are asking that the Court would make an order on behalf of the person, in the absence of their mental capacity, to exclude the perpetrator from interfering in the service user's property and care. This is a new approach and could be critical in shaping case law. This is a significant piece of work for staff both in terms of understanding and managing the day to day complexity but also in the number of reports and consultations ahead of any court appearance.

The importance of a competent and confident workforce who are well versed in early identification and intervention is essential.

### Strategic Direction

We are confident that within the Care Home Sector the ASCOT methodology represents a welcome focus on quality of care and a supportive system of bring further strength to the prevention work which is ongoing. Within the Community Social Work Teams we have appointed a governance post which will bring further assurances in the form of regular auditing of our safeguarding work to highlight areas of good practice through peer support initiatives. It will also help to identify areas of variance in practice. A Principal Social Work has been permanently recruited in the Community Teams and a temporary equivalent post in our Hospital setting. This will bring a renewed focus to the training and development of our staff and the governance arrangements related.

As we progress to integrate the Regional Policy in the service we will have a renewed focus on the feedback from people who are supported through our safeguarding processes and look at how we improve the lived experience of safeguarding. Feedback from 10,000 Voices will help inform this work going forward.

## **HOSPITAL SOCIAL WORK**

Processes and staff resources are in place to provide a response to Adult Safeguarding queries and referrals across the hospital sites in Belfast Health and Social Care Trust. These include: Royal Victoria Hospital, Belfast City Hospital, NI Cancer Centre, Mater Infirmorum, Musgrave Park Hospital and Meadowlands. Monthly returns are provided to the Adult Protection Gateway Team (BHSCT) by way of collection and monitoring of referrals for BHSCT referrals.

We have Designated Adult Protection Officers and Investigating Officers trained and available on each of the hospital sites and cover arrangements in place if required.

There have been a number of instances of residents from other Trust areas coming into regional hospital facilities in the BHSCT area (e.g. Royal Victoria Hospital or Musgrave Park Hospital) for care and treatment and disclosing Adult Safeguarding issues. We have worked with the Gateway Teams from other Trusts to ensure referrals are made to the appropriate area and immediate protection planning is done. We have initiated a new reporting process for 2019/20 to capture the number of referrals to other Trust Adult Protection Teams.

One of the challenges we have is that service users can often have short admissions to hospital were Safeguarding disclosures are made. This can often be a vulnerable time for people due to injury and/or ill-health. Social Work staff in the Safeguarding roles provide a sensitive and professional response in these situations taking cognisance of issues such as capacity to engage in the investigatory process, what immediate protection response is required and how Adult Safeguarding issues may impact on discharge planning.

A recent RQIA inspection report highlighted the issue of awareness of Adult Safeguarding within the outpatient departments on the hospital sites. An action plan has been put in place to provide these departments with Safeguarding posters and postcards for display in waiting areas.

## **LEARNING DISABILITY**

The Service Area continues to have a number of dedicated Learning Disability Adult Safeguarding staff. This comprises of 9 DAPOs: 5 are SW Team Leaders in the hospital and community teams; 1x 8a Operations manager; 1x DAPO in Muckamore Abbey Hospital (MAH) who deals with patient on patient incidents; and 2x DAPOs in the Specialist Team who deal with allegations against staff or paid carers or where there are issues in relation to the quality of care provided in a group setting.

From September 2017 the Specialist team (2x Band 7 DAPOs) have been involved solely in the large scale adult safeguarding investigation into Muckamore Abbey Hospital. This has involved dealing with the historical CCTV incidents and historical incidents. This meant that the work, usually undertaken

by this Specialist Team, had to be dealt with by the core Community Learning Disability teams. This added additional pressure to their existing workloads.

The service area has 36 Investigating Officers who are embedded across the service area. There are now 3 ABE trained social workers.

Adult safeguarding (ASG) remains a major area of work for the Service Area. There has been an increase in the number of adult safeguarding referrals from 916 referrals last year to 977 this year with 560 investigations completed. 789 of these referrals were received from the hospital and 188 from the community. A large number of referrals have resulted from the large scale adult safeguarding investigation in Muckamore Abbey Hospital. This includes 236 referrals generated from the viewing of historical CCTV footage that has been downloaded from April- September 2017 relating to 5 wards in Muckamore. In addition, there remains a high number (519) of patient on patient incidents across the hospital site.

The figures are as set out in table below.

Number of safeguarding adult referrals within the period	977
Of the referrals at 6.1, how many were received from acute settings?	789
Number of investigations commenced within the period	560
Number of investigations completed within the period	560
Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	1
Number of adult protection plans commenced within the period	536
Number of adult protection plans in place on 31 <sup>st</sup> March	536

#### Current allegations against staff in Muckamore Abbey Hospital

There have been current ongoing incidents relating to allegations against staff within the hospital site. These allegations have been investigated by the community teams with the support of 1x Band 6 Investigating officer.

CCTV is now running across all the wards at Muckamore. The adult safeguarding team can therefore view CCTV as part of their investigation. The introduction of CCTV across all the wards has been extremely positive in that it has allowed for independent checking of allegations, which has aided in the ASG process. It has also provided reassurance to the families, senior management team, Trust Board and Department of Health. This helps to clarify information quickly and incidents can either be very quickly screened out or the CCTV can be used to provide details and evidence in relation to the allegations made. From viewing the CCTV learning can be achieved in relation to what precipitated the incident, the intervention of staff etc. This helps to set a context to the incidents. The adult safeguarding team now meet regularly with the Service manager, ward managers and operations managers to ensure there is good communication, shared learning and protection plans are reviewed.

There are significant resource implications for the ASG team given the length of time it takes to view the CCTV (as there are a large number of cameras in any given area), time to identify the staff, accurately record the viewing and at times to obtain input from the MAPA trainer in respect of any Physical Interventions used. A number of issues viewed would fall under staff conduct issues and would not reach the threshold for an adult at risk or an adult at need of protection. However, they would be matters of concern for the Adult Safeguarding team, which remains a challenge whether such matters should come under Adult Safeguarding.

The vast majority of the ongoing referrals made against staff relate to one particular patient who is very autistic and assessments of his communication have showed that he has limited use of expressive language.

As per the Regional policy, any incident deemed to meet a criminal threshold have been referred to the PSNI.

The CCTV policy has been reviewed. For assurance purposes contemporaneous CCTV is also underway across the site. Any good practice is documented and shared through the service manager to each ward area.

The Adult safeguarding team are now planning to complete a more in-depth audit of data to identify any trends or patterns. This will ensure the adult safeguarding responses are better informed and consider a range of factors including the skills mix, staff ratio, time of incident, environment, the patients presentation, etc. which may impact on the safety of patients. This will inform the entire multidisciplinary teams' decision making to improve patient safety.

#### Historical CCTV allegations against staff in Muckamore Abbey

This has continued to be an extremely challenging year for the service area in respect of adult safeguarding incidents reported because of viewing historical CCTV within the Hospital. The large-scale ASG investigation commenced in August 2017 following the delay in reporting an Adult safeguarding incident. CCTV was viewed at this stage in relation to this incident and during this viewing a number of other adult safeguarding incidents, which were not reported, were noted. This included mostly incidents of a physical nature on patients by staff and the inappropriate use of seclusion. These incidents were later reported as an early alert to the Board. For assurance purposes a further 25% random viewing of CCTV took place across the Muckamore Abbey Hospital (MAH) site which revealed further incidents in one ward. Subsequently, an incident was reported by a patient against a staff member in another ward. Further allegations were made by a whistle-blower against 2 staff members. A number of these allegations resulted in a joint PSNI/ Social services investigation.

Following these incidents an independent Serious Adverse Incident Level 3 Investigation was commissioned focussing on adult safeguarding from 2012-17 including the above incidents. This panel was chaired by Margaret Flynn. The findings of this report 'A way to go' have now been shared with the affected families through workshops and individual meetings and with the staff across

learning disability. A written copy of the report has been made available to families, including an easy read version for patients.

The main themes emerging from this report were as follows:-

- The criteria for admission to the hospital was too low with patients being admitted for a large number of reasons including, those who required assessment and treatment, those whose placement had broken down, short breaks etc. In addition, once admitted these patients were extremely difficult to discharge and therefore the length of admission became protracted with many having no discharge plans.
- There was a high incidence of patients being bored in the hospital due to a lack of meaningful activity on and off the wards. This undoubtedly led to frustrations and an increase in patient on patient incidents but also of incidents of staff on patients.
- There was an inappropriate use of seclusion sometimes for long periods of time and poor recording detailing the rationale for the decision surrounding this.
- Despite a large number of RQIA inspections and a very high number of Adult safeguarding referrals, (even resulting in referral to the police) there was a lack of action taken which actually reduced the number of incidents or improved the safety for patients.
- Families were not allowed access to the patients' bedrooms or to the actual ward. This was particularly so in one ward.
- There was a lack of visible leadership across the site

Some of the recommendations from the report that now form part of the Trust action plan are as follows-

- People with learning disabilities should be able to live their lives with their families and in communities and the services provided should understand that ordinary lives require extraordinary supports - which will change over the life course.

- The hospital should review its criteria so that admission is for assessment and treatment only, for the shortest time possible.
- The transition to community-based services requires the contraction and closure of the Hospital and must be accompanied by the development of local services.
- There should be better advocacy services.
- Development of a co-produced communication strategy with parents/carers/ appointment of carer consultant aimed at repairing and establishing relationships and trust with patients and with their relatives as partners. Families should have greater input in relation to decision-making.
- Families and advocates should be allowed open access to wards and living areas.
- Patients should be engaged in more meaningful activities during their admission.
- Patients and families should have better information in relation to how to complain.
- Families should receive regular progress updates.
- The families wanted an end to seclusion.
- There should be a review of Adult Safeguarding culture and practices at Muckamore so that the responses to safeguarding incidents and allegations are proportionate and timely, that the perception that people with learning disabilities are unreliable witnesses is changed and that the safeguarding documentation is substantially revised.

Much progress has been made in relation to these action points but there is still a lot of work ongoing. Whilst this SAI investigation was ongoing it was agreed that all the downloaded CCTV (April-Sept 2017) be viewed for all 5 wards. This proved to be very challenging for all adult safeguarding staff in learning disability services. The Muckamore investigation has been unprecedented in terms of numbers of allegations and its complexity. This has resulted in a huge amount of work relating to the historical allegations and the historical CCTV incidents being undertaken by the 2 DAPOs in the community. This has had a knock on effect on the community teams as they had to take on the work previously covered by this specialised team.



Since the start of the investigation, the 2 DAPOs have processed 191 referrals for one ward with 177 of these being referred to the PSNI. 14 other incidents were not referred to PSNI. These incidents are all mostly of a physical nature and include inappropriate use of seclusion. In addition, a further 158 incidents relating to the other wards have been triaged by the ASG team. To date only a small number of these incidents have been viewed by the adult safeguarding team. However, of what has been viewed an additional 44 referrals have been forwarded to the PSNI. These incidents are again mostly of a physical nature and involved a number of staff who were either involved in actual physical incidents and or other staff who allegedly witnessed the incident and or failed to intervene.

The CCTV was taken by the PSNI in February 2019 and at this stage the percentage viewed for each of the 5 wards was as follows –82%,-64%, 66%, 48% and 46%. This clearly continues to create difficulties for families who know that there is further historical CCTV to view. The Trust remain committed to the viewing of all CCTV during this specified period.

The PSNI have an identified taskforce dealing with this investigation and have a team of additional officers. They have been working very closely with the PPS and are looking at a whole range of potential offences in relation to this investigation including Article 121, wilful neglect, common assault and misconduct in a public office.

Unfortunately, over the reporting year attempts to recruit additional DAPOs to assist with this investigation have been largely fruitless resulting in the 2 DAPOs undertaking the viewing of CCTV, as well as preparing large voluminous files for the Police and HR department. This has been a hugely complex task and both the PSNI and the HR department have complimented the team for the complex work completed.

All the affected families have a nominated DAPO attached to them and with their agreement there were updated on a regular basis regarding any further developments as well as offered supports including psychological support from the Trust. The DAPOs have been working in close partnership with the PSNI and a number of visits to families were done jointly between the Trust and the PSNI. At the end of the reporting period the service area managed to secure a part time DAPO whose sole role is family liaison with some of the affected families.

As a result, of the current ASG investigations 20 staff have been placed on precautionary suspension and other staff are subject to protective measures. This along with staff sickness has given rise to a number of challenges for the service in ensuring that there is adequate staffing across the site to ensure patient safety.

There has also been ongoing liaising with the other Trusts to update them regarding the current investigation but also to address any specific issues relating to their service users.

Whilst the CCTV remains outstanding, there is also a feeling of uncertainty across the staff group at the hospital. Staff across the site have been supported at this difficult time through a large number of initiatives including a counsellor who provides 1:1 emotional support, reflective practice sessions, workshops

with staff, massage sessions and support sessions with HR and OH. In addition, a health fair is planned and 'Bewell' sessions planned.

The Service Area has continued to work within the Adult safeguarding Regional Policy, the HR disciplinary processes and Joint protocol. This has resulted in many challenges balancing the requirements of each process and being proportionate in relation to staff but at the same time protecting patients.

The hospital SW staff have continued to roll out the ASG 'Keeping yourself safe programme' across MAH. There has also been further ASG training provided across the hospital site. There is further CCTV to view and the 2 DAPOs who had been doing the investigation are now due to be replaced by a new ASG team which was appointed at the end of March. This team currently comprises of 1x Band 8B and 3x 8A staff. Their remit is to take forward the remaining historical CCTV and provide support to the affected patients and families.

#### Muckamore Abbey Hospital current patient on patient referrals

The social work department in the hospital continues to lead in relation to safeguarding patient on patient incidents. In this reporting year, there have been 519 incidents in the hospital. Most of these incidents are of a physical nature. Many of these incidents include multiple incidents relating to the same patients either as alleging causing harm or and victims of alleged abuse. All these referrals are processed by one Band 7 Lead DAPO, who is supported by the Senior Social Worker and by 2 Investigating Officers. Together they support the Multi-disciplinary team in the development of risk management, alternative safeguarding responses and protection plans. Support is also provided to the patient and a referral to the PSNI if deemed appropriate, or at the request of patient or carers. As part of the screening and or as part of the investigation into the incidents CCTV will also be viewed by the DAPO.

As a result of staffing difficulties (suspensions and staff off sick) and also as a means of stabilising the hospital, the hospital has been closed to admissions. In addition, over the last year the hospital has been retracting as patients have been discharged and therefore the number of inpatients has significantly declined. However, there remains a high level of incidents of a physical nature between patients in the shared setting of the hospital. There are ongoing difficulties related to the physical environment and the mix of patients in the wards, many of whom have complex needs and present with challenging behaviours associated with autism and other conditions, communication difficulties and limited insight into the possible consequences of their actions or that of others. Very few of the patients have skills to protect themselves. Staffing levels can also often mean that patients are unable to avail of opportunities to be off the ward and this can increase the number of incidents on the ward.

Despite good multidisciplinary working including robust risk assessment and risk management plans, it continues to be a challenge implementing suitable protective plans to reduce the likelihood of further incidents. All these ASG incidents are now reviewed on a weekly basis at the multidisciplinary team but also the data forms part of the SITrep report, which allows the Senior Management team / Directors Oversight group the opportunity to understand

trends and patterns in relation to this and consider what further steps can be taken to address the matter.

In order to reduce the number of patient on patient incidents in the wards considerable work has been done:

- In Jan 2019 an activity Co-ordinator was appointed following a review of day care at the hospital. This has significantly improved the level of activities for inpatients across the Hospital Site. Therapeutic Day services are now also provided within the hospital at weekends and evenings activities on the ward and off the ward. This has helped to reduce contact between patients and thus reduce frustrations levels and the likelihood for incidents. Activities for patients ensures the holistic needs of patients is catered for with intervention, which may include recreational input, social input or skill development. By extending the frequency and range of appropriate and meaningful activity the mental, physical and emotional wellbeing and social needs of patients is promoted.
- Joint Therapy Aims and Free time Plan/Activity Boxes have been introduced which allows ward staff to work on individualised therapy aims with patients, which forms an important part of their treatment. The box can also be used to de-escalate a situation or redirect a patient from a difficult situation, which promotes the safety and well-being of patients.
- Plans are place to resettle a large number of patients whose discharge has been delayed. There has been work done by the service area with a large number of providers along with the other Trusts to put in place plans to successfully resettle patients in the community.
- The Trust has also developed a supported living scheme in Cherryhill, which is due to open in June 2019 and will be accommodating 9 patients who are to be discharged from the hospital.

- The hospital SSW and lead DAPO have regular meetings with the service manager and the 8a nursing operations managers to address any ongoing concerns in relation to patient safety.
- The hospital SW team are currently piloting real time feedback from patients and from carers prior to and post Adult safeguarding intervention to understand what would make them feel safer.
- Safeguarding procedures, including use of special observations, has been used to minimise targeting of vulnerable patients.
- The ASG team will now be auditing data in relation to ASG and identifying trends and patterns so that a collective understanding can be achieved in relation to the issues re ASG across the site and then identifying how this can be addressed.
- There continues to be discharge meetings convened to expedite community placements and notify Trusts of the number of safeguarding concerns for each patient remaining in hospital.
- Ongoing training of nursing staff in Muckamore regarding the thresholds, their responsibilities under adult safeguarding protocols, completing the forms correctly and developing robust interim protection plans.
- Viewing CCTV assists the ASG team to understand the factors precipitating/ leading up an ASG incident and the context of the incident, which is then shared with the ward managers/ management team.
- Positive behaviour practitioners provide support to reduce incidents of challenging behaviour.
- The Keeping You Safe Training to patients remains a key function of the SW team in the hospital. Within the last year, 21 patients have been provided with the training. Various

methods have been used, group and individual sessions, depending on the ability of patients.

Social Work staff in MAH are now aligned to each ward, which ensures there is a full MDT approach to address the issues and reduce the potential risk to patients e.g. through making environmental improvements, use of positive behavioural support, increased day activities etc.

In the last year, the service have implemented a new process in the management of safeguarding. This process is in keeping with the Adult Safeguarding Policy and provides opportunity for ward managers to become nominated Adult Safeguarding Champions. The vast majority of incidents managed through this process are minor in content and only require an Alternative Safeguarding response. The hospital SW department continues to provide support and advice to ward managers and nursing staff. The Senior Social Worker has been auditing this new initiative and raising any issues with hospital management.

#### Community based investigations

##### *Allegations against staff*

The service has continued to investigate concerns raised in nursing homes, residential homes and supported living projects. The referrals cover a range of abuse including alleged physical abuse, psychological abuse, financial abuse of service users and institutional practices.

The service remains concerned about quality issues which, while they do not meet the threshold for safeguarding, may have significant impact on the quality of life for service users. Many of these facilities continue to experience high turn overs of staff, low staff morale and poor resilience. The Trust continues to work with providers to build their capability and improve their resilience.

##### *Allegations of service user on service user abuse*

Most of these referrals relate to low level physical incidents of one service user on another which reflect the reality of group care for service users who can display behaviours, which challenge and have communication difficulties. As noted in previous reports, where the victim and person who is alleged to have caused harm have learning disabilities, behavioural issues and share the same space it can be difficult to put in place protective plans. Again, as noted in previous reports suitable alternative placements are required.

All group living services are aware of the need to review care plans, environments and the mix of service users in order to promote a safe living environment for all.

The Service Area believes that many preventative measures are required to address these issues such as good quality staff recruitment, retention, support and training.

## **MENTAL HEALTH**

There continues to be a significant increase in the volume of Adult Safeguarding referrals, investigations and protection plans in the last twelve months with an increase in referrals by 20% and in investigations by 10%. The Mental Health Adult Safeguarding Team continues to provide the majority of DAPO cover and has endeavoured to continue to improve awareness of Adult Safeguarding procedures in recognising and reporting of abuse in community teams that are non-Social Work led. DAPO's from the Mental Health Adult Safeguarding Team continue to embed the process and knowledge of the procedures and to assist Team Leaders in fulfilling their responsibility for initial screening, implementing interim protection plans, governance responsibilities and onward referral to DAPO.

The Mental Health Adult Safeguarding Team currently consists of a PSW – who is also the named Adult Safeguarding Lead for the mental health service area in addition to the PSW role, 2 Band 7 Senior Practitioners/DAPO's, a Band 7 Senior Practitioner/Professional Social Work development lead and Think Family lead, who also provides sessions into Adult Safeguarding for DAPO. All DAPO's in the Mental Health Adult Safeguarding Team are ABE trained.

The Mental Health Adult Safeguarding team currently acts as a single point of contact for Adult Safeguarding referrals for mental health services who do not have trained DAPO's within their team. There are plans for all mental health referrals to be sent to the Adult Safeguarding Protection Gateway team in the future for screening and decision making on the level 3 cases to be taken forward for investigation, but to date the current process remains and there is no date for APGT screening of all referrals. The Adult Mental health team currently screen all referrals received and identify an IO and DAPO. They are also the point of contact for guidance and referrals from outside agencies and are advised on issues which would require a safeguarding investigation and arrange for the allocation of an IO and DAPO to commence the safeguarding process. The Mental Health Adult Safeguarding Team continues to act as the central point of contact for PSNI for PIA / ABE interview consultations and requests and allocates referrals to trained staff within the mental health service area. There continues to be well established support groups for IO, DAPO and ABE trained staff across the Trust and staff are encouraged to attend these groups to keep them updated regarding any changes or issues and is also a forum for shared experience and learning.

The Mental Health Adult Safeguarding Team meet weekly to review and discuss Adult Safeguarding investigations and management of cases. The team has a Band 7 Senior Practitioner for MARAC cases and referrals for MARAC process.

The Mental Health Adult Safeguarding Team also provides supervision and support to DAPO's and IO's across all services who are not line managed by a

qualified Social Worker DAPO. They also provide an advisory and consultative role for all professional staff across the 41 mental health teams / services and outside agencies including voluntary organisations and PSNI.

Referrals are received from a wide range of service areas, including hospital settings, the medium secure facility, supported living facilities, nursing and residential settings, day care and from a range of community mental health services – within acute, primary and recovery teams.

There has been an increase in the number of protection plans by 15%. The figures reflect a reduction in PIA/ABE interviews. The figures for 2018/2019 show a reduction of 50% in PIA interviews and a 70% decrease in the number of ABE interviews completed within mental health. This is largely due to the police thresholds for joint protocol investigation and a high proportion of referrals to CRU have been assessed by the PSNI as only requiring a single agency investigation. The PSNI thresholds assess domestic abuse, historical abuse, physical and sexual assaults as single agency investigations. The PSNI/CRU thresholds also assess any patient in receipt of 24 hour care in a hospital setting are not vulnerable adults in need of protection and will only agree this a single agency PSNI investigation. DAPO staff in their consultations with CRU continue to challenge these decisions and the need for a joint investigation with PSNI on a case by case basis. However, it remains our experience that the PSNI will make the final decision. It is predicted that there will continue to be a decline in PIA/ABE interviews under the new thresholds for assessment by PSNI. Given the reduction in joint protocol investigations mental health services will not be nominating social work staff to undertake the ABE training this year. Staff currently trained have reported that they are having difficulty meeting the two ABE interview requirements to continue with the role given the reduction in ABE interviews.

Within Mental Health services there is a significant deficit in DAPO's across the service as not all of the services are led by Social Work staff. There are 6 social work Team Leaders across the 41 mental health teams, 10 senior practitioner staff including the 3 Senior Practitioner DAPO'S in the Mental Health Adult Safeguarding Team and a two year time limited temporary addition of 2 CSM Social Work posts who will undertake a DAPO role within their service area if there is no Senior Social Worker/DAPO in post. An expression of interest has been circulated for an additional two temporary Senior Practitioner Social Work staff to undertake additional roles within the community teams – this will include a DAPO role along with other enhanced duties and there continues to be increased pressure on DAPO's within the mental health service area who also undertake a number of functions i.e. Team Lead, ASW, ASW assessors, Professional Social Work Supervision and DAPO. There is also a deficit of Band 6 staff due to vacancies within the community teams and of IO trained staff within nursing staff in mental health with Nursing staff declining to undertake the IO role supported by their unions, therefore Social Workers tend to undertake the majority of Adult Safeguarding investigations. In addition some community teams have AYE Social Work staff who are currently unable to undertake the IO role until they are at Band 6 level while other teams report only one Social Worker within their team and the remainder of staff are support staff who are also unable to undertake the IO role. This has continued to impact

on Social Work front line services delivery and has placed considerable pressure on the Social Work workforce who also undertake all of the other statutory functions within mental health. There continues to be an increase in referrals from the voluntary sector and from the Leaving and After Care teams who have no provision of IO/DAPO within their service area and victims may not be currently open to mental health services. However as they meet the key definitions of an adult at risk of harm or an adult in need of protection an IO has to be sourced from the existing mental health IO trained staff which also increases pressure on their service delivery and caseloads.

There are on-going challenges within mental health services with the introduction of the Adult Safeguarding policy July 2015. Joint agency working with PSNI, RQIA, professional bodies regarding procedures, protocols and practice issues remains an ongoing priority. The mental Health Adult Safeguarding Team have implemented a database to capture the recording of Adult Safeguarding as an interim measure while plans continue to implement all of mental health safeguarding recording and investigations to the Trust information system – PARIS. All staff within mental health services will require some additional training for the implementation of recording of adult safeguarding referrals and investigations on PARIS, however there is no current timescale for this due to the new APP documentation which needs to be designed for PARIS but planning meetings continue with the PARIS implementation team. The service area remains committed to the delivery of adult safeguarding, while recognising significant workforce pressures. A priority for the service is to ensure that Band 6 non-Social Work staff are encouraged to undertake IO training and that there are suitable supervision and support arrangements put in place to support non-Social Work IO staff. Additional bespoke IO and DAPO training has been facilitated by the Learning and Development Team in addition to the IO/DAPO training offered twice per year to relieve pressures on community teams so that newly appointed staff could undertake the IO and DAPO roles.

Workforce planning continues to be encouraged with the Service Leads within each service area to ensure that appropriate levels of Band 6 staff and Band 7 Social work staff are recruited to undertake the assessed safeguarding requirements for their service. Consideration is also required of the capacity of Band 7 Senior social work practitioner staff to meet the demand within the service area and fulfil the statutory requirements of the Band 7 role to undertake the ASW and DAPO / ABE function.

The Mental Health Adult Safeguarding Team continue to offer essential support to all DAPO's and IO's within the Service Area and in quality assuring all aspects of Adult Safeguarding. The Mental Health Adult Safeguarding Team has completed an initial audit of safeguarding within the service area and plans to do this on an annual basis to ensure governance arrangements, appropriate safeguarding investigations are undertaken and review decision making, and alternative responses to safeguarding. Refresher training for IO/DAPO is also being planned with the Learning and Development Team which would be an addition to the IO/DAPO support groups currently in place so that IO/DAPO's can maintain and update their skills and knowledge in safeguarding. It is anticipated that the current level of DAPO/IO need within mental health



services will remain at the same rate when the Adult Protection Gateway Team become the single point for referrals for mental health. The Adult Protection Gateway Team will take responsibility for level 3 investigations which include joint protocol investigation, institutional care investigations and investigations involving paid members of staff and have a team of DAPO and IO staff to manage the investigation. All other referrals will remain the responsibility of the mental health service to progress the investigation. Within mental health services the level 3 investigation for joint protocol and paid staff allegations of abuse have decreased due to the police thresholds for joint protocol investigation and the level of referral for institutional abuse referrals remains low, therefore the majority of referrals currently referred and dealt with by the mental health Adult Safeguarding team will remain at its current level.

## **SECTION 5: LASP Partner Updates**

### **Belfast and Lisburn Women's Aid**

- All the staff team are given Adult Safeguarding training which is Core. (every three years) Last training session 2018.
- Four staff 1. Board member, Two Senior managers, Outreach worker have completed Adult Safeguarding training Champion/Appointed persons.
- We have one Adult Safeguarding Champion Liz Brogan and three appointed persons.
- All staff and volunteers are aware and can identify the above.
- We have created a template for collating all adult safeguarding queries, discussions, referral activity.
- Each of our three refuges use the pro forma to record ASG activity.
- All information is sent to the ASC.
- All information gathered is used in the yearly ASG report.
- Adult Safeguarding is regularly on staff meeting agenda's; Senior Management team meetings, Board meetings, individual team meetings, and full staff meetings.
- We have an Adult Safeguarding policy which outlines procedures for dealing with Adult Safeguarding referrals etc.
- ASC attends all LASP meetings throughout the year.
- Our key worker in the Older Women's Project has had the following additional training/awareness raising sessions –

Dementia Awareness – Advice NI – Integrated services for Older people–Action on elder abuse conference.

### **Cedar Foundation**

Our Quality Improvement Plan included:

- Assurance that all staff and volunteers have the appropriate Level of 1,2,3 Safeguarding Training–Achieved 100%
- Continue to use ISO accreditation as the framework for ensuring systems and processes to monitor and evaluate our Safeguarding Practices; we updated our Policy to reference the European Convention on Human Rights, and to include our Complaints Procedure
- We reviewed incidents monthly and reported quarterly to the Executive Board
- We completed the Adult Safeguarding Champion Position Report for 18/19
- We participated in LASP and ARC Networks to ensure the currency of knowledge regarding best practice approaches to Adult Safeguarding

**Lisburn & Castlereagh City Council**

Please record your organisations/service activity under the Prevention, Protection, Partnership headings for the year 2017-18. This will be included in the LASP report. If you also know or plan to complete activity in the forthcoming year please also record in the 2019/20 section.

Activity	2018-19	2019-20
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Reviewed all 14 SG Procedures</li> <li>• Produced New Procedure - 'Dealing with a Person in Crisis / at risk of suicide'</li> <li>• 4 In house LCCC Keeping safe trainers attended an up skilling/bridging course with Volunteer Now to add adults at risk training to Child protection training to ensure staff only have to be released once for training.</li> <li>• SG champions (SP and BT) Attended Appointed persons training and mental capacity training</li> <li>• SG Champions attend SG Champion network meeting re Position report</li> <li>• Completed the 18/19 Position report</li> <li>• Attended Elder Abuse Conference in February</li> <li>• SG Champions have both attended Mental Health First Aid training</li> </ul>	<p>To review and update LCCC Safeguarding Policy - New CEO</p> <p>Revise the e learning management system for Safeguarding and roll out to all staff.</p> <p>Members of in-house working group to attend Appointed person training.</p> <p>SG champions to attend any relevant training</p>

	<ul style="list-style-type: none"> <li>February 2019 – Arranged a meeting with GRO (births, deaths and marriage registration) to discuss the sharing of personal information to ensure a referral can be made to the relevant statutory bodies if abuse is suspected. This was following concerns about a GRO Memo that was sent to Council staff.</li> <li>Have now achieved Platinum membership of ONUS – workplace domestic Abuse. Have carried out a number of awareness raising session in community for businesses and churches</li> </ul>	
<b>Activity</b>	<b>2018–19</b>	<b>2019–20</b>
<b>Partnership</b>	<ul style="list-style-type: none"> <li>Attend SET and Belfast Trust LASPS meetings</li> <li>Elder Abuse day 15 June 2018 – Bow street mall – partnership with PCSP, SET LASP, Banks and Trading standards on scam awareness</li> <li>SG champion on working group for action plan – ‘accessing safeguarding services’</li> </ul>	Work in partnership for Elder abuse day 2019 - loneliness theme

	<ul style="list-style-type: none"><li>• SG champions are active members of NI Safeguarding Network</li><li>• PCSP now members of our internal working group</li></ul>	
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## Volunteer Now

### Core KAS Sessions

Throughout 2018-19 Volunteer Now has continued to work in partnership with the Health and Social Care Board and Belfast LASP to deliver free 'Keeping Adults Safe' training to participants from voluntary, community, independent and faith sector organisations in the Belfast Trust area.

The following courses were delivered:

- 3 full day KAS M2 'Keeping Adults Safe: Training for Staff and Volunteers'
- 2 full day KAS M3 'Keeping Adults Safe: Recruitment, Selection and Management'

There were **79** participants in total and the average participant evaluation score was **4.6** (on a scale of 1 to 5, where 5 is excellent).

### Additional Activities

Volunteer Now has been actively involved with the Belfast LASP throughout the year, attending LASP meetings and events.

Volunteer Now Enterprises Ltd also continues to promote the 'Keeping Adults Safe: Adult Safeguarding Champion & Appointed Person' training through the LASP.

### Core KAS Sessions – Break down

A full break down of the **core KAS sessions** in the Belfast LASP area is included below:

#### **19<sup>th</sup> October 2018, Module 2: Keeping Adults Safe: Training for Staff and Volunteers**

**Belfast (Volunteer Now)**

**16** participants

**Average Score: 4.6**

**Participant Comments:** Enjoyed the group discussions, hearing people's different opinions on situations. / Invaluable to keep everyone up to date with expectations. / Nice relaxed refresher to safeguarding / lots of respect and space to discuss issues, plenty of clarity and guidance / Useful for my organisation.

#### **8<sup>th</sup> November 2018, Module 3: Keeping Adults Safe: Recruitment, Selection and Management**

**Belfast (Volunteer Now)**

11 participants  
**Average Score:** 4.6

**Participant Comments:** Invaluable information, well organised and presented / Will go back and look at our policy / Excellent update / Found Access NI info particularly useful / Content of the training was very relevant.

**17<sup>th</sup> January 2019, Module 2: Keeping Adults Safe: Training for staff and volunteers**

**Belfast (Knockbracken Health Care Park)**

14 participants  
**Average Score:** 4.9

**Participant Comments:** Very interesting training and in depth, really useful and has improved my knowledge greatly. / The training was very thorough – I enjoyed the discussions with the entire group to get different opinions. /

**11<sup>th</sup> February 2019, Module 3: Keeping Adults Safe: Recruitment, Selection and Management**

**Belfast (Knockbracken Health Care Park)**

21 participants  
**Average Score:** 4.4

**Participant Comments:** Good level of interaction. [Trainer] made you feel very comfortable]. / Well put together course. Good interaction with the group. / Interactive group discussions, useful and informative. / Enjoyable interactive training which raised awareness and evoked thought. / Very well presented. / Trainer was knowledgeable. Room was cold in the morning, warmed up in the afternoon. / Excellent training – enjoyed all the interaction and group exercises. / Lots of food for thought for my organisation as we consider expanding the range of services that we provide. / The resource pack was great. Really enjoyed the case studies and discussions. / Good use of resources. / Good opportunity to revise and recap on existing knowledge and to network with others.

**19<sup>th</sup> March 2019, Module 2: Keeping Adults Safe: Training for staff and volunteers**

**Belfast (Knockbracken Health Care Park)**

17 participants  
**Average Score:** 4.7

**Participant Comments:** Room was cold. / Great lunch facilities, / Easy to understand, and use in my workplace. / Enjoyed the training – very informative and related to my work place. / A high standard of training, very informative and felt very comfortable and able to ask questions. / Trainer very good. / Well laid out training with experienced facilitator. / Very well delivered. / Room was freezing, everyone uncomfortable.



## Core KAS Sessions – Analysis

### Participant Feedback

The average participant evaluation score for the Belfast M2 sessions was **4.7**, and for the M3 session was **4.5** (on a scale of 1 to 5, where 5 is excellent). As demonstrated by the participant evaluation comments included above, feedback has continued to be excellent with respect to the trainers, course content, delivery and interactive nature of the sessions.

### Booking and Attendance Numbers

The 3 KAS M2 sessions were attended by 47 participants and the 2 KAS M3 sessions by 32 participants, giving a total of **79 participants across the 5 sessions**. This averages at 15 participants per session (the maximum is 25 per session).

A significant issue across all KAS sessions is 'drop out' of participants who have signed up for sessions and then failed to attend or made late cancellations. This can be difficult to manage due to the courses being free to book and has continued in 2018-19 despite our formal booking/confirmation process via our website and reminder emails being routinely sent to participants prior to delivery dates.

**SECTION 6: Belfast LASP work plan 2019/20**

There will be a strong emphasis on taking forward areas of adult safeguarding work within the Belfast Trust in response to regional and local learning.

There will be a review of adult safeguarding structures and local procedures to ensure that adult safeguarding is fully embedded across all areas within the Trust.

In addition, the Belfast LASP will work to deliver on the NIASP annual objectives for 2019/20 and will consult with Belfast LASP members regarding a local LASP work plan for 2019/20.

## APPENDIX D

### DATA RETURN 10 – Children’s Community Services Directorate

**Please Note: Information for this section will inform the Corporate Parenting Report (CC3/02)**

<b>10 Children (NI) Order 1995</b>
<b>Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177</b>

<b>10.1 CHILDREN IN NEED</b>																				
<b>10.1.1</b>	How many Children in Need are there in your area as at 31st March? (exclude children on the caseloads of statutory mental health services)	<b>4088</b>																		
	<p>Article 17 of the Children (Northern Ireland) Order 1995 (the Children Order) identifies a child as being in need if:                      “she/he “is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority; her/his health or development is likely to be impaired, or further impaired, without the provision for her/him of such services; or she/he is disabled”.</p> <p>Article 18 of the Children Order places a general duty on the Trust to:                      “(a) safeguard and promote the welfare of children within its area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of personal social services appropriate to those children’s needs”.</p> <p>The Trust’s children in need figure relates to those children who, as at 31 March 2019, were open to a social worker within the Trust’s Family and Child Care and Children with Disabilities Services.</p> <p>Please see below children in need data trend-table for the period March/September 2015- March 2019.</p> <p><b>Belfast Trust Children in Need</b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Children in Need</th> <th style="text-align: center;">2015</th> <th style="text-align: center;">2016</th> <th style="text-align: center;">2017</th> <th style="text-align: center;">2018</th> <th style="text-align: center;">2019</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><b>As at: 31 March</b></td> <td style="text-align: center;"><b>5739</b></td> <td style="text-align: center;"><b>5153</b></td> <td style="text-align: center;"><b>4262</b></td> <td style="text-align: center;"><b>4331</b></td> <td style="text-align: center;"><b>4088</b></td> </tr> <tr> <td style="text-align: left;"><b>As at: 30 Sept</b></td> <td style="text-align: center;"><b>4939</b></td> <td style="text-align: center;"><b>4778</b></td> <td style="text-align: center;"><b>4272</b></td> <td style="text-align: center;"><b>4179</b></td> <td></td> </tr> </tbody> </table>		Children in Need	2015	2016	2017	2018	2019	<b>As at: 31 March</b>	<b>5739</b>	<b>5153</b>	<b>4262</b>	<b>4331</b>	<b>4088</b>	<b>As at: 30 Sept</b>	<b>4939</b>	<b>4778</b>	<b>4272</b>	<b>4179</b>	
Children in Need	2015	2016	2017	2018	2019															
<b>As at: 31 March</b>	<b>5739</b>	<b>5153</b>	<b>4262</b>	<b>4331</b>	<b>4088</b>															
<b>As at: 30 Sept</b>	<b>4939</b>	<b>4778</b>	<b>4272</b>	<b>4179</b>																

10.1.2	Ethnic Origin of Children in Need	See Excel																					
10.1.3	Religion of Children in Need	See Excel																					
10.1.4	<p>(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st September - 31st March?</p> <p>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st September - 31st March</p> <p>(c) Of those children referred how many have been known to Social Services in the past referred 6 months, 6 months to 12 months, &gt;1 year from date of referral this period (ie previously known and case closed)</p> <p><b>Note: this is NOT for collection. This has been passed to BSO to be automated.</b></p>	See Excel - 3619																					
10.1.5	How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 31st March)	See Excel - 80 F&CC 166 CwD																					
10.1.6	How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March? Guidance – grand total will match the total row at 10.1.1	See Excel																					
	<table border="1"> <thead> <tr> <th>Children with Disabilities</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td>End of March</td> <td>667</td> <td>667</td> <td>677</td> <td>671</td> <td>975</td> <td>958</td> </tr> <tr> <td>End of September</td> <td>689</td> <td>701</td> <td>819</td> <td>659</td> <td>884</td> <td></td> </tr> </tbody> </table> <p><b>The Trust has included all Children in Need across both Family and Child Care and Children with Disabilities Services respectively in this return. The Trust has previously highlighted the need for a review of the current definition of Disability to facilitate the collation of consistent data across all childrens social care service settings.</b></p>	Children with Disabilities	2014	2015	2016	2017	2018	2019	End of March	667	667	677	671	975	958	End of September	689	701	819	659	884		
Children with Disabilities	2014	2015	2016	2017	2018	2019																	
End of March	667	667	677	671	975	958																	
End of September	689	701	819	659	884																		
10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.	See Excel																					
10.1.8	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 31st March	Board Return																					
	<i>Trend analysis and commentary (Refers to ALL i.e. tiers 2-4 children awaiting CAMHS regardless of the pathway to the waiting list)</i>																						
10.1.9	What preventative action is being taken by the Trust to ensure that children in need are not involved in offending behaviour (offending behaviour is defined as: formally cautioned or convicted).																						

The Trust's Family Support Strategy provides the framework within which services are delivered to children in need and their families, including those who are at risk of becoming involved in offending behaviours. Central to the Strategy is the Trust's ongoing commitment to early intervention, partnership and engagement with its local communities, voluntary sector groups and other statutory agencies to provide a continuum of services to meet the needs of vulnerable children and their families within evidence-informed, outcomes-centred service delivery approaches.

The Trust has contracted with a number of community-based providers to deliver direct services to children who are at risk of engagement in interface conflict and supports to their parents to obviate same.

The Trust is a full partner on the Belfast Police and Community Safety Partnership and has representation on the Citywide four local Partnership Groups.

The Trust's Director for Children's Community Services chairs the Belfast Outcomes Group, which is driving forward a Belfast-wide Early Intervention Service (EIS). The EIS is seeking to improve outcomes for vulnerable children and their families through the provision of a range of tailored local, accessible, inclusive, enabling and evidence-informed services to support families and children facing emotional, social, behavioural and psychological difficulties. This initiative is predicated on an integrated, multi-sectoral approach to supporting families at different points and to building relationships and partnerships with families and their local support networks.

The template for the EIS incorporates a commitment to multi-sectoral partnership working within a shared vision delivered through an outcomes-based performance management and assurance framework. In this context, the development and operationalising of Family Support Hubs which signpost families with specific needs to appropriate services is of central importance.

Ten Family Support Hubs have now been established and provide full coverage in the Belfast Area.

Evaluation of the impact of the Hubs to date has been positive, particularly in relation to the benefits of connectivity and partnership working across the various sectors and organisations. From a Trust perspective, the Trust Family Support Stakeholders Group (CAMHS, Health Visiting, Gateway staff) report that the Hubs have strengthened their relationships and engagement with local voluntary and community groups.

The BHSCT residential care staff along with police from Musgrave Police station have continued to consolidate their collaborative approach to reducing Children Missing from Care incidents by 46% in the past twelve months.

The Trust's PACS Project delivers intensive family support packages to families with the aim of supporting parents and young people to manage difficulties and challenges in their relationships and to maintain the young person at home.

	PACS provides a rapid response and intensive supports to enable young people and families to manage the immediate crises and to develop coping skills to prevent further crises occurring.	
<b>10.1.10</b>	<p>How many of the Children in Need are Young Carers</p> <p>There were 63 young carer payments made during the reporting period.</p> <p>In relation to referrals to Action for Children Young Carers Service, 19 children and young people were referred during the reporting period and 83 children and young people were supported by the service.</p>	
<b>10.1.11</b>	<p>How many young people aged 16 and 17 years presented to the Trust as homeless / or were referred by NIHE to Trust as homeless during the period and their outcome</p> <p><b>This information will be sourced by HSCB. Trusts are not required to complete.</b></p>	<b>Board Return</b>
<b>10.1.12</b>	<p>(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end?</p> <p>(b) How many of these children have a disability?</p>	<b>See Excel</b>
	<p>The Trust's Sponsored Daycare Service (SDC) commissions day care as opposed to playgroup placements.</p> <p>SDC is a core Trust Family Support service targeted at Tier 2 and Tier 3 children and families with significant and complex needs. It affords bespoke supports to a cohort of children in respect of whom there are significant concerns.</p> <p>Following the identification of a suitable placement, an SDC placement review process addresses placement objectives, indicators and review arrangements in the context of overall case management objectives.</p> <p>A focus on engaging and working with parents are of core importance in securing placement and overall case management objectives and outcomes.</p> <p>Sponsored Day Care works closely with local social economy providers, as a large percentage of the day care facilities in the areas of highest need in the Trust have evolved from this background. These settings are often local hubs for the delivery of a broader range of family support services, including benefit advice, counselling projects, health promotion and other family support initiatives.</p> <p>The Trust's Contracts Department works closely with scheme co-ordinators to assure value for money and compliance with corporate governance requirements.</p>	

	Sponsored Day Care	2014	2015	2016	2017	2018	2019	
	As at: 31 March	520	421	448	295	440	407	
	As at: 30 Sept	346	460	454	543	517		
	<p>The activity level for the March 2019 return represents a lower figure than that in the previous return, September 2018. By way of explanation, the September figure has historically been higher than the March SDC return. This is due to increased levels of placement activity over the summer period, with requests for summer placements and summer-schemes to meet the needs of children and families.</p> <p>The figures reflect both placement allocations as well as placement closures. As a result, summer activity is usually higher as places close at the end of the summer.</p> <p>The overall figure also represents children who remain in placement from the previous return period as well as new placements and closures.</p>							
10.1.13	Trust usage of Family Centre Places for interventions							See Excel
10.1.14	This is intentionally blank							
10.1.15	Please provide the number of children (if any) subject to a Supervision / Interim Supervision Order at period end (moved from Child Protection section)							See Excel
10.1.16	During the period, please provide the number of children (if any) that became subject of a Supervision / Interim Supervision Order (moved from Child Protection section)							See Excel

10.2 Children (NI) Order 1995	
<p><b>Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177</b></p>	

CHILD PROTECTION							
10.2.1	How many children are on the Child Protection Register as at 31st March?						334
		0	1-4	5-11	12-15	16+	Grand Total
	MALE	27	49	70	21	3	170
	FEMALE	22	55	61	24	2	164
	<b>Grand Total</b>	<b>49</b>	<b>104</b>	<b>131</b>	<b>45</b>	<b>5</b>	<b>334</b>

	<p>The Safeguarding Board for Northern Ireland (SBNI) revised and took forward arrangements for the operationalising of the Regional Child Protection Policy and Procedures in January 2018.</p> <p>The Procedures provide a conceptual definition of child abuse embracing four domains across four domains:</p> <ul style="list-style-type: none"> <li>➤ <b>Physical abuse:</b> the deliberate physical injuring of a child or the wilful failure to prevent physical injury or suffering.</li> <li>➤ <b>Emotional abuse:</b> persistent emotional ill-treatment of a child such as to cause severe and enduring adverse effects on the child's emotional development.</li> <li>➤ <b>Sexual abuse:</b> forcing or enticing a child to take part in sexual activities, which may or may not involve physical contacts.</li> <li>➤ <b>Neglect:</b> persistent failure to meet a child's physical, emotional and/or psychological needs resulting in significant harm to the child.</li> </ul> <p>In its role as a corporate parent, the Trust has a range of statutory duties to protect children from abuse under Part VI of the Children Order, including a duty to investigate concerns about the possible abuse of a child and the initiation of statutory proceedings to secure a child's welfare when necessary.</p> <p>The following are central to safe, qualitative and effective child protection services.</p> <ul style="list-style-type: none"> <li>➤ An organisational culture, which profiles child protection as a core priority across all service delivery sectors.</li> <li>➤ A learning and improvement organisational focus which prioritises and supports workforce knowledge and skills development.</li> <li>➤ Strong multi-disciplinary and multi-agency working.</li> <li>➤ Effective communication within and across those services and systems delivering supports to children at risk and their families.</li> <li>➤ A focus on the "voice" of the child and the paramouncy of their best interests in assessment and planning processes.</li> <li>➤ A commitment to working in partnership with a child's parents.</li> <li>➤ Robust uni and multi-disciplinary assessment, identification of risks, effective risk management and review processes.</li> <li>➤ Listening to the voice of a child and recognising the paramouncy of their welfare in all interventions.</li> <li>➤ A child-centred, outcomes-focused/evidence-informed practice approach.</li> <li>➤ An ongoing engagement with the wider public, seeking to promote their understanding of child protection issues and secure their active engagement in keeping children safe.</li> </ul>	
10.2.2	How many of these children have a learning disability?	8
10.2.3	How many of these children have a physical disability?	2
	The Trust has previously indicated its view that further guidance in the operationalising of the current rights-based definition of disability is required to inform consistent collation of data returns	
10.2.4	Religion of children on the Child Protection Register	



Row Labels	0		1-4		5-11		12-15		16+		Grand Total
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
CHURCH OF ENGLAND	0	0	0	0	1	1	0	0	0	0	2
CHURCH OF IRELAND	3	0	1	0	1	1	0	0	0	0	6
METHODIST	1	0	0	0	0	0	0	0	0	0	1
MUSLIM	0	1	0	1	2	1	0	0	0	0	4
NO RELIGION	0	2	0	1	1	0	0	0	0	0	4
NOT COMPLETED	0	1	5	5	12	4	2	3	1	1	33
OTHER	1	1	3	2	0	1	0	0	0	1	9
OTHER CHRISTIAN	1	0	3	6	12	10	5	3	0	1	41
PRESBYTERIAN	3	4	6	7	8	9	3	4	0	0	44
ROMAN CATHOLIC	4	4	18	17	18	18	7	5	1	0	92
UNKNOWN	9	6	11	15	14	16	4	8	1	0	84
(blank)	5	3	2	1	1	0	0	1	0	0	13
<b>Grand Total</b>	<b>27</b>	<b>22</b>	<b>49</b>	<b>55</b>	<b>70</b>	<b>61</b>	<b>21</b>	<b>24</b>	<b>3</b>	<b>2</b>	<b>334</b>

Count of PARIS ID  
Value: 0  
Row: METHODIST  
Column: 16+ - FEMALE

**10.2.5** Ethnic origin of children on the Child Protection Register  
(Note new categories now used in quarterly child protection template)

Row Labels	0		1-4		5-11		12-15		16+		Grand Total
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
ANY OTHER ETHNIC GROUP	1	1	0	0	2	2	0	2	0	0	8
BLACK AFRICAN	0	0	0	2	3	1	0	1	0	0	7
BLACK OTHER	0	0	0	1	2	2	0	0	0	0	5
INDIAN	0	0	0	0	0	0	0	0	0	1	1
IRISH TRAVELLER	0	0	0	2	0	5	0	0	0	0	7
MIXED ETHNIC GROUP	0	0	2	3	1	1	1	0	0	0	8
NOT COMPLETED	0	0	0	0	0	1	1	0	0	0	2
NOT STATED	1	0	6	3	4	7	0	3	0	0	24
WHITE	15	16	39	43	57	42	19	18	3	1	253
(blank)	10	5	2	1	1	0	0	0	0	0	19
<b>Grand Total</b>	<b>27</b>	<b>22</b>	<b>49</b>	<b>55</b>	<b>70</b>	<b>61</b>	<b>21</b>	<b>24</b>	<b>3</b>	<b>2</b>	<b>334</b>

**10.2.6** How many registrations have there been during the period? **126**

**10.2.7** How many de-registrations have there been during the period? **124**

NB: The Service is currently engaged in the process of consolidating our PARIS Implementation. This has proved a hugely challenging task and has inevitably given rise to challenges / difficulties in synergising information flows.

This remains a key priority for the Directorate as we seek to move to a whole service, digital recording and data collection system.

**10.2.8** What percentage of registrations are re-registrations? **13.49%**

**10.2.9** How many re-registrations were there within 6 months?  
NB include an explanation for each incidence.

Young person, who had previously been on the Child Protection Register, subsequently admitted to care and de-registered, re-registered following their return home in September 2018. Young person re-admitted to care in October 2018 following a significant deterioration in home circumstances. Subsequently became the subject of an Interim Care Order and further re-registration in October 2018. De-registered in February 2019.

<b>10.2.10</b>	For children on the register, how long have they spent on the Register (as at 10.2.1)?																																																									
<table border="1" data-bbox="220 297 1326 797"> <thead> <tr> <th></th> <th>Under 1 Year</th> <th>1 - 4</th> <th>5 - 11</th> <th>12 - 15</th> <th>16+</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Less than 3 Months</td> <td>10</td> <td>11</td> <td>17</td> <td>5</td> <td>0</td> <td>43</td> </tr> <tr> <td>3 Months &lt; 6 Months</td> <td>16</td> <td>17</td> <td>28</td> <td>10</td> <td>2</td> <td>73</td> </tr> <tr> <td>6 Months &lt; 1 Year</td> <td>23</td> <td>16</td> <td>27</td> <td>9</td> <td>2</td> <td>77</td> </tr> <tr> <td>1 Year &lt; 2 Years</td> <td>0</td> <td>47</td> <td>43</td> <td>15</td> <td>1</td> <td>106</td> </tr> <tr> <td>2 Years &lt; 3 Years</td> <td>0</td> <td>8</td> <td>13</td> <td>4</td> <td>0</td> <td>25</td> </tr> <tr> <td>3 Years or More</td> <td>0</td> <td>5</td> <td>3</td> <td>2</td> <td>0</td> <td>10</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>49</b></td> <td><b>104</b></td> <td><b>131</b></td> <td><b>45</b></td> <td><b>5</b></td> <td><b>334</b></td> </tr> </tbody> </table>				Under 1 Year	1 - 4	5 - 11	12 - 15	16+	TOTAL	Less than 3 Months	10	11	17	5	0	43	3 Months < 6 Months	16	17	28	10	2	73	6 Months < 1 Year	23	16	27	9	2	77	1 Year < 2 Years	0	47	43	15	1	106	2 Years < 3 Years	0	8	13	4	0	25	3 Years or More	0	5	3	2	0	10	<b>TOTAL</b>	<b>49</b>	<b>104</b>	<b>131</b>	<b>45</b>	<b>5</b>	<b>334</b>
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<b>10.2.11</b>	How much time is spent on Child Protection Gateway, Family Intervention Service, Looked After Children	Not Required																																																								
<b>10.2.12</b>	Commentary on Trends of Child Protection Register																																																									
	<p>As at the end of the current reporting period, there has been a decrease of approximately 8% in the number of children on the Trust's Child Protection Register relative to the figure as at 30 September 2018.</p> <table border="1" data-bbox="392 1149 1243 1339"> <thead> <tr> <th>Children on CP Register</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td><b>As at: March</b></td> <td><b>362</b></td> <td><b>382</b></td> <td><b>382</b></td> <td><b>351</b></td> <td><b>317</b></td> <td><b>334</b></td> </tr> <tr> <td><b>As at: September</b></td> <td><b>373</b></td> <td><b>373</b></td> <td><b>349</b></td> <td><b>331</b></td> <td><b>342</b></td> <td></td> </tr> </tbody> </table>		Children on CP Register	2014	2015	2016	2017	2018	2019	<b>As at: March</b>	<b>362</b>	<b>382</b>	<b>382</b>	<b>351</b>	<b>317</b>	<b>334</b>	<b>As at: September</b>	<b>373</b>	<b>373</b>	<b>349</b>	<b>331</b>	<b>342</b>																																				
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<b>10.2.13</b>	Commentary on length of time children spend on register, particularly >1 year																																																									
	<p>As part of assurance arrangements, the responsible Senior Manager samples and reviews reports on minutes of Case Conferences to ensure appropriate risk assessment, risk management and child protection planning – incorporating the appropriateness of on-going registration. This involves a focus on the risk assessment review and child protection planning for those children on the Register for more than 12 months.</p>																																																									
<b>10.2.14</b>	Commentary on what measures are being taken to tackle overdue case Conferences and the length of time children spend on the register																																																									
	<p>A range of factors contribute to overdue case conferences including difficulties in securing the attendance of key professional staff; difficulties associated with finding a suitable date to accommodate parents/young person/advocate/representative to attend; and unexpected issues resulting in the cancellation of a scheduled conference. (Please see 10.2.13 above re measures to monitor length of time on the CP Register).</p>																																																									

<b>10.3 Children (NI) Order 1995</b>
<b>Looked After Children</b>

<b>10.3.1</b>	<p>Provide the current legal status for all Looked After Children at 31st March (excluding any who are LAC on that day only by virtue of a short break arrangement)</p>	<b>824</b>																					
	<p>Article 21 of the Children Order provides for the Trust's accommodation of any child in need who appears to require such a service and, in respect of whom, the provision of accommodation is consistent with her/his welfare as a result of: a voluntary agreement between a child's parent(s) and the Trust; a voluntary agreement between a child (if over 16) and the Trust; or as a result of the child being lost or abandoned without anyone to exercise parental responsibility in respect of her/him. The Trust does not assume parental responsibility for a child accommodated under Article 21 of the Children Order.</p> <p>Article 50 of the Children Order specifies that, on application by the Trust, the Court may make a Care Order/Interim Care Order to the Trust in respect of a child if it is satisfied that: the child concerned is suffering or likely to suffer significant harm; the harm or likelihood of harm is attributable to the care previously afforded to the child or likely to be given to her/him if the Order was not made; and not that which it would be reasonable to expect a parent to give to her/him.</p> <p>(A Care Order/Interim Care Order may not be made in respect of a young person who has reached the age of 17 years, 16 with regard to a young person who is married).</p> <p>On the granting of a Care Order/Interim Care Order, the Trust assumes shared parental responsibility for the individual child.</p> <p>In exercising its role as a corporate parent to a child who is looked after, the Trust is required to provide that child with the supports which any good parent would give to their child.</p> <p><b>Looked After Population March 2014 – March 2019</b></p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Looked After Children</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">As at: 31 March</td> <td>721</td> <td>742</td> <td>739</td> <td>743</td> <td>766</td> <td>824</td> </tr> <tr> <td style="text-align: left;">As at: 30 Sept</td> <td>714</td> <td>740</td> <td>763</td> <td>757</td> <td>795</td> <td></td> </tr> </tbody> </table>	Looked After Children	2014	2015	2016	2017	2018	2019	As at: 31 March	721	742	739	743	766	824	As at: 30 Sept	714	740	763	757	795		
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<b>10.3.2</b>	Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)	<b>See Excel</b>																					
<b>10.3.3</b>	Number of Looked After Children (as at 10.3.1) by type of placement at 31st March	<b>See Excel</b>																					

	<p>The following is a synopsis of the placement profile of the Trust's looked after children population:</p> <p>As at the end of the reporting period, the majority of the Trust's looked after population were in fostering placements (both stranger and kinship arrangements) <b>637 / 77%</b>.</p> <p>Of the total fostering figure, <b>356 / 56%</b> were placed with stranger (non-relative) foster carers including independent carers. The remaining <b>281 / 44%</b> were with kinship carers.</p> <p><b>A total of 58</b> young people, <b>7%</b> of the looked after population were placed in residential care placements.</p> <p>A total of <b>116</b> children and young people (<b>14%</b>) were placed at home with parents.</p> <p>The remaining <b>2%</b> were in a range of other placement settings.</p> <p><b>Please note the Trust did not include in its Looked After population those children placed for Adoption with adoptive parents.</b></p>	
<b>10.3.4</b>	Age bands and length of time looked after for all Looked After Children at period end	<b>See Excel</b>
<b>10.3.5</b>	Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement	<b>See Excel</b>
<b>10.3.6</b>	Number of children accommodated for 3 months or more in a hospital	<b>11</b>
<b>10.3.7</b>	Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital	<b>See Excel</b>
<b>10.3.8</b>	<p>(a) What facilities – statutory, voluntary and private are available to care for these Looked After Children i.e. how many places in residential homes, foster care placements</p> <p>(b) Provide your number of foster carers (should agree with 10.5.1) Provide the number of approved places offered (should agree with 10.5.2)</p>	<p><b>See Excel</b></p> <p><b>531</b> <b>557</b></p>
<b>10.3.9</b>	<p>How many Looked After Children have had placement moves throughout the period?</p> <p>Trust must provide separate narrative / detailed explanation of every child who has 'moved more than 4 times or more' during the period. = <b>4 Children</b></p> <p><b>Child 1:</b></p>	<b>See Excel</b>

	<p>Young Person with significant emotional difficulties and challenging behaviours. Currently subject of an Interim Care Order. During the reporting period, has had a total of 12 moves across a series of short term placements, including 1 return home. Currently placed in residential care since mid-March.</p> <p><b>Child 2:</b> Young Person currently subject of an ICO, has had a total of 5 placement moves during reporting period. Significant difficulties in securing appropriate placement option in light of young person being subject to a police investigation and challenges associated with a requirement that he will not be placed in a setting with children under 16 years of age. No alternative kinship options available.</p> <p><b>Child 3:</b> Young Person subject of a Care Order has had a series of 7 placement moves during the reporting period. Young person present significant challenging behaviours and emotional difficulties. A potential long-term placement was identified. Young person remained in this placement for approximately 2.5 months. Placement ended following a series of absconding episodes and allegations against carer. Majority of short-term placement followed on from the breakdown of this arrangement and difficulties in securing longer term fostering placement option.</p> <p><b>Child 4:</b> A baby with ongoing medical issues. Currently subject to ICO. Has had a series of 4 placement moves during the reporting period related to difficulties in securing a foster placement able to meet the specific and significant challenges associated with this child's complex needs.</p>	
<p><b>10.3.10</b></p>	<p>(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March</p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time</p> <p>(c) Please provide narrative to contextualize data and provide additional relevant data</p> <p>It is important to note that all new cases are seen within 6 weeks of receipt of referral. This initial meeting is regarded as an intervention in that we aim to support the system to think about the child/ren and their emotional needs. If it is deemed at that point that the child/ren require direct therapy then they will be placed on an internal therapy waiting list. At the moment the waiting list is approx. 58 weeks.</p> <p>Three main reasons for this waiting time</p>	<p><b>6</b></p> <p><b>See Excel</b></p>

	<ol style="list-style-type: none"> <li>1. We have a vacancy for a psychologist</li> <li>2. Our discharge rate is very low – cases are usually open for a number of years, so all staff have full caseloads</li> <li>3. We have yet to discharge a significant number of 18 + year olds due to a lack of appropriate services available to those leaving care</li> </ol> <p>Despite the child/ren waiting to be seen, the system around the child, e.g., the social worker, school, foster carer will be supported by regular reviews and training if required.</p>	
<b>10.3.11</b>	How many Looked After Children are also on Child Protection Register at 31st March	<b>See Excel – 38</b>
<b>10.3.12</b>	How many Looked After Children are Disabled by major category at period end?	<b>See Excel - 187</b>
<b>10.3.13</b>	How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?	<b>See Excel – 160</b>
<b>10.3.14</b>	<p>(a) Has each Looked After Child an allocated and named social worker at period end?</p> <p>(b) Please state the number of Looked After Children who were without an allocated and named social worker during the period and give explanations.</p> <p>Due to ongoing staff vacancies, a LAC team leader on long term sick leave and then retiring and two staff on long term sick leave in one of the LAC teams a number of measures were put in place:</p> <ul style="list-style-type: none"> <li>➤ Prioritisation of cases proceeding through Court or recently through Court.</li> <li>➤ Monthly workforce meetings have been held throughout the year to review vacancies increasing to weekly meetings for LAC managers during March 2019.</li> <li>➤ Two recruitment campaigns for new staff were held in August and March. Staff appointed to vacancies after the August campaign unfortunately did not take up post as expected.</li> <li>➤ Overtime payments to staff willing to undertake additional cases.</li> </ul> <p>Of the remaining 39 without an allocated social worker these were allocated to the PSW and the following supports put in place on a temporary basis:</p> <ul style="list-style-type: none"> <li>➤ Kinship fostering support staff assisting with statutory visits to young people in kinship placements.</li> </ul>	<p><b>No</b></p> <p><b>39</b></p>

	<ul style="list-style-type: none"> <li>➤ Residential staff assisting with statutory visits to LAC within the residential homes.</li> <li>➤ Remaining statutory visits were prioritized through the duty system.</li> </ul>	
<p><b>10.3.15</b></p>	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period?</p> <p>(b) Please state the number of Looked After Children who did not receive a statutory visit at least once a month during the period by their allocated and named social worker and give explanations.</p> <p><b>Children with Disabilities – 2</b></p> <p>Child 1-Social Worker had to cancel visit due to an emergency with another service user. Due to the child's scheduled activities with his direct payment carers, it was not possible for the Social Worker to see him for a further week.</p> <p>Child 2- could not be seen in his hospital setting due to concerns regarding his mental health. Social Worker visited the hospital, spoke to staff, and consulted with his mother. However, in October, December and January nursing and medical staff advised SW that direct contact with the young person was not appropriate due to his significant mental health issues. The young person in question has a serious mental health condition.</p> <p><b>Family Support Service – 8</b></p> <p>Child 1 – SW off sick. Visit not undertaken due to workforce issues.          Child 2 – misunderstanding between LAC and FS SWs during transfer process resulted in visit not being completed.          Child 3 – SW off sick. When covering SW tried to complete and carer was not available to facilitate visit.          Child 4- SW off sick. Visit not undertaken due to workforce issues.          Child 5 – SW off sick. Visit not undertaken due to workforce issues.          Child 6 – visit arranged at short notice due to SW leave- Family unable to facilitate this visit within timescale          Child 7 – visit delayed due to allocated social worker going on maternity leave and child being away on holiday at end of December 2018. Visit was outside of timescale while case was being transferred to a new social worker.          Child 8 – visit not undertaken due to allocated social worker going on sick leave</p> <p><b>Looked After Children Service – 57</b></p>	<p><b>No</b></p>

	<p>LAC 1 – 5: 4 LAC due to crisis on caseload and 1 LAC where SW completed multiple visits to placement address and was unable to meet with young person.</p> <p>LAC 3 – 22 as named SW had left post and no cover able to be provided to cover all visits.</p> <p>LAC 6 – 30 did not receive a statutory visit from their Named SW as 2 SWs in the team went off unexpectedly within a two-day period and remain off sick. However, these visits were covered by other SWs on the Team.</p> <p>The following measures have been put in place by the Directorate to address the workforce issues:</p> <p><b>Pro-active recruiting campaign:</b></p> <p>A pro-active recruitment campaign supported by Trust’s HR Service has been ongoing since July 2018. Focussing on:</p> <ul style="list-style-type: none"> <li>➤ engagement with universities/Belfast Met to promote career opportunities in the Trust building on positive experiences of Trust’s student placement cohorts.</li> <li>➤ Participation in Job Fairs.</li> <li>➤ Focus on workforce data to identify emerging issues and particular situational challenges to facilitate development of contingency and longer-term planning</li> </ul> <p><b>Emphasis on retention:</b></p> <ul style="list-style-type: none"> <li>➤ Workforce engagement events to recognise and celebrate achievements of workforce.</li> <li>➤ Strong focus on staff wellbeing, participation and engagement through structured listening and engagement events.</li> <li>➤ Ongoing investment in career development and accreditation opportunities.</li> <li>➤ Introduction of support for new Team Leaders through additional monthly workshops.</li> <li>➤ Introduction of Therapeutic Family Support Service.</li> </ul> <p>Pro-active engagement with staff side across spectrum of workforce themes to maximise opportunities for a partnership approach in challenging service delivery context.</p> <p>Monthly workforce meetings have taken place since April 2018 chaired by the Co-Director for Family and Child Care.</p> <p>Escalation of workforce recruitment and retention issues to Corporate Risk Register. Staffing levels have been placed on the Corporate Risk register.</p>	
<p><b>10.3.16</b></p>	<p>Was the case of each Looked After Child reviewed in line with</p>	<p><b>No</b></p>



	Statutory requirements?	
<b>10.3.17</b>	No. of Looked After Children Reviews held during the period	<b>825</b>
<b>10.3.18</b>	<p>No. of these Looked After Children Reviews which during the period were outside of statutory timescales and why</p> <p>A total of 118 children's Looked After Children Reviews did not take place within the prescribed timescales.</p> <p>The reasons included the following:</p> <ul style="list-style-type: none"> <li>➤ Social worker not available due to sick leave</li> <li>➤ Staffing vacancies at social work and team leader level</li> <li>➤ High turnover of social workers in some teams</li> <li>➤ Reviews having to be rescheduled due to urgent service delivery priorities</li> <li>➤ Delays in case transfers</li> <li>➤ One Young person just had a baby. Rescheduled to allow young person to recover.</li> <li>➤ Foster carer/social worker on holiday</li> <li>➤ Unavailability of an interpreter</li> <li>➤ Awaiting expert reports</li> </ul> <p>(Please see commentary at 10.3.15)</p>	<b>118</b>
<b>10.3.19</b>	<p>For children accommodated by the Trust under Article 21 of the Children Order, what arrangements has the Trust in place to ensure that it has the appropriate degree of parental responsibility to care for these children?</p> <p>The needs of children accommodated by the Trust under Article 21 are assessed prior to admission to care and are reviewed on an ongoing basis within the Looked After Children's Review Framework.</p> <p>The Framework affords a structure for the review of all aspects of a child's welfare and planning for their future care. The Trust gives full consideration in consultation with the child, her/his parents and the multi-disciplinary network as to whether an accommodated arrangement effectively promotes a child's best interests.</p>	
<b>10.3.20</b>	<p>Is there an adequate supply of placements for children to enable placement choice?</p> <p>There are ongoing substantial pressures in sustaining and refreshing placement options for children in light of the rise in number of young people currently Looked After. This reflects the position both regionally and nationally. The Trust seeks to optimise its current placement capacity to secure the best interests and welfare of the individual Looked After Child.</p>	

	<ul style="list-style-type: none"> <li>➤ The ages, specific needs (sibling, disability needs) and duration (fulltime, long term, respite) of potential placements are regularly reviewed and incorporated into subsequent recruitment plans in order that the needs of children referred are appropriately met.</li> <li>➤ The Fostering Service has a dedicated kinship team to enable children to remain within extended family if assessed to be in a child's best interests.</li> <li>➤ A specialist Adolescent Fostering Scheme that provides placements for young people aged 12-18 years.</li> <li>➤ All registered foster carers are approved for various age ranges, including sibling groups, and for both short term and long term duration dependent on children's assessed needs and also on the ability of the carers to offer various types of foster care</li> <li>➤ The fostering service in partnership with children's disability service has developed a disability project which assesses applicants who can meet the very specific needs of children with disabilities. The project now provides placements for four children with complex needs on the edge of care.</li> <li>➤ At the point of referral, attempts are made to match children to carers taking into account carers skills and capacity, child's views, geographical considerations, birth family contact, cultural and identity needs and education.</li> <li>➤ In the event of an emergency placement being required, placement choice can be limited and dependent on carer availability at that given time. However no such placements would be made without the agreement of the child's social worker and will be reviewed immediately in terms of attempting to identify a more suitable alternative placement, if required.</li> <li>➤ As above, in relation to emergency referrals, fostering do try and identify "emergency carers" who are available to provide these type of placements for a minimum of 6 weeks to allow more appropriate matching of placements to occur for any child placed in an emergency however this is dependent on the volume of emergency referrals received into fostering as the amount of emergency carers available is limited</li> <li>➤ The PACS service also allows "time out" for young people aged 12-18 years living in the community who are experiencing "crisis" with a PACs foster carer and the frequency and timescale for time out is again based on the needs of the young person and their families</li> </ul>	
<p><b>10.3.21</b></p>	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?  <b>(Narrative)</b></p> <p>There have been four exemptions during this reporting period. 15.04.18-10.9.18, this was to facilitate a short term bridging placement to a 14 year old who required a foster placement on an emergency basis</p>	

	<p>17.09.18-4.1.19 this was to accommodate an emergency placement of a 15 year old male and was time limited</p> <p>1.2.19- current : This exemption remains on-going and allowed a young sibling group of two females to be placed together in the same foster placement. Potential kinship options are being explored for this sibling group and it is anticipated therefore this placement will only be required for a time limited period.</p> <p>All of the above exemptions have been presented and endorsed at the Belfast Trust fostering Panel.</p>	
<p><b>10.3.22</b></p>	<p>What is the formal scheme of delegation that specifies who can agree such an exemption?</p> <p>This is done via the completion of a report under Regulation 11 of the Foster Placement (Children) Regulations (NI) 1996.</p> <p>The Supervising Social Worker will complete a report outlining this request. This will incorporate the carers views and views of any field social worker using the placement. This will be quality assured by the SSW and PSW. Arrangements will be made for this to be heard at the next available fostering panel.</p> <p>If the foster carers live outside the Trust area, then consultation will occur with the Principal Social Worker in The Trust area where the foster carers reside. If agreed the Exemption report will be sent to the identified Trust for consideration at their next available fostering panel.</p> <p>Panels will usually set time limits for Exemptions to be reviewed.</p>	
<p><b>10.3.23</b></p>	<p>How many children are deemed to be in an inappropriate placement given their assessed needs? <b>(Narrative)</b></p> <ul style="list-style-type: none"> <li>➤ There remains a consistent and regular review of those children whose care plans indicate that they should be identified for long term foster placements but are currently in short term placements. These children are highlighted and prioritised via the Long-Term Referral List which is reviewed on a weekly basis via placement review meetings that includes the PSWs and SSWs within the Fostering Service. This is also reviewed daily by duty officers with a view to matching any potential placement availability to the wide-ranging, individual needs of the children requiring long term placements. Children who require long term placements can also be profiled at the annual Til I grow up event to identify and match children with long term approved foster carers.</li> </ul>	

- These review processes promote the securing of permanence arrangements. Five of the children on the Long Term Referral List are currently deemed to be in inappropriate placements, given their assessment needs. This includes a sibling group who are currently in three different short term placements and also another sibling group of two who are also in a short term placement together but require a long term joint sibling placement. All five of these children will be profiled at the Til I Grow up event in May 2019.
- There continues to be an increasing growth in the past six months of children and young people entering the care system displaying more challenging and risk taking / sexual harmful behaviours, in particular, are those children who are entering the care system at a later age and have experienced significant adverse childhood experiences. Although placements are secured for these particular group of young people, it is resulting in multiple moves for the child/young person as foster carers are unable to manage these specific needs, particularly those of high level risk/aggression. Consequently, given the risks of multiple moves for these children, they require access to therapeutic / specialist placement arrangements.
- In regard to the above there have been eight looked after children in who have experienced multiple foster moves across their Looked After histories. One child (9 years old) was in a kinship placement with siblings, which broke down due to difficulties associated with the management of numerous allegations made by the child along with the child demonstrating highly aggressive behaviours. Subsequently, the child was placed with a non-kinship foster carer, however due to personal circumstances, the carer could not maintain this placement and he had to move to a private fostering agency placement. This private fostering agency placement also subsequently broke down due to an increasing number of allegations made by the child against his foster carers and levels of aggression had spiked for this child during a specific significant incident which resulted in the child having to leave the foster placement and be placed in residential care on a temporary basis. The child was then placed in a mainstream residential children's home, with a statement of purpose amended for his age group where the child remains. The child is making significant progress in all areas of the child's development with no allegations made to date. The child's care plan remains long term fostering. The Fostering Team have engaged in various recruitment options to specifically find a suitable foster family for the

	<p>child. This child is also being profiled at the annual Til I Grow up event in May along with a specific recruitment campaign across the Organisation.</p> <ul style="list-style-type: none"><li>➤ One (8 years old) admitted into foster care on an emergency basis following making an allegation of physical abuse to a visiting adult who was in the family home. The child was placed within a private fostering agency placement, however this broke down very quickly due to significant behavior management issues including dysregulated behaviours which were volatile, unpredictable and highly aggressive. The child was moved to an alternative private fostering agency placement which also broke down after the first night. Another private fostering agency placement had to be identified for the child and this also broke down within a day. The child was subsequently then moved to a specialist, bespoke children's residential home. This was to prevent further trauma in multiple moves within fostering and it was assessed that this child was not able to engage or invest in a foster placement at this time. The child is making good progress within the home, however further therapeutic work is required for the child regarding the child's excessive control and behavior management issue so that the child can learn to appropriately relate and attach to adults and peers, and the child's emotional presentation would suggest that the child requires intensive strategies to assist the child to the point the child may be able to engage and invest in a foster placement.</li><li>➤ A child (aged 11) was admitted to foster care on an emergency basis and had previously been in the care of the child's uncle via residence Order. This child had made allegations of a physical nature against the uncle and remained in foster care for a short period of time. This child's mother at this stage, had re-engaged and the child subsequently returned to the care of the mother. This lasted very briefly with the child making allegations of a physical nature against the mother, and was re-admitted into foster care again on an emergency basis just before Christmas. It was following this second emergency admission to care that patterns began to emerge of the child exhibiting behaviours that foster carers were finding difficulty in managing. Behaviours included making allegations against her foster carers, stealing, assaulting a carer and being verbally abusive to carers. The child was also displaying destructive behaviours with carers own belongings and was beginning to self-harm. All of these behaviours were indicative of feelings of rejection. The child consistently absconded from placements and returned to family who in turn indicated they could not care for the child and the</li></ul>	
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	<p>mother advised she was no longer in a position to consider caring for the child again as she had two younger children of her own and felt that the child was beyond parental control and she had to prioritise the care of her other two children. This child experienced a significant number of placement moves in a short period of time and was admitted into residential care in March 2019 with statement of purpose amended to accommodate this until the child reached 12 years old in April 2019.</p> <ul style="list-style-type: none"> <li>➤ Another child (13 years old) was admitted into foster care, again on an emergency basis following an allegation of a sexual nature by the child's sibling whilst both were at home in the care of their father. Given the nature of the allegation and the on-going investigation, this child was placed with a respite carer who had no other Looked after Children or children of their own. This child remained there until an AIM assessment could be completed to inform matching requirements for the child. This child then moved to another placement with no other children however the foster carers could only provide a bridging placement. A longer term placement is still trying to be identified for this child to allow police investigation to conclude and to allow the Trust to review any potential risks in either a return home to his father or a care plan of fostering</li> <li>➤ A placement group of 3 siblings (oversees nationals aged 7, 8 and 10) were referred for foster placements from Gateway and were placed together initially in a foster placement within a private agency. This placement only lasted a few hours with the foster carers feeling unable to manage the three children together. English is not the first language of the children and, whilst this was not a barrier to the children being placed with the support of interpreting services, the carers described the children as unmanageable. Due to the emergency need to identify alternative foster placements internally, the children were separated and placed with different carers and also with one support worker who was working closely with the family on an assessed kinship arrangement but they could not maintain placements other than on a short term basis. The two younger children moved to foster carers in another private agency and have settled very well. The oldest sibling experienced more multiple moves due to a series of placement breakdowns, and had to move to different bridging placements until a suitable match was identified for him and he has settled very well in his current full time placement</li> <li>➤ Another child (aged 12) has experienced multiple foster placement moves due to a breakdown in the child's long</li> </ul>	
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	<p>term placement within a private agency. The child moved to an internal foster placement but subsequently made allegations against the male carer and absconded on numerous occasions to the mother's home. The child found it very difficult to settle in any further placements identified given his strong desire to be in the child's mother's care. The child is currently in a respite placement which is not suitable as a longer term placement and Fostering Services continue to identify a more suitable and longer term placement.</p>	
<b>10.3.24</b>	Please provide the number of restraints carried out by staff on young people within <b>each</b> Home during the period	<b>See Excel</b>
<b>10.3.25</b>	<p>Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review ?</p> <p>Yes</p>	
<b>10.3.26</b>	<p>Permanency Planning for Looked After Children at period end</p> <p>Permanence provides children with a foundation from which to develop their identity, values and relationships, not only throughout childhood but on into their adult lives. It is generally better for most children/young people to find continuity and stability within their birth families. There are, however, circumstances where it is in a child/young person's best interests to remain looked after either in the longer term or permanently. In such circumstances the child's views (dependent on age) will be central to determining and securing the most appropriate option, including adoption, to achieve permanency. Trust practice in this significant and complex area of work is informed by the Regional Policy on Permanence.</p>	<b>See Excel</b>
<b>10.3.27</b>	<p>Can foster carers get access to support 24 hours a day throughout the period?</p> <ul style="list-style-type: none"> <li>➤ Approved kinship and non-kinship foster carers have a dedicated named supervisory social worker from the Fostering Service and named field social worker staff.</li> <li>➤ Foster carers can get access to social work staff during office hours 9am-5pm.</li> <li>➤ The Regional Emergency Social Work Service is available to carers after the above hours. All kinship and non-kinship carers are issued with the contact details and are aware of this service.</li> </ul>	
<b>10.3.28</b>	<p>What action is being taken to monitor and reduce the number of placement moves experienced by Looked After Children?</p> <ul style="list-style-type: none"> <li>➤ Weekly placement review meetings within fostering to ensure appropriate placements are made to meet the individual needs of the Looked after Child, matched with the skill base of foster carers to avoid minimum disruption/placement moves when</li> </ul>	

	<p>Looked After children are being matched for placements. These review meetings also take cognizance of Looked after Children placed within private agencies and this is reviewed to ensure there is no “drift” in care planning of children placed out with the Trust.</p> <ul style="list-style-type: none"> <li>➤ Quarterly review meetings are also held with private agencies to ensure the needs of children placed with these agencies continue to be met and identify any potential difficulties/disruptions in a timely fashion with these agencies to ensure contingency planning is implemented to avoid any unnecessary additional placement moves.</li> <li>➤ Regular review of recruitment campaigns to ensure that carers recruited meet the needs of children referred i.e. requirement for full time carers, sibling groups, children with learning or disability needs .and carers who can provide permanent care.</li> <li>➤ Ensuring effective use of current and projected resources, ensuring information on carers is accurate, regularly updated.</li> <li>➤ Identification of early signs of potential disruption and timely access to therapeutic and support services.</li> <li>➤ Ensuring foster carers are fostering within their agreed registration to avoid overload and potential disruption.</li> <li>➤ Timely referral of children to permanence panel. This enables regular monitoring of care plans, exploration of potential permanence options for children, thus reducing multiple moves.</li> <li>➤ Timely referral of children and young people to resource panel and earlier exploration of options for young people at the edge of care, greater use of family group conferencing, and use of appropriate supports/early interventions in the community.</li> <li>➤ Increased numbers of dual approved/concurrent carers. This can ensure identified young children can achieve permanency at an earlier stage and avoid drift in care. This process also increases the number of foster carers increasing placement choice, potential matching and thus reducing placement moves.</li> <li>➤ Quarterly review meetings with Adoption to ensure children requiring adoptive placements that are currently within short term foster placements are identified and approximate timescales given to ensure projected availability planning for fostering and placements required.</li> <li>➤ Evaluation of Til I Grow Up project – the next Til I Grow is scheduled for May 2019.</li> <li>➤ Regular monitoring &amp; review of Looked after Children referred for long term placements, ensuring timely delivery of permanence plans.</li> <li>➤ Identification of an ECR fostering link person to ensure those children/young people who are placed within a specialist unit continue to be monitored and reviewed by fostering to ensure at point of discharge, robust planning and matching has been considered for mainstream fostering as a placement option</li> <li>➤ Appropriate gatekeeping of referrals made to Fostering and ensuring PACS service is involved if appropriate, with families and young people in the community.</li> </ul>	
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<p><b>10.3.29</b></p>	<p>(a) How many Looked After Children are involved in offending behaviour (are formally cautioned or convicted)</p> <p>and</p> <p>(b) How many Looked After Children are suspected to use drugs and/or alcohol?</p>	<p><b>See Excel</b></p>
<p><b>10.3.30</b></p>	<p>What is being done in partnership with other agencies to reduce the volume of Looked After Children involved in offending behavior?</p> <p>The Trust has consolidated practice informing the operationalising of the Regional Guidance in relation to Police Involvement in Residential Units and the Missing Children Protocol. Local Operational Liaison Groups provide important opportunities to develop inter agency relationships and to co-ordinate intervention approaches at organisational and individual levels. The residential care staff along with the police from Musgrave Street Police Station have continued to consolidate their collaborative approach to reducing Children missing from care.</p> <p>The Trust has developed Service Area procedures to inform the reporting of Untoward Events incorporating a particular focus on learning and related actions to reduce the incidence of young people who are looked after being detained or committed to a Juvenile Justice facility.</p>	
<p><b>10.3.31</b></p>	<p>What action is being taken to address the health needs of Looked After Children?</p> <p>With regard to Looked After Children's health needs, children in all placement settings are registered with a General Practitioner and have access to the range of primary care provision as required.</p> <p>A child's physical, emotional and mental health needs are addressed within the LAC Review process. Initial assessments and ongoing review and planning arrangements incorporate a comprehensive focus on physical, emotional and mental health wellbeing</p> <p>A dedicated health professional (LAC Nurse) provides a service to the Trust's children's homes as part of the overall wrap-around supports for Looked After Children.</p> <p>The LAC Nurse's remit includes health assessment of new admissions, preventative health promotion and training and consultation for staff on the management of specific health issues.</p> <p>The HYPE Project works closely with the young people who are in residential care with regard to safe relationships and sexual health.</p>	
<p><b>10.3.32</b></p>	<p>What progress are children making at school and what are their examination results – School Year Ended 30<sup>th</sup> June 2018 (this will</p>	<p><b>LAC</b> <b>31.03.19</b></p>

	be collected in September Data Return only) (HSCB will source this directly from DoH)	
<b>10.3.33</b>	Looked After Children, School Attendance – School Year Ended 30 <sup>th</sup> June 2018 (HSCB will source this directly from DoH)	<b>LAC 31.03.19</b>
<b>10.3.34</b>	<p>(a) Number of children notified to the police as having gone missing from residential or foster care for 24 hours or more? (This data will be sourced directly from the Untoward Event Report)</p> <p>(b) How many Looked After Children have been reported to the Police for reasons other than having gone missing for 24 hours or more during the period? (This table should be completed for each Residential Facility, it is not required for Foster Carers)</p> <p>(c) What is being done to address the problem of children going missing</p> <ul style="list-style-type: none"> <li>➤ On a monthly basis, Co-Director for Corporate Parenting has monthly meetings with PSNI Superintendent responsible for missing persons across the region. Over the last 12 months, there has been a further significant decrease in the number of episodes of children in the number of such episodes, decreasing by 46 %.</li> <li>➤ There are monthly operational liaison groups, which are chaired by social services and involve PSNI and senior social workers, which collate intelligence of those young people who habitually go missing and may have other associated risk taking behaviours such as CSE and poly-substance misuse.</li> <li>➤ On a monthly basis, the Head of Service for Residential along with the CSE Lead meet with the PSNI Superintendent responsible for children who go missing to review those young people who are at risk and formulate joint strategies to ameliorate the reduction of missing episodes. Those young people whom habitually present as at high risk when missing will be brought before the Trust's Secure Accommodation Panel and admission to Lakewood may be recommended.</li> <li>➤ On a three-monthly basis senior management from social services, all Residential Team Leaders and PSNI meet to review those young people who habitually go missing from care in order to optimise all preventative and safeguarding strategies that can be implemented.</li> <li>➤ The Belfast Trust's residential service, in collaboration with the PSNI and IFA, have developed the 'Dare to Win' initiative, which is a twelve week programme, that aims to redirect young</li> </ul>	<p><b>Board Return</b></p> <p><b>See Excel</b></p>

	<p>people from risk taking behaviours, teach young people sport and coaching skills, and in the long term provide work opportunities to young people.</p> <p>➤ The Belfast Trust are involved in a regional initiative in relation to developing multi-agency strategies, to address the problem of LAC young people who go Missing from Care. There has been Service User Engagement sessions to ascertain LAC young people's views on Missing from Care and actions taken by the services involved.</p>	
<b>10.3.35</b>	Number of children accommodated by ELB for 3 months or more by category	<b>0</b>
<b>10.3.36</b>	<p>(a) Number of sibling groups accommodated:</p> <ul style="list-style-type: none"> <li>• Together = 103</li> <li>• Not accommodated together = 113</li> </ul> <p>Reasons for separation:</p> <p>The following are recurring issues in relation to kinship placement availability/sustainability:</p> <ul style="list-style-type: none"> <li>➤ The availability of kinship placements.</li> <li>➤ The complexity of individual children's needs.</li> <li>➤ The individualised nature of care plans, particularly in those circumstances in which a sibling group may have a number of different fathers. Often there are half siblings who are not directly related to one of the kinship carers, and there are situations where allegations have been made between siblings and therefore deemed not appropriate to place together.</li> <li>➤ The particular challenges associated with large family groups.</li> <li>➤ The assessed capacities of individual kinship carers to manage the demands of the role.</li> <li>➤ Availability of appropriate accommodation</li> </ul> <p>(b) How many sibling groups became Looked After during the period? If placed apart provide an explanation for each occurrence.</p> <p>Team Return - There were 19 sibling groups who became looked after during the period due to the various reasons as outlined in 10.3.36 (a)</p>	
<b>10.3.37</b>	Number of young people admitted to Secure Accommodation and the reasons for admission during the period ( <b>data now sourced directly from Lakewood</b> )	<b>LAC 31.03.19</b>
<b>10.3.38</b>	Please provide report into the operation of the Trusts Restriction of Liberty Panel ( <b>to be completed for March only return</b> )	
<b>10.3.39</b>	(a) During the period how many children or young people became a Looked After Child by age, gender and first placement	<b>See Excel</b>

	<p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p> <p>(c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date</p> <p>(d) Number of Children and Young People who became Looked After during the period had a CLA1 form completed and forwarded to School?</p> <p>(e) Can you assure the Commissioner that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (eg a fostering breakdown where the RESWS moves the child to a children's home)</p> <p>The Trust has endeavoured to ensure that no child who has moved placement during the reporting period has been mis-recorded as a new admission to care.</p>	
<b>10.3.40</b>	<p>(a) During the period how many children or young people became a Looked After Child by age, gender and legal status on admission;</p> <p>(b) (i) Were these admissions planned, unplanned or emergency;  (ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?  (iii) Of those unplanned or emergency admissions how many were admitted by RESWS?</p>	<b>See Excel</b>
<b>10.3.41</b>	During the period how many children or young people ceased to be Looked After by age, gender and length of time looked after at discharge	<b>See Excel</b>
<b>10.3.42</b>	<p>(a) Of all the children and young people reported at 10.3.41 what was their destination at discharge by age and gender</p> <p>(b) Of those 16+ year olds who ceased to be Looked After during the period what was their entitlement to Leaving Care Services by age and gender</p>	<b>See Excel</b>
<b>10.3.43</b>	This is intentionally blank.	
<b>10.3.44</b>	<p>(a) Please provide the total number of children that became subject of a Residence Order during the period.</p> <p>For (a) above please give the number of children that were formerly placed with Stranger (Foster Carers), Kinship (Foster Carers), Residential Care or other placement.</p> <p>(c) How many Residence Orders are in place at period end?</p>	<b>See Excel</b>

<b>10.3.45</b>	Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age	<b>See Excel</b>
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**Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4**

**10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002**

**Article 34E, Article 34F**

*The Trust has a range of statutory responsibilities under the Children (Leaving Care) Act (NI) 2002 in relation to the following groups of young people:*

- *An **eligible** young person is one, aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who is still looked after.*
- *A **relevant** young person is one aged 16 and 17 who was eligible and who has left care.*
- *A former **relevant** young person is one aged 18-21 who has been either eligible or relevant or both.*
- *A **qualifying young person** is one aged under 21 who ceases to be looked after or accommodated in a variety of settings or privately fostered after the age of 16 and includes those who do not fall into any of the three above categories and who is aged under 21 (under 24 if in education or training).*

***A Pathway Plan** is a document drawn up by Trust staff and an individual young person which sets out the manner in which the Trust proposes to meet the needs of the young person. The Plan must address a range of areas detailed in the Schedule to the Leaving Care legislation. These include areas such as personal support, accommodation, education and training, employment, financial support and family and social relationships.*

***A Personal Adviser** fulfils a bespoke role as specified in the legislation and accompanying Guidance. The Personal Adviser is an advocate on behalf of the young person and acts as a mentor to her/him, offering support and advice in the manner of a “good parent”.*

*The Trust is required to:*

- *Assess and meet the care and support needs of all eligible, relevant and former relevant young people.*
- *Keep in touch with all its care leavers who qualify under the legislation.*
- *Develop a Pathway Plan in consultation with the young person.*
- *Ensure that all eligible, relevant and former relevant young people have a Personal Adviser.*
- *Maintain and accommodate all relevant young people.*
- *Assist a care leaver in full-time, further or higher education with vacation accommodation where required.*
- *Assist a former relevant young person with costs associated with employment as her/his welfare requires.*
- *Assist with the costs of education and training up to the end of an agreed programme.*
- *Assist a former relevant young person to the extent that her/his welfare requires either in kind or, exceptionally, in cash.*

<b>10.4.1</b>	Number of young people subject to Leaving Care Act by category, age and gender.	<b>See Excel - Number</b>
<b>10.4.2</b>	Of those eligible young people reported at 10.4.1 give the Children Order Legal Status at period end.  Age reference table will automatically update as spreadsheets completed.	<b>See Excel</b>

<b>10.4.3</b>	This is intentionally blank.	
<b>10.4.4</b>	This is intentionally blank.	
<b>10.4.5</b>	This is intentionally blank.	
<b>10.4.6</b>	Of the young people reported at 10.4.1  (a) What are the social worker and personal adviser arrangements in place for each category of young people? (b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser? (c) How many do not have an up to date Pathway Plan at period end?	<b>See Excel</b>
<b>10.4.7</b>	Of the young people reported at 10.4.1 how many do not have a completed needs assessment and how long have they been waiting at period end?	<b>See Excel</b>
<b>10.4.8</b>	<b>Narrative</b> on failure to comply as detailed in 10.4.5, 10.4.6, 10.4.7 at period end.  With regard to 10.4.6(a) 79 young people do not have a Personal Advisor. This figure is partly due to one vacancy during the reporting period, which has now been filled, plus a long-term PA staff absence. Within the core funded staff level however, even with all in post, there will still be a deficit to be able to meet full statutory responsibilities, as the Trust would require an additional 1.5 PAs to be fully compliant based on current numbers.  With regard to 10.4.6(c), 8 young people do not have an up to date Pathway Plan; and in 10.4.7, 7 young people do not have a completed Needs Assessment. This failure to comply is within one LAC team which has been severely affected during the reporting period by a number of social work staff leaving the team including the Senior Practitioner and the retirement of the Senior Social Worker. The SSW post has now been filled, the SP has just been confirmed and recruitment is underway for the vacant social work posts. The completion of the Needs Assessments and the updating of the Pathway Plans will be a priority to ensure compliance.	
<b>10.4.9</b>	Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for (a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people	<b>See Excel</b>
<b>10.4.10</b>	Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end?' 10.4.10 (a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people.	<b>See Excel</b>
<b>10.4.11</b>	Of the young people reported at 10.4.1 how many were convicted during this reporting period?	<b>See Excel</b>

<b>10.4.12</b>	Of the young people reported at 10.4.1 how many have a disability by major disability – physical, sensory, learning, chronic illness, Autism (see definition) and other, type and gender at period end?’	<b>See Excel</b>
<b>10.4.13</b>	Of the young people reported at 10.4.1 what is their parental status at period end?’	<b>See Excel</b>
<b>10.4.14</b>	‘Of the young people reported at 10.4.1 how many are receiving treatment for mental health issues at period end? Of these, how many were new referrals to mental health services during the period?’	<b>See Excel</b>
<b>10.4.15</b>	Number of Young People who are no longer Looked After but who died during the current reporting period and were in receipt of aftercare services by cause/age.	<b>See Excel</b>



<b>10.5 FOSTERING</b>		
<b>10.5.1</b>	<p>(a) How many foster carers are registered with the Trust at period end?</p> <p style="padding-left: 40px;">How many of the carers above also provide a GEM placement?</p> <p style="padding-left: 40px;">Of the carers above how many are:</p> <p style="padding-left: 40px;">Prospective adopters dually approved as foster carers?</p> <p style="padding-left: 40px;">Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers?</p> <p>(b) Please give the number of other foster carers;</p> <p>(c) Please give a breakdown of the number of foster carers de-registered during the period and the reason;</p> <p style="padding-left: 40px;">8 in Kinship: 4 cases where child became subject to Residence Order, 4 where the young person reached 18 years of age and/or was rehabilitated home with parents.</p> <p style="padding-left: 40px;">No de-registrations in Support and Development or Recruitment and Assessment Team</p> <p style="padding-left: 40px;">4 cases in Adolescent Fostering Partnership Team: Older carers wishing to retire</p> <ul style="list-style-type: none"> <li>- One carer who recently had a baby and no longer wishes to foster as a result</li> <li>- Change of lifestyle and personal decision</li> <li>- De-registered but wished to maintain GEM placement</li> </ul> <p>(d) Please advise of the recruitment process activity during the period;</p> <p>(e) Please give the number of regional enquirers received by the Trust 13</p>	<p><b>453</b></p> <p><b>43</b></p> <p><b>44</b></p> <p><b>8</b></p> <p><b>61</b></p> <p><b>12</b></p> <p><b>68 kinship</b></p>
<b>10.5.2</b>	<p>For the foster carers return at 10.5.1 how many <b>places</b> are they registered for and the number of vacant places at period end. Please also provide the number of fostering households that have no child placed with them at period end.</p>	<b>See Excel</b>

10.5.3	<p>How many foster carers have annual reviews outstanding?</p> <p>9 in Support and Development team 8 in Adolescent Fostering team 8 in Recruitment and Assessment team 20 in kinship team</p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p>	<p>See Excel - 73</p>
10.5.4	<p>Please provide details of the reasons for outstanding reviews (<i>Narrative</i>)</p> <p>The 8 annual reviews outstanding in the Recruitment and Assessment Team is due to long term staff sickness. These outstanding reviews will be completed in May/June 2019.</p> <p>The 9 annual reviews over due in the Support and Development Team is due to allegations being made against the foster carers, staff sick leave and transfer of cases</p> <p>The 20 outstanding annual reviews in the Kinship Team are due to social workers being on long term sick leave, two full time vacancies within the team, maternity leave and also foster carers own health issues.</p> <p>The 8 outstanding reviews within the Adolescent Team are due to staff case transfers and foster carers own health issues.</p> <p>Total number of outstanding annual reviews within the Service is 45.</p>	
10.5.5	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places (<i>Narrative</i>)</p> <p>The Trust has a marketing and recruitment strategy which seeks to maximise opportunities to profile fostering via targeted advertising across regional and local media, dissemination of good news stories about fostering, regular initiatives to profile particular aspects of fostering and an emphasis on the specific needs of individual or groups of children. The strategy seeks to engage the public in a discussion about the challenges, opportunities and rewards of foster care. In addition, we are embracing social media as a means to connect with the public although the scope and effectiveness of this continues to be limited by the Trust's social media policies. Following engagement with the Regional Adoption and Fostering Service and Fostering Services, an audit of HSC fostering recruitment activity across Northern Ireland was undertaken. ASG (Marketing Consultancy) has recommended that going forward recruitment should be a regional activity, via a regional recruitment team. There will be a rebranding of HSC Fostering to include all marketing tools and materials. The Trust alongside the HSCB are jointly chairing a N.I. regional recruitment and retention strategy for Fostering.</p>	

In addition, there has been a recent focus on recruitment amongst Trust employees which has included:

- securing an information stand in the 'marketplace' at Trust monthly inductions;
- regular posting to the HUB, Trust intranet site, highlighting forthcoming recruitment events, recruitment initiatives and foster carer profiling
- refreshing recruitment banners at Trust sites to be seen by staff members
- increased activity on social media channels including the Trust's Facebook and twitter accounts, which many staff follow
- inclusion of foster carer recruitment information in Family and Childcare Directorate magazine
- feature on trust employee and foster carer within the Directorate magazine.

'Til I Grow Up' [TIGU] is scheduled for the fifth time in May 2019, the third time it has been undertaken in partnership with South Eastern Trust Fostering Service. TIGU provides an open information evening to inform and engage with members of the public who have been thinking about fostering and would like to find out more. Over 70 households from across both Trusts attended the 2018 event. As a result of this event, Belfast Trust has carried out 20 follow up requests and continues to evaluate the outcomes of this in terms of conversion rates including from enquiry to approval and application to approval versus alternative recruitment methods.

As an update to the February 2018 TIGU event, 10 households were invited to Skills to Foster. Of these, 5 were counselled out and 1 withdrew, 2 applications were received and 1 was approved. We have one assessment ongoing.

The Trust also continues to encourage respite carers to explore moving from the provision of respite to the full time care of Looked After Children and this is continually reviewed by supervising social workers and their Managers.

The specialised Adolescent Fostering Partnership (AFP) Service which was in partnership with Barnardos is now managed solely by Belfast Trust. This Service provides full time placements to adolescents 12-18 years of age either from the community or residential care and continues to be a very successful initiative. The Trust is currently planning promotional and recruitment material within the next 6 months.

The Parenting and Adolescent Support (PACS) Service consists of 1 specialised PACS foster carer, providing emergency or time limited "time out" for young people living in the community to ensure they can return to live safely with family if it is felt in their best interests. This offers families under crisis and stress an opportunity for time out.

It is also acknowledged that the Fostering Service is currently unable to meet some of the on-going demand for emergency placements required and this continues to impact on the use of private agency foster agencies. As a direct result of this and to ensure that we can make appropriate emergency placements, the service has developed an Out of Hours foster care scheme

with a small pool of foster carers who will be available to provide emergency placements on a rotational basis to ensure consistency of service delivery for emergency placements required.

The Fostering Service continues to promote and encourage the growth of kinship care in accordance with the interim Kinship standards and continues to contribute effectively, based on practice and safe guarding issues, in improving the standards with the HSCB to ensure that kinship care remains a quality safe permanence option for Looked After Children.

The Fostering Service continues to experience workforce pressures and related capacity challenges. It has, however, maintained supervisory social work supports to its foster care population.

The retention of foster carers is vital and remains a priority for the Trust. The provision of regular training events and the delivery of a range of supports and social events for foster carers are central elements of the Trust's retention strategy.

A sample of such activities has included:

- Family Fun Day at Lady Dixon Park, in partnership with VOYPIC which will be held in June 2019
- Annual Christmas Party at the Dundonald Ice Bowl planned
- Annual Christmas Coffee morning at Belfast Castle
- Monthly support groups for all kin, and non kin foster carers with a different focus each month, whether it be an identified training need or a particular issue that carers would like to discuss further as a group
- Annual Fostering Achievement Awards which was held in October 18 with over 100 children along with non kin and kin foster carers in attendance and this occurs on an annual basis in partnership with Fostering Network and this is always a very positive event for carers and Looked After children in celebrating the achievements of children in foster care and giving recognition to the carers
- A newsletter which is issued three times per year to keep all foster carers up to date with what is happening within the service as well as regular updates to the Regional website

<b>10.5 PRIVATE FOSTERING</b> <b>The Children Order (NI) 1995 - Part X</b> <b>NB Advice from DLS is that the 28day period should be continuous.</b>		
<b>10.5.6</b>	What steps has the Trust taken to encourage notifications? <i>(Narrative)</i>  The DHSSPS Circular and covering letter Children Living with Carers in Private Fostering Arrangements, including Children from Overseas – CCPD 1/11 has previously been disseminated across the Trust. It has previously been discussed at the Trust's Safeguarding Committee and Adult services interface meeting.	
<b>10.5.7</b>	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31st March?	<b>0</b>
<b>10.5.8</b>	How many Private Fostering notifications under Article 106 has the Trust received during the period?	<b>0</b>
<b>10.5.9</b>	Please provide DOB and Date notification was received in respect of each child/young person reported at 10.5.8.	
<b>10.5.10</b>	Of the notifications received (10.5.8) how many has the Trust accepted?	<b>0</b>
<b>10.5.11</b>	Of those notifications not accepted please summarise reasons and action taken by the Trust.	<b>0</b>
<b>10.5.12</b>	Number of appeals made during the year under Article 113	<b>0</b>
<b>10.5.13</b>	Are supervisory visits undertaken in accordance with Regulation 3(1)(a) and (b) as a minimum to children privately fostered? Please provide details of any circumstances where the Regulation has not been adhered to.	<b>N/A</b>
<b>Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996</b>		
<b>10.5.14</b>	How many notifications has the Trust received in respect of children being adopted from abroad i.e. Intercountry Adoption within the period.	<b>0</b>
	Please specify the child's DOB and the date the Trust received each notification	

<b>10.6 Adoption (NI) Order 1987 Adoption (Intercountry Aspects) Act (NI) 2001</b>		
<b>Article 3(as amended by HPSS Order 1994), Article 11</b>		
<b>10.6.1</b>	(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach? (b) Please provide the waiting time from initial inquiry to commencement of training	<b>See Excel</b>
<b>10.6.2</b>	Number of domestic applications for assessment received by the Trust by civil status of applicant	<b>See Excel</b>
<b>10.6.3</b>	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting	<b>See Excel</b>
<b>10.6.4</b>	Number of inter-country applications for assessment received by the Trust by civil status of applicant (to be completed by NHSCT on behalf of the region)	<b>See Excel</b>
<b>10.6.5</b>	Number of Prospective Inter-country adopters awaiting assessment at period end (to be completed by NHSCT on behalf of the region)	<b>See Excel</b>
<b>10.6.6</b>	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes	<b>See Excel</b>
<b>10.6.7</b>	Number of looked after children freed for adoption and not yet placed with their prospective adopters as at 31st March; and duration of wait since freeing order as granted.	<b>See Excel</b>
<b>10.6.8</b>	(a) Activity under the Adoption (NI) Order 1987 during the period; Of the number above please give the number who were adopted in a Hague designated country and therefore not through the Courts in NI and have had their Article 23 reports completed in the time period; Please provide the number of Freeing Orders made during the reporting period;  (b) Of those children who were adopted this period please give the length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.  (c) Number of children on the Adoption Register and number on Register of Approved Adopters at period end;	<b>See Excel</b>
<b>10.6.9</b>	Please provide the number of children who, at period end, had received a best interest decision for adoption and had not been placed with approved adopters (either adopters, dual approved carers including concurrent carers) and the duration of that wait.	<b>See Excel</b>
<b>10.6.10</b>	How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?	<b>See Excel</b>
<b>10.6.11</b>	Of the number at 10.6.10 how many commenced during the period and how many households is this?	<b>See Excel</b>
<b>10.6.12</b>	Details of recruitment, assessment, training, support for prospective adopters	

Belfast Health and Social Care Trust Adoption Service continues to respond to enquiries that progress to initial visits and to deliver preparation to adopt training and then on to assessment. Whilst these have dropped in numbers, there continues to be interest in progressing towards adoption with 10 couples booked to attend the preparation to adopt course in April 2019.

The Adoption Service also works closely with our colleagues in the Family Centre to provide bespoke parenting assessments alongside concurrent placements. Adoption Service's staff are responsible for the recruitment, assessment and support of concurrent carers. The number of carers open to considering concurrency as their preferred adoption pathway is increasing and the Trust has in the reporting period made two concurrent placements with an additional 8 couples approved awaiting matching .

There are 9 assessments of prospective adopters currently ongoing. Adoption services has collaborated with Fostering services to create a bank of staff to assist the Adoption Service by undertaking additional adoption/fostering assessments. This has reduced the length of time prospective adopters have to wait to be assessed. This has also enabled Belfast Trust to create a pool of approved prospective adopters who can meet the needs of our adopted children and reduce the need to place children in cross Trust placements. In the reporting period the South Eastern Trust has placed a child with a Belfast Trust couple due to our current pool of approved adopters.

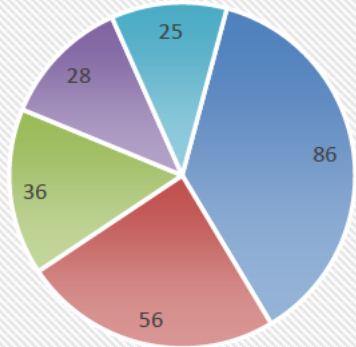
Adoption services have now established an "in house" learning and development programme for prospective adopters who have completed the preparation to adopt course. This takes place bi-monthly and covers the following topics:

- The Importance of Play
- Attachment and Trauma
- Transitions/Preparing for placement
- Medical and developmental conditions of children
- Understanding behaviours
- Telling and Life story work

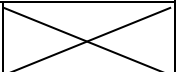
In addition to these, Belfast Trust invites our approved adopters to Trust information sessions such as Concurrency and Til I Grow Up as well as regional courses facilitated by Adoption UK and our Nurturing Attachments programme. The next Til I Grow Up is scheduled for 21<sup>st</sup> May 2019 co-facilitated with the South Eastern Trust.,

In October 2018 the Belfast Trust Adoption Service participated in the first Regional Adoption campaign, "Adoption Changes Lives". This proved to be very successful and all Trusts experienced higher number of enquiries at this time. Information stands were also on display in the three major hospital sites during this week-long campaign.

All of our approved adopters avail of regular support from their social worker and are signposted and referred when necessary to TSS, Trauma Centre, TESSA, Child Care Centre and Adoption UK support groups and training.

	<p>Adoption services in Belfast also facilitate a bi-monthly support group for adoptive mums which is led by the adopters. This has proven to be very successful.</p>												
<p><b>10.6.13</b></p>	<p>Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order</p>												
	<p><b>Summary of current workloads and type of work undertaken</b>                  The current team of 3 social workers are providing a service to <b>231</b> clients. This can be broken down to the following areas of support:</p> <div data-bbox="363 555 1492 1093" style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>POST ADOPTION SUPPORT</b></p>  <table border="1" data-bbox="1082 750 1316 967"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>INDIRECT CONTACT</td> <td>86</td> </tr> <tr> <td>DIRECT CONTACT</td> <td>56</td> </tr> <tr> <td>FAMILY SUPPORT</td> <td>36</td> </tr> <tr> <td>ADULT ADOPTEE</td> <td>28</td> </tr> <tr> <td>BIRTH RELATIVES</td> <td>25</td> </tr> </tbody> </table> </div> <p><b>Indirect contact</b>                  Managed by one social worker and involves administrative task of exchanging letters between adoptive parents /child and birth relatives. It also involves providing support to all parties involved in the process of writing letters.</p> <p><b>Family Support Case</b>                  The support provided varies in kind and is dependent on the needs identified as part of the assessment of need at point of referral. The service provided to-date includes, access to training, support to parents to respond to child/ren's behaviours using a therapeutic model of parenting and on specific parenting tasks relevant to adoption, i.e. sharing information regarding the child's history. Support to extended family on how to support the child/parents. Direct work with children including, life-story work, anger management work, managing anxiety, therapeutic support. The team have also provided support to nursery, primary and secondary schools when the need has arisen for specific children who are struggling in the school environment. Assistance in accessing other services through referrals to TSS, TESSA, Extern, etc.</p> <p>In addition to this there is an established monthly support group for mothers that is run by the adoption team on a monthly basis and is open to all adoptive parents pre and post-Adoption Orders. It is currently well attended with 6 parents regularly attending following adoption orders being granted in respect of their children.</p> <p><b>Training</b>                  The team deliver an 18-week nurturing attachment programme in conjunction with TSS and Fostering. This is delivered to maximum of 9 adoptive families on a yearly basis.</p>	Category	Count	INDIRECT CONTACT	86	DIRECT CONTACT	56	FAMILY SUPPORT	36	ADULT ADOPTEE	28	BIRTH RELATIVES	25
Category	Count												
INDIRECT CONTACT	86												
DIRECT CONTACT	56												
FAMILY SUPPORT	36												
ADULT ADOPTEE	28												
BIRTH RELATIVES	25												



	<p>Two further training events are planned for 2019 - Topics include “How to promote open communicativeness in adoption”, scheduled for July 2019; and “Supporting your child with post adoption contact”, planned for May/June 2019.</p> <p><b>Future areas for development based on identified needs</b></p> <ul style="list-style-type: none"> <li>➤ Earlier intervention, reaching families before they self- refer which is usually when family unit is very fragile. <b>How this may be achieved :</b> Establishing links with adoptive parents/children prior to Adoption Order being granted and then maintaining contact with families post adoption order, through informal keeping in touch days which may take various forms.</li> <li>➤ Maximising resources by making use of the experiences/inputs/ proposals of experienced adoptive parents who are keen to provide support to other families who would benefit from their knowledge and skills in managing the challenges inherent in adoptive parenting. <b>How this may be achieved:</b> Developing a mentoring service for adoptive parents provided by experienced adoptive parents and managed by a social worker from the Post Adoption Team. Meeting will be held with those wishing to be involved in providing this service in May 2019.</li> <li>➤ Expand the therapeutic services available to parents/children within the Post Adoption Team to include (but not exclusively ) play therapy, narrative therapy, DDP, NVR, counselling support to parents. <b>How this will be achieved,</b> financial investment from the Trust in training staff to ensure they have the skills and relevant training to respond to the complex therapeutic support needs of children and adoptive parents. All staff in the post adoption team will be trained in narrative therapy in June 2019.</li> <li>➤ Developing a support service for young people to include, one to one therapeutic support, an activity based group aimed at promoting confidence and self-esteem, peer mentoring service, support group.</li> <li>➤ Regular evaluation of service through obtaining formal feedback from clients on the effectiveness of interventions and providing opportunities for service users to shape and enhance service development.</li> <li>➤ Collating data on post adoption contact statistics that can be analysed to inform recommendations regarding post adoption contact arrangements.</li> </ul> <p>There have been no adoption breakdowns in the reporting period.</p>
<p><b>10.6.14</b></p>	<p>Number of inter-country adoption orders pending at period end</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 30px; margin-left: auto;">  </div>

**10.7 EARLY YEARS**

<p><b>10.7.1</b></p>	<p>Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers</p>	<p><b>See Excel</b></p>
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<b>10.7.2</b>	Registration issues and commentary as at period end (Narrative)  The most significant issue is the anomalies between the Minimum Standards and the accompanying guidance. Providers are anxious with regard to reports going online. However the teams are providing support to those who have expressed any concerns.	
<b>10.7.3</b>	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March	<b>See Excel</b>
<b>10.7.4</b>	Number of outstanding applications for each of the above categories as at 31st March	<b>See Excel</b>
<b>10.7.5</b>	Number of current applications being assessed at period end and duration of assessment	<b>See Excel</b>

<b>10.8 Complaints &amp; Representation</b>			
<b>10.8.1</b>	<p>Does the Trust have an appropriately authorised and experienced children's complaints officer?</p> <p>The Trust has appointed a Designated Complaints Officer to assist in the co-ordination and management of all aspects of complaints and representations in respect of children. In addition, a Children's Services Manager has been appointed to act as Trust Officer for the purpose of overseeing the management of all complaints received about services listed under Part 4 of the Children (NI) Order 1995.</p> <p>Both officers have been appointed in line with Departmental Guidance on HPSS Complaints (April 2000) and Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p>		
<b>10.8.2</b>	<p>Does the Trust have an independent advocacy service for children and their families?</p> <p>Children, parents and carers are encouraged to access a range of independent advocacy provision including: the Northern Ireland Commissioner for Children and Young People; the Commissioner for Complaints; VOYPIC; the Children's Law Centre; and the Patient Client Council in pursuance of any complaint in respect of services provided by the Trust.</p> <p>The Trust has engaged VOYPIC to provide an advocacy service to its residential units. Trust foster carers access the advocacy and representation services of the Fostering Network.</p>		
<b>10.8.3</b>	<p>What arrangements are in place to ensure that all complaints – both formal and informal – from children and their families are recorded and dealt with?</p> <p>All complaints received are dealt with in accordance with the Trust's Complaints Procedure and the Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p> <p>The Trust's Corporate Governance processes provide robust reporting and scrutiny arrangements in relation to individual Directorate's management of complaints and arrangements for the dissemination and sharing of learning emerging from complaints.</p>		
<b>10.8.4</b>	<p>What whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children's services are recorded and dealt with?</p> <p>The Trust's Whistle Blowing Policy provides the framework within which concerns raised by staff are recorded and dealt with. The Policy fully adheres to the requirements specified in the Public Interest Disclosure (NI) Order 1998.</p>		
<b>10.8.5</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">How many <i>Children Order</i> complaints – both formal and informal have been received since the last report?</td> <td style="text-align: center;"><b>Board return</b></td> </tr> </table>	How many <i>Children Order</i> complaints – both formal and informal have been received since the last report?	<b>Board return</b>
How many <i>Children Order</i> complaints – both formal and informal have been received since the last report?	<b>Board return</b>		

<b>10.8.6</b>	How many complaints ( <i>which do not fall within the Children Order definition</i> ) – both formal and informal have been received since the last report?	<b>Board return</b>
<b>10.8.7</b>	How have these been dealt with?	<b>Board return</b>
<b>10.8.8</b>	What was the outcome?	<b>Board return</b>
<b>10.8.9</b>	What percentage of the complaints i.e. Children Order and non Children Order were resolved within the required timescale.	<b>Board return</b>

**Note: Data for sections 10.8.5 – 10.8.9 – will be sourced by Board officers from existing returns.**

**10.9 SEPARATED CHILDREN****THIS INFORMATION IS COLLECTED ON A QUARTERLY BASIS**

<b>10.9.1</b>	<p>Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)</p> <p>Total of 7 presentations.</p> <ul style="list-style-type: none"> <li>➤ 3 children reported to be 17 years</li> <li>➤ 2 children reported to be 15 years</li> <li>➤ 1 child reported to be 16 years</li> <li>➤ 1 child reported to be 8 years</li> </ul>	<b>7</b>
<b>10.9.2</b>	<p>Please provide the source of the referral of each child.</p> <ul style="list-style-type: none"> <li>➤ Border Force</li> <li>➤ Bryson House x 3</li> <li>➤ School</li> <li>➤ Voluntary Agency</li> <li>➤ Health Visitor</li> </ul>	<b>Separated Children 31.03.19</b>
<b>10.9.3</b>	<p>Please provide the country of origin for each child referred during the period.</p> <ul style="list-style-type: none"> <li>➤ Iran x 1</li> <li>➤ Kuwait x 1</li> <li>➤ Eritrea x 2</li> <li>➤ Portugal x 1</li> <li>➤ Somalia x 1</li> <li>➤ Romania x 1</li> </ul>	
<b>10.9.4</b>	This is intentionally blank	
<b>10.9.5</b>	<p>Pathway following completion of UNOCINI: Of those separated children with a UNOCINI completed during this period specify the Pathway/Legal status at period end. Note: Two primary pathways: Looked After and Child Protection</p> <ul style="list-style-type: none"> <li>➤ LAC Pathway &amp; Care Order x 3</li> <li>➤ LAC Pathway x Art.21(1) Accom. &lt; 16 x 1</li> <li>➤ Family Support Pathway &amp; no legal status x 2</li> <li>➤ Closed &amp; no legal status x 1</li> </ul>	<b>Separated Children 31.03.19</b>
<b>10.9.6</b>	<p>Separated children and 'Looked After' Pathways Please provide the total number of 'separated' children who are currently Looked After Children within the Trust Area at period end? (This figure must include all separated children looked after irrespective of their admission date)</p>	<b>11</b>

	<p>(a) Provide legal status for these children</p> <p>6 voluntary accom and 5 Care Orders</p> <p>(b) Provide placement, for 'other' category please specify placement type</p> <p>7 residential care 3 supported living 1 foster care</p> <p>(c) Number where trafficking is suspected / confirmed and a NRM has been submitted</p> <p>2</p> <p>(d) Number who are claiming asylum and subject of immigration process</p> <p>8</p> <p>(e) Provide the total number of children at period end who are receiving after care support in line with entitlements under the Children (Leaving Care) Act 2002</p> <p>11</p>	
<p><b>10.9.7</b></p>	<p>Number of Looked After 'Separated' children who have gone missing from care during the period:</p> <p>(a) Please provide the number of Looked After children who went missing from care during this specific period;</p> <p>1</p> <p>(b) Please provide the total number of Looked After 'Separated' children missing from care at the period end;</p> <p>0</p> <p>(c) Provide a commentary on each of the children identified in (b) above.</p> <p>16 year old, first referred to the Trust in November 2018. Young Person is subject to a Care Order. Was identified as a flight risk at point of placement and a management strategy initiated to seek to obviate same.</p> <p>Young Person left the Unit without permission on a series of occasions through November 2018 to February 2019. Ongoing work to address risks associated with such</p>	<p><b>Separated Children 31.03.19</b></p>

	<p>behaviours and to seek to engage in purposeful planning for young person's education and health and wellbeing, and to address young person's emotional and social and psychological wellbeing.</p> <p>The situation appears to have stabilised in the period since February 2019. Ongoing management and review of flight risks and related care needs.</p>	
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<b>OVERALL SUMMARY OF ISSUES RAISED WITHIN CC3/02</b>	
Staffing – situation as outlined in the reports and strategy implemented in relation to recruitment and retention to manage same. More recently, vacancy and sickness levels have had an impact on our ability to discharge fully our statutory functions in relation to a number of LAC children. Following recent recruitment campaign the Directorate hopes that the majority of vacancies will be filled by summer 2019.	Unallocated Cases – management arrangements are in place to screen and review on an ongoing basis.
Caseload Pressures – complexity of presenting and assessed need alongside increasing levels of demand for services have led to additional workload pressures. Other factors affecting caseloads are - demands of court processes, management of complaints, CMR processes, data access requests, FOIs and Constituency Enquiries.	Placement availability – successes of Fostering, Adoption and Residential in sustaining and managing placement base, however, significant pressures associated with rise in LAC numbers, complexity of needs, children entering the care system, pressures across joint commissioning provision particularly in relation to young people with significant behavioural and emotional needs.
PARIS Implementation – a major transformational project which involves the adoption of digital working fundamental to future organisational structures and service delivery processes, crucial to quality improvement and strategic planning. Major challenge for staff to adopt new ways of working and new business processes, essential that Children’s Social Care is positioned to optimise potential of Encompass roll-out. The Implementation of PARIS in CCS was subject to Internal Audit and the Service received satisfactory level of compliance.	Rise in LAC Numbers – recognition of the impact of the rise in LAC numbers. It is important to develop an understanding of the key factors underpinning this rise at both local, regional and national levels and the implications for workforce and placement resources.
Collective Leadership – progress has been made in developing Directorate Structures, with the re-engineering of Senior Management roles at Tier 3 and Tier 4, the development of a workforce strategy with investment in individual career development opportunities, investment in coaching and mentoring opportunities, a focus on workforce wellbeing, engagement and listening. The Directorate has also invested in an infrastructure to support professional service delivery through the development of Directorate information and ICT expertise, and increasing corporate and professional governance capacity.	Quality Improvement. The Directorate has fully engaged with the Quality Improvement agenda with over 50% of its workforce having completed level 1 training. Staff from across all levels of the Directorate have engaged in the full range of QI training programmes to support the bedding down of a continuously improving ethos and culture.



<p>liP – The Directorate has prioritised the development of a People and Culture plan focusing on areas such as engagement with the workforce, communication and reward and recognition. The Directorate, as part of the wider Trust was assessed for accreditation for liP and has recently been awarded the Silver Award.</p>	
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## APPENDIX E

### RESTRICTION OF LIBERTY PANEL REPORT

#### Introduction

##### **Secure accommodation**

The children (Secure Accommodation) Regulations (Northern Ireland) 1996 provides that a child may have his liberty restricted in a facility that can be physically secured for an aggregate period of 72 hours within any 28 day period without the authority of the court. Thereafter, the Trust must apply to the court for a secure accommodation order under article 44 of the Children (NI) Order 1995. The maximum period for which a court may authorise a child to whom Article 44 applies to be kept in secure accommodation is three months. A court may authorise a young person to whom Article 44 applies to be kept in secure accommodation for a further period not exceeding six months at any one time. A young person under 13 years of age cannot be placed in secure accommodation without the prior approval of the DHSPPS.

Northern Ireland's only secure accommodation centre is a regional facility, based in Bangor, County Down.

Restricting the liberty of children is a serious step which must be taken only as a measure of last resort. Therefore, trusts have a duty to take all reasonable steps to avoid the need for children to be placed in secure accommodation.

A trust may apply to a magistrate's court to admit a young person to secure care, if a child meets one or all of the following criteria:

- a) S/he has a history of absconding and is likely to abscond from any other accommodation; and
- b) If kept in any other description of accommodation s/he is likely to injure himself or other persons.

##### **The Restriction of Liberty Panel**

The gateway to the secure care facility is through a referral to the Trust's restriction of liberty panel which has been established to consider applications to secure accommodation. The panel comprises a group of senior representatives from the trust who have differing areas of responsibility for the looked after population.

The panel must ensure that the criteria have been met in relation to those children who are being considered for secure accommodation. Based on those who are most in need or those who pose a greater risk to themselves and others, this panel must prioritise referrals in respect of all young people who require a secure place.

This report provides an overview of the work of the BHSCT Restriction of Liberty Panel during 2018-2019

## 10.3.38 (b) ANNUAL REPORT INTO ROL PANELS OPERATION

## PLEASE COMPLETE FOR EACH PANEL

10

1. Number of Panels held during the year:
2. Please outline the make-up of each panel and identify who the independent person was in each:

<b>Date of Panel:</b>	
<b>Names of Panel Members</b>	<b>Name of Independent Chair</b>
28 August 2018  Maeve Gillen CSE Co-ordinator Siobhan Rogan PSW Colette McKenna LAC PP Robin Jordan Clinical Psychologist Jacquie Wilson CAMHS Carolyn McEvoy LAC PP	Kerrylee Weatherall CSM
13 September 2018  Maeve Gillen CSE Co-ordinator Siobhan Rogan PSW Colette McKenna LAC PP Mark Conachy Consultant Psychologist Jacquie Wilson CAMHS Carolyn McEvoy LAC PP	Kerrylee Weatherall CSM
21 September 2018  Carol Lamb Court PP Siobhan Rogan PSW Eimear Hanna PSW	Kerrylee Weatherall CSM
25 September 2018 (Review)	Kerrylee Weatherall CSM

Eimear Hanna PSW Siobhan Rogan PSW Robin Jordan Clinical Psychologist Jacquie Wilson CAMHS	
27 November 2018  Eimear Hanna PSW Maeve Gillen CSE Co-ordinator Siobhan Rogan PSW Frances Agnew Clinical Psychologist	Kerrylee Weatherall CSM
7 December 2018  Eimear Hanna PSW Maeve Gillen CSE Co-ordinator	Siobhan Rogan PSW
7 February 2019  Carolyn McEvoy LAC PSW Siobhan Rogan PSW Mark Conachy Consultant Psychologist Colette McKenna LAC PP Maeve Gillen CSE Kevin Brookfield Clinical Psychologist	Kerrylee Weatherall Interim Co-Director
19 February 2019  Siobhan Rogan PSW Mark Conachy Consultant Psychologist Robin Jordan Clinical Psychologist Jacquie Wilson CAMHS Colette McKenna LAC PP	Kerrylee Weatherall Interim Co-Director
22 February 2019 (Review)  Colette McKenna LAC PP Robin Jordan Clinical Psychologist Carolyn McEvoy LAC PSW Jacquie Wilson CAMHS	Siobhan Rogan Interim CSM
11 March 2019	Siobhan Rogan Interim CSM

Eimear Hanna PSW Maeve Gillen CSE Co-ordinator Kevin Brookfield Clinical Psychologist Jacquie Wilson CAMHS	
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3. Please give the number of children considered / age / gender / presenting issues, advise if secure accommodation was considered appropriate and, if so, how quickly the children requiring secure accommodation were placed. Also please indicate if the child attended the panel or expressed a recorded view regarding the application:

SOSCARE REF / Paris ID	AGE	GENDER	ISSUE	SECURE ACCOMMODATION CONSIDERED APPROPRIATE? (Y/N)	IF YES, HOW MANY DAYS TO SECURE PLACEMENT	DID CHILD ATTEND PANEL? (or express a recorded view re application (Y/N))
28.08.18 107446	16	M	Subject to community/paramilitary threat, deterioration in mental health, risk to others re verbal and physical threats and aggression, involvement in criminal activity	Y	1	Young person (YP) did not attend, view recorded
13.09.18 191634	17	F	CSE, MFC, deterioration in mental health, self-harm, substance use	Y	43	YP did not attend, view recorded
13.09.18 179850	16	M	Risk to public regarding Harmful Sexual Behaviour, (HSC) risk of physical and sexual violence, Self-harm. Lack of	Y	7	YP did not attend, view recorded

			parental insight with regard to safeguarding and potential risk their son poses to public, parental non adherence with safety planning			
13.09.18 50343	17	M	Polysubstance use, deterioration in mental health, medical needs and physical deterioration, suicide ideation, criminal behaviour risk to others re possession of drugs and concerns re supplying younger children.	Y	6	YP did not attend, view recorded
21.09.18 388122	14	M	Concerns with regard to HSB, physical health, use of substances/solvents and potential impact on physical health, MFC episodes, risk of self-harm, deterioration in emotional and mental health, fragmented relationship with mother, increased levels of aggression	Y	0	YP did not attend, view recorded

			directed towards mother.			
25.09.18 (Review)  191634	17	F	CSE, MFC, deterioration in mental health, self-harm, substance use	Y	43 (from date of first panel on 13.09.18)	YP did not attend, view recorded
27.11.18  53396	17	M	High level of MFC episodes, including overnight, polysubstance use, deterioration in mental health and suicide ideation, criminal activity, related to vulnerability to peers, involvement in paramilitary activity, risk to others re suspected supplying of drugs, involved in assaults on others.	Y	3	YP did not attend, view recorded.
7.12.18  250183	16	M	Significant polysubstance use, solvent use, deterioration in physical health, involvement in criminal activity in the community, potential exploitation in	Y	5	YP did not attend, view recorded

			relation to criminal activity re drug debt, potential vulnerability to bullying from peers.			
6.02.19 507441	15	F	CSE, MFC episodes, potential risk of domestic violence from relationship with another LAC YP, polysubstance use and alcohol use. Alleged victim of sexual assault from adult male.	N	N/A	YP did not attend, view not recorded.
19.02.19 107314	15	M	Potential paramilitary threat, deterioration in physical and emotional health, poor sleep/eat patterns, increased levels of aggression directed towards staff.	N	N/A	YP did not attend, view recorded.
22.02.19 (Review) 507441	15	F	CSE, MFC episodes, potential risk of domestic violence from relationship with another LAC YP, polysubstance use and alcohol use. Alleged victim of sexual assault from adult male.	Y	7	YP did not attend, view not recorded.
11.03.19 250183	15	M	Deterioration in mental and emotional	Y	2	YP did not attend,



			presentation, polysubstance use, MFC, vulnerability to criminal/sexual exploitation related to substance use, risk of further criminality			view recorded.
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4. Please outline any special arrangements required to manage a child where there was a delay in placement. **Outline the arrangements for each occasion.**

The Trust ROL Panel will make recommendation of a ‘step up’ plan, which focuses on maximising safeguarding options/alternatives to support young people who meet the criteria for a secure placement in those circumstances where there is no bed availability. The HSCB is notified by the Trust when a young person requires a secure placement and there is no availability and this is kept under review within 10 working days.

The ‘step up’ plan is likely to include:

- Multi-agency Risk Strategy Meetings are convened weekly or fortnightly which inform safety and risk management planning. These meetings include the police representative from the MFC team, the CSE co-ordinator where appropriate, CAMHS, TSS and other relevant agencies.
- For young people in residential care, staffing levels have been increased to ensure robust supervision of young people, provide direct work, diversionary activities and time away from the home as a means of cementing the relationships and disrupting the risk taking behaviours.
- Continued offers of support from relevant agencies such as Safe Choices when young people are at risk of sexual exploitation or DAMHS when the young person is misusing substances on a persistent basis. There is a Drug and Alcohol worker within the Parent and Adolescent Community Support Service (PACSS) who

provides direct work with young people and consultations with staff teams, managing the impact of polysubstance use.

- Some of the young people are on strict bail conditions due to offending behaviour and may be taken into custody for periods of time due to breaches of bail conditions or for charges for further offences.
- There would be close liaison with CAMHS, DAMHS and the CAIT team for young people who present with mental health issues which can also be linked to significant substance use.
- Where appropriate, family and previous foster carers have been involved in a comprehensive support package that promotes young person's feelings of stability and provides time away from peer influences that draw young people in to engaging in harmful behaviours. Given the escalation in young peoples' pain-based behaviours can be related to fractured family relationships, there is a focus on repairing these relationships which has the potential to reduce young peoples' feelings of isolation.
- Operational Liaison Group meetings (involving the Trust and Police) review those young people in care and in the community when they present as being at significant risk of CSE and/or going missing.
- Senior Management meetings between the Police and Social Services devise joint strategies to safeguard the young people awaiting admissions in the interim period prior to entry into secure.
- Therapeutic network meetings have been put in place for some young people as a means of helping the young person be participative in keeping themselves safe and engaging with the support being provided by the team and other significant people in young person's life.
- Occupational Therapist, CAMHS, has provided consultations with staff team to inform activities that can improve emotional regulation for young people and design the environment within the children's home that contributes to a calm and stable living space.

5. Please outline if any advocates attended a panel and provide brief details of the advocate's views regarding the application where secure accommodation was considered appropriate for the young person:

Prior to ROL Panel taking place, all young people are informed that they have been referred to and are offered support from VOYPIC Advocacy Service to have their views independently represented within the Panel process. The Trust provides young people referred to ROL Panel with an information leaflet about secure accommodation. Information about VOYPIC Advocacy Service will be offered to the young person so that they can make an informed choice as to whether or not they want to avail of the service prior to their personal information being shared with VOYPIC.

Furthermore, the views of the young people and their parents/carers are documented in the written information provided by the presenting social worker contained within the CLA14 report and in their verbal presentation to the Panel. The social workers, in their ongoing involvement with the young people, ensure that the young people are well informed that their behaviours are presenting such a high level of risk to themselves and/or others and, if they are unable to curb their behaviour sufficiently, that the social worker is left with no other option but to consider them for a placement in secure accommodation for their own safety and protection and to address the issues which have contributed to their risk taking behaviour.

The Trust has discussed with VOYPIC the need to review the improvement of advocacy attending at ROL Panels.

Advocacy workers regularly attend each of the children's homes and have developed relationships with most of the young people in the homes. This is also a means of young people being able to discuss the potential for a secure application more informally.

6. Please provide an analysis of the presenting need / the interventions being sought from Lakewood:

There are multiple contributing factors, which lead to young people meeting the criteria for Secure Accommodation. For some of the young people, the risks can escalate over a period of time, and even with a high level of support and targeted, multiagency intervention, the need for containment in a secure unit becomes necessary. For other young people, the risk can escalate over a short period of time, and the need for secure accommodation becomes more immediate and urgent.

The common themes regarding the presenting needs of young people include:

**-Missing from care or family home**

This can be a critical issue when the whereabouts of young people are generally unknown and young people are returning to their care/ family placements, where there is a significant deterioration in their physical and emotional presentation.

**- Misuse of substances/ solvents/alcohol**

A number of the young people referred for secure placements were engaged in significant levels of polysubstance use, solvents and alcohol use which led to single or multiple hospital admissions, through young people experiencing unconsciousness and hallucinations. One young person had to be placed in an induced coma.

Of concern is the type of substances young people are using, MDMA, morphine and heroin. Some young people have been remanded into custody and incurred criminal charges as a result of their actions whilst under the influence of substances.

A number of the young people were also vulnerable to exploitation, as they need the financial means of purchasing drugs or paying off drug debts.

All of these young people have been referred to relevant services, such as DAMHS, Daisy Project and the PACSS Drug and Alcohol worker, however the young people do not have the ability to engage with these services, given their need for drugs and reduced cognitive capacity due to prolific use of substances.

**-Child sexual exploitation**

Two female young people were referred in the time period, where there were concerns in relation to vulnerability to CSE. One of these young people was allegedly raped and she remained vulnerable to further exploitation from parental and peer relationships.

Therapeutic networks and agencies such as Safe Choices, Barnardos and police representatives from PPU and MFC teams, have worked alongside other professionals to mitigate the escalating risks.

However due to young peoples' minimal sense of self-value and lack of insight to potential danger, a secure environment has been the appropriate option for safeguarding these young people.

**- Non-engagement with services and relationships**

For a number of young people, a further indicator of requiring a placement in secure accommodation, has been a chronic non-engagement with key relationships and services such as family, RSW team, school or the Therapeutic Support Service. Young people's withdrawal from relationships and services can be symptomatic of a sense of hopelessness, as young person isolates him/ herself from a consistent support network.

**-Presentation, with Aggressive and Violent Behaviour**

Some of the young people referred to secure accommodation, had a profile that included a propensity for violence, one of whom there were evident risks of sexual violence. Physical violence would be directed towards carers, peers, public and professionals. This cohort of young people can bring complexities that are a challenge to manage in an open residential or family placement, given the level of risk to others and self, and young people being so emotionally

dysregulated that they require physical containment and eventually a therapeutic intervention within a secure environment. Some young people presenting with violent behaviours was linked to the impact of substance use.

#### **-Mental Health/ self-harm**

Some of the young people have considerable mental health issues or diagnoses, linked to trauma and early/current life experiences. Furthermore, there can be a deterioration in their mental / emotional health linked to chronic substance/ alcohol use. The self- harming behaviours ranged from cutting, ligatures to deliberately breaking limbs. One young person's self- injurious behaviours included her burning different parts of her body. Most of the young people referred for secure accommodation were known to CAMHS, DAMHS and had had one or more inpatient admissions to Beechcroft. Some of these young people can feel overwhelmed in open, group living settings, which is potentially linked to the competing needs of other LAC young people and the stimuli within the open residential environment.

#### **-Low social functioning**

A number of the young people referred for secure accommodation present with very poor social functioning, emotional intelligence and life skills. They are particularly vulnerable to pressures, bullying and exploitation by peers within residential settings. This cohort of young people require a placement setting which optimises their engagement with caring adults and affords them the essential space to develop their core social, emotional and life skills base. Some of the young people have a diagnosis of ADHD or ASD where there are high levels of impulsivity. Some of these young people can be non-compliant with medication regime which contributes to increase in impulsivity and dangerous behaviour.

**-Paramilitary/Community Threat**

A third of the young people referred for a secure placement were subject to a serious community and/or paramilitary threat. There was immediate threat to life as a result of criminal activity and for one young person, the threat was linked to a family member's historical actions in the community. Some of these young people had minimal insight to the very real threat to life.

**-Harmful Sexual Behaviour**

Two of the young people referred for secure care posed a high level of risk to others with regard to harmful sexual behaviours. Despite a robust safety planning for one young person in particular, these risks did not diminish, and other aspects of his lifestyle were having a detrimental impact on his physical health.

Alongside other presenting needs, some of the young people were engaging in criminal activity due to drug debts, which increased their levels of anxiety and distress when there were suspected threats of physical injury if these debts were not paid. One young person, whose cognitive capacity was limited, was highly susceptible to the influence of paramilitary groups.

Seven of the young people admitted to secure accommodation were 16-17 years old, two were 15 years old and one young person was 14 years old. Three were referred directly from the community due to the significant level of risk that could not be managed safely within a family placement, open children's home or supported living environment.

For all of the young people referred for secure placement, the immediate goals have been to ensure young people's safety and physical containment, and to disrupt a cycle of behaviour that is self-injurious and destructive.

The initial interventions with each young person were to respond to his/her primary need for stability, develop a healthy sleep/eat pattern, provide a period of time away to focus on self-care with the

support of the Lakewood team, RSW/FSW teams, and families ( where appropriate).

For a number of young people, the secure placement has allowed them time to reduce substance use with the support of the Lakewood team, medical and DAMHS professionals which has provided a level of stability. It also allows young people, who have not complied with prescribed medication for ADHD or mental health issues, to reengage with the medication regime, to promote emotional equilibrium. When young people have the time to take pause, they can become overwhelmed by the impact of their experiences that preceded their admission to secure care, and require a high level of nurturing and therapeutic support.

For the young people, the secure placement provided the optimum forum to re-engage in key relationships, repair family relationships and work with services such as TSS, CAMHS, YJA, Safe Choices, Barnardos and Education.

The interventions were premised on partnership working and concentrated on promoting safety, establishing healthy routines, management of medication and substance use, direct and group work which focused on the issues that led to young people being admitted to secure care such as vulnerability to CSE: recognizing harmful situations, addressing underlying issues that led to violent outbursts and developing coping strategies where young people can regulate their emotions and improve self-care. There was a need for educative work on impact of substances/alcohol. A further intervention which was uniquely requested for the four 17 years old was to devise a programme that supported young people to prepare for their transition to adulthood and independent living.

The biggest challenge for the young people and the key professionals/services working alongside them, is being able to sustain the changes they have made in a secure environment, in an open setting within the community.



7. Please outline any areas for development regarding alternatives to secure accommodation, the operation of the panel and the services being sought from Lakewood:

In relation to the recommendation, from the Review of Regional Facilities for Children and Young People, secure care will potentially experience notable changes in the near future. Common themes for most of the young people who have been admitted to secure care from the Belfast Trust, are mental health and polysubstance use. The Review's recommendations of secure mental health placements and the provision of onsite services for drug/alcohol addiction and detoxification, are timely and welcome, as the profile of the young people would indicate that these specific, targeted services are essential.

There has been a greater need to provide tailored placements for young children and adolescents whose profiles and presenting needs are best managed in placements that have fewer numbers of young people.

The Trust has developed two bespoke arrangements in response to the particular needs of three children/young people, where fostering, differentiated children's homes or ECR placements had either been exhausted or assessed as not being appropriate.

The home adapted for two younger children has provided a nurturing environment with a team who are in tune with the needs of children/young people who have experienced ACES and significant trauma in their family life.

At the time of their admission, both of these children required a team providing care for them rather than a foster placement. The outcomes for both of these children has improved as they are emotionally regulated, family relationships/contact has stabilised and both have returned to school. Further planning of fostering is in place for one child and it is envisaged that both boys will be identified appropriately matched foster and residential care placements.

A further specialised placement has been developed in response to one young person who has been placed in secure care on two occasions. It has been evidenced that numerous placement moves can heighten young people's trauma and undermine efforts to promote stability. This one bedded home will provide intensive support with interventions tailored to the young person's immediate, short and long-term needs.

The Peripatetic Service is being developed within the Trust, whose purpose is to provide a wraparound support service to young people in the Children's Homes and redirect young people from harmful behaviours. There has been progress made in relation to child specific, formulation consultations, which are facilitated by the service's clinical psychologist. These provide a means of informing interventions with young people and providing reflective practice for staff teams, who can experience vicarious trauma in the direct care and safeguarding of young people who present with pain-based behaviours. There has been progress in the emotional containment of the team, which in turn leads to interventions that are responsive to young people's needs rather than behaviours.

## **APPENDIX F**

### **BELFAST HEALTH AND SOCIAL CARE TRUST**

### **REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS IN RELATION TO THE REGIONAL EMERGENCY SOCIAL WORK SERVICE**

For Year end 31 March 2019

## 1. Introduction

The Regional Emergency Social Work Service (RESWS) commenced on 29<sup>th</sup> May 2013. The Service provides a regional out-of-hours emergency social work and social care service. The RESWS model is based on having salaried staff working at all times that the service is operational. These staff are employed as senior practitioners. The Service also has four Assistant Service Managers who provide managerial cover for 5pm-2am and 9am-6pm shifts on a rota basis.

To ensure that the Service can respond appropriately to referral volumes, the senior practitioner staff work the following shifts:

Day	Shift	Number of staff
Monday – Sunday	5pm-2am	10
Monday – Sunday	1am-9am	4
Saturday/Sunday and Public Holidays	9am-6pm	11

On all shifts 50% of the staff will act as ASWs should the need arise.

The Service is delivered from four offices across the region: Belfast, Ballymena, Armagh and Londonderry.

Whilst staff are located across the Region, they are not restricted solely to the Trust area in which their office is based. Staff are deployed as part of a managed network so that, for example, a Senior Practitioner may be dispatched from the Ballymena or Armagh area to attend a call in the Western Trust area. This flexibility assists in circumstances where an additional response is required when staff in any one Trust area are already tied up responding to earlier calls.

The Service is supported by a bank of locum staff who provide cover for sickness, annual leave and absence due to training. Locum staff provide cover for the whole shift unless, in exceptional circumstances, a shorter period is agreed with management. Locums are based in one of the four offices and respond to referrals in the same way as permanent staff. However, there are occasions when locums work from other offices other than their base to cover shifts when required and as agreed with them.

An Annual Report is prepared which details activity levels for the service and which is provided to Trusts and the HSCB separately.

## 2. GENERAL

The Executive Director of Social Work within the BHSCT has overall responsibility for the provision of the Service.

## **2.1 Statement of Controls Assurance**

All social work staff within RESWS are registered on the social work part of the NISCC Register. This is monitored through the Trust's established monitoring arrangements and via line management.

All Approved Social Workers within RESWS have been placed on the Trust's ASW Register. The Assistant Service Manager with lead responsibility for mental health in RESWS is responsible for ensuring that all Approved Social Workers within RESWS are placed on each of the other four Trusts ASW Registers and for updating details as required. He is also responsible for monitoring compliance with mandatory training associated with ASW registration requirements.

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

Within BHSCT, there is a clear line of accountability from the frontline senior practitioners to the Executive Director of Social Work, through the relevant Assistant Service Manager, the Service Manager and the Co-Director. Whilst BHSCT has overall responsibility for the management of the Service, the Executive Directors of Social Work across the five HSC Trusts retain responsibility and accountability for the discharge of delegated statutory functions as they pertain to the delivery and assurance of social work services within their respective Trust areas. Each Executive Director discharges this responsibility by being assured that the regional Service is providing safe and effective care. This assurance is provided to the Executive Directors through a Consortium Board arrangement, which meets on a quarterly basis. The Operational Management Group consisting of a range of senior managers from across all five Trusts and across all service areas meets on a bi-monthly basis. A Service Level Agreement is in place between BHSCT and the other four HSC Trusts detailing the service provided and governance arrangements.

## **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 RESWS provides an emergency social work response across Family and Child Care, Learning Disability, Mental Health, Physical Health and Disability and Older Peoples Services.

The Regional Emergency Social Work Service is not an extension of the full range of services available during the working day; it is specifically for situations, which are of an emergency nature, including discharging the Trusts' statutory responsibilities for social care service delivery.

The RESWS will respond if someone's safety is deemed to be at risk of significant harm and the individual's welfare is seriously compromised if not responded to immediately and the situation cannot wait until 9am on the next working day for assistance and or support.

## General Principles

- The Service is an emergency duty service and responds to situations that cannot safely be left until the next working day
- No work received or commenced by a daytime officer prior to 5.00 pm should be passed to RESWS with the expectation that RESWS will undertake this work. The fact that a case may run into the evening is not sufficient justification for an assumption of automatic handling of the case to RESWS.
- Requests for RESWS to become involved in cases that continue after 5.00pm should be restricted to assistance regarding accessing information, resources, or in relation to the daytime worker's safety.
- When arrangements are made by daytime staff for out of hour's visits, these should not be referred to RESWS. The RESWS **should not** be requested to undertake or sustain any planned work over weekends or evenings.
- RESWS is unable to pass on information to day services, unless of an emergency/urgent nature.

## Child Care

RESWS will accept referrals where:

- There are concerns that a child has suffered, or is likely to suffer significant harm including unaccompanied minors/ trafficked children.
- There are concerns in relation to children, who are on the Child Protection Register (CPR) and those subject to Care Orders/Looked After by the Trust, or their carers including foster carers.
- There is suspected or confirmed abuse of a child.
- In cases where there is a serious and imminent risk of family breakdown both in the community, foster care or kinship placements.
- Act as an appropriate adult for young people who are subject of a Care Order and only when the offence in question has involved the residential unit and its staff.
- In the case of hospitals, where there is a need to make an enquiry to the CPR.
- RESWS will **not** become involved in management issues in relation to residents or staffing issues within the residential units.
- RESWS will **not** accompany young people from the residential units to hospital for medical attention

## Adult Safeguarding

RESWS will accept referrals where:

- There are concerns about the safety of an adult at risk of harm or in need of protection.
- Where there is suspected or confirmed abuse of an adult at risk of harm and in need of protection.

### **Mental Health/ Learning Disability**

RESWS will accept referrals where:

- Circumstances warrant an assessment to determine whether someone should be admitted to hospital on a compulsory basis under the Mental Health (NI) Order 1986. RESWS will provide an Approved Social Worker to undertake a joint assessment with the GP.
- Families and carers have serious and immediate concerns in relation to an adult's safety.
- There are difficulties surrounding the care and safety of a person subject to Guardianship.

### **Older People/ Physical Disability**

Any issues with regard to current and existing care plans and homecare arrangements should be directed to the responsible Trusts' Out-of-Hours Homecare Service.

RESWS will accept referrals where:

- Informal care arrangements have broken down and it is essential that immediate action is taken to secure the health and well-being of a service user.
- **Extensive** attempts by the **homecare service** to locate a service user have proved unsuccessful and there is a necessity to liaise with PSNI regarding further action required.
- Admission to a Nursing Home Care is required.

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

Over the past 12 months, RESWS has continued to discharge its statutory functions across the service areas (out of hours) despite a number of challenges:

- There remains a shortage of acute inpatient beds for patients requiring an admission for assessment under the Mental Health (NI) Order 1986.
- Continuing large number of out-of-Trust admissions placing increased demands on the RESWS and other agencies involved in facilitating the conveyance of patients in need of an acute psychiatric care.
- A continuing difficulty for some Trust's to identify placements for children either requiring to come into care or requiring a change of placement.

## **2.5 Progress made 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.**

RESWS has highlighted the issue of delayed conveyance and the availability of inpatient beds for psychiatric patients at Trust level and interagency forums. In addition, RESWS has explored ways in which a detained patient awaiting delayed conveyance can be handed over to an ASW colleague coming on shift, or handed over to a daytime ASW to complete conveyance.

The issue of a lack of identified placements for children has been brought to the attention of the relevant Assistant Directors of each Trust when required and Trusts have worked hard to identify placements. The recent recruitment and retention of foster carers to provide emergency short-term placements for young people has led to some improvement in placements. This is not in place in all Trusts which often leads to a shortage of placements or overreliance on out of Trust placements.

RESWS has been able to support 1 member of staff to complete the ASW course thus increasing the number of dually trained staff in the Service to 16, and the number of permanent ASW staff to 23.

Access to Epex in the Western Trust has also been progressed for RESWS staff alongside a current pilot of access to PARIS in the Southern Trust. Currently all staff have access to the Electronic Care Record.

During 2018, a review of staff working patterns was undertaken and following this review, the service is working towards introducing a new working pattern for staff that meets both the service needs and supports the health and wellbeing of staff working overnight shifts.



**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**

Not applicable.

**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**

Service delivery audits are undertaken bi-annually. The recent audits documented clear evidence of adherence to both professional and service standards. Work is currently underway with our staff to review our audit programme and include a more thematic approach to audit. This will explore the quality of work undertaken by the service and identify areas of good practice and learning opportunities. We continue to audit referrals that require no further action and this is assisting the service in identifying trends and patterns of calls that are not appropriate for an emergency service. When appropriate, this information is provided to stakeholders to address the issues related to inappropriate referrals from specific areas of care.

The Service Manager completes a yearly supervision audit. During 2018/2019, a quarterly group supervision for all ASW staff has been included in the service.

The Service completed its fourth-Annual Report at the end of 2018, which provided statistical information to the Consortium Board and Operational Management Group as well as the Trusts and the HSCB. No significant changes to referral rates or trends were identified in this reporting period with numbers of referrals remaining similar to the previous year.

### **3. GENERAL NARRATIVE**

#### **3.1 Named officer responsible for professional social work**

The Acting Service Manager, Mr Des Flannagan, is a qualified social worker and has been responsible for the provision of social work services within RESWS from 4<sup>th</sup> April 2018 on a temporary basis.

#### **3.2 Supervision arrangements for social workers**

All permanent social work staff receive six-weekly supervision from their line manager. The senior practitioners are divided into four groups with an Assistant Service Manager responsible for providing supervision to the staff in each group. The Service Manager provides supervision to the Assistant Service Managers and the Co-Director provides supervision to the Service Manager on a four-weekly basis.

A Service specific Supervision Policy is in place and this outlines the supervision arrangements for all staff within the Service.

**3.3 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)**

The RESWS has addressed all of the recommendations of the RIQA Report presented in January 2017.

1. The Belfast should review the call management arrangements for the service and should include:
  - The training and support provided to the call handlers in relation to dealing with continuous crisis or emergency calls
  - The training requirements to ensure the call handlers can identify and have the confidence to redirect inappropriate referrals.
2. In the interim period until the implementation of regional IT initiatives, the Consortium Board should examine local measures for providing better access to the various IT systems with the aim of achieving appropriate access for RESWS staff.
3. The BHSCT should review the arrangements in relation to referrals associated with homelessness, in particular
  - Benchmarking the number of referrals received with similar jurisdictions across the UK, in relation to their appropriateness
  - Determining whether the work associated with referrals should be undertaken by a social worker
  - Confidentiality of information exchanged
  - Determining the appropriateness of the RESWS in providing such a service
4. The BHSCT should ensure that all staff are familiar with the arrangements for exchanging information between the RESWS and daytime services, and that a more robust process should be put in place for collating, recording and tracking referrals
5. The BHSCT should, as a matter of urgency, prioritise the development of arrangements for staff supervision and appraisal within the RESWS.
6. The BHSCT should review the current safety arrangements for staff within the RESWS and establish appropriate arrangements to minimise risks
7. The BHSCT should review the legacy arrangements with the SSA to determine the future need for the service provided by the RESWS.

Following receipt of the final report an Action Plan was compiled. The action plan was signed off as completed by the Consortium Board on 21 Jan 2019 and the Trust External Reports Governance Group on 23 March 2019.

Work completed in 2018/19 included the establishment and relocation of a new call handling service. This new service is now based in the RESWS Belfast office and commenced in September 2018.

In line with the review from RQIA, the RESWS is currently working with the NIHE on transition arrangements for the management of emergency homelessness out of hours. It is anticipated that the provision of emergency homelessness services out of hours will transition to the NIHE in September 2019.

The Service Audit Framework is now in place (as outlined in Section 2.7).

### **Emerging Trends**

During this reporting period, a number of trends have emerged for RESWS as follows:

- There has been some improvement in relation to the availability of acute inpatient psychiatric beds following an assessment under Mental Health (NI) Order 1986. The circulation of bed availability for all Trust areas is helpful, however; it remains a concern that additional pressures are placed on ASW's and other agencies such as PSNI/NIAS when beds are not available in the Trust where the patient is assessed. The RESWS has undertaken some work with the BHSCT to pilot an arrangement between daytime ASWs and RESWS to safely transfer the conveyancing ASW duty when the ASW has worked excessive hours due to the delay in bed allocation, or Ambulance/ Police availability.
- The service continues to experience high levels of referrals for ASWs between 5-7 pm. This is likely to be influenced by GP working hours.
- The Service continues to review the Lone Working Standard Operating Procedure, which has been implemented.
- Recruitment for ASW staff continues to be challenging in some areas in Northern Ireland. RESWS has been very successful in developing its own staff to be dual trained to assist in addressing this issue. However, locum ASW availability in some Trust areas remains a challenge for the service.
- Continued difficulties for some Trusts in identifying emergency care placements for children and young people

### **Approved Social Worker (ASW) Register**

1. Number of newly Approved Social Workers during period - 2
2. Number of Approved Social Workers removed during period - 0
3. Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards) - 26 permanent staff (including managers) and 16 locum staff

4. 5 Permanent RESWS staff and 1 Locum staff member completed re-approval training in 2018/19.
  - During the reporting period, no permanent ASWs left the service
  - 2 newly qualified ASWs began working in the service 2018/2019

The Service has routinely provided 2 candidates for ASW training each year. There is currently 1 permanent senior practitioner completing training and it is expected they will be able to fully practice by the end of 2019. In 2018/2019, the service focused on the training needs of ASWs with no direct childcare experience in order for them to undertake the dual role required by RESWS Senior Practitioners. This training was delivered in partnership with the BHSC Social Work Training Department, with input from the PSNI. Staff also received follow-up training on-shift with the support of more experienced childcare social workers and managers. The expectation that all permanent staff will be ASW qualified is being realised in a planned and timely fashion; a significant achievement is that all of our candidates have achieved the ASW award from 2013, thanks to strenuous efforts both in terms of Internal Practice Assessor supports, and financial supports to provide easement.

The number of locum ASWs is reviewed regularly to ensure adequate cover is provided and RESWS is able to discharge its statutory functions. During 2018/19, the service provided a number of secondment opportunities for staff from the Northern, Southern and Belfast Trust to cover maternity leave and cover for staff undertaking the ASW course. This worked very well, and provided an excellent opportunity for both the service and the staff who participated. Currently the RESWS is satisfied it retains adequate staffing to meet service need.

**DELEGATED STATUTORY FUNCTIONS****DATA RETURN 9****REGIONAL EMERGENCY SOCIAL WORK SERVICES (RESWS)**

<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>		<b>BHSCT</b>	<b>NHSCT</b>	<b>SEHSCT</b>	<b>SHSCT</b>	<b>WHSCT</b>
9.1	Total Number of Assessments made by ASWs under the MHO	<b>172</b>	<b>101</b>	<b>104</b>	<b>109</b>	<b>160</b>
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>153</b>	<b>91</b>	<b>93</b>	<b>100</b>	<b>149</b>
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>4</b>

***Comment on any trends or issues in respect of requests for ASW assessment or ASW applications:***

The figures above were the fourth year's data RESWS are able to report on using Paris Recording and Reporting systems. During 2018 / 2019, 652 assessments were undertaken by the service on behalf of the five Trusts. This includes 4 Assessments of ROI residents and 2 GB residents. Of the 652 assessments there were 590 detentions. There were 630 assessments in 2016/17 and 632 in 2017/18, so the figures have been quite stable over the past three years.

RESWS made assessments for admission for 23 young people in 2018/19, which is less than for the previous years (36 in both years), and are as follows: BHSCT 6, NHSCT 3, SEHSCT 4, SHSCT 1, WHSCT 9. The figure of 10 second opinions being sought is relatively low and reflects the relative rarity of the procedure, and has remained stable and outside being statistically significant (+/- 3%), ASWs remain vigilant in reminding Nearest Relatives of their rights in exercising their rights and are mandated in recording this on each assessment.

As with previous years there are trends emerging that RESWS continue to monitor, such as the large number of referrals coming in from 5pm-7pm, this is closely watched both in terms of causation- GPs preferences- and its effect on staffing numbers and impact of other aspects of service delivery.

RESWS remains confident that current ASW staffing levels remain effective in meeting need. Additional locum ASW staff were recruited in 2018 to help support the service.

It should be noted that the vast majority of RESWS permanent staff are now trained as ASWs, reflecting the time and financial commitment of the service in achieving this.

One emerging issue in 2019, which is of particular concern, is the situation relating to difficulties around adults requiring an admission for assessment to a Learning Disability Hospital. Given the recent reduction in admissions to Muckamore Abbey Hospital, assessment times have become quite elongated.

**HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

*For Year end 31 March 2020*

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**1 EXECUTIVE SUMMARY**

**Executive Director of Social Work:**

The Role of Executive Director of Social Work has been held by Mrs Carol Diffin from 1<sup>st</sup> September 2018.

.....

**Please provide a high level summary overview which must include:**

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 for Delegation) and identifies on-going and future challenges in the provision of such services.

**1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust**

The Executive Director of Social Work is accountable for assurance of Trust organisational and governance arrangements underpinning the discharge of social care statutory functions and for the discharge of such functions by the Trust’s social care workforce. An unbroken line of professional accountability runs virtually from the individual practitioner through the Service professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Executive Director of Social Work:

- Provides professional leadership to the Trust’s social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce’s compliance with professional and regulatory standards.
- Is accountable for ensuring that appropriate arrangements are in place to discharge the Trust’s statutory social care functions and for the assurance of same.
- Is required to report directly to the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for consideration and approval.
- The Executive Director of Social Work is responsible for the completion of a quarterly update report to the Assurance Committee on the work of the Social Care Steering Group (Divisional Social Workers) and the Adults and Childrens Safeguarding Committees respectively.

During this reporting period the Trust's social care workforce has been located across three Directorates: Adult Social and Primary Care, incorporating Older People's Services and Community Adult Learning Disability Services; Specialist Hospitals, incorporating Mental Health Services and Childrens Community Services. Muckamore Abbey Hospital was managed by a new senior team for the last 6 months of the reporting period to allow the Director of ACOPs to focus on the development of a resettlement strategy.

Each of the operational Directorates have established Divisions mirroring the former service delivery units and have appointed Senior Leadership Teams, which have accountability for Divisional service delivery, performance and governance arrangements. The Divisional Social Workers have assumed the responsibilities for professional Social Work practice as members of their Divisional Senior Leadership Team and accountably for the range of corporate governance and service delivery functions.

Throughout the reporting period, the Divisional Social Workers have had 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 Division's social work and social care workforce.
- The assurance of arrangements for the discharge of statutory functions relating to the delivery of statutory social care services by the Divisional workforce as detailed in the Regional Scheme of Delegation.
- The provision of expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions.
- The establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.
- The establishment of arrangements and ongoing responsibility for the completion of the Divisional Interim and Annual Statutory Functions Reports.
- The establishment of arrangements to facilitate the completion of other reporting requirements (both internal and external) relating to the discharge of statutory functions.
- The establishment and assurance of Divisional arrangements to ensure the social work and social care workforce's compliance with NISCC's regulatory requirements.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes, which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Trust has in place a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. There are three other members of the Committee who are also Non-Executive Directors, Ms Miriam Karp, Dr Martin Bradley and Mrs Nuala McKeagney. The Committee is a sub-committee of the Trust's Assurance Committee. It is authorised by the Trust Board to review the

Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Divisional Social Workers) is a sub-committee of the Social Care Committee with responsibility for the monitoring of and reporting to the Committee on the discharge of statutory functions.

The Trust has a Children's Safeguarding Committee, which has responsibility for providing assurance to the Trust Board, via the Social Care committee that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Divisions/Directorates and is chaired by the Executive Director of Social Work.

The Trust also has an Adult Safeguarding Committee, which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective.

The Trust's Risk Management Framework outlines the organisational arrangements underpinning the identification/assessment, ongoing management and review of risks and the related Trust Risk Register structures and processes. Each Service has its local Risk Register, which serve to populate Directorate and Trust's Corporate Risk Registers and Principal Risk Registers respectively. Directorate and corporate governance structures afford the mechanisms for the ongoing management and review of risks across the respective Registers.

The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria (Revised November 2013) provide the framework for the delivery of professional social work supervision to social work staff in adult and children's services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011 outlines the processes and standards informing supervision delivery to social care staff. The Trust has achieved satisfactory compliance with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 in relation to the supervision of AYE staff.

Compliance with supervision standards is monitored on an ongoing basis through Service and Trust-wide audit processes.

## **1.2 Statement of the Executive Director of Social Work's assessment of the Trust's performance in effectively and efficiently delivering Delegated Statutory Functions during the reporting period**

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service returns provide detailed commentaries on the levels of compliance, areas of difficulty, achievements 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 expectation, related scrutiny and a continuous drive for innovation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

Within this reporting period the Trust has experienced significant Industrial Action from December 2019 to March 2020, which impacted on the delivery of services. This included both full strike action and action short of strike such as, working contracted hours only and non-cooperation with reporting procedures. Daily meetings and negotiations with Trade Unions ensured that the minimum safe practice requirements continued during these periods.

Towards the end of January 2020 the Trust commenced its preparations for the arrival of the COVID 19 virus with the development of Business Continuity Plans and Surge Plans across all services. The move to a lockdown position on 24<sup>th</sup> March 2020 had a significant impact on the way in which community social care services were delivered. The Trust responded by making use of technology for virtual contact through various IT platforms for both staff and service users, prioritised workloads to ensure the most vulnerable cases were responded to and followed the Regional and Trust Action Cards where these had been agreed. The Trust was responsive to PPE requests within our Social Care Sectors which enabled frontline work to continue as much as possible.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions and worked hard to address any concerns raised.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC.

As at 31 March 2020, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

### **1.3 Comment on the Trust's progress in delivering the 2019/2020 local DSF Plan (further detail to be provided for each Programme of Care at Section 2.6)**

This has been a challenging year for the Trust in the context of the following issues: the demands, levels and complexity of need across all settings; enhanced public expectations and levels of scrutiny; the impact of the phased re-structuring of regional commissioning and reporting structures; the overarching financial and resources context; and ongoing difficulties with the regional recruitment pathway. In addition the Industrial Action which took place from December 2019 to March 2020 and the commencement of the COVID 19 Pandemic at the beginning of March provided further challenges to how services were delivered.

Despite these challenges the Trust has continued to prioritise the following:

- Safe, effective, compassionate and quality service delivery.
- The embedding of a culture and underpinning values, which promote excellence, innovation and continuous learning as, reflected in its investment in its workforce's knowledge and skills base.
- Partnerships with local communities and voluntary, private and statutory agencies.
- Community capacity building.
- Co-production, partnership and purposeful engagement with service users, carers and communities to improve service delivery.
- The Trust achieved IIP Silver accreditation in May 2019.

Significant progress has been made by each Programme of Care with their local DSF Action Plans which are detailed in the individual service areas summaries. The key areas of progress are as follows:

## **Older Peoples Programme of Care**

### **Workforce**

The workforce issues that were identified in the last reporting period for social work in the Hospital and Older Peoples Community services have been successfully addressed with the programme reporting no vacancies at the end of this reporting period. This has brought considerable stability to the workforce and allowed for the development and strengthening of the social work role within these areas.

### **Domiciliary Care Unmet Need**

This remains a significant risk for the Older Peoples Programme of Care in relation to high levels of unmet need. Unfortunately, the modernisation of Statutory Home Care has not delivered the additional capacity required and further work will be undertaken during the next reporting period to address this.

### **Care Management Audit**

The Trust can report that some progress has been made in responding to the recommendations of the BSO audit. However as the service area continues to achieve limited assurance an implementation plan is in place to further address the areas that require improvement.

### **Adult Safeguarding**

The service has reduced the number of non-protection cases being referred to the Gateway Team during this reporting period through the transfer of the screening function to Community Social Work. However, further work is required in relation to standardisation of practice when working with Adult's at Risk of Harm. The service area awaits the implementation of the recommendations from the Independent Review into Dunmurry Manor.

## **Learning Disability**

### **Iveagh**

The issue of delayed discharge from Iveagh Regional unit has continued in the main due to the lack of community provision for these young people. This is also highlighted with the Children's Community Services Action plan. Iveagh remains within ACOP Directorate and whilst some work has been undertaken to explore which service it should be managed by the conclusion of this work has been delayed due to COVID19 and a change in management within ACOP and Learning Disability Services. Further meetings are planned within the next reporting period to take this forward.

### **Mental Capacity Act (NI) 2016 Phase 1 (MCA)**

Within All Programmes of Care significant training in respect of the Mental Capacity Act has taken place. However Adult Learning Disability and Older Peoples Programme of Care will not be in a position to fulfil the requirements for DOLs with their legacy cases by December 2020. This is due to a number of factors: the lack of available medical practitioners- Trust and GPs; issues with ASW capacity; Industrial action from December 19 to March 20 and latterly the COVID 19 Pandemic.

### **Accommodation Needs**

The Trust can report good progress with meeting the accommodation needs of adults with learning disabilities, specifically supported housing placements. The Learning Disability Division has developed an Accommodation Plan for the period through until 2023. A new specialist Learning Disability nursing care provider is opening in the autumn of 2020 and Supported Housing Schemes continue to be developed including a supported living scheme, Cherryhill which will accommodate 9 patients from the hospital.

## **Mental Health**

### **Assessment Centre Model/Amalgamation of Primary care and Recovery Services**

The Trust can confirm that the Assessment Centre has been implemented. An implementation plan has been developed to take forward the amalgamation of Primary care and Recovery Services. Unfortunately the completion of this within the reporting period was delayed due to COVID but will be taken forward over the next few months.

### **Article 15 payments**

The Trust undertook a review of Article 15 payments and has confirmed that all payments were appropriate. The service continues to monitor expenditure in this area.

**ASW reports completed within timescale**

There has been some improvement in the number of reports completed within the 5 day timescale and the Division will continue to work to try to address this.

**Children's Community Services**

Within Children's Community Services the greatest impact on the delivery of its statutory functions is the ongoing deficits in staffing across the Directorate despite significant ongoing work being undertaken to address this. During this reporting year these shortages have been compounded by the impact of Industrial Action and the early stages of the COVID19 Pandemic lock down. The Directorate continues to work to try to address these challenges although recognises that the workforce issue is a regional one.

**Looked After Children**

Despite the recruitment of significant numbers of new social work staff the Directorate continued to experience significant vacancy levels which impacted on its ability to deliver its statutory functions at all times in relation to its looked after children population. The vacancies identified during last year's report were addressed with a successful recruitment campaign last April 2019. This ensured that the Trust was able to move to a position of full compliance in relation to it's looked after children's population. However retaining social workers has continued to be a challenge across all frontline social work teams in children's services and despite further recruitment campaigns later in the year not all vacancies were filled. Consequently a small number of looked after children experienced short gaps in having their own allocated social worker and 29 Looked After Children did not receive all of their statutory visits ie at least once a month during this reporting period. The Trust has been able to return to full compliance with the latest recruitment of staff in February 2020 as all LAC social work posts have been filled.

14 Children with a Disability, did not have their statutory visits due to Covid 19 during March.

76 Looked After Children were not reviewed in line with statutory requirements in March 2020 and plans are in place to meet these requirements by the end of July 2020.

**Adequate Supply of Placements**

The Belfast Trust has been unable on occasions to match the needs of the children being admitted into care with the most appropriate placement. The main reasons for this is: the lack of placement range available, the challenges experienced in the recruitment and retention of foster carers, the success of the GEM scheme over the years resulting in the reduced availability of these careers for new admissions, alongside the growing numbers of children remaining in care for longer and the growing complexity of their needs which are harder to meet through the more traditional placements. This is across residential and fostering services. Currently the residential Children's homes



within BHSCCT are working at full capacity with no vacancies. The Trust has had to maintain its Home for 8-12 year olds such is the demand for placements for this group of children. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma. The Directorate has developed a Trauma informed approach across residential and fostering services supported by TSS which will hopefully begin to impact positively on placements.

The Regional Fostering service is continuing to try and recruit new carers to the service, but there is always a lag between interest, recruitment approval training and subsequent placement.

**1.4 Identify the areas where the Trust has not adequately discharged their statutory functions and the actions taken to address this (further detail to be provided for each Programme of Care at Section 2.7)**

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. The individual Service reports provide additional commentary on these themes.

**DEPRIVATION OF LIBERTY:**

**Mental Capacity Act (NI) 2016 Phase 1 (MCA)**

The Mental Capacity Act is currently being implemented across the Trust, this has met with a number of challenges. There are significant legacy cases within Learning Disability and Older Peoples Programme of Care which require DOLs and subsequent reviews. Issues include the lack of medical staff/GPs to undertake medical assessments, within the community and ASW capacity.

It is very unlikely that the Trust will meet the December 2020 deadline for having the relevant DoLS in place across all the Adult Programmes of Care.

Children's Community Services have also undertaken relevant training and have held a workshop for staff across Corporate Parenting to address the issues for those 16 and 17 year olds who may require DOLs, however there remains a need for appropriate regional guidance for staff especially within residential and fostering where there may be situations which require DOLs.

Consistent with NISCC standards and RQIA advice, the Trust has worked in collaboration with the Directorate of Legal Services in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. .

During the reporting period, a number of Services initiated proceedings to secure Declaratory Judgements.

## **ADULT SAFEGUARDING**

With the need for the Trust to respond to the Investigation into historical abuse in Muckamore Abbey Hospital a number of key staff were redeployed from the Gateway Team to support the Trust's investigation. This resulted in a significant loss of experience within the Gateway team and there were a number of difficulties experienced in trying to backfill these positions. Consequently this service was placed on the Trust's Corporate Risk register. The position stabilised by the end of the reporting period with a number of the key staff returning to their substantive posts. Work will continue during the next reporting period on the model of delivery for adult safeguarding across the Trust.

## **LARGE SCALE ADULT SAFEGUARDING INVESTIGATION**

This has been a very challenging year in light of the high profile, large-scale adult safeguarding investigation in Muckamore Abbey Hospital, which has had a detrimental impact on our service users and carers and staff. A number of staff have been suspended and a number of staff are off on sick leave and staffing levels are reviewed daily. A police investigation is ongoing alongside a Trust investigation. An SAI was undertaken, chaired by an independent person, Margaret Flynn, the findings of which, alongside RQIA Inspection findings have provided the focus for work undertaken by the Trust in relation adult safeguarding, service user and carer involvement, and planning for delayed discharges.

There remains accommodation needs for those being discharged from Muckamore Abbey Hospital. Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for service users with complex and challenging needs resulting in delayed discharges. The availability of admission beds in Muckamore Abbey Hospital, continues to be a challenge despite the number requiring admission being significantly lower than in previous years.

## **ASW DAYTIME ROTA**

There remains an ongoing challenge in maintaining the daytime ASW rota within Mental Health programme of Care. Currently there are 28 registered ASW within the Division, an increase of three from last year, however not all of the registered ASWs are able to participate in the rota for a number of reasons which are detailed in the Mental Health Service Report. Mitigating action has been taken to address this but this remains a pressure within the service. Recruitment and retention of the ASW role continues to be challenging because of the additional pressures of the role.

## **DOMICILLARY CARE**

The lack of capacity within Domiciliary Care is a significant concern for the Trust. Despite remedial measures put in place demand continues to outstrip capacity for this service. Care providers continue to report ongoing challenges to recruit and sustain the workforce. On the 31st March 2020 there were 705 unsecured care packages equating to 5228 hours in Older Peoples Services.

It is important to note that in March 2020 with the impact of COVID 19 there was a surge in unmet domiciliary care need, due to significant pressures to create bed capacity in hospitals in preparation for the impact of COVID 19.

### **PLACEMENT CAPACITY IN CHILDRENS SERVICES**

Pressures with regard to placement availability across residential and fostering services in the context of the volume and complexity of needs of the Trust's looked after children population. The numbers of looked after children within the Trust continue to rise which creates continued pressure on the residential and Fostering placements. The reconfiguration of the Glenmona Site, with the closure of Donard and the required workforce realignment processes has created pressure on the workforce with the inability to recruit to the 10 permanent vacancies within residential. Each of the children's homes are working at full capacity which reduced placement options and the Fostering service remains under pressure due to the lack of placement options.

There is constant movement within fostering with a number of carers who are wishing to retire from fostering due to age or personal circumstances. Despite many different strategies it remains challenging to recruit new carers into the system. They require training and support before placement can commence so there is a time lapse between recruitment, approval and placement. This is being addressed through the regional fostering initiative.

Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma, this can prove to be very testing for even the most experienced foster carer. There is a lack of carers who can accommodate sibling groups. The Trust is increasingly providing training and support from TSS to support carers with these challenges to try and minimize the foster carer breakdowns and subsequent pressure on the system and supply of placement options and choice. COVID 19 and the restrictions during Lockdown had a significant impact on placement breakdowns.

The lack of choice means children are not always placed in the most suitable placements or remain as sibling groups which are contributory factors to breakdowns. Emergency provision is also limited. This creates a constant pressure for the Looked after Children services across the Trust.

### **PERSONAL ADVISORS**

Despite additional resources being allocated by the Trust through demography monies the provision of PAs within the Leaving and After care service has remained a challenge for the Service. Currently there are 103 young people who do not have a personal advisor. This noticeable increase is due to a number of factors: the increase in the number of looked after children, late entrants into care and the growth in numbers of unaccompanied minors being looked after by BHSCT.

## **CHILDREN WITH A DISABILITY**

The Trust has for the past few years highlighted the growing challenges arising in supporting this group of children to live within their own Homes due to the lack of community infrastructure as well as short break and long term placement options for children with disability, particularly those with severe learning disability, autism and other co-occurring conditions. This lack of provision continues to impact on the functioning of Iveagh where the Trust has two delayed discharges.

There also remains a lack of jointly commissioned placement options for those who are 16+ or leaving care. This is not a problem that is unique to BHSC and requires a regional approach and a clear strategy to be developed.

## **EARLY YEARS INSPECTIONS AND REGISTRATIONS**

It is unusual for the Early Years team within the Trust to have outstanding Inspections or registrations, however mainly due to the COVID 19 restrictions there are 89 Early Years Inspections outstanding and a total of 8 outstanding registration applications at the end of March 2020.

## **WORKFORCE**

The challenges of recruiting and retaining a social work and social care workforce are highlighted in each service areas report particularly at band 5/6 and band 7 level with the exception of Older Peoples Programme of Care.

The Trust welcomes the pending Workforce Review being led by the DOH and hopes that this will provide some direction regionally on how to address the high levels of vacancies, the high turnover of staff and high levels of sickness absence so that a more stable workforce can be maintained. At a Trust level there is a pressing need to complete a robust Trust-wide workforce planning approach to social work and social care to secure the necessary workforce volume, skills and knowledge base to meet service delivery demands across, frontline children's services, adult safeguarding, ASW functions and domiciliary provision. This work will be a priority for the next reporting period.

The investment in the professionalisation of adult social care service delivery and the parallel development of the status and skills base of domiciliary and residential care staff are of particular significance in light of the strategic emphasis on care at home and the growing awareness of the importance of the social dimension to health and wellbeing.

There is a continuing need to address the domiciliary care workforce recruitment and retention in light of the ongoing difficulties in providers' ability to deliver the necessary range of packages to meet assessed needs.

The ongoing difficulties in delivering the Trust's Daytime ASW Rota re-inforce the risks associated with genericism in multi-disciplinary service delivery models and the importance of strong uni-professional structures and workforce pathways.

Within children's services, there have been significant challenges over the past year with both recruiting and retaining experienced staff in fieldwork and residential settings. High levels of vacancies and high turnover of staff, with lack of available newly qualified staff have led to increased pressures on existing staff within the system, and growing caseload sizes. The challenges in relation to workforce was added to the Trusts Corporate Risk Register.

### **COMMUNITY INFORMATION SYSTEM (PARIS)**

Ongoing challenges have continued in relation to the implementation of the PARIS system within children's social care services and the optimising of PARIS functionality in Adult Services.

#### **1.5 Comment on the Trust's current workforce arrangement for both the professional leadership of delegated statutory functions and the operational delivery of service**

As outlined in Section 1.1 the Executive Director of Social Work provides professional leadership to the Trust's social care workforce. She also is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same. Within Children's Community Services the 2 Co-Director posts are designated social work posts which ensures the delivery of statutory functions across all areas of children's social work. Within ACOPs and Mental Health Services the Director and Co-Director posts are not designated social work posts but they hold operational responsibility for the delivery of the Trust delegated statutory functions.

The Trust has four Divisional Social Workers who are key members of the Divisional teams. They are responsible for providing professional leadership of the Division's social work and social care workforce and for providing expert advise to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions. They are also responsible for the establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.

Each of the Divisional Social Workers is responsible for highlighting any issues in relation to the social work and social care workforce both to the operational managers within the Divisional teams and to the Director of Social Work.

There have been a number of challenges impacting on the workforce during this reporting period. The Trust continues to experience a high levels of Social Work vacancies across all programmes of care with the exception of Older peoples programme of Care who report no vacancies. The Trust has contributed to the Regional Social Work Workforce Review group chaired by the DOH which is addressing these strategic issues and is developing a five year strategy to help strengthen the Social Work workforce.

Within Learning Disability there remains a need for additional SW staff to undertake the ASW and DAPO roles and to undertake DoLS/ DO. There is also a need to secure funding for a PSW post to support the Division in relation to the discharge of statutory functions to strengthen the SW governance requirements.

Recruitment campaigns have been undertaken to recruit to vacant posts within each of the programmes as vacancies have arisen. Specific recruitment campaigns by Children's Community Services were held in April 2019, and in February 2020 targeting final year students who were due to graduate in June 2020 this was to address the 40 vacancies which existed within the Directorate. This proved very successful with 49 new AYE staff recruited to the workforce. All of the programmes of care benefitted from this AYE targeted recruitment which was led by Children's Community Services. Belfast Trust, like other Trusts, is subject to the lack of availability of qualified Social work staff to meet the demand within the system. The Social Work workforce has predominately female workforce over 83% on the part 1 of the NISCC register with 35% in the 50+ age category. The Belfast Trust demography mirrors this pattern.

The numbers of newly qualified staff entering the profession are not sufficient to fill all of the current vacancies. Whilst the overall numbers of professional social workers has increased over the years the range of opportunities including transformation projects and the MDT teams has contributed to the turnover of staff, often drawing on experienced staff to fill these posts and creating greater reliance on more inexperienced a staff.

During the initial phase of COVID 19 which occurred towards the end of this reporting period the Social Work and Social Care Learning and Development team quickly created a range of online learning opportunities for the 49 AYE staff who entered the workforce early during the pandemic. They also enhanced the support offered to them by providing an individual named staff member from Learning and Development offering them a monthly professional development session in addition to the other AYE supports normally provided.


A further challenge during this reporting period, was the Industrial action which took place from December 2019 through to the beginning of March 2020. This impacted on operational work with staff continuing to take action short of strike which included not working outside their working hours and not completing returns, including those required for this delegated statutory function report.

These factors were further compounded by COVID 19 and the impact on staff delivering services during a pandemic which included, new ways of working using virtual methods; use of technology; use of PPE; additional reporting within the Trust to ensure that regional guidance and Action Cards were adhered to; redeployment of staff to ensure staffing levels remained at a level to operate key services for children young people families, vulnerable older people, those with mental health and learning disabilities.

The impact of COVID on the workforce has been significant and will continue as the Trust moves to resetting services in the next number of months whilst preparing for a second spike.

The resilience and creativity of Social Work and Social Care Staff during this period is a testament to their commitment to the needs of the most vulnerable in society. Services continued to the most vulnerable whilst staff were challenged in how to keep themselves and their own families' safe.

I would wish to place on record my thanks to the social work and social care workforce in BHSCT for their commitment to providing safe, effective and compassionate services to our most vulnerable during what has been a very challenging year.

A handwritten signature in black ink, appearing to read "G. Adams".

**Signature**

**Date 14<sup>th</sup> August 2020**

## 2. PROGRAMME OF CARE SUMMARY

<b>Programme of Care / Directorate:- Older People's Services including Hospital Social Work</b>
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<b>2.1</b>	<b>Named Officer responsible for professional Social Work</b>
<b>2.1a</b>	<p><b>Highlight any vacancies and the action taken to recruit against these.</b></p> <p>Ms Tracy Reid is the Divisional Social Worker for Adult, Community and Older People's Services. The Divisional Social Worker 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 Work and Social Care services within the Service Area.</p> <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 professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker 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 service area is pleased to report that there are no operational or professional Social Work vacancies between Band 7 and Band 8B in Hospital or Community Social Work. This is a significantly changed position from the chronic vacancy issues reported in previous DSF reports.</p>
<b>2.1b</b>	<p><b>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p>Within this reporting period, the service area has significantly developed the operational and professional structure for Social Work across Hospital and Community Social Work. Historically, these areas were managed under the one operational and professional line of an 8B Social Work Service Manager. Furthermore, Hospital Social Work had a single Assistant Service Manager, to undertake operational and professional responsibility for 10 Hospital Social Work Teams. This created significant risk within the service area, as Hospital demands were often prioritised over operational issues in Community Social Work. During this reporting period, to ensure increased visibility into professional issues, the Division decided to split the 8B Service Manager into the 2 discreet roles of Hospital Social Work Service Manager and Community Social Work Service Manager. Furthermore,</p>



an additional Assistant Service Manager is now in place to support the Hospital Social Work Service Manager. These arrangements have been in place since February 2020 and notwithstanding the impact of COVID 19, the service area has already noted, the significantly positive impact of these new operational and professional structures.

The service area has been able to remove staffing issues in Older People's Social Work from the Divisional risk register.

### **Hospital Social Work Workforce**

This reporting period has been less challenging for the service area, in terms of the stability of the Social Work workforce across hospital sites. As had been previously reported, the service had been particularly reliant on Band 6 agency Social Workers across the acute hospital settings at Royal Victoria, Belfast City and Mater hospitals, as well as experiencing high levels of unfilled posts. The Trust completed a Jobs Fair Recruitment Day in September 2019 and since then applicants have now filled the vacant posts reported in the previous period. However, due to significant delays in relation to Shared Services recruitment processes this recruitment process was not completed until June 2020. In addition, the significant vacancy and absence within the Band 7 Senior Social Worker group has diminished over the reporting period and all 9 Senior Social Worker posts are now filled. This has significantly improved the structure to support the delivery of core duties, management and assurance processes.

### **Community Social Work Workforce**

During this reporting period there has been a marked improvement in relation to the stability of the workforce in Community Social Work, in comparison to the positions reported previously. The move to uplifting the Team Manager role from a Band 7 to a Band 8a role, has been successful in arresting the chronic vacancy challenges that have been endemic to this role in recent years, and the service area is pleased to report that there are no current vacancies in relation to this role currently.

Within the practitioner role, significant progress has been made in relation to reducing the dependency on agency and temporary staff. A recruitment day for Social Workers in September 2019 resulted in the appointment of 10 permanent Social Workers for community teams replacing temporary and agency staff. However due to the challenges within Shared Services these posts have only been fully recruited to in June 2020. The service area is pleased to report as of 1<sup>st</sup> July 2020, all posts are filled within the management and professional structure for Community Social Work. This is critical to enabling Community Social Work to recover from the impact of prolonged chronic vacancies and to ensure that there are the sufficient resource and structures in place to deliver statutory duties, professional assessment and intervention, and to continually improve.

As previously reported a significant challenge for Community Social Work has been the high dependency on Social Care staff, who had traditionally been utilised to deliver Statutory Duties. Since 2016, the service area had undergone significant transition to reduce the dependence on the Social Care and Care Management roles. Following the standing down of the Care Management role, the composition of the community teams was approximately 35 % Social Work and 65 % Non-Professional Social Care staff. Working to an objective for Community Social Work of team compositions of 70 % Social Work staff and 30% Non- Professional Social Care staff, the service area is able to report further progress. The objective is to ensure that the service area has sufficient levels of professional staff to deliver statutory and professional duties. With the use of demography monies during this reporting period, the service area has begun the process of phasing out 15 Social Care Co-ordinator roles and uplifting their replacements with Social Work posts. Some 10 posts have already transitioned with ongoing transitions planned. The service area is able to report that teams now have an average team composition of 55 - 65 % Social Workers. This transition remains a key objective for the service area.

#### **Care Review and Support Team (CREST)**

One area where recruitment is proving more challenging is the Care Review and Support Team. This team was set up to provide support and review to people who are in permanent care placements. The intention of this team was to have a cross representation of professions, recognising the diverse needs of residents. The composition of the team was to be 40% Social Work, 40% nursing and 20% others (SW, Nursing or AHP). The service area is being significantly challenged in its ability to recruit nursing and AHP staff, which is impacting upon the Teams ability to meet its full complement of staff and consequently to meet the demands of its workload. Whilst the service area has seen increased interest amongst applicants for Community and Hospital Social Work, the generic CREST Practitioner role does not appear to be as appealing to Social Work applicants. The impact of this, is a reduction of the number of cases transferred to the team, once the resident becomes permanently placed. This is resulting in additional pressures for Community Social Work. A number of recruitment drives have occurred, including the use of social media, pod casts and rolling recruitment. The service area continues to keep this under review.

#### **Professional Roles**

##### **a) Designated Adult Protection Officer (DAPO)**

The service area has in place sufficient numbers of DAPO's to meet its current responsibilities in relation to Adult Safeguarding responsibilities.

	<p><b>b) Investigating Officers</b></p> <p>Within the total service area, there are sufficient numbers of Investigating Officers available. However, given the significant numbers of new staff within the service areas, the service area is now putting in place arrangements for additional Investigating Officer training.</p> <p><b>c) Approved Social Worker</b></p> <p>The Trust takes a corporate position in relation to the Approved Social Worker role and this is reported on within Mental Health Statutory Function report</p> <p><b>d) Mental Capacity Act</b></p> <p>As stated above, the service area is able to report notable improvements in relation to recruitment to the service area. However, this has brought additional challenges in regards to meeting responsibilities in relation to the Mental Capacity Act. These recruitment improvements have resulted in significant numbers of recently qualified staff and staff from other programmes of care, coming to the service area. However, we are challenged in relation to having access to suitably eligible and qualified Social Workers, who can undertake capacity assessments. It is the experience of the service area that other professions are expressing a lack of confidence in undertaking assessments and that these will in the future predominantly fall to Social Work.</p>
<b>2.2</b>	<b>Supervision arrangements for social workers</b>
<b>2.2a</b>	<p><b>Please confirm that the Trust is fully compliant with the Regional Supervision Framework - No</b></p> <p><b>If not, outline the remedial action taken to address this</b></p> <p>Whilst the service area at the end of this reporting period is able to report a more stable structure in relation to Line Management structures, this has not been the case throughout the whole reporting period. Absence and vacancy in the Team Leader role across the reporting period has impacted upon the service areas ability to be fully compliant with the policy in relation to standards regarding the frequency of supervision</p> <p>Actions taken by the service area include:</p> <ul style="list-style-type: none"> <li>➤ Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. The Principal Social Worker monitors exception returns and trends are analysed to identify areas of concern.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ An action plan has been in place to address the absence and vacancy issues across the Team Leader role and this is now resolved</li> <li>➤ The Service area have put in place a supervision audit cycle and whilst COVID 19 affected the completion of this, the audit is now finished. Learning from this is being shared across the Division, to ensure continuous improvement</li> <li>➤ The service area welcomes and is working to implement the new regional supervision policy.</li> <li>➤ Newly qualified staff are supervised in line with AYE guidance</li> </ul>
<p><b>2.2b</b></p>	<p><b>Please confirm if the Programme of Care is utilising a Caseload Weighting tool - No</b></p> <p><b>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</b></p> <p><b>Hospital Social Work</b></p> <p>The centralisation of referrals through the Community Discharge and Social Work Hub has significantly improved visibility of Social Work referral and demand across acute hospital sites. Working with Intermediate Care services, the service area has now in place an allocation system. This system is overseen by a Band 7 Social Work Lead, who screens all referrals to the Hub and ensures that the most appropriate professional takes forward the case. This also ensures that high risk statutory cases in hospitals involving adult safeguarding, child protection, self-neglect, mental incapacity, addiction and domestic violence are better identified as discrete social work referrals. This is a move from historical practices where prioritisation was often only understood within the context of discharge activity and targets. This improved screening has reduced the number of inappropriate referrals to Hospital Social Work and this is reflected in Data Return 1</p> <p><b>Community Social Work</b></p> <p>Caseloads in the service area have been traditionally very high, with a mix of low level social care cases and high risk statutory cases. The service area implemented a risk stratification tool in late March, in response to COVID 19 and this identified that 40% of all cases in Older People’s Social Work were categorised as high risk. This tool has helped the service to understand and analyse the complexity of cases and will be further developed to build the profile of caseloads. Caseloads previously for Social Workers in Older People’s Services were approximately 90 to 100 cases. These are considered to be excessive and through the implementation of the actions noted above, these are able to be reduced to caseloads of approximately 60, with a longer term aim of a further 10 -15 % reduction, in line with other programmes of care in Adult Services.</p>

2.3	<p><b>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.</b></p>
	<p><b>BSO Care Management Audit</b></p> <p>Further to the BSO Care Management Audit of 2019, the Trust undertook significant improvement work to address the concerns raised. This included the updating of Trust wide Care Management Procedures and a review of the risk assessment, care plan, review tools. All of these tools have been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 before the full implementation of the improvements had been completed. Therefore full implementation had not occurred. BSO audit team very much commended the service area on the work that had been done, but as the full implementation of the care plan was not in place we remained with limited assurance. There is to be a potential audit later in the year. The service area has just completed a baseline audit, further to the implementation of new procedures and is implementing a monthly audit cycle until improvement is achieved and sustained. As highlighted before a key challenge to the service area, in achieving compliance has been the availability of professional staff to undertake the required duties.</p>
	<p><b>East Belfast Pilot</b></p> <p>The Service Area has continued with its implementation of improved Duty Desk systems across Community Social Work. This has enabled improved visibility and demand, which has identified the need for further development of the duty desk system. In the East Belfast Team, in partnership with the Re-ablement Service, Connected Community Hubs and Domiciliary Care, the service area has been piloting a new duty desk model. This has involved the integration of 2 former duty desks for Community Social Work into one, with increased senior decision making up front. Working on the principal of ensuring that people get onto the right pathway for them, as early as possible, has highlighted that Social Work does not always have to be the first professional involved in a social care case. This has shown significant impact with a preliminary reduction of some 30% of the cases going to Social Work and an increase in the number of cases being directed to Connected Community Hubs and Re-ablement services. Improved outcomes and reduced delay are also noted. Whilst this pilot has been, temporarily stood down, due to COVID 19, it is the intention of the service to recommence this work imminently and to spread learning across all community teams. The improved management and allocation of referrals, the reduction in staff vacancies and the realignment of staff from Social Care roles to Social Work will place the service area in a stronger position going forward.</p>

	<p><b>Social Work Strategy Innovation Fund</b></p> <p>The Service Area was successful in receiving grants of £15,000 each for 2 projects. Whilst both of these projects have delayed due to COVID 19, they will be restarted with a return to normative business</p> <ol style="list-style-type: none"> <li>1. A joint initiative with the Northern Ireland Fire Service has enabled the development of information, public awareness campaign and included Service User design and development and peer educators. This was to be launched formally in May 2020, but this will be carried forward into the Autumn</li> <li>2. Funding provided to further the work commenced with the ASCOT Team at Kent University to deliver further training to relevant staff in the use of outcome measures in supporting quality improvements in care homes. It is not currently possible to complete this work due to the restrictions around care home settings.</li> </ol> <p><b>CLARE Project</b></p> <p>As part of the Reform of Domiciliary Care, the service area has been involved in working with the CLARE project to identify alternative community responses, to services that otherwise would have been provided through formal commissioned services. There have been a number of challenges in relation to this project including the vacancy of the Project Manager post. The evaluation of the project has been delayed due to COVID 19.</p> <p><b>Shared Lives</b></p> <p>As part of the Reform of Domiciliary Care, the service area has been supporting the development of a Shared Lives model for the region. This work has involved engagement with community organisations and service users. The approach was widely welcomed across these groups as a positive direction of travel. Whilst the carrying forward of this work has been delayed due to COVID 19, the service area are supportive of the approach and would welcome a regional model.</p>
<p><b>2.4</b></p>	<p><b>Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period, that directly relates to the Trusts discharge of their statutory functions.</b></p>

	<p><b>Continuing Healthcare</b></p> <p>The service area continues to be significantly challenged in relation to the management of Continuing Health Care assessments and the full implementation of relevant paragraphs of the 2010 Care Management Circular. This matter has been the basis of a potential Judicial Review, a NIPSO finding against the Trust, various legal correspondence and a high number of complaints during this reporting period.</p> <p>In relation to the NIPSO finding, it is the view of the Ombudsman that the Trust can no longer justify the absence of a Policy for Continuing Health Care. However, as has been previously highlighted the Trust is awaiting policy guidance in relation to a framework to support the assessment of people with Continuing Healthcare needs. The Trust would welcome policy clarity and the outcome of 2017 Department of Health consultation.</p> <p><b>Adult Safeguarding</b></p> <p>The evidence paper from the Independent Review of Dunmurry Manor has highlighted a number of significant weaknesses in current Adult Safeguarding practices across the region. Of particular, note is the overdependence on process and procedures, with a less focus on meaningful outcomes for service users and families. Some of the themes identified in this report are similar to themes being identified in SAI reviews and complaints in the service area during this reporting period. The Trust would welcome a regional plan for the implementation of learning from COPNI Home Truths report and the Independent Review, to ensure that the necessary improvements are no longer delayed.</p> <p>A RQIA inspection of Valencia Ward was undertaken on 10<sup>th</sup> &amp; 11<sup>th</sup> February 2020. Valencia Ward based at Knockbracken provides support to A formal feedback meeting between RQIA and BHSCT on 25<sup>th</sup> February 2020 identified inspection concerns within Valencia Ward related to adult safeguarding, incident management systems and leadership and culture within the ward. An action plan was developed to address the issues raised, which included ongoing senior management oversight, independent care quality audits and support to the nursing team by sharing new evidence based nursing practices such as care planning, which was implemented within Valencia. The ward has been supported by social work regarding the identification of themes and trends in relation to safeguarding referrals and maintaining referral logs. The ward sister was provided with additional support to develop leadership and management qualities and skills, professional accountability and governance whilst delivering safe services within a specialist assessment facility.</p>
<p><b>2.5</b></p>	<p><b>Advise on any Safeguarding issues that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</b></p>

The Adult Protection Gateway Team (APGT) continues to operate a dual system, which consists of a duty function, which screens and coordinates adult safeguarding referrals, and an investigatory function, which has operational responsibility for conducting all Adult Protection investigations for Older Peoples Programme of Care and Physical Health and Sensory Disability.

This reporting period has been particularly challenging for the Adult Protection Gateway Team, as a number of key personnel from the team had been transferred to the Muckamore Abbey investigation. Given the loss of experienced personnel and due to challenges in backfilling staff, the team moved into a very high risk position with the risks being reported on the Corporate Risk Register. The position has now stabilised with the return of key personnel to the team and the Team has now been removed from the Corporate Risk Register. Also community and hospital teams are taking more responsibility for screening and assessing all other adult safeguarding activity outside of Adult Protection referrals and investigations.

In February 2020, BHSCT Prevention, Protection & Partnership working group facilitated an Adult Safeguarding Champion Forum. The purpose of this meeting was to look at the purpose of the annual position report, and it was also utilised as an opportunity to refresh and remind all Adult Safeguarding Champions of the referral pathways and to discuss thresholds for 'Adult Protection, 'At Risk of Harm' or 'Alternative Safeguarding Response'. The feedback from this forum was positive and resulted in the request for regular Adult Safeguarding Champion Forums to be facilitated by the BHSCT.

The Adult Protection Gateway Team continues to be the central point of referral for Human Trafficking and central point of contact for Police/Central Referral Unit. Over this reporting period, APGT continue to experience interface issues with the PSNI in relation to adherence with some aspects of the Joint Protocol, particularly around application of thresholds and challenges in relation to ABE interviews. It is noted that over this reporting period, APGT commenced 35 Joint Protocol investigations; this is a reduction of 60% from the previous year.

The Trust has been awaiting the implementation of APP forms onto the PARIS system, which has taken a number of years to develop. This was due to be operational by March 2020, however with factors beyond the control of the BHSCT, including COVID19, this has not been achieved.

Whilst in the main COVID 19 has only affected the later part of this reporting period, it is important to highlight that COVID 19 has significantly impacted upon Adult Safeguarding, with a significant drop in referrals. This has been recorded on the Divisional Risk register.



**2.6 Progress Update on DSF Plan**

**This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)**

2.6	Issue/Action Agreed at DSF meeting in June 2019	Progress Update at 31 <sup>st</sup> March	RAG Rating
<b>A</b>	Hospital Social Work- Staffing, Attendance Management and Recruitment	As reported in 2.1b, the workforce issues in relation to Hospital Social Work have now been addressed and a stable workforce structure is now in place	
<b>B</b>	Social Work Model Royal Victoria Hospital	As reported in 2.2 b, Hospital Social Work within the RVH site is a critical part of the Community Discharge and Social Work Hub. Hospital Social Work has retained its own respective operational and management structure, though they will be closely inter-connected with Intermediate Care. Low level tasks such as restarts [of care packages] are now undertaken by Discharge Hub staff, as well as there being increased support for Social Workers in relation to the administrative processes for discharge. It remains the aim of the service that Social Work should not be defined only in relation to discharge processes, but that there is a need to focus on the core Social Work role. In this forthcoming year, Hospital Social Work will focus on widening their professional toolkit, with an increased focus on meaningful interventions and Multi-Disciplinary working.	
<b>C</b>	Domiciliary Care Unmet Need	As reported in 2.6, this remains a significant risk for the service area. Whilst COVID 19 has reduced significantly the level of unmet need, this is likely to be a temporary	

		position, with increased demand as people come out of lock down. The modernisation of Statutory Home Care has not delivered the additional capacity required. This work is ongoing.	
<b>D</b>	Care Management Audit	As reported in 2.3, whilst significant progress has been made in relation to achieving compliance, ongoing implementation is required. The service area remains with limited assurance but a implementation plan is in place	
<b>E</b>	Adult Safeguarding	The service has reduced the number of non-protection cases being referred to the Gateway Team during this reporting period through the transfer of the screening function to Community Social Work. However, further work is required in relation to standardisation of practice when working with Adult's at Risk of Harm. The service area awaits the implementation of the recommendations from the Independent Review into Dunmurry Manor.	

Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Those actions which are amber and red will be added to the Action Plan for the next reporting period - 2020/2021

**2.7 Discharge of Delegated Statutory Functions**

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p><b>Domiciliary Service Provision</b></p> <p>The Service Area continues to be challenged in the demand and supply of domiciliary care. The service area has continued to be significantly impacted by the lack of availability in domiciliary care, particularly in South and East Belfast. On the 31st March 2020 there were 705 unsecured care packages equating to 5228 hours in Older Peoples Services. These ongoing supply issues affected the availability of sustainable and flexible Domiciliary Care to support people to live safely in their own homes and delayed people in hospital. There was also reduced flow through intermediate care services such as re-ablement, community rehabilitation and bed based provision, due to the lack of available packages for those people exiting these services, who require long term support. This resulted in multiple people having to await packages of care in a bed based facility.</p> <p>It is important to note that in March 2020 with the impact of COVID 19 there was a surge in unmet domiciliary care need, due to significant pressures to create bed capacity in hospitals in preparation for the impact of COVID 19.</p>	<p>1) The Service Area continued with the modernisation of the Statutory Homecare Service through the recruitment of additional home care staff and the introduction of a revised job description that may result in the newly recruited posts and some/all existing posts being re-banded. Whilst the aim of modernisation was to increase the capacity of the Home Care service to deliver an additional 1500 hours per week, this has not been realised to date. Whilst the service area undertook a re- banding of the home care service, the uptake from staff was limited. This was due to staff not wishing to avail of the fixed hour contracts associated with the uplift. Recruitment to Home Care posts remained a challenge during this reporting period. As the service area comes out of the COVID 19 surge, it is a priority for the service area to continue with the modernisation of this service.</p> <p>2) The service area in response to the high demand for Domiciliary Care, particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective is to improve hospital discharge and intermediate care flow, and to reduce unmet need.</p> <p>3) The service area has continued to utilise interim care beds as a way of supporting hospital discharges.</p>

<p><b>Continuing Healthcare CHC -</b> As detailed in section 2.4 The service area continues to be significantly challenged in relation to the management of Continuing Health Care assessments and the full implementation of relevant paragraphs of the 2010 Care Management Circular.</p> <p><b>Mental Capacity Act</b></p> <p>The introduction of the MCA in December 2019 has brought significant challenges to the Service Area, as the service area moved to achieve a position of readiness. The impact of the implementation of the Act has been acutely felt in Adult Community and Older People's Services, where there are significant numbers of legacy cases. The service area is currently unable to achieve Trust Panel Authorisations for people who are Deprived of their Liberty and are living in the community or care homes, due to the lack of access to medical assessments. This has been captured on the risk register.</p>	<p>4) The service area has implemented twice weekly collective telephone conference calls to prioritise high risk cases and has developed an information system to capture daily activity/demand &amp; flow.</p> <p>5) Service users are being encouraged to avail of Self Directed Support in the form of Direct Payments in lieu of Dom Care service.</p> <p>The Trust awaits Department of Health Policy Guidance</p> <p>The Trust has sought to recruit appropriate medical staff to undertake medical assessments, but has been unsuccessful. The Trust continues to explore ways to recruit medical staff to undertake medical assessments.</p>
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<p><b>Industrial Action</b></p> <p>The service was significantly impacted by the industrial action by NIPSA in the later part of this reporting period with a need to implement the Business Continuity Plans on days of Strike action, with services reduced to emergency only. Industrial action in relation to data collection also affected the service area, particularly where it was dependent upon manual counts.</p> <p><b>COVID 19</b></p> <p>The impact of COVID 19 was widely felt in the last month of this reporting period. The pandemic has impacted significantly upon normal business and the ability of the service to discharge its Statutory Function and has disrupted normal working practices. COVID 19 has been particularly felt in Older People’s Services with Business Continuity Plans activated across Hospital and Community Social Work during March 20. The service area put in place significant measures in relation to supporting Care Homes, established a Community Co-ordination Centre to meet basic welfare needs and had a significant role in supporting hospital discharges</p>	<p>The service area worked closely with Trade Union colleagues to reduce the impact of Industrial Action.</p> <p>The service area remains on amber in relation to the surge plan</p>
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**PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9****DATA RETURN 1 – PoC / Directorate: Older People's Services including Hospital Social Work**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?		4113
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?		3274
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March? This is the total of 1.4 + 5.4		6159
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?  The Trust do not have an electronic mechanism to determine which open cases have only social work input. This figure has always depended on a manual count at the end of March. Due to the Coronavirus Pandemic this count did not take place on 31 <sup>st</sup> March. It is not possible to report this information accurately retrospectively.		Unable to report in this period
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		5868
	i. Residential Home Care		681
	ii. Nursing Home Care		1551
	iii. Domiciliary Care Managed		3069
	iv. Domiciliary Non Care Managed		444
	v. Supported Living		123
	vi. Permanent Adult Family Placement		0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  Further to the BSO Audit of 2019, the Trust undertook significant improvement work including the updating of Care Management Procedures and a review of the risk assessment, care plan, review documentation. All of this is has been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 whilst it was completing training for staff and implementation. Therefore full implementation had not occurred. Whilst BSO audit team		

	commended the service area on the work that had been done but full implementation of the care plan was not in place. Therefore we remained with limited assurance and there is to be a potential audit later in the year.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	<ul style="list-style-type: none"> <li>- Statutory sector</li> </ul> <p>The service area has worked to implement electronic recording of attendees at day centres. Therefore, we are no longer dependant on a manual count. It is the view of the that there has been an improvement in the reporting mechanism this year and increased accuracy in relation to information.</p>		856
1.6	<ul style="list-style-type: none"> <li>- Independent sector</li> </ul> <p>The service area has worked disaggregate between Independent Day Centre attendances and Day Opportunities. Whilst there has been a reduction in Day Centre attendees, a proportionate increase in Day Opportunities is also noted in 1.6a.</p>		217
	Number of adults known to the Programme of Care in receipt of Day Opportunities		243
1.7	Of those at 1.6 how many are EMI / dementia		
	<ul style="list-style-type: none"> <li>- Statutory sector</li> <li>- Independent sector</li> </ul> <p>The Service area is unable to disaggregate this information</p>		159 N/A
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		3

### DATA RETURN 1 – Hospital - Older People’s Services including Hospital Social Work

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 period?	n/a	n/a	n/a
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	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

### DATA RETURN 1 – Acute Hospital (general setting) Older People’s Services including Hospital Social Work

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
	The figures provided are as per Paris report.			
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	18	2538	7301
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  Please note it is expected that the response for sections 1.1 & 1.2 will be the same	18	2538	7301
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?  The service area is unable to disaggregate this information by age group			Total number for all age groups - 4284

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 – PoC / Directorate: Older People’s Services including Hospital Social Work**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		483
	Partially sighted		216
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		80
	Deaf without speech		32
	Hard of hearing		2122
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		109

Please note that this return does not reflect the number of service users who have a sight loss but do not meet the medical threshold for certification of **Severely Sight Impaired** (Blind) or **Sight Impaired** (Partially Sighted). The service are records these people as Visually Impaired on its database and feels it is important to reflect this in the returns as these individuals require assessment and service provision.

Adults over 65 who are Visually Impaired: 954

**DATA RETURN 3 – PoC / Directorate: Older People’s Services including Hospital Social Work**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b><i>Note: ‘disabled people’ includes individuals with physical disability, sensory impairment, learning disability</i></b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>N/A</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>N/A</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>N/A</b>
3.3	Number of assessments undertaken of disabled children ceasing full time education.	<b>N/A</b>

**DATA RETURN 4 – PoC / Directorate: Older People’s Services including  
Hospital Social Work**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>		
<b>Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		
4.1	Number of Article 15 (HPSS Order) Payments	39
	Total expenditure for the above payments	£6698.02
4.2	Number of TRUST FUNDED people in residential care	451
4.3	Number of TRUST FUNDED people in nursing care	1022
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	529

**DATA RETURN 5 – PoC / Directorate: Older People’s Services including Hospital Social Work**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period. <i>Please note 514 are presumed to be over 65 as DOB were not provided</i>		352	814
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – to be collect from PMSI)</i>		229	391
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>  Reason for decline A1 - 18 A2 - 42 A3 - 35 A4 - 283 A5 - 33 A6 - 3 A7 - 14 A8 - 131  The 2 main reasons for decline:  A4- The Carer feels that they do not need any support/additional A8- The Carer would not give a reason / No reason recorded		123	436
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		0	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March <i>Please note that not all carers declared age therefore some assumptions are made</i>		200	91
5.5	Number of young carers offered individual carers assessments during the period.		0	
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>		0	
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March		0	

5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	136
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	136
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	228
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	N/A
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	N/A
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	0
5.11	Number of one off Carers Grants made in-year.	505

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

**Commentary**

Due to the significant level of Band 4 staff in community Social Work and the transition of all initial assessments to Social Workers, the service area has struggled to prioritise carers assessments. The Trust has worked during this reporting period to reduce the number of Social Care Co-ordinators through the uplift of 15 Social Care Co-ordinator posts to Social Work posts and these will be phased in through the summer of 2020. The increase in professional staff should assist the service area to discharge this responsibility more efficiently

The service area has worked during this reporting period to cleanse carers data. This has led to increased utilisation of PARIS and a review of internal processes, with a decreased dependence on manual counting.

**DATA RETURN 6 – PoC / Directorate: Older People’s Services including  
Hospital Social Work**

**6 SAFEGUARDING ADULTS**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN THE ADULT SAFEGUARDING REPORT**

**DATA RETURN 9 – PoC / Directorate: Older People’s Services including Hospital Social Work**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	44	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	36	
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	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge  <b>YES</b>	Yes, the Service area can provide this assurance and new templates are now in place to provide additional assurance	

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?  This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	MH Return
9.2a	Of these, how many resulted in an application being made?  This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	MH Return

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	44
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> <b>YES / NO</b> <i>If no, please explain</i>  The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	0

9.4.a	Confirm if these reports were completed within 14 days? <b>YES</b> If no, please explain	N/A
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<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients	0

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	2
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	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 period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period  The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	
9.7.a	Number of Approved Social Workers removed during period  See Mental Health Report	



9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)  See Mental Health Report	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting.  NO	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.  Increasingly the Service area is challenged in accessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments.  Staff from the service area have attended training with DLS during this reporting period in relation to OCP duties	41

**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	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:  (a) Treatment as an in-patient  (b) Treatment as an out patient  (c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period. Please advise of any issues presenting	

**2. PROGRAMME OF CARE SUMMARY**

**Programme of Care / Directorate:- Physical & Sensory Disability**

<b>2.1</b>	<b>Named Officer responsible for professional Social Work</b>
<b>2.1a</b>	<p>Ms Tracy Reid is the Divisional Social Worker for Adult, Community and Older People’s Services. The Divisional Social Worker 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 Work and Social Care services within the Service Area.</p> <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 professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker 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>2.1b</b>	<p><b>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p>The service area is pleased to report that there are minimal professional Social Work vacancies, with 1 Senior Social Work and 1 Social Work vacancy at the end of this reporting period. The service area can also report that staffing has remained very stable with a low turnover of staff at practitioner or managerial level.</p> <p><b>Professional Roles</b></p> <p><b>a) Designated Adult Protection Officer (DAPO)</b></p> <p>The service area has in place sufficient numbers of DAPO’s to meet its current responsibilities in relation to Adult Safeguarding responsibilities.</p> <p><b>b) Investigating Officers</b></p> <p>The service area has in place sufficient numbers of IO’s to meet its current responsibilities in relation to Adult Safeguarding responsibilities.</p>

	<p><b>c) Approved Social Worker</b></p> <p>The Trust takes a corporate position in relation to the Approved Social Worker role and this is reported on within Mental Health Statutory Function report</p>
<b>2.2</b>	<b>Supervision arrangements for social workers</b>
<b>2.2a</b>	<b>Please confirm that the Trust is fully compliant with the Regional Supervision Framework - <u>Yes</u></b>
<b>2.2b</b>	<p><b>Please confirm if the Programme of Care is utilising a Caseload Weighting tool - <u>No</u></b></p> <p><b>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</b></p> <p>The service area would welcome regional guidance in relation to a standardised Case Weighting Tool for Adult Social Work. The service area does have a Risk Stratification tool in place to identify high, medium and low risk cases, which informs caseload allocation. Caseloads are kept under review through the supervision process, caseload analysis and allocation systems. The service area currently has sufficient staffing to meet referral demand.</p>
<b>2.3</b>	<b>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.</b>
	<p><b>BSO Care Management Audit</b></p> <p>Further to the BSO Care Management Audit of 2019, the Trust undertook significant improvement work to address the concerns raised. This included the updating of Trust wide Care Management Procedures and a review of the risk assessment, care plan, review tools. All of these tools have been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 before the full implementation of the improvements had been completed. Therefore full implementation had not occurred. BSO audit team very much commended the service area on the work that had been done, but as the full implementation of the care plan was not in place the service remained with limited assurance. There is to be a potential audit later in the year.</p> <p><b>Physical Disability Services</b></p> <p>Social work staff in the Physical Health and Disability Team for North and West Belfast, based in Grove Wellbeing and Treatment Centre</p>

embarked on a Quality Improvement Project, co-produced with young carers. This resulted in the production of an information leaflet resource, which can be provided to young carers within the programme of care.

### **Day Centre Services**

Service users from Grove Day Centre participated in a partnership project between the Belfast Trust and Northern Ireland Fire and Rescue Service, to promote fire safety awareness within the community.

Enler Day Centre was successful at the Regional Quality Improvement 'Dragons Den' for their co-produced 'Good Grief' project helping service users to think about death and dying issues. Plans are in place to develop the sensory garden into a memorial space, with a commissioned sculpture.

### **Community Brain Injury Team**

The Community Brain Injury Rehabilitation Team continue to audit and review service delivery in order to improve and sustain high standards in service delivery and practice. During this reporting period CBIRT have undertaken a quality improvement initiative involving update of operational policy and internal processes focussing on strength-based and person-centred approaches and practice to support adults with acquired brain injury and their families. The multi-disciplinary team continue to work closely with other professionals within the Trust, other statutory bodies, voluntary sector, third sector and service users to achieve positive outcomes and ensure timely responses to referrals and rehabilitation interventions.

### **Sensory Support Team**

As reported last year the Sensory Support Team were involved in the development of a regional equipment framework in order to ensure compliance with procurement legislation. The aim was to ensure equitable and accessible provision of sensory equipment. The framework is now operational and working well.

### **Self-Directed Support**

Within the Belfast Health and Social Care Trust, the Self Directed Support (SDS) Project Manager is based within Physical and Sensory Disability Services. In partnership with Older People's Social Work the teams developed Self-Directed Support Project for Older People in BME (Black, Minority, Ethnic) Community. The aim was to increase the uptake of Direct Payments in the Chinese community. The Project was shortlisted for Co-production category of regional Social Work Awards on 15<sup>th</sup> November 2019 which project team attended and this was presented at the 7th Annual Social Work and Social Care Research in Practice Conference 11th March 2020, with a submission

<b>2.4</b>	<b>Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period, that directly relates to the Trusts discharge of their statutory functions.</b>
	<p>The Community Brain Injury Rehabilitation Team continues to experience difficulties accessing appropriate mental health support for people with brain injury. Following learning from an SAI during this reporting period recommendations were made to develop a clear pathway between Physical Health and Sensory Disability and Mental Health Services for those presenting with both mental health and brain injury and/or physical health issues. A working group has been established to address this. It is anticipated that a pathway may include consultation clinics to discuss cases and formulate treatment and management plans with GP and Care Management inputs.</p>
<b>2.5</b>	<b>Advise on any Safeguarding issues that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</b>
	<p>The Adult Protection Gateway Team (APGT) continues to operate a dual system, which consists of a duty function, which screens and co-ordinates adult safeguarding referrals for the service area, and an investigatory function, which has operational responsibility for conducting all Adult Protection investigations for Physical Health and Sensory Disability.</p> <p>Physical and Sensory Disability Service has worked in collaboration with the Belfast Area Domestic &amp; Sexual Violence and Abuse Partnership to develop a Working Group specifically for Disability &amp; Domestic Violence. The service area provided an awareness raising session for both statutory and voluntary sector staff in November 2019 as part of the 16 Days of Activism Against Gender Based Violence Campaign.</p> <p>Whilst in the main COVID 19 has only affected the later part of this reporting period, it is important to highlight that COVID 19 has significantly impacted upon Adult Safeguarding, with a significant drop in referrals. This has been recorded on the Divisional Risk register.</p>

**2.6 Progress Update on DSF Plan**

**This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)**

2.6	Issue/Action Agreed at DSF meeting in June 2019	Progress Update at 31 <sup>st</sup> March	RAG Rating
	Accuracy of Data in relation to deafblind figures .	The Sensory Support Team and Business Support have worked together to develop a Deafblind register on the PARIS system. This will improve the accuracy of data	

Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Those actions which are amber and red will be added to the Action Plan for the next reporting period - 2020/2021

**2.7 Discharge of Delegated Statutory Functions**

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.6	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p><b>Domiciliary Service Provision</b></p> <p>The Service Area continues to be challenged in the demand and supply of domiciliary care. The service area has continued to be significantly impacted by the lack of availability in domiciliary care, particularly in South and East Belfast. On the 31st March 2020 there were 82 unsecured care packages equating to 711 hours in Physical and Sensory Disability services. These ongoing supply issues affected the availability of sustainable and flexible Domiciliary Care to support people to live safely in their own homes and delayed people in hospital.</p> <p>It is important to note that in March 2020 with the impact of COVID 19 there was a surge in unmet domiciliary care need, due to significant pressures to create bed capacity in hospitals in preparation for the impact of COVID 19.</p>	<p>1) The Service Area continued with the modernisation of the Statutory Homecare Service through the recruitment of additional home care staff and the introduction of a revised job description that may result in the newly recruited posts and some/all existing posts being re-banded. Whilst the aim of modernisation was to increase the capacity of the Home Care service to deliver an additional 1500 hours per week, this has not been realised to date. Whilst the service area undertook a re- banding of the home care service, the uptake from staff was limited. This was due to staff not wishing to avail of the fixed hour contracts associated with the uplift. Recruitment to Home Care posts remained a challenge during this reporting period. As the service area comes out of the COVID 19 surge, it is a priority for the service area to continue with the modernisation of this service.</p> <p>2) The service area in response to the high demand for Domiciliary Care, particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective is to improve hospital discharge and intermediate care flow, and to reduce unmet need.</p> <p>3) Service users are being encouraged to avail of Self Directed Support in the form of Direct Payments in lieu of Dom Care service.</p>

<p><b>Continuing Healthcare CHC -</b></p> <p>The service area continues to be significantly challenged in relation to the management of Continuing Health Care assessments and full the implementation of relevant paragraphs of the 2010 Care Management Circular.</p> <p><b>Mental Capacity Act</b></p> <p>The introduction of the MCA in December 2019 has brought significant challenges to the Service Area. The service area is currently unable to achieve Trust Panel Authorisations for people who are Deprived of their Liberty and are living in the community or care homes, due to the lack of access to medical assessments. This has been captured on the risk register</p> <p><b>Industrial Action</b></p> <p>The service was significantly impacted by the industrial action by NIPSA in the later part of this reporting period with a need to implement the Business Continuity Plans on days of Strike action, with services reduced to emergency only. Day Centres were particularly impacted, although some level of service was always retained. Industrial action in relation to data collection also affected the service area, particularly where it was dependent upon</p>	<p>The Trust awaits Department of Health Policy Guidance</p> <p>The Trust has sought to recruit appropriate medical staff to undertake medical assessments, but has been unsuccessful. The Trust continues to explore ways to recruit medical staff to undertake medical assessments.</p> <p>The service area worked closely with Trade Union colleagues to reduce the impact of Industrial Action.</p>
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<p><b>COVID 19</b></p> <p>The impact of COVID 19 was widely felt in the last month of this reporting period. The pandemic has impacted significantly upon normal business and the ability of the service to discharge its Statutory Function and has disrupted normal working practices. Business Continuity Plans have been activated across the service area. In March, the eleven physical &amp; sensory disability and older people’s day centres closed to attendees and 43 staff were redeployed to other frontline social care services including Home Care, Supported Living, Care Homes, Rapid Response Team, Covid Centre, PPE Hubs and the Care Home Support Service. A number of staff were retained within day care services and a programme of outreach was immediately developed to support all day care attendees in an alternative format, including regular telephone calls, provision of activity packs and baths or showers within two dedicated day care sites for those in need of the facilities. Planning towards recovery has been ongoing with the expected return of high-risk service users in the summer period.</p>	<p>The service area remains on amber in relation to the surge plan</p>
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**PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9****DATA RETURN 1 – PoC / Directorate: Physical & Sensory Disability**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	1205	991
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	982	910
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March? This is the total of 1.4 + 5.4	1228	300
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?  The Trust do not have an electronic mechanism to determine which open cases have only social work input. This figure has always depended on a manual count at the end of March. Due to the Coronavirus Pandemic this count did not take place on 31 <sup>st</sup> March. .It is not possible to report this information accurately retrospectively.		Unable to report in this period
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:	857	
	vii. Residential Home Care	16	N/A
	viii. Nursing Home Care	111	N/A
	ix. Domiciliary Care Managed	536	N/A
	x. Domiciliary Non Care Managed	136	N/A
	xi. Supported Living	58	N/A
	xii. Permanent Adult Family Placement	0	N/A
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.  Further to the BSO Audit of 2019, the Trust undertook significant improvement work including the updating of Care Management Procedures and a review of the risk assessment, care plan, review documentation. All of this is has been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 whilst it was completing training for staff and implementation. Therefore full implementation had not occurred. Whilst BSO audit team commended the service area on the work that had been done		

	but full implementation of the care plan was not in place. Therefore we remained with limited assurance and there is to be a potential audit later in the year.		
1.5	Number of adults provided with respite during the period	31	N/A
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector  The service area has worked to implement electronic recording of attendees at day centres. Therefore, we are no longer dependant on a manual count. It is the view of the service area that there has been an improvement in the reporting mechanism this year and increased accuracy in relation to information.	256	See OPS Return
	- Independent sector  The service area has worked disaggregate between Independent Day Centre attendances and Day Opportunities. Whilst there has been a reduction in Day Centre attendees, a proportionate increase in Day Opportunities is also noted in 1.6a.	85	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	379	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector  The Service area is unable to disaggregate this information	N/A	N/A
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	0

**DATA RETURN 1 – Acute Hospital (general setting)**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
	The figures provided are as per Paris report.	<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A	N/A	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>	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?  The service area is unable to disaggregate this information by age group	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

## DATA RETURN 2 – PoC / Directorate: Physical &amp; Sensory Disability

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	<p>Details of patients less than 65 in hospital for long term (&gt;3months) care who are being treated in hospital ward for over 65</p> <p>PSD had 2 service users under 65years who were in hospital for over 3 months during the reporting period, in RVH, due to their complex needs. Both have since been discharged.</p>	2	<del>X</del> NIL
2.2	Number of adults known to the Programme of Care who are:		
	Blind	306	483
	Partially sighted	162	216
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	130	80
	Deaf without speech	85	32
	Hard of hearing	517	2122
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	32	255

Please note that this return does not reflect the number of service users who have a sight loss but do not meet the medical threshold for certification of **Severely Sight Impaired** (Blind) or **Sight Impaired** (Partially Sighted). The service are records these people as Visually Impaired on its database and feels it is important to reflect this in the returns as these individuals require assessment and service provision.

Adults who are under 65: 211

Adults over 65 who are Visually Impaired: 954

**DATA RETURN 3 – PoC / Directorate: Physical & Sensory Disability**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b><i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i></b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	2200
	Number of Disabled people known as at 31 <sup>st</sup> March.	1531
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	1061
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

**DATA RETURN 4 – PoC / Directorate: Physical & Sensory Disability**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>
<b>Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>

4.1	Number of Article 15 (HPSS Order) Payments	33
	Total expenditure for the above payments	£1056
4.2	Number of TRUST FUNDED people in residential care	16
4.3	Number of TRUST FUNDED people in nursing care	101
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	10

## DATA RETURN 5 – PoC / Directorate: Physical &amp; Sensory Disability

## 5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period. <i>Please note 514 are presumed to be over 65 as DOB were not provided</i>	1	289	0
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – to be collect from PMSI)</i>	1	184	0
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>  Reason for decline Unable to report  The 2 main reasons for decline: Unable to report due to manual counting issues, this is being addressed	0	35	0
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March Please note that not all carers declared age therefore some assumptions are made	0	62	0
5.5	Number of young carers offered individual carers assessments during the period. Unable to report due to manual counting, this is being addressed.		0	
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i> Unable to report due to manual counting issues, this is being addressed.		0	
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March Unable to report due to manual counting issues, this is being addressed.		0	
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March		40	
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March		36	
			170	



	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	0
5.11	Number of one off Carers Grants made in-year.	362
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b>		
The service area has worked during this reporting period to cleanse carers' data. This has led to increased utilisation of PARIS and a review of internal processes, with a decreased dependence on manual counting.		

**DATA RETURN 6 – PoC / Directorate: Physical & Sensory Disability**

**6 SAFEGUARDING ADULTS**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN THE ADULT SAFEGUARDING REPORT**

**DATA RETURN 9 – PoC / Directorate: Physical & Sensory Disability**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	0	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)		
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge  <b>YES</b>		

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?  This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	
9.2a	Of these, how many resulted in an application being made?  This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	
9.3.a	<i>Confirm if these reports were completed within 5 working days <b>YES / NO</b> If no, please explain</i>  The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	
9.4.a	Confirm if these reports were completed within 14 days? <b>YES</b>	

	If no, please explain	
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<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients	

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period  The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	
9.7.a	Number of Approved Social Workers removed during period  See Mental Health Report	
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	

	See Mental Health Report	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting.  NO	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.  Increasingly the Service area is challenged in accessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments.  Staff from the service area have attended training with DLS during this reporting period in relation to OCP duties	

**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	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period. Please advise of any issues presenting	

## 2. PROGRAMME OF CARE SUMMARY

<b>Programme of Care / Directorate:- Mental Health</b>
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<b>2.1</b>	<b>Named Officer responsible for professional Social Work</b>
<b>2.1a</b>	<p><b>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</b></p> <p>During the reporting period, Ms Mary O'Brien discharged the role of Divisional Social Worker within the collective leadership model within mental health services. The post incorporates professional responsibility for the Social Work and Social Care workforce.</p> <p>Ms O'Brien is accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Mental Health Division.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the Social Work and Social Care workforce runs from the individual practitioner through the Divisions line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Mental Health Service's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>A Structural chart is attached in Appendix</p>
	<p><b>Highlight any vacancies and the action taken to recruit against these.</b></p> <p>There are currently 18 social work vacancies within the adult mental health service with 17 posts within a recruitment process and 15 band 5/6 agency staff employed at the 31<sup>st</sup> March 2020. 17 of these posts are band 6 social work posts and one is a band 7 DAPO post.</p> <p>The Trust has initiated planning with learning and development (L&amp;D) teams to support the recruitment of social work students into temporary Social Work posts who have qualified under the Coronavirus Act 2020 following early graduation from the degree in Social Work to support the workforce during the pandemic. Targeted 1-1 supportive supervision has also been set up via the L&amp;D team to support these staff in the initial stages of their employment as Social Workers in addition to AYE supervision arrangements by professional Social Work supervisors, line management operational supervision and the Social Work forums.</p> <p>Control systems in place to mitigate against this – 15 social work agency posts, 2 posts filled temporarily by redeployed staff during the</p>

	<p>covid19 period. The DAPO post is currently being covered by the ASG lead. ASG is currently undergoing a review and this post will be considered in that process. There are currently four Social Work recruitment processes taking place to address the social work vacancies across teams within the Mental Health Division.</p>
<p><b>2.1b</b></p>	<p><b>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p><b>Key workforce planning issues</b></p> <p><b>Mental Capacity Act (NI) 2016 Phase 1: Implementation-2<sup>nd</sup> December 2019</b></p> <p>The Trust was required to develop an infrastructure to support Trust Panels for Deprivation of Liberty in line with the requirements of the Mental Capacity Act. This necessitated the development of an interim Mental Capacity Act team to ensure the Trust meet its delegated functions associated with the implementation while continuing to ensure that statutory functions under the Mental Health Order were provided in tandem.</p> <p>As the Trust did not have a sufficient pool of ASW's to undertake the functions under MCA partial implementation a decision was made to recruit 6 as Short Term Detention Authorisers to undertake the appointed ASW role under the Act.</p> <p>The timescales in relation to training of relevant staff to undertake specific functions of the Act was a significant challenge to meet. A training guide was developed for all disciplines within the Division to ensure the needs of the service could be met by the 2<sup>nd</sup> December 2019. The release of staff to complete the necessary training was a challenge due to limited funding, workforce issues and pressure on services.</p> <p>The DoH had funded 4 nominations for MCA in-house trainers within the Trust. 44% of the mental health workforce have completed training relevant to their roles under MCA to date. Since the 2<sup>nd</sup> December 2019, the team have dealt with 173 STDA's referrals with 65 completed STDA's, and 172 Trust panel applications with 44 authorisations made (those not authorised were rejected as incomplete or did not meet the criteria).</p> <p><b>Mental Capacity Act delegated functions</b></p> <p>The Trust MCA Implementation plan established a system to manage the services required alongside the implementation lead, specifically in relation to STDA and TPA's. This was built around the need for provision of ASW's who undertake key statutory functions of the Act,</p>

but also for the future full implementation of the MCA where additional ASW roles have been enshrined.

An operational management structure regarding ASW roles under MHO and MCA is currently being designed incorporating a clear Social Work professional line of responsibility. Profiling of future ASW numbers in this context is a priority with the need for representation across all key programmes of care given the brevity and scope of the Act and statutory roles of ASW's that have been prescribed (see section 2 which illustrates ASW workforce planning estimates that have been commissioned by the DoH from QUB).

### **Recruitment and Retention of Approved Social Workers**

There is a continued challenge in recruiting and maintaining ASW's on the daytime rota.

Current total of 28 (25 last period) ASW's registered, 22 on the ASW rota which includes 5 staff who successfully completed ASW training in the last period. Not all of these staff participate on the rota due to the following reasons;

- 2 staff moved post and came off the Rota
- 2 staff came off the Rota due to the pressure of the role
- 2 staff are on maternity leave
- 4 staff are shielding due to Covid 19

In addition 4 staff have limited participation on the rota due to having substantive management posts or senior Social Work posts (Team Leader or Senior Social Work Practitioner)

- In order to mitigate against the above to provide sufficient numbers on the Rota the Mental Health Division has had to do the following;
  - Redeploy a full time member of staff to cover 12 slots per month
  - Utilise Agency ASW staff to provide 10 slots per month (2 staff)
  - Utilise 1 bank member of staff to provide 3 slots per month.

These mitigating measures ensure that the Trust is able to meet its delegated statutory functions in this area.

8 new ASW's have been trained during the reporting period and will support the rota on completion of shadowing.

Recruitment of ASW candidates has also proved challenging due to difficulty in release from other Divisions outside of the Mental Health Division and this is an area that continues to require attention by service managers to reiterate the corporate responsibility of all Divisions to contribute to the provision of ASW staff.



**Retention of ASW staff**

This proves a continuing difficulty which has seen a number of staff report work related stress associated with their ASW role due to;

- The unpredictable nature of the role.
- lack of beds leading to prolonged waits and impact on finish times
- The limited availability of GP's due to surgery duties often leading to request later in the day to undertake assessments under MHO. This inevitably leads to longer working hours as ASW are forced to work outside of their working hours to facilitate the working patterns of GP's this has been a long standing issue and has impact on the perception of and interest in the role by band 6 social workers.
- The potential for verbal and physical aggression during assessments.
- Interface issues with bed management, Home treatment teams, police and ambulance have been identified as problematic and impacting on stress during assessments.
- lone working

See section 2.3 in relation to audit of ASW feedback regarding support networks to facilitate the ASW role contributing to retention of staff.

- The ASW daytime service has just joined the a Paris system as of the 1<sup>st</sup> June 2020 enabling the development of data collation, management and analysis as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity. This will aid current and future workforce planning regarding the ASW service based on capacity and demand.

**Social Work Staffing requirements**

The Office of Social Services DoH has commissioned a workforce planning estimate which has been undertaken by QUB to identify the need for an evidence based estimate of the number of Approved Social Workers (ASWs) required for Trusts to fulfil their statutory duties under the Mental Health (Northern Ireland) Order 1986. This review is most welcome given the ongoing challenge in the recruitment and retention of ASW staff and representation from across programmes of care.

**Team Leader recruitment and ASW/DAPO role**

There continues to be a challenge in encouraging band 6 social work staff into band 7 team lead and Senior Social Work practitioner posts. Service managers have indicated band 6 staff are not attracted to the team leader posts due to perception of the level of responsibility and remit of the post in addition to other statutory roles such as professional supervision, DAPO and ASW roles, which their nurse counterparts do not have. The service area has 7 band Social Work team leaders out of 28 potential posts (excluding psychology posts). This impacts on Social Works ability to influence services at the point of service delivery and on service provision to carers.

	<p>4 Senior Social Work practitioner posts have been created in the Community Mental Health Teams, which have strengthened the delivery of statutory functions within the teams particularly where the team leader is not of a Social Work background. All teams have a DAPO in situ or receive long arm support from the ASG team. There still remains a total of 20 teams without DAPO provision within the Service.</p> <p><b>Investigating Officer Role</b>                  The role of IO has historically tended to fall to the social work band 6 staff to undertake. A welcomed development is that the band 6 CPN job description now includes the requirement to undertake the IO role. This change in role will now be taken forward with the existing staff through the usual HR processes.</p> <p>The Children’s Community Services leaving and aftercare team (18 yrs plus) also require IO/DAPO due to increased referrals generated by this vulnerable service user group. Discussions have commenced with Children’s services in relation to workforce planning to address this need, however as this is not in place, this work is currently undertaken by the MH ASG team</p>
<p><b>2.2</b></p>	<p><b>Supervision arrangements for social workers</b></p>
<p><b>2.2a</b></p>	<p><b>Please confirm that the Trust is fully compliant with the Regional Supervision Framework</b></p> <p><b>Yes</b></p> <p><b>If not, outline the remedial action taken to address this</b></p> <p>The provision of professional Social Work supervision has been strengthened due to the recruitment of two Social Work trained Clinical Services Managers and 7 Social Work trained team leaders and 4 SSWP’s. The PSW, ASG lead and two Social Work Development leads continue to provide a high level of professional supervision within the Division.</p>
<p><b>2.2b</b></p>	<p><b>Please confirm if the Programme of Care is utilising a Caseload Weighting tool</b></p> <p><b>No</b></p> <p><b>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</b></p> <p><b>Capacity</b>                  CAPA is used within the CMHT’s but is not a caseload weighting tool. It uses a RAG rating system within the caseload to ascertain risk and demand.</p>

The Division would welcome a uniform caseload weighting tool and opportunity to work with the HSCB/DoH to develop said tool. The Divisional Nurse and Divisional Social Worker are currently researching available models used in other regions with the intention of creating a multidisciplinary tool.

Capacity is managed through supervision 4-6 weekly with each staff member to ascertain the complexity and time management for each case and the impact on workload.

Caseload management is a challenge for the ASW workforce as they are not issued with an ASW job description so no particular easement arrangement is in place. Caseload management is therefore currently managed through the same process as per other Social Work staff.

#### **Demand**

- Service demand is monitored by teams on a monthly basis via team activity audit, which contributes to the Divisions overall annual review of resource allocation.
- RAG rating within caseloads, supervision referral screening identifies demand within the teams.
- The development of the assessment centre has significantly benefited access to mental health services and reduced waiting times for a mental health assessment. In the reporting period, there have been 4902 referrals and 3074 assessments completed by both assessment centres combined. This has also benefited community mental health teams in ensuring that service users have been assessed and referred to the most appropriate services to meet their needs.

#### **Workforce availability**

- 4 SSWP posts were developed within the CMHTs and a further 4 x band 7 promotions created through staff completion of ASW training during the reporting period. This increases team capacity to respond to delegated statutory functions such as Review Tribunals, ASW rota, professional supervision, DAPO role and guardianship as required.
- Agency staff have helped to mitigate service deficits due to vacancies and sick leave but can also contribute to inconsistency when agency staff move post.
- Integration of CMHT's in recovery and primary care – this project is ongoing. The current workforce will be divided into 4 larger CMHT's. This will reduce ambiguity in referral allocation between teams. This will improve service user access to teams without the need to transfer between primary and recovery teams. It will enhance the skill mix of the teams in enabling staff to work with a variety of service users with different level of need.

	- Reduction in vacancies within primary and recovery teams in the reporting period due to recruitment drive, which is beginning to stabilise capacity within teams (see section 2.1a and 2.1b).
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2.3	<p><b>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.</b></p>
	<p>The following Audits and reports were completed in the reporting Period;</p> <ul style="list-style-type: none"> <li>• <b>Mental Health &amp; Learning Disability Sites BHSCT Quarterly spot checks on forms and processes 36th Report Quarter October to December 2019.</b></li> </ul> <p>In order to measure the effectiveness of training on Mental Health (NI) Order 1986 and scrutiny of forms completed within Adult Social and Primary Care, quarterly spot checks are undertaken. These checks report on how staff implement the training materials and also aim to eradicate the possibility of forms being incorrectly completed which may lead to detentions being open to legal challenge. This audit covers the time period of October to December 2019 inclusive at Beechcroft, Muckamore Abbey, Knockbracken Site, AMHIC and Iveagh hospitals. There were no invalid detentions during the quarter and all legal documentation was completed to a high standard with no recommendations.</p> <ul style="list-style-type: none"> <li>• <b>Professional social work supervision audit March 2020</b></li> </ul> <p>The professional social work supervision audit targeted 30% of the Social Work workforce with 80 % reaching a high standard of compliance of files audited. Standards were compared against the supervision policy and governance arrangements. There were no incidences where the minimum standard were not met.</p> <ul style="list-style-type: none"> <li>• <b>Mental Health Adult Safeguarding Audit March 2020</b></li> </ul> <p>The ASG audit of 107 ASG referrals across mental health teams indicated compliance with ASG policy and procedure and quality assurance in standards of reporting. This was exemplified in 83% of cases in the following areas;</p> <ul style="list-style-type: none"> <li>➤ clear recording of incident detail</li> <li>➤ use of appropriate documentation</li> <li>➤ appropriate application of safeguarding thresholds</li> <li>➤ service users wishes being clearly considered and documented</li> <li>➤ safeguarding action planning clearly documented</li> <li>➤ appropriate reporting of reportable crimes to PSNI</li> </ul> <p>In 17% of cases, further development and learning was indicated. Recommendations included;</p> <ul style="list-style-type: none"> <li>➤ The need for continued monitoring of the detail in APP1 forms</li> <li>➤ more focus on interim protection plan documentation</li> </ul>

- need to ensure recording of meeting thresholds for intervention and consent
- capacity and human rights considerations more consistently documented
- DAPO's to monitor protection planning focusing on the action being proportionate to the protection required
- strategy meetings are documented on the appropriate format following regional implementation of adult safeguarding forms.

- **In-patient adult safeguarding Audit August 2019**

- The SMT governance team requested an audit in regard to quality assurance of governance systems in relation to inpatient ASG referrals in comparison to Datix reporting of incidents to ensure that reporting was in line with regional policy and procedure.
- There were 32 Datix reports analysed to ensure compliance with safeguarding reporting. The audited concluded that 6 incidents met the threshold for reporting under adult safeguarding but had not been completed. This was actioned with immediate effect with all referrals being completed. None required safeguarding investigation after screening.

Recommendations regarding review of ASG referral pathway and actions on each ward;

- Nursing staff completing ASP1s to email ward manager and DAPO so PARIS duty desk can be screened.
- Cover for ward managers when off shift / leave as there is delay in ASG referrals being actioned - Deputy Ward managers to screen referrals.
- Senior Nurse Manager and Senior Social Worker to meet at beginning of each month to cross reference ASG referrals with DATIX incidents.
- ASM and Senior Social Worker to meet at beginning of each month to cross reference ASG referrals with DATIX incidents – Acute wards
- Ward Managers and deputy ward managers to complete line manager ASG training as mandatory and added to the mandatory training matrix.
- Adult Safeguarding Session to be added to N2F / Induction training for new staff.
- Implementation of information ASG boards with ASG pathways for referrals, contacts for DAPO etc. on all wards.

- **Performance Review**

- The Trust's Staff Development Review (SDR) Framework was merged with KSF Social Work outlines in 2019. The Trust compliance contributed to the Investors in People awards with compliance at 60% approximately in 2018-2019. The SDR audit completed during the reporting period demonstrated compliance in 53% of Social Work staff within the Division. The main reasons

reported for non-completion was in relation to change of team leader, team restructuring and staff member sick leave.

**Action:** A monthly review and update of SDR completion has been commenced to monitor progress and adherence to the trust standard for yearly completion.

- **ASW Workforce Audit**

- The Division are working on key developments to support the ASW workforce to support retention of staff and completed an audit in December 2019 based on feedback from ASW staff as to how to improve their support network. Key areas identified were;
- Establishing an ASW hub – proposal presented to SMT and being considered.
- On-call access to an ASW adviser after 5pm for calls that continue after 5pm (currently undertaken by the PSW as and when required).
- Protected time within substantive post to participate on ASW rota and to complete MHOB reports.
- Caseload weighting in substantive post
- PSW has also identified need for access to psychological services for ASW staff and is developing a framework with the psychology lead.
- Lone working and operational guidance developed for ASW staff.

**Action:** A proposal has been submitted to the Planning & Performance Manager in conjunction with the operational restructuring review of the ASW role under MCA requirements by the Trust, which will be supported by the workforce estimates review being undertaken by QUB and DoH.

- **Think Family Social Work Assessment (TFSWA) submission to Advances in Mental Health journal submission July 2019-2020**

- The pilot undertaken during 2017-2018 in use of the TFSWA and The Family Model (TFM) (Falkov 2012) was developed by the HSCB involving all 5 Trusts. The pilot, while small scale demonstrated positive recovery focused outcomes for the families involved, with a consideration for continued, long term study of the TFM and TFSWA as a family focused intervention. The PSW has obliged a request by the HSCB to write a paper for the journal on the pilot during the reporting period, given that the Trust participated in almost half of the cases involved. BHSC had commenced a further local pilot in January 2020 in use of TFSWA prior to covid19 and will continue once the emergency period ends.

- **Care Management Audit**

The first Care Management Audit took place in Aug 2019. BSO auditors and the Care Management Team facilitated the audit. The audit was to review Care Management Standards and Procedures. Care Management records were randomly selected and care managers were interviewed.

Feedback for mental health outlined two recommendations

- 1) Service user consent was to be indicated on care manager needs assessments and initial point of referral.
- 2) Timeliness in the requirement of holding reviews

BSO completed a re-audit in Jan 2020 on the above recommendations. Care management was able to evidence and demonstrate a strengthening of governance procedures when agreeing to allocate referrals on the duty desk. A task bar was created on Paris It system regarding the initial referral form for the referrer to tick regarding service user consent. Administration put in place to check this process.

Review format changed from first point of contact at 6 weekly and then 12 weekly to two weekly and then 6 weekly.

The outcome of the re- audit in Jan 2020 indicated full implementation of Standards and Procedures reflecting updated assessments, reviews and reporting. No further recommendations for improvement.

Mental Health received an acknowledgement from BSO on the improvements implemented as per their recommendations and there were also complementary on actions taken and found no need for any further actions.

### **Monthly file audits**

Audit of case files x 2 each month by team leaders to provide assurance that standards and governance arrangements are being adhered to according to agency and professionals standards.

### **CAMHS**

The CAMHS service has made a number of significant developments during the reporting period as follows

- Video call assessments and treatments at all steps of care. Stepped care model, coproduced care pathway, single point of entry with child health service.
- Outcomes framework in operation, with informatics and data managers to get and make better sense of their information, peer reviews with QNCC and QNIC.
- Transition manager in post from CAMHS to AMHS.
- Metallisation training, multi group family therapy, online interventions, CAMHS world mental health day event at Stormount.
- QIs this year reducing DNAs and CNAs, star project (to reduce re presentations at crisis), reducing PRN on the wards, Patient participation events in QI's, IMPACT CAMHS service user group, making it easier to attend appointments, youth advisors in place. Ongoing joy at work initiatives.



	<p>The service area has encountered the following challenges during the reporting period and in recent years.</p> <ul style="list-style-type: none"> <li>• 30 % increase in referrals year on year for 2 year</li> <li>• Significant staffing vacancies which has required the over reliance on Agency staff</li> <li>• Difficulty with filling vacant posts due to insufficient nursing numbers in the region, which is further exacerbated by delays in recruitment processes.</li> </ul> <p>CAMHs had one RQIA inspection in the reporting period (25<sup>th</sup> and 26<sup>th</sup> of March 2019) there were 20 areas for improvement detailed in the report, the service area are currently working their way through the action plan.</p>
<p><b>2.4</b></p>	<p><b>Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period that directly relates to the Trusts discharge of their statutory functions.</b></p>
	<ul style="list-style-type: none"> <li>• <b>SAI Action Plan Monitoring &amp; Tracking Report September 2019</b></li> </ul> <p>The Division investigated the circumstances involving the death of a service user known within the service area. The Service User was unable to use keypad access to go out for short periods as they had enabled other vulnerable Service Users to leave the locked care setting. However, the action to restrict access was a deprivation of liberty. The Service User fully disengaged from services as a result of this and their actions subsequently had serious implications for their physical health. There was significant delay in the community team being able to communicate with the GP surgery on multiple occasions to request an urgent MHO assessment, this delayed the assessment taking place. The Service User had been assessed as requiring a compulsory admission by an ASW and GP however, due to the Service Users physical condition, assessment by the emergency department was required prior to psychiatric admission and assessment. The ED did not assess the service user as requiring admission to provide treatment for his physical health. The service user died several days after admission under the MHO.</p> <p>The process under the MHO was fully adhered to by the ASW involved and they had appropriately raised concerns in relation to the Service Users physical health needs. No recommendations in relation to ASW practice however several recommendations that will impact on future MHO/MCA assessments;</p> <ul style="list-style-type: none"> <li>➤ Team Leaders/Care Managers to escalate any issues not resolved at a local level to Senior Management in order for timely resolution re disputes with care providers.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Patient deprivation of liberty care plans should be reviewed under the Mental Health Capacity Legislation (being partially implemented from 02 December 2019) and where necessary updated following any change in circumstance.</li> <li>➤ Practitioners should consult the Trust Adult Safeguarding Team or the Mental Capacity Act Admin Team where there are concerns that a patient is being deprived of their liberty.</li> <li>➤ Health and Social Care Board to develop a protocol with Primary Care for response to their statutory responsibilities under Mental Health Order assessments.</li> </ul>
<p><b>2.5</b></p>	<p><b>Advise on any Safeguarding issues that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</b></p>
	<p>During the reporting period, the Division has experienced challenges in managing COVID-19. It was noted that adult safeguarding referrals from nursing homes had decreased and while safeguarding remained an essential service during COVID, how safeguarding was responded to changed with less face to face contact for investigations, use of IT systems to undertake adult safeguarding meetings, strategy meetings etc., and the use of PPE. Measures were put in place during COVID with increased contact with care homes. Mental Health safeguarding is now moving towards a return to face-to-face contact with Service Users for safeguarding investigations as lockdown/social distancing measures ease.</p> <p>Training of IO/DAPO's was initially stood down during COVID-19 lockdown. This is now being addressed through training being offered remotely using Microsoft teams.</p> <p>The Division's ASG team continues to liaise with Service Managers with regard to workforce planning to ensure that there is adequate IO and DAPO provision in all service areas. As only 50 % of all services have adequate provision in their teams the ASG team continue to do in reach to provide a DAPO service as required. This situation remains under review.</p> <p>The Division continues to await PARIS implementation for adult safeguarding investigation. This will also require some additional training for IO/DAPO and admin staff in the use of the documentation, alerts, duty desk and inputting of ASG referrals.</p>

**2.6 Progress Update**

**Progress Update - This Section is for the Programme of Care to record their progress against the Local DSF Plan (cross reference with section 1.3). RAG rating also to be provided.**

2.6	Action identified at DSF meeting in June 2019	Progress Update	RAG Rating
	<p><b>Issue 1:</b> Trust previously planned to implement an Assessment Centre model and amalgamate Primary Care and Recovery services to address waiting time target breeches. Update / Action:</p>	<p>March 2020 – Assessment Centre has been running for 2 years now. All areas are fully functioning with psychiatry sessions three days per week and also in-reach from senior registrar.</p> <p>The project to amalgamate primary care and recovery services is in process and has been delayed due to the current Covid19 arrangements. Agreement has been reached in regards to the service model from all disciplines.</p> <p>Physical restructuring: The move to six core community mental health teams underpinned by a standard model of care, progress and timeframes; The amalgamation of current teams/reconfiguration- Timeframe: 3-6 months GP realignments - move toward shared caseloads for consultants to provide peer review of diagnosis and treatment plan. Timeframe: With immediate effect Pathways for patients and model of care; 3-6 months Managing existing caseloads, ensuring minimal disruption to service users: with immediate effect Development of operational policy: 3-6 months Monitoring patient flow/thresholds and discharge: ongoing</p>	<p>Green</p> <p>Amber</p>

	<p><b>Issue 2:</b>                  BHSCT MH has a high number of Article 15 payments (205 / £10,856).                  Is this reflective of any specific issue / service deficit within the geography?</p> <p>Action                  No of article 15 payments have decreased in the current reporting period to 182/ £8,285.</p> <p><b>Issue3 :</b>                  Data Return 9                  9.3 – 91.5% (283/309) of ASW reports were completed within the required timescale of 5 working days. What action will the Trust take to improve this?                  Update/Action:                  Regional requirement for report completion within 5 days reiterated with all ASW's and their team leaders.                  Current restructuring of the ASW workforce by the Trust to develop a model which will support the current and future delegated statutory functions of the ASW across all programmes of care – commenced June 2020.</p>	<p>Staff development and training: ongoing                  GP interface and liaison with the MDT model in GP surgeries: ongoing                  June 2019 – Trust confirmed that these payments are used appropriately. Recent changes in the benefits system, PIPS etc may have been a contributing factor. BHSCT also has the highest area of deprivation and there is also a large refugee population which may also be contributing factors.                  On further scrutiny of the allocations under Article 15 the programme can confirm that allocation is appropriate and required as per individual assessment of need. No further action required.</p> <p>While there has been a slight improvement in the number of reports that have been completed within the timescale in the last year (93%, 254/271 reports) that were not within the timescale, this has again been monitored and collated for each assessment. The average reason for late reports has been due to sick leave and work load. The Division has highlighted that the ASW function is a delegated statutory function and reports need to be prioritised in the overall caseload weighting for the ASW caseloads in their substantive post. This is complicated by fact that the ASW is a promotion and is not a commissioned post resulting in additional work for the individual/team which is not funded. As a result, the ASW often carries the ASW workload</p>	<p>Green</p> <p>Amber</p>
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		additional to substantive post without easement which impacts on overall capacity.	
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Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Those actions which are amber and red will be added to the Action Plan for the next reporting period - 2020/2021

**2.7 Discharge of Delegated Statutory Functions**

**Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.**

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p><b>Issue 1:</b> The project to amalgamate primary care and recovery services in in process and has been delayed due to the current Covid19 arrangements. Agreement has been reached in regard to the service model from all disciplines.</p> <p><b>Issue 3:</b> Data Return 9 9.3 – 91.5% (283/309) of ASW reports were completed within the required timescale of 5 working days.</p>	<p>This a service improvement piece which does not impact on the Divisions ability to adequately discharge its delegated statutory functions. No remedial action required as service delivery is not affected.</p> <p>The Divisional Social Worker has highlighted that the ASW function is a delegated statutory function and reports need to be prioritised in the overall caseload weighting for the ASW caseloads in their substantive post. An operational structure is currently be developed by the Trust to review the ASW workforce for current and future delegated statutory functions under the MHO and MCA. All instances of delay in reporting will be investigated by PSW and reported to the operational manager for their attention.</p>

**PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9****DATA RETURN 1 – PoC / Directorate: Mental Health**

<b>1 GENERAL PROVISIONS</b>			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	5728	14
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	4834	13
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	2687	111
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	1694	99
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xiii. Residential Home Care	39	35
	xiv. Nursing Home Care	64	48
	xv. Domiciliary Care Managed	142	47
	xvi. Domiciliary Non Care Managed	0	0
	xvii. Supported Living	168	9
	xviii. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES  The Service area can provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 and Care Management Standards and Procedures 2019. This is undertaken via care management reviews, review of contractual arrangements involving service users and carers throughout.		
1.5	Number of adults provided with respite during the period	7	2
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	230	24
	- Independent sector	33	7
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	159	12

1.7	Of those at 1.6 how many are EMI / dementia	X	X
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	9	0

### DATA RETURN 1 – PoC / Directorate: Mental Health

1 GENERAL PROVISIONS - Hospital				
	The figures provided are as per Paris report.	<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	X	216	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  Please note it is expected that the response for sections 1.1 & 1.2 will be the same	X	216	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?  The service area is unable to disaggregate this information by age group	X	81	0

Age is at date of referral for 1.1 and 1.2

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



## DATA RETURN 1 – PoC / Directorate: Mental Health

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	0	0	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>	0	0	0
1.3	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

## DATA RETURN 2 – PoC / Directorate: Mental Health

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	88	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	11	1
	Partially sighted	18	16
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	11	2
	Deaf without speech	16	0
	Hard of hearing	26	30
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

**DATA RETURN 3 – PoC / Directorate: Mental Health**

<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>49</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>139</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>339</b>
3.3	Number of assessments undertaken of disabled children ceasing full time education.	NIL

## DATA RETURN 4 – PoC / Directorate: Mental Health

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>
<b>Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>

		<65	65+
4.1	Number of Article 15 (HPSS Order) Payments	182	X
	Total expenditure for the above payments	£8,285	X
4.2	Number of TRUST FUNDED people in residential care	38	35
4.3	Number of TRUST FUNDED people in nursing care	<b>64</b>	<b>45</b>
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	<b>3</b>	<b>0</b>

## DATA RETURN 5 – PoC / Directorate CAMHS and Adult Mental Health

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		CAMHS	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	37	1189	37
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	30	459	31
5.2a	<p>Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i></p> <p><i>While the specific categories under which a carer may decline a Carers Assessment are not currently collated within the CAMHS service area, the key reasons for assessments being declined was due to carers not feeling that it was necessary (ie most were parents).</i></p> <p><i>In relation to Adult Services, the key reasons for assessments being declined were due to carers not identifying with the terms Carers Assessment and carers not identifying themselves as providing an additional role that requires assessment. Some staff have suggested that the title 'Carer Assessment' should be reconsidered.</i></p>	21	730	6
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	5	1	0
5.4	<p>Number of adult carers receiving a service @ 31<sup>st</sup> March</p> <p><i>This does not include Carers who have access to CAMHS support from key workers which may explain the 0 figure.</i></p>	0	220	22
5.5	Number of young carers offered individual carers assessments during the period.	X	1	20
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>	X	0	15
5.7	<p>Number of young carers receiving a service @ 31<sup>st</sup> March</p> <p>Of note, Across the year action for children worked with 15 young carers whose referral originated from BHSCCT MH. 11 cases closed during the year due to no longer living with care receiver, outcome met or reduced engagement.</p>	X	0	4
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	X	0	2

	<p>Of note, this figure does not include the figures for requests for Self Directed Support which has increased during the reporting period; Under 65 yrs 42 payments Over 65 yrs 5 payments</p>			
	<p>(b) Number of new approvals for direct payments during the period 1<sup>st</sup> April – 31<sup>st</sup> March</p>	X	0 Of note 6 service users commenced direct payments for the period	<b>2</b>
	<p>(c) Number of adults receiving direct payments @ 31<sup>st</sup> March</p> <p>Of note, this figure does not include the figures for those in receipt of Self Directed Support which has increased during the reporting period; Under 65 yrs 42 payments being received Over 65 yrs 5 payments being received</p>	X	0	<b>40</b>
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	X	0	<b>0</b>
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	X	0	<b>19</b>
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	X	0	<b>41</b>
5.11	Number of one off Carers Grants made in-year.	X	13	<b>620</b>
<p>Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.</p>				
<p><b>Commentary</b>  <i>It was not possible to access the level of detail required in relation to stats on carers assessment and direct payments within CAMHS as current data collation structures do not provide this information. As this deficit has been identified, this is being reviewed within the service area so that this information will be collated moving forward.</i></p>				

**DATA RETURN 6 – PoC / Directorate: Mental Health**

**6 SAFEGUARDING ADULTS**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN THE ADULT SAFEGUARDING REPORT**

## DATA RETURN 9 – PoC / Directorate: Mental Health

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO  It is noted that the number of assessments had reduced during the period from last year from 309 assessments to 271 during this reporting period. This should be considered in relation to the reduction in learning disability assessments from 15 last year to 8 this year.	271	x
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	202	x
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	4	x
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. <b>YES</b> <i>If no, please explain</i>	Yes	

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	81
9.2a	Of these, how many resulted in an application being made?	75

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	271
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> <b>NO</b> <i>If no, please explain</i>  18 reports were not submitted within the 5 working day period. This was due to; 3 cases due to annual leave, 5 cases due to sick leave, 1 report late due to completion of an STO report that was required for Court deadline, 2 reports late due to IT issues. 7 cases were the ASW identified workload capacity impacted on ability to complete the assessment within timescale.  This has been addressed with the individuals involved. There is also a full time ASW on the rota who can have an unpredictable	18



	level of assessments per day culminating over a short period of days impacting on meeting deadlines for report completion. The ASW rota in Belfast Trust has been under significant pressure due to the number of assessments requested daily, despite there being 3 ASW's on the rota daily. This issue continues to be monitored.	
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<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	1
9.4.a	Confirm if these reports were completed within 14 days? <b>YES</b> If no, please explain	Yes

<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients	88

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	5
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	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 period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	5
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1 completed & 4 due in next reporting period.
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	1
	Discharges as a result of an agreed multi-disciplinary care plan	

	Lapsed		
	Discharged by MHRT		
	Discharged by Nearest Relative		
	Total	1	

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	5
9.7.a	Number of Approved Social Workers removed during period	2(moved post)
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	30 (2 of which are agency ASW's & 1 Bank ASW)

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting	
	<b>Date</b>	<b>Age/Years</b>
	<b>Relevant Powers Guardianship/ Admissions</b>	
	14/6/2019	17
	13/1/2020	17
	30/7/2019	16
	26/9/2019	16
	13/1/2020	16
	18/2/2020	17
	25/2/2020	14
	6/3/2020	17
	26/3/2020	16
25/3/2020	15	
31/3/2020	15	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.  2 – Community 3 – Inpatient  No issues reported.	5

<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	1
9.10	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	1
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	None
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period. Please advise of any issues presenting	1

## 2. PROGRAMME OF CARE SUMMARY

### Programme of Care / Directorate:- Learning Disability

2.1	<b>Named Officer responsible for professional Social Work</b>
2.1a	<p data-bbox="347 398 1331 472"><b>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</b></p> <p data-bbox="347 506 1342 797">Ms <b>H425</b> is the Divisional Social Worker for Adult Learning Disability Services, including Iveagh. The Divisional Social Worker 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 Work and Social Care services within the Service Area.</p> <p data-bbox="347 842 1342 981">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 professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p data-bbox="347 1025 1342 1128">The Divisional Social Worker 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 data-bbox="347 1173 1305 1240"><b>Highlight any vacancies and the action taken to recruit against these.</b></p> <p data-bbox="347 1285 517 1317"><b>Vacancies-</b></p> <ul data-bbox="357 1361 1331 1989" style="list-style-type: none"> <li>• 1x 8B Service Manager Post with responsibility for community teams, hospital SW and adult safeguarding. This is a new post, as this was previously part of the other service manager post. Funding was secured and this post has now been recruited with a start date agreed 1.9.20.</li> <li>• 1x 8a PSW- new post still to be recruited.</li> <li>• 2x Band 7 Team leader posts are vacant- backed filled through an expression of interest from existing staff within the service area. Both posts recruited July 2020.</li> <li>• 1x SSW post in MAH vacant since last July 2019- this post was temporarily covered by the Community SW operations manager- Post has now been recruited June 2020.</li> <li>• 1x 0.5 B7 SW in Iveagh remains vacant – currently covered by agency.</li> <li>• 3 x Band 7 DAPO posts vacant- One post has been back filled by part time agency staff. One post was recruited in April and the other is in process of being recruited.</li> </ul>

2.1b	<p><b>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <ul style="list-style-type: none"> <li>• <b>Mental Capacity Act (NI) 2016 Phase 1 (MCA)</b> - To meet the requirements under the legislation most staff in Learning Disability have now completed up to level 4 MCA training. The service area has scoped the number of service users both within the hospital and community who require a DoLS. Across the community there are 647 service users who require a DoLS. The service area is experiencing very difficult challenges in completing all the relevant documentation for DoLS given that only 359 of the 647 community DoLS to be completed are known to a psychiatrist. Therefore, there is a reliance on GP to complete the medical report for a sizable number of our service users. Unfortunately, to date we have been unable to receive a medical report in relation to DoLS from a GP and it is therefore highly probable that we will be unable to place the necessary legal safeguards around our service users by December 2020.</li> <li>• There has been a significant increase in work associated with the implementation of phase 1 of the MCA. This has put additional pressure on the existing staff in terms of the documentation that is required. Given the nature of our service many of our service users have communication difficulties and therefore the assessments take much longer.</li> <li>• In addition, as this is new legislation, there have been many challenges in implementing it and legal advice has been obtained on many occasions. As only phase 1 of the MCA has been implemented, the service area, on occasion, has therefore sought Declaratory Orders, when Physical intervention is required.</li> <li>• <b>ASW and STDA-</b> The service area continues to have a small number of ASW staff, who are on the ASW day time rota. There are currently 6 ASW's on the day time rota, two of which are Band 8a and only temporarily supporting the ASW rota during COVID. The lack of ASW within the service area continues to present challenges in terms of having the necessary level of expertise from the Division on the ASW daytime rota and also to provide advice and direction to the Division in relation to the complexities relating to the Mental Health (N. Ireland) Order 1986 and the MCA 2016.</li> <li>• Attempts this year to recruit staff to be Short Term Detention Authorisers (STDA) and undertake the ASW training have been unsuccessful within the service area. However, the job description for SW and Team leader within the Division was amended, now requiring new employees to undertake the ASW training within 2 years of appointment. As a result, it is likely that</li> </ul>
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	<p>a number of staff will therefore be applying for the ASW course next year.</p> <ul style="list-style-type: none"> <li>• <b>Vacancies-</b> Two team leader vacancies in the community have been covered by Expression of Interests from staff within the service area. Both were recruited permanently in July 2020. All four community teams have retained social workers as their lead although these posts are not designated SW posts.</li> <li>• There are 4 x Band 6 SW vacant posts. All these vacancies have been covered by agency staff. One was recruited in July and the others due to be recruited.</li> <li>• There is 1x Band 6 SW (jobshare) maternity leave (both SW's off at the same time). 0.5 x Band 6 SW maternity leave is covered by agency.</li> <li>• The service has recruited 2 additional social workers (one in East Belfast and one in North Belfast).</li> <li>• The service is in the process of recruiting additional social workers for West and South Belfast Community Learning Disability Teams and Muckamore SW team- 2 are in the process of being recruited and one is with BSO for processing.</li> <li>• The SSW post in Muckamore had been vacant since July 2019. This post was recruited June 2020.</li> <li>• ABE staff- The service area has 3 x ABE trained staff which is sufficient for the needs of our service area.</li> </ul>
<b>2.2</b>	<b>Supervision arrangements for social workers</b>
<b>2.2a</b>	<p><b>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes</b></p> <p><b>If not, outline the remedial action taken to address this</b></p> <ul style="list-style-type: none"> <li>• The Adult hospital SSW post proved difficult to recruit so on occasion there had been some gaps in terms of supervising the SW staff in the hospital as frequently as required.</li> <li>• We are pleased to report this vacancy was filled in June 2020 and this will address this issue.</li> </ul>
<b>2.2b</b>	<p><b>Please confirm if the Programme of Care is utilising a Caseload Weighting tool- No</b></p> <p><b>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</b></p> <ul style="list-style-type: none"> <li>• The service area does not utilise a caseload weighting tool.</li> </ul>

	<ul style="list-style-type: none"> <li>• The service area has been undertaking a review of our current service users. A band 7 practitioner has reviewed a number of service users on the community caseload, who have required minimal input from the service area. She has reviewed each of these cases, along with the service user and carer and agreed whether: they need signposted on to other services; they require input that is more intensive; or they can be discharged, on the understanding that if they require the service again they will be quickly reviewed.</li> <li>• All staff record on the PARIS system and so at supervision their team leader is able to run reports, which outlines the number of service users on their caseload, the frequency of contact and the nature of contact. This enables the team leader to have a good overview of the staff members' workload and informs allocation of work.</li> <li>• Supervision provides the opportunity to address the current workload demands on staff including the complexity of cases, time management and to identify any workload capacity issues.</li> <li>• Files are audited each month to provide assurance in relation to agency and professional standards.</li> <li>• All staff have their mandatory and individualised training needs identified as part of supervision but also as part of their annual SDR. This ensures staff are adequately trained and upskilled to meet the service user needs.</li> <li>• Where there are a number of SW vacancies, backfill was been arranged through internal expression of interests or through recruiting agency staff. All these temporary staff have a robust induction, access to relevant training and regular supervision.</li> <li>• Recruitment is currently underway to recruit any permanent vacancies.</li> </ul>
<p><b>2.3</b></p>	<p><b>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement</b></p> <p><b>1. Care Management Audit of 19/20</b></p> <p>An updated audit took place by BSO in March 2020. The service area are pleased to report that we achieved a satisfactory report. Significant progress had been made from the previous audit. This included-</p> <ul style="list-style-type: none"> <li>➤ Implementation of Nursing Care Plans for Care Home Residents</li> <li>➤ Recording consent</li> <li>➤ Signing of Care Plan by service user or family</li> <li>➤ Recording of Review Arrangements – Partially implemented due to issues with the PARIS system. PARIS team are addressing this.</li> <li>➤ Assessment of Need clearly documented</li> <li>➤ Financial capacity recorded</li> </ul>

- Allocation Panel for services
- Electronic Referrals
- Transition Pathway – partially implemented.
- Sharing Information with Service Users and families
- Utilisation of Paris Task Bar- partially implemented. PARIS staff addressing issue.
- Review Template to be recorded on Paris and printed and shared with service user or family for signing
- Monitoring of Review Compliance – Task bar report issue is being addressed – partial implementation
- Operational Procedures reviewed and updated.
- Staff Training – partially implemented

## **2. Feedback from Service Users/ Carers**

- Feedback has been positive from Residential & Supported Living perspective about the support and choice they were offered. They were particularly positive that WIFI had been installed and was operational.
- Feedback from the monthly internal monitoring visits (from service users, MDT member and carers) in Residential & Supported Living has also been very positive.
- Pre and post questionnaires with carers in relation to Adult Safeguarding have been implemented in the adult hospital-feedback has been positive with 84% of carers overall experience being either very satisfied or satisfied.

## **3. ASCOT**

- The community teams continue to submit returns for any new referrals where the service user is able and willing to complete the assessment. These returns are submitted to PSD for collation.
- Service area is awaiting outcome of the analysis of this data.

## **4. Research**

- A Senior SW Practitioner from the service area commenced a secondment to complete a PhD at Queen's University. The Title of Ms McIlroy's research is 'Decision-making processes in Learning Disability services: in whose best interests?'

## **5. The ASW audit**

- ASWs within the service are audited within the Mental Health (N. Ireland) Order 1986 quarterly audits in relation to compliance with the Order. The outcome of the audit was that documentation was completed to a high standard, save that within Muckamore Abbey Hospital there were 2 administration errors one on a Form 5 and one on a Form 7.



**6. Shared lives**

- There was a year long regional project about Shared Lives due for completion at the end of March 2020. There was a consensus that Learning Disability was already providing this service through Families Matter and the use of host families for both long term placements and respite. Significant work was completed on community engagement and the development of regional documentation and communication systems, which were very focused around service user involvement in the development process. There was an intention to move this respite option into elderly services initially to help expand the concept across Northern Ireland, however there was no funding agreement in place.
- All the documentation and proposal to the Board was submitted by the project lead on 31st March.

**7. BSO Financial Audit in Muckamore**

- In 2019/20 a Comprehensive Financial Audit was completed within Muckamore Abbey Hospital. A series of recommendations were made ranging from patient finance processes to a Financial Policy review. Muckamore Abbey Hospital has been able to action all of the recommendations and received a satisfactory report from BSO.

**8. Review of Unsuccessful Trial placements for Regional Intellectual Disability Discharges from hospital.**

- During the period of February 2019 – February 2020, there were 25 patients with planned resettlements. Of the 25, 19 were successfully placed and 6 placements were unsuccessful (3 Belfast Trust and 3 Northern Trust).
- Following each unsuccessful placement, a review took place either using the format of a Shared Learning Event or a Significant Event Audit.
- The main learning identified related to: the assessment process; communication between community providers and hospital; training for the providers; placements being identified before full assessment completed; the model of support housing; and the need for more service user and carer involvement.

An action plan is currently being devised to address these issues including; additional staff to assist with resettlement; checklists; more regular meetings with providers and with contracts etc.

2.4	<p><b>Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period, that directly relates to the Trusts discharge of their statutory functions.</b></p>
	<p><b>1. RQIA inspections in Day Care and Statutory Residential and Supported Living facilities</b></p> <ul style="list-style-type: none"> <li>➤ The Learning Disability Day Centres had a total of eight unannounced inspections in 2019/20.</li> <li>➤ Six of these inspections made no recommendations in their Quality Improvement Plans. 2 centres had a total of 4 recommendations. These included ensuring that minutes were taken at all staff meetings and further development of the person-centred planning review reports.</li> <li>➤ Within Residential and Supported Living services, there were a total of six announced and seven unannounced inspections.</li> <li>➤ Seven of these inspections resulted in no recommendations.</li> <li>➤ Six inspections resulted in a total of 23 recommendations ranging from: ensuring that recommendations from other health care professions are accurately reflected in the care plan; that each (short breaks) resident is provided with an individual written agreement setting out the terms and conditions of their stay; minor works issues regarding floor covering and pipework to WIFI access; and the display of menus.</li> <li>➤ All recommendations have been actioned across the services.</li> </ul> <p><b>2. RQIA Inspection in Iveagh</b></p> <ul style="list-style-type: none"> <li>➤ An Unannounced Inspection on 1 August 2019 had 17 recommendations.</li> <li>➤ The focus of the Inspection was on 'person centred care' i.e. treating young people as individuals and involved examining various aspects of the hospital, from front line care and practices through to management and oversight of governance across the organisation.</li> <li>➤ The Inspection found areas of good practice including: 'staff demonstrating... core values'; a positive picture of the MDT and the involvement of families and carers; multiple areas of strength in relation to front line care such as- <ul style="list-style-type: none"> <li>• written and verbal communication,</li> <li>• evidence based practice,</li> </ul> </li> </ul>

- new staff receiving relevant training,
- support by ward manager for the team
- leadership from the clinical team including the lead psychiatrist, psychologist and nursing staff
- clarity in the team on the role and function of the medical and clinical governance lead
- increased availability of activities since last inspection
- good practice in recording consideration of human rights, specifically in relation to restrictive practice

- Areas identified but not included in the recommendations are that the RQIA wished to see an improvement in senior staff presence in Iveagh. At the time of the Inspection the responsible Assistant Service Manager (ASM) had been off for an extended period. The ASM has been back in place since August 2019 and the ASM role was reviewed resulting in a dedicated, permanent ASM based in Iveagh, rather than having other roles as part of Muckamore Abbey staff. Staffing deficits were also noted with a reliance on Bank and Agency. While there remains a need for cover, the vacant posts have been recruited with both nursing and HCA staff appointed.
- Feedback from carers was positive in relation to the team and care provided, however, parents expressed concern about delays in securing alternative care options in the community which remains a challenge with gaps in community provision and services to meet the needs of young people leading to delayed discharges. RQIA flagged Articles 3 and 8 of the Human Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the Inspection, however, this pressure continues.
- The plan for future management of the service remains under review.
- The use of seclusion has been stopped since 2018, and the Trust at the time suggested capital works to develop the seclusion area. However, the use of low stimulus areas rather than seclusion has been the preferred choice of the clinical team.
- To address a number of issues a meeting was arranged with RQIA for April 2020, however, this was postponed due to COVID. It is hoped to re-schedule this meeting prior to the next Inspection.
- Since the Inspection the number of beds in Iveagh has been reduced from 8 to 6, with regional agreement.

### 3. RQIA Improvement Notices in Muckamore (MAH)

➤ Detailed RQIA inspections have been completed at MAH over the financial year. The subsequent Reports highlighted a number of recommendations and included 3 formal Improvement Notices in the areas of Staffing, Patient Finance and Adult Safeguarding. A Quality Improvement Action Plan was developed in response to the Report and Improvement Notices. RQIA have now removed all the Improvement Notices as they were satisfied that the necessary actions have been completed.

➤ Actions implemented focussed on-

➤ **Staffing**

Work has been progressed to determine safe staffing levels through an assessment of the current patient population's acuity (based on current levels of observation) and dependency (using Telfold to determine the registrant levels). This nursing model was been developed by the senior team in MAH (in conjunction with the ward managers and ASMs) and approved by the Executive Director of Nursing and the Expert Nurse Advisor, DoH, and it has been presented to and supported by RQIA

➤ **Safeguarding**

Please see details in Section 2.5- A detailed action plan was developed and implemented. All actions have been completed apart from 3 actions, which are currently on hold due to COVID.

➤ **Finances**

Following concerns raised by RQIA relating to the management of financial affairs for long stay patients in Muckamore Abbey, the Trust implemented a review of patient finances within the hospital. On review, it became apparent that there were 4 patients, where the Trust was the appointee, whose savings exceeded the threshold, normally resulting in a referral to Office of Care and Protection (OCP). RQIA advised that referrals for these 4 patients were not required and gave the Trust permission to draw up financial support plans.

The Trust subsequently reviewed the finances of all patients in the hospital and financial support plans or financial support agreements are now in place for all long stay patients.

➤ **CCTV**

The CCTV policy has been reviewed and updated and is currently with the Trust's Standard and Guidelines Committee. A CCTV working group has been set up (this includes a representation from ward staff, SW safeguarding staff,

management, litigation and unions) to review the current use of CCTV and the development of its use within the hospital.

Feedback surveys have been developed to obtain feedback from staff, families, carers, advocates and patients.

➤ **Restrictive Practice**

Restrictive Practice policies have been reviewed in line with best practice across the UK. The use of restrictive practice is included in the weekly Patient Safety Report and reviewed at the monthly Governance Committee.

To date the use of seclusion and physical intervention have greatly decreased in the hospital.

A Restrictive Practice Working group has been set up to provide a strategic overview of the use of and future use of Restrictive Practices within the hospital. The group has representation from medical staff, ward staff, management, SW Safeguarding Staff, Governance, Positive Behavioural Support and pharmacy.

MAH have formed a 'critical friend' relationship with East London NHS Foundation Trust to provide support and challenge in respect of all restrictive practices.

➤ **Patient Observations**

A monthly audit process has been embedded across the hospital. The audit looks at the use of observations and reports compliance or non-compliance with the policy.

The outcome of each audit is circulated to the management team, discussed at PIPA and reviewed at the Governance Committee meeting.

➤ **Physical Health Care Needs**

A GP role has been recruited to the hospital to focus on physical health checks for all patients.

➤ **Discharge Planning**

A Quality Improvement project has been initiated involving staff from across the hospital to focus on standardising and improving the transition processes for patients resettling from hospital.

➤ **Strategic Planning and Communication**

Monthly staff briefing meetings have been embedded within the hospital. These meetings aim to share information with all staff across the site and respond to any questions. A weekly newsletter is distributed to all staff across the hospital, providing information updates and sharing news.

**4. JR proceedings**

- JR proceedings were issued against the Trust by the family of Patient X. They alleged that the Trust had failed in its duty to assess patient X under the Mental Health Order and had failed to provide a suitable placement. After negotiations, the case was resolved as the Trust agreed to find an alternative placement for Patient X. As part of Patient X's Care plan involved physical intervention and administration of medication, the Trust applied and obtained a Declaratory Order from the High Court.
- JR proceedings were also issued by the family of Patient Y. He is currently residing part time in Iveagh and part time at home. Patient Y's discharge from the hospital has been delayed. He is a young person and requires a community placement to be provided by Family and Child Care services to facilitate his discharge. A DoLS and DO is currently being considered and a business case for bespoke placement is currently being processed by Children's Community Services.

**5. Significant MHRT**

- Patient Z is a long term patient in MAH under a Hospital Order with restrictions. He has been in a community placement since December 2018 and remains under Article 15 leave with ongoing approval by the DOJ for this and for any outings. A mandatory referral to the MHRT was made and the recommendation from the Trust would have been for his conditional discharge but this proved problematic due to a ruling by the Supreme Court in *Secretary of State for Justice V MM* (UKSC 60). In MM the Supreme Court ruled that conditions, which objectively amount to a DoLS cannot be imposed by the First Tier Tribunal or the Secretary of State. The MCA cannot be used as Patient Z is assessed as having capacity. The Trust, via DLS, instructed Counsel to address this issue. On legal advice, the Trust is now requesting the High Court to exercise its inherent jurisdiction to authorise a deprivation of liberty.

In December 2019 and February 2020 the MHRT found as follows-

- a. That the patient's mental disorder does not warrant his detention in hospital for treatment;

	<p>b. Discharge to suitable care would not create a substantial likelihood of serious physical harm to himself or others;</p> <p>c. For the purposes of Article 78(1)(a) of the Order the Tribunal was not satisfied as to either and both of the criteria at Article 77(1)(a&amp;b);</p> <p>d. For the purposes of Article 78(1)(b) the Tribunal found that it was appropriate for the patient to remain liable to be recalled to hospital for further treatment.</p> <p>The Trust is hopeful that these issues can be addressed by the High Court imminently as this situation relates to 2 other patients in Muckamore for whom specialist supported living have been identified.</p>
<p><b>2.5</b></p>	<p><b>Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</b></p>
	<p><b>1. RQIA Safeguarding Improvement Notice in Muckamore Abbey Hospital</b></p> <p>RQIA placed a safeguarding improvement notice on the Adult Hospital with the following recommendations-</p> <ul style="list-style-type: none"> <li>• Ensure all staff are aware of and understand the procedures to be followed with respect to adult safeguarding; this includes requirements to make onward referrals and for notifications to other relevant stakeholders and organisations.</li> <li>• Ensure that there is an effective system in place for assessing and managing adult safeguarding referrals, which is multidisciplinary in nature and which enables staff to deliver care and learn collaboratively.</li> <li>• Ensures that protection plans are appropriate and that all relevant staff are aware of and understand the protection plans to be implemented for individual patients in their care.</li> <li>• Ensures that the quality and timeliness of information provided to other relevant stakeholders and organisations with respect to adult safeguarding is improved.</li> <li>• Implement an effective process for oversight and escalation of matters relating to adult safeguarding across the hospital site; this should include ward sisters, hospital managers, Trust Senior managers and or Executive Team as appropriate.</li> <li>• Implement effective mechanisms to evidence and assure its compliance with good practice in respect of the adult safeguarding across the hospital.</li> </ul> <p>As a result of these notices a considerable amount of work has been completed to address these recommendations.</p> <p>We are pleased to report that RQIA lifted this notice in April 2020.</p>

Some of the work completed includes the following-

- More robust governance arrangements
- Additional training has been completed for DAPO/IO; Line manager/ Champion training; Talking mats for SW staff; completion of ASP1; DATIX; Medical staff training etc.
- ASG notice boards are now placed on all wards with relevant Adult Safeguarding (ASG) information.
- Aide memoires have been developed to assist staff in completion of ASG forms and Form 2 for RQIA.
- Clear escalation plans have been devised and now displayed, so everyone knows what to do if there is an ASG referral- who to contact, what documentation to complete and their responsibilities.
- Flow charts have been developed, which are now displayed which show everyone's role in safeguarding, how quickly action should be taken, who it should be escalated to and the responsibilities to make onward referrals to other relevant stakeholders and organisations.
- A flowchart showing the process and interface between frontline staff, line management, ASG, SMT etc has been devised and has been disseminated to all MDT staff.
- ASG and Protection Planning (PP) is now a standing agenda item at the following meetings- Daily handovers, safety briefings, PIPA, Weekly ASG MDT meeting, live governance, ward managers meeting, monthly ASG Forum, Clinical governance meeting and SMT meetings.
- All templates for meetings have been revised to ensure ASG and PP are recorded.
- A new weekly ASG MDT meeting has been established in each ward to discuss new and review existing referrals.
- A Monthly ASG Forum has been established- to learn collaboratively in respect of ASG investigations through sharing outcomes, good practice, learning from CCTV viewing, sharing outcomes of audits etc.
- An extensive ASG data base has been developed and the ASG Lead now analyses ASG data to establish trends/ patterns to inform MDT team, live governance, ward managers meeting, Safety Report for SMT.
- Regular audits are carried out to ensure compliance.
- Development of Immediate Protection Plan (IPP) Proforma including an aide memoire:- disseminated and now implemented
- Roll out of preventative work i.e. keeping yourself safe programme
- Pre and post ASG questionnaires to receive real time feedback from carers to understand better if intervention is improving outcomes for service users.

CCTV continues to be live across the hospital site.

Contemporaneous viewing of CCTV also takes place- areas of good



practice and areas for learning are fed back to the staff, and a new quality assurance process has been developed.

A PSNI Liaison Officer is now identified for the hospital site, which has been extremely beneficial. The PSNI officer is also a link person for single agency PSNI ASG referrals in relation to incidents of patient on patient, which have been reported to PSNI.

A flowchart has been developed outlining the process and how staff can access additional support and updates from the PSNI liaison officer in relation to incidents where they have been subject to an alleged assault from patients. A central email address has been established by the PSNI which staff can email to request input. A memorandum of understanding is also being developed between PSNI and MAH in relation to times when the PSNI are called to the wards to assist in de-escalation. This is on hold due to COVID.

The BHSCT have also commissioned a service from the Association for Real Change (ARC) to :

- Carry out a baseline assessment in Muckamore Abbey Hospital utilizing a number of different approaches and techniques, including group work and 1:1 support, to explore how safe and happy patients feel in Muckamore. It is planned to pilot this in Ardmore Ward and then roll this out across the hospital site. The end result of this work will culminate in a report followed up with a conversation regarding how this information will support future planning for patients.
- Carry out post incident ASG investigations with patients, to explore the impact of response, support offered and aftercare. This will include the completion of the questionnaire the service area has drafted which will be amended by ARC.
- Deliver the Keeping You Safe Programme to all the remaining patients within the hospital, who the social work team have been unable to deliver the programme to, including those with communication needs.

Unfortunately, due to COVID these 3 actions are temporarily on hold.

## **2. Adult Safeguarding workforce issues**

- Most of the DAPO's in the service area are also SW Team leaders and this puts additional pressure on them as they are also undertaking other key functions e.g. managing a MDT, chairing PQC meetings, undertaking ASW roles etc. The Team Leader posts are not designated SW posts so if recruited by other professions this could add significant pressure on the service area in terms of discharging this statutory function.
- Funding for 4 DAPO posts has been secured. One DAPO position is filled and the recruitment for the other 3 vacancies

will take priority. It is anticipated that this post will be a Band 7 Senior Practitioner role along with DAPO responsibility.

- There is a lack of business support to aid the safeguarding staff to represent data in a meaningful way to show trends and patterns. The service area is currently considering a business case in relation to this.
- The Service area has worked very closely with the Training Department in the Trust who have been extremely flexible and responsive in terms of providing additional training for all staff in the hospital. This has included bespoke training for DAPO and IO staff, for medical staff, for contemporaneous CCTV viewers etc. This has ensured all staff are sufficiently trained and upskilled in relation to specific aspects of safeguarding.

**3. Challenges in the provision of Safeguarding services that have arisen during the reporting period and actions taken to mitigate any difficulties.**

➤ **PARIS**

- The service area continues to use the ASG forms from the previous policy and await PARIS implementation to ensure staff move to using the new documentation. Additional PARIS training will also be required to train up DAPO/IO staff and referral agents when this is being introduced. A significant amount of documentation, flowcharts and aide memoires will also have to be amended to reflect the new documentation.

➤ **COVID**

- COVID has had a number of implications for the service area with COVID ASG contingency plans being developed for the community and hospital.
- In the hospital the number of staff on patient referrals remained largely unchanged. Whilst patient on patient incidents initially decreased they then rose again, probably due to the impact of lockdown, new routines, and having to move patients to allow for the development of COVID isolation areas.
- As a result of COVID new developments also took place within the hospital which included: the development of a new flow chart in the hospital to advise of the new process; there was a move from face to face to virtual weekly ASG MDT meetings; patients were seen on the ward using PPE; CCTV was viewed as quickly as possible when required; and staff on patient allegations in the hospital were initial screened by Assistant Service Manager and DAPO.
- As a result of COVID Day centres and short break units closed in March and therefore there was a decrease in the number of adult safeguarding referrals. However, since then there has been a slight increase over time in referrals coming

from services users' homes /supported housing. There has also been a rise in incidents of domestic violence. The referrals made to community DAPOs reflect more complex incidents.

- As a result of COVID all external providers were contacted with contact details, thresholds for ASG referrals etc. The service area established an ASG Data base to identify priority cases. All ASG referrals for the service area were directed through the central point of the Gateway Service so that all data could be captured for the entire directorate.
- Other actions taken as result of COVID included: liaison with PSNI re Domestic Violence cases; alerts sent to RESWS; daily contact with high risk service users was maintained; Community ASG strategy meetings were conducted via Microsoft Teams; there was collaboration with wider MDT colleagues (community midwives etc) to provide information and support to service users; and information was published on the Trust Hub and Twitter regarding safe spaces, silent solution initiative etc.

#### ➤ Hospital

- Over the reporting period the vast majority of referrals in the hospital continued to be of a physical nature. Many of these referrals relate to patient on patient incidents and a high proportion relate to the same patients who have either allegedly caused harm or have been harmed. Referrals are screened by a DAPO and if accepted for investigation (threshold met), allocated to an Investigating Officer, who will be one of the ward social workers. The DAPO and IO will support the multi-disciplinary team in the development of either an alternative safeguarding response (where a referral has been "screened out") or a protection plan.
- The use of CCTV on the hospital site has been of great assistance as the adult safeguarding staff can quickly access the relevant CCTV, which enables them to either screen out the referral or instigate an investigation. However, the viewing of CCTV can also be very time consuming especially if the exact time/ date of the alleged incident is not known. Although many of the referrals are screened out, as there is no evidence of an incident of a safeguarding nature viewed on CCTV, this still involves a considerable amount of work and so the term 'screened out' does not reflect the amount of work involved.
- Within the hospital, there are ongoing difficulties relating to the physical environment and the mix of patients in the wards:- many of whom have complex needs, present with behaviours that challenge and whose discharge has been delayed due to a lack of suitable community placement. A number of patients would not have the skills to protect themselves or to understand risks. Staffing levels can also often affect the patient's ability to avail of opportunities to be

off the ward and this can increase the number of incidents on the ward.

- To mitigate these issues-  
Each patient has an individualised activity plan. The activity co-ordinator left post this year and discussions are in place for this post to be replaced.  
There has also been additional staff recruited to assist in the resettlement of patients and to explore further options with independent and private providers.  
The ASG team have now developed a robust data base and are able to look at trends and patterns. This information is presented at our newly established monthly ASG Forum which is attended by the MDT team. From the data we can identify themes in relation to a wide range of factors which may impact of safeguarding e.g. the location and time of incidents on the ward. This information has greatly assisted the ASG team to work with the MDT team to ensure protection plans are robust. For example, steps have been taken which have reduced the number of incidents between certain patients; there have been environmental changes and meals etc., have been staggered as required.
- Despite good multidisciplinary working, including robust risk assessment and risk management plans, there can be difficulties implementing suitable protective plans to reduce the likelihood of further incidents. All ASG incidents are now reviewed on a weekly basis at the newly established Adult Safeguarding MDT meeting which the DAPO chairs. Risks are identified, analysed and protection plans reviewed in relation to new and existing ASG referrals.
- There is ongoing Contemporaneous CCTV viewing across the hospital site. It has also provided reassurance to the families, senior management team, Trust Board and Department of Health. The CCTV viewers have recently received further training on adult safeguarding. The Contemporaneous CCTV documentation and processes have also been revised and a new quality assurance process is in place so that ASG and hospital management review all contemporaneous CCTV viewing sheets. Further viewing of CCTV can take place as required. Areas of good practice and areas for development are identified and taken forward

➤ **Community**

- The service has continued to investigate concerns raised in nursing homes, residential homes and supported living units. The referrals cover a range of abuse including alleged physical abuse, psychological abuse, financial abuse of service users and institutional practices.
- The service remains concerned about quality issues which, while they do not meet the threshold for safeguarding, may have significant impact on the quality of life for service users. Many of these facilities continue to experience high turnover

of staff, low staff morale and poor resilience. The Trust continues to work with providers to build their capability and improve their resilience.

- Within community facilities, referrals mostly relate to low level physical incidents, where one individual has hit out at another. This reflects the reality of group care for individuals who may have communication difficulties and can display behaviours which challenge. All group living services are aware of the need to review care plans, environments and the mix of service users in order to promote a safe living environment for all. Other preventative measures are also required to address these issues such as good quality staff recruitment, retention, support and training.

➤ **Historical CCTV Adult safeguarding investigation**

- This has continued to be a very challenging year as the large scale historical CCTV adult safeguarding investigation into Muckamore continues. It remains extremely time consuming and complex.
- Within the reporting year, there has been a change in the personnel of the team including the 8b manager and the 8a staff.
- The processes and documentation have recently been significantly revised to ensure there is better communication and smoother interfaces between ASG, HR, Management, PSNI and Senior Management.
- An Operational Group comprising of representatives from ASG team, HR, Management, RQIA and the PSNI now take place every three weeks to review the management decisions in relation to the safeguarding referrals and provide assurance.
- A significant amount of CCTV has been viewed although there is still some outstanding. PSNI and the Trust are separately viewing the CCTV footage.
- A software solution is currently under development with testing taking slightly longer than anticipated to ensure it is working as required. The completion date for this work is now end of July 2020.
- The PSNI are actively involved in viewing CCTV and interviewing possible suspects.
- A large number of both registrants and non registrants have been placed on precautionary suspension or on supervised practice.
- The ongoing investigation continues to cause our service users and carers a significant amount of distress and stress. Unfortunately, given the size of the investigation and the complexity of it, it will not be completed for some time. As some of the CCTV is still to be viewed this continues to leave service users and carers with feelings of anxiety and fear in relation to what is still unknown. All the affected families have a nominated DAPO attached to them and they are provided

	<p>with regular updates and ongoing support, including emotional support.</p> <ul style="list-style-type: none"><li>• It is hoped the work commissioned from ARC will enable us to understand better the views of service users about what makes them feel safe/ happy. This is temporarily on hold because of COVID.</li><li>• Similarly, the ongoing investigation has had a significant impact on the stability of the hospital workforce and the welfare of staff. Whilst the CCTV remains outstanding, there is also a feeling of uncertainty across the staff group at the hospital. Staff across the site have been supported through a counsellor who provides 1:1 emotional support, reflective practice sessions, workshops with staff and support sessions with HR and OH. The Service Area has continued to work within the Adult safeguarding Regional Policy, the HR disciplinary processes and Joint protocol. This has resulted in many challenges balancing the requirements of each process and being proportionate in relation to staff but at the same time protecting patients.</li></ul>
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**2.6 Progress Update on DSF Plan**

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in June 2019	Progress Update at 31 <sup>st</sup> March	RAG Rating
1.	<p><b>Learning Disability Issues</b></p> <p>Issue:  <b>Detention under Mental Health Order</b></p> <p>Number of children detained in Iveagh from BT – implications given this is a regional facility?</p> <p>Action:                      Nov 19 - Review Report and Pathway Paper to be provided</p>	<p>There were six children detained in Iveagh from 1.4.19-31.3.20.                      Two of these children were from the Belfast Trust. One child was discharged within this period.</p> <p>One of the main challenges faced by Iveagh is a lack of community options leading to delayed discharges, which reduces the hospitals ability to function effectively for assessment and treatment. More comprehensive planning with community colleagues continues to be a focus for the clinical team, however, this is impacted by the regional nature of the service.</p> <p>Feedback from carers was positive in relation to the team and care provided, however, parents expressed concern about delays in securing alternative care options in the community, which remains a challenge with gaps in community provision and services to meet the needs of young people leading to delayed discharges. RQIA flagged Articles 3 and 8 of the Human</p>	<p><b>AMBER</b></p>

		<p>Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the Inspection, however, this pressure continues.</p> <p>The RQIA inspection indicated they wanted to see an improvement in senior staff presence in Iveagh. The ASM role was reviewed resulting in a dedicated, permanent ASM based in Iveagh, rather than having other roles as part of Muckamore Abbey staff.</p> <p>Staffing deficits were also noted with a reliance on Bank and Agency. While there remains a need for cover, the vacant posts have been recruited with both nursing and HCA staff appointed.</p> <p>The plan for future management of the service remains under review.</p> <p>The use of seclusion has been stopped since 2018, and the Trust at the time suggested capital works to develop the seclusion area. However, the use of low stimulus areas rather than seclusion has been the preferred choice of the clinical team.</p> <p>To address a number of queries a meeting with RQIA was arranged for April 2020, however, this was postponed due to Covid.</p> <p>Since the Inspection the number of beds in Iveagh has been reduced from 8 to 6, with regional agreement.</p>	<p><b>GREEN</b></p> <p><b>GREEN</b></p> <p><b>AMBER</b></p> <p><b>GREEN</b></p> <p><b>AMBER</b></p> <p><b>GREEN</b></p>
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<p>2.</p>	<p><b>Issue:</b> <b>MCA</b> June 2018- The Trust again raised issues regarding legal advice given in respect of the need to apply to Court for declaratory judgements to place anyone without the capacity to give informed consent to the placement. The Trust was incurring significant costs including staff time to comply with the demands of court, and the fact that Royal College of Psychiatrists have advised their members to consider court reports as private work and to charge accordingly. HSCB reminded that Trust had been advised to prioritise contentious cases.</p> <p><b>Action/ Update:</b> June 2018 - Trusts requested a regional workshop with Legal Advisors to consider this issue. HSCB to give consideration.</p> <p><b>Update January 2019</b> – no further update. This was discussed at the last Mental Health Improvement Board on 11<sup>th</sup> March 2019. Clarification to be sought from DLS in respect of LD delayed discharges.</p> <p><b>Update June 2019</b> – Issue addressed through the Mental Health Capacity</p> <p><b>Action/ Update March 2020:</b> <b>Implementation of MCA</b> and Use of Emergency provision using COVID legislation.</p>	<p>Most of the staff in Learning Disability have now undertaken MCA training up to level 4 across the service area.</p> <p>The service area has scoped the number of service users both within the hospital and community who require a DoLS. The service area have or are in process of putting in place legal safeguards for a number of these service users either through a DoLS or through the emergency Provisions as part of the COVID legislation.</p> <p>A high number of community service users are not known to the Psychiatrist and therefore will require a medical assessment to be completed by a GP. Unfortunately to date they have not agreed to complete any medical forms in respect of our service users and therefore it is likely that we will be unable to put in place the necessary legal safeguards before Dec2020.</p> <p>In addition, as this is new legislation, there have been many challenges in implementing it and frequent legal advice has had to be sought on many occasions. As only phase 1 of the MCA has been implemented, the Declaratory Orders are also being considered for those patients subject to Physical intervention.</p> <p>The service area continues to only have a small number of ASW staff working within the area and this continues to</p>	<p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>AMBER</p> <p>AMBER</p>
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		<p>present challenges in terms of having this expertise in the service area. Attempts to recruit staff to be STDA and undertake the ASW training have been unsuccessful within the service area. With changes to the job description several years ago, which now requires new SW employees to undertake the training; it is likely that a number of staff within the service area will apply for the ASW course next year.</p>	
<p>3.</p>	<p><b>Issue:</b>  <b>Accommodation Needs</b>          Noting the Trusts assessment of needs for supported housing placements for a range of people with complex needs, and in the context of no new developments in the Supporting People pipeline, what is the Trusts doing to plan for the accommodation needs of the individuals identified.</p> <p><b>Action:</b> Development of services</p>	<p>The Learning Disability Division has developed an Accommodation Plan for the period through until 2023. The plan has identified accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options.</p> <p>A new specialist LD nursing care provider is opening in the Autumn of 2020 and assessments are underway for patients from both Muckamore, Community Services and for the facility to provide 2 respite beds. Some delays due to Covid-19 are anticipated as all in-reach work continues to be suspended.</p> <p>Supported Housing Schemes continue to be developed through Business Cases to Supporting People for capital expense only / revenue neutral. These will be for</p>	<p><b>GREEN</b></p> <p><b>AMBER</b></p> <p><b>AMBER</b></p>

		<p>developments within the next 2-3 years. Any additional accommodation needs are being considered within a procurement framework as part of the Regional Learning Disability Operational Group with the HSCB and in partnership with BSO.</p> <p>There is active planning for the discharge of patients from the hospital into appropriate and sustainable placements and a number of patients have already been placed successfully in the community from the hospital.</p> <p>The service area has also developed a supported living scheme, Cherryhill. This facility will accommodate 9 patients from the hospital. 3 patients from MAH have been successfully resettled to Cherryhill. However, due to significant challenges in recruitment further resettlements have been delayed. More recently further moves have been paused due to Covid-19.</p>	<p><b>GREEN</b></p> <p><b>AMBER</b></p>
<p>4.</p>	<p>Issue:  <b>Difficulty in admitting patients to Muckamore Abbey Hospital</b>                  Action: Admission Criteria developed. Bedflow manger to be appointed</p>	<p>The overall strategy for the Hospital is a reduction in the number of inpatients through resettlement and admission avoidance – this is necessary for the overall safety and sustainability of the site to be able to achieve an appropriate skill mix of patients to registered learning disability nursing staff. Therefore, admissions to MAH are being managed on a case by case basis. In the first instance alternatives to hospital are being exhausted following a meeting/ consultation with the referrer including community staff, providers etc.</p>	<p><b>GREEN</b></p>

		<p>If a service user is detained for assessment under the Mental Health (N. Ireland) Order 1986 and has a mild to moderate LD then a bed is still being sought within general psychiatric wards, initially in Belfast and then across the province.</p> <p>If the service user has a severe Learning Disability and has been detained for assessment under the Mental Health (N. Ireland) Order 1986 then a Learning Disability bed is sought either within Muckamore Abbey Hospital (MAH) or in another Learning Disability facility in N. Ireland.</p> <p>There has also been agreement across the Region in relation to admission criteria for MAH.</p> <p>The Trust also attempted to recruit a regional bed flow manager but there were no applicants.</p> <p>It is also hoped to develop a Community Intensive Treatment Team in a bid to provide an alternative to admissions through providing a wrap around community response.</p>	<p>GREEN</p> <p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>AMBER</p>
<p>5.</p>	<p>Issue:  <b>Recruitment and retention of Social workers into the Team Leader role/ DAPO roles/ 8B service manager.</b>                  Action:                  Recruit staff</p>	<p>There has been some difficulties recruiting SW into learning disability which may be related to recent negative media coverage. Ongoing attempts to recruit had been used through normal recruitment. A number of the Team Leader posts were temporarily recruited by</p>	<p>GREEN</p>

		<p>existing staff within the service area but have now been permanently recruited. Other SW posts have been backfilled by agency staff and the majority of them are in the process of being recruited permanently. The service area continues to struggle to attract interest from outside the programme area and there are still a number of DAPO posts vacant but recruitment is underway. The 8B post is now a designated SW post and has been permanently recruited.</p>	
<p>6.</p>	<p>Issue:  <b>Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings</b></p> <p>Action: Recruitment</p>	<p>The service area has continued to increase SW capacity by securing funding to recruit 4 additional DAPOs across the 4 community learning disability teams- One DAPO position is filled and the recruitment for the other 3 vacancies will take priority. It is anticipated that the post will be a band 7 senior practitioner role along with DAPO responsibility.</p> <p>The service area is pleased to report that a SSW for the hospital has now been permanently recruited and is due to take up in June. In addition, an 8B SW service manager with responsibility for ASG, hospital SW and the MDT community teams has also just recently been recruited and a start date agreed for 1.9.20.</p> <p>The service area also hopes to recruit a PSW.</p> <p>Securing the 8A Adult Safeguarding lead post last year has been extremely helpful to the service area especially</p>	<p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>GREEN</p>

		given the ongoing complexities associated with adult safeguarding in the service area.	
7.	<p><b>Issue:</b>  <b>Domiciliary Care</b>                  Trust advise there are 27 Domiciliary care packages outstanding which is noted on risk register.                  How is the Trust trying to address this?</p> <p><b>Action</b>                  June 2019 – Trust advised this is an ongoing concern which they continue to review. They explained that these were in relation to smaller packages which proved more challenging to provide.</p>	The service areas waiting list has reduced to 12. The service area has promoted SDS and continues to access the Care Bureau.	AMBER
<b>Safeguarding Issues in Learning Disability Hospital</b>			
	<p>Issue: <b>RQIA Safeguarding Improvement Notice</b></p> <p>Action: Significant work action plan developed and implemented to address the improvement notice</p>	See section 2.5 for details. The service area is pleased to report that all improvement notices, including the Safeguarding notice, have been lifted in Muckamore Abbey Hospital	GREEN

Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Where the RAG status is Amber or Red, please include further detail in Section 2.7 of this template.

**2.7 Discharge of Delegated Statutory Functions**

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
1.	<b>Domiciliary Care waiting list</b>	
	The number of service users awaiting domiciliary care packages has reduced to 12 since Learning Disability arranged access to Care Bureau services. The waiting list for packages is primarily due to a lack of capacity to meet demand levels across independent sector providers.	The Service continues to access the Care Bureau and also proactively promotes SDS uptake accessing Direct Payments to obviate demand pressures for domiciliary packages.
2.	<b>Potential failure to provide people deprived of their liberty with adequate legal safeguards</b>	
	A significant number of service users in the community who lack capacity and who are restricted of their liberty is sizable within the service area. Whilst much work has been completed it is unlikely all these service users will have the appropriate legal safeguards in place before end of December 2020	Most staff in the service area have been MCA trained to Level 4. All service users have been scoped across the service area in relation to DoLS, DO etc Those service users known to a psychiatrist in the team are being prioritised. The service area will continue to progress what they can do in relation to DoLs until such times as the issue regarding GPs agreeing to undertake the medical report is resolved. A number of DoLS and DO are now in place

		<p>Number of emergency provisions orders are in place under the COVID legislation.</p> <p>This risk has been flagged with the MCA Implementation Lead in the Trust.</p> <p>There is an inadequate number of ASW and STDA in the service area The Job description of newly employed SW staff has been revised so that they are now required to undertake the ASW course within 2 years of being appointed. This should increase the number of ASW staff within the next 2 years and going forward. This should also help to resolve the issue of the requirement for an ASW to be involved in the DoLS review process.</p> <p>It is anticipated that due to the number of service users who will require a DoLS and DO that additional SW staff will be required to address the increased workload associated with completion of DoLs, the review process and the need to pursue DO for those individuals subject to physical intervention.</p>
<p>3.</p>	<p><b>Iveagh delayed discharges</b></p>	
	<p>There a lack of community infrastructure for young people to facilitate their discharge from hospital, which leads to, delayed discharges and unnecessary infringement on their human rights.</p>	<p>More comprehensive planning with community colleagues from Children’s Community Services along with Iveagh MDT continues to be a focus for the clinical team, however, this is impacted by the regional nature of the service.</p> <p>RQIA flagged Articles 3 and 8 of the Human Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the RQIA Inspection, however, this pressure continues.</p>



		The plan for future management of the service remains under review.
4.	<b>Accommodation needs for those being discharged from Muckamore Abbey Hospital.</b>	
	<p>Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for our service users with complex and challenging needs resulting in delayed discharges from Muckamore Hospital.</p>	<p>Care management staff have forged links with a range of providers in order to meet the needs of the service users. Due to difficulties recruiting staff in the private and independent sector the Trust has agreed to pay increased costs for the placements so that pay rates for staff can be increased to reflect the complexity of the work role.</p> <p>The service area has also provided significant input to providers to build their capability and resilience to maintain patients in community settings. The Trust has provided intensive input through the Therapeutic Support Service, Community MDT teams, Care management and additional training to retain service users in their placements. The Trust has also been working with the contracts department to ensure contracts are more robust. The Trust has also encouraged Providers to employ Behaviour Support staff and has agreed increased placement costs for this service. The Trust have also agreed to provide funding for transport for complex service users, in order to improve their quality of life and make community activities and facilities more accessible to them.</p> <p>The Trust meets with the HSCB finance and performance managers monthly to report on progress in achieving the resettlement of the remaining Community Integration Project PTL patients.</p> <p>There are currently 4 PTL patients in hospital and 14 other BHSCT patients.</p>

		<p>Two PTL patients have specific plans in place and two currently have no placement to meet their needs and will require business cases.</p> <p>9 patients have been discharged from the hospital from April 2019 to current date (this includes one PTL patient who was discharged to a Nursing Home in July 2019).</p> <p>The Trust continues to work with a number of providers, which includes Gold Health Care, Cedar Foundation amongst others mentioned. Plans are in place that will take resettlement to 2023.</p> <p>Gold Healthcare are planning to open a new nursing facility before the end of 2020 and 5 patients are currently under-going comprehensive assessments for this specialist nursing service.</p> <p>Plans also continue with Triangle Housing Association through a business model to meet the needs of some patients with a forensic history.</p> <p>The Mews has supported the discharge of service users with complex needs. There are currently 10 people living in this service. Two service users returned to hospital and alternative plans are being developed to meet their needs. A further service user will be moving in October 2020.</p> <p>There continues to be a significant unmet need for nursing, residential and supported living, in particular for patients with multiple complex needs and behaviours that challenge.</p> <p>The service area has also developed a supported living scheme, Cherryhill. This facility will accommodate a total of nine patients from the</p>
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		<p>hospital. 3 patients from MAH have been successfully resettled to Cherryhill. However, due to significant challenges in recruitment further resettlements have been delayed. More recently further moves have been paused due to Covid-19.</p> <p>COVID has interrupted all in reach and development plans since March 2020 and will lead to further delays in 2020-2021.</p> <p>Additional resources have been put in place to support the resettlement of patients from the hospital.</p>
<p><b>5</b></p>	<p><b>Access To Learning Disability Beds in Muckamore</b></p>	<p>All admissions to MAH are being managed on a case by case basis. Alternatives to hospital are being exhausted before admission is considered following a meeting/ consultation with the referrer including community staff, providers etc.</p> <p>There has also been agreement across the Region in relation to admission criteria for MAH.</p> <p>The Trust also attempted to recruit a regional bed flow manager but there were no applicants. It is to be agreed if this is to be further pursued.</p> <p>Progress has been made in relation to the development of a Community Intensive Treatment Team to provide an alternative to hospital through providing a wraparound community response. This is currently on hold due to COVID</p>

6	<b>Recruitment of SW staff to strengthen the workforce</b>	
	Additional SW staff are required to undertake ASW role, DAPO and undertake DoLS/ DO. There is also a need to secure funding for PSW post to support the Division in relation to the discharge of statutory functions, ensuring SW adhere to good practice standards, to undertake audits, supervision, professionally develop the workforce and provide assurance.	Business case to be put forward for additional SW resources. PSW post to be recruited. Funding to be secured.

## PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9

## DATA RETURN 1 – PoC / Directorate: Learning Disability

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	103	8
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	95	8
1.3	How many adults are in receipt of social work or social care services at 31 <sup>st</sup> March?	1462	223
1.3a	How many adults are in receipt of social work support only at 31 <sup>st</sup> March (not reported at 1.4)?	1342	183
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories:		
	xix. Residential Home Care	104	28
	xx. Nursing Home Care	64	97
	xxi. Domiciliary Care Managed	24	4
	xxii. Domiciliary Non Care Managed	91	13
	xxiii. Supported Living	224	37
	xxiv. Permanent Adult Family Placement	25	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES / NO <i>If no, please explain</i>	YES	
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	521	63
	- Independent sector	94	5
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	119	6
	<b>Top figures refer to Trust provided day opportunities.</b>	501	3
	<b>Bottom figures refers to day opportunities fully or partially funded by the Trust with independent sector</b>	Total	Total =

	<b>organisations with service users not known to any other Statutory Day Support.</b>	= 620	9
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	8	7
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	2	

**DATA RETURN 1 – Iveagh and Muckamore Abbey Hospital**

<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 period?	2	15	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	2	15	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March?	4	51	1

Age is at date of referral for 1.1 and 1.2

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

**DATA RETURN 1 – Acute Hospital (general setting) : N/A to Learning Disability**

<b>1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)</b>				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A	N/A	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).  <b>Please note it is expected that the response for sections 1.1 &amp; 1.2 will be the same</b>	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



## DATA RETURN 2 – PoC / Directorate: Learning Disability

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	26	2
	Partially sighted	38	1
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	12	0
	Deaf without speech	16	0
	Hard of hearing	27	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	3	0

## DATA RETURN 3 – PoC / Directorate: Learning Disability

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b><i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i></b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	38
	Number of Disabled people known as at 31 <sup>st</sup> March.	1685
	<b>Top figure is community and bottom is hospital</b>	52
		Total = 1737
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	79
3.3	Number of assessments undertaken of disabled children ceasing full time education.	16

**DATA RETURN 4 – PoC / Directorate: Learning Disability**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>
<b>Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>

4.1	Number of Article 15 (HPSS Order) Payments	100
	Total expenditure for the above payments	£15657.86
4.2	Number of TRUST FUNDED people in residential care	131
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

## DATA RETURN 5 – PoC / Directorate: Learning Disability

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.		106	50
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		96	41
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		10	9
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		0	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March		595	330
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>	0		
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March	0		
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	51		
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March	51		
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March	230		
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	230		
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March	230		
5.11	Number of one off Carers Grants made in-year.	287		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
<b>Commentary</b>				
The service area is pleased to report that there has been a significant increase in SDS and all service users have been transferred to SDS from direct payments with a support plan in place. The service continues to process requests for new services including direct payments under the SDS framework.				

The number of carer's assessments offered during the year have increased from 114 to 156. The number of carer assessments completed has also increased from 85 to 137. The number of young carers being offered assessments has decreased and the service recognises there is need for a robust plan to address this.

A relatively small number of carers declined a carer assessment. The reasons for this was that it was not the right time for them and therefore carer assessments will be offered at a more suitable time.

**DATA RETURN 6 – PoC / Directorate: Learning Disability**

**6 SAFEGUARDING ADULTS**

**THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS  
PROVIDED IN THE ADULT SAFEGUARDING REPORT**

## DATA RETURN 9 – PoC / Directorate: Learning Disability

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO  <b>The top figure refers to BHSCT and the bottom is other Trusts</b>	6 12	RESWS will provide
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	4	
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	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. <b>YES / NO</b> <i>If no, please explain</i>	YES	

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?	1 (SET)
9.2a	Of these, how many resulted in an application being made?	1

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	8
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> <b>YES</b> <i>If no, please explain</i>	8

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	0
9.4.a	Confirm if these reports were completed within 14 days? <b>YES / NO</b> <i>If no, please explain</i>	N/A

<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients  <b>NB 7 relate to BHSCT patients and 7 relate to patients from other Trusts</b>	14

<b>Guardianships (Article 18)</b>		
9.6	Number of Guardianships in place in Trust at period end	0
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	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 period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	1
	Lapsed	1
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	2

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period	1
9.7.a	Number of Approved Social Workers removed during period	4
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	8



<p>9.8</p>	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting</p> <p>Belfast Trust Patients Under 18 years of age who were in Iveagh between 1<sup>st</sup> April 2019- 31<sup>st</sup> March 2020 who are / were subject to detention.</p> <p><b><u>Patient A</u></b></p> <p><b><u>Family Background:</u></b> Patient A lived at home with his Mum.</p> <p><b><u>Reason for Detention:</u></b> Patient A was initially detained to Iveagh on 10/04/18. This was renewed on 08/04/19.</p> <p>Patient A presents with a two year history of paranoid thinking and a delusional belief that he should kill himself to become a superhero figure. He also presents with significant affective disturbance.</p> <p>Patient A requires high level nursing and psychiatric care and supervision to prevent him acting on his delusional beliefs.</p> <p><b><u>Discharge Plan:</u></b> Patient A was transferred to Knockbracken Healthcare Park on 30/09/19.</p> <p><b><u>Patient B</u></b></p> <p><b><u>Family Background:</u></b> Patient B lived at home with his parents.</p> <p><b><u>Reason for Detention:</u></b> Patient B was admitted to Iveagh on 27/09/18 as a detained patient. His detention was renewed on 09/09/19.</p> <p>Patient B is a 13 year old with a severe intellectual disability, severe autism &amp; ADHD. He has a history of being aggressive towards others.</p> <p><b><u>Discharge Plan:</u></b> It is planned that he will return to live with parents on discharge. A Business Plan is currently being completed by the Belfast Trust to identify a suitable care package to support him in the community.</p>	
<p>9.9</p>	<p>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.</p>	<p>0</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 9.10 how many have their treatment required as:	N/A
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	N/A
	(c) Treatment by a specified medical practitioner	N/A
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	N/A
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period. Please advise of any issues presenting	N/A

**Statistical Return for DSF MAH Historical April 2019-March 2020****6. Safeguarding Adults**

<b>6.1</b>	<b>Number of safeguarding adult referrals within the period</b>	<b>838</b>
<b>6.2</b>	<b>Of the referrals at 6.1, how many were received from acute settings?</b>	<b>0</b>
<b>6.3</b>	<b>Number of investigations commenced within the period</b>	<b>241</b>
<b>6.4</b>	<b>Number of investigations completed within the period</b>	<b>0</b>
<b>6.5</b>	<b>Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)</b>	<b>N/A</b>
<b>6.6</b>	<b>Number of adult protection plans commenced within the period</b>	<b>649</b>
<b>6.7</b>	<b>Number of adult protection plans in place on 31<sup>st</sup> March</b>	<b>649</b>

***Commentary***

These statistics relate to the Historical Investigation of Institutional Abuse in Muckamore Abbey Hospital for the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020.

All incidents recorded are 'staff on patient' incidents.

Categories of Abuse as per institutional investigation are as follows:

- A- Ill treatment/Neglect
- B- Restricted/Inappropriate practices requiring MAPA assessment
- C- Inappropriate use of seclusion

Please note there are a number of referrals which span across either 2 or 3 of the categories above.

**PICU (Total Investigations Commenced: 63)**

A: 56 B: 4 C: 23

**Six Mile A (Total Investigations Commenced: 50)**

A: 49 B: 6 C: 17

**Six Mile Treatment (Total Investigations Commenced: 3)**

A: 2 B: 1

**Cranfield 1 (Total Investigations Commenced: 115)**

A: 114      B: 1

**Cranfield 2 (Total Investigations Commenced: 10)**

A: 10      C: 1

**2. PROGRAMME OF CARE SUMMARY**

**Programme of Care / Directorate:- Children’s Community Services**

<b>2.1</b>	<b>Named Officer responsible for professional Social Work</b>
<b>2.1a</b>	<p><b>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</b></p> <p>The Co-Director for Safeguarding and Early Intervention is Dr Michael Murray and the Co-Director for Corporate Parenting and Regional Emergency Social Work Service is Ms Kerrylee Weatherall they have the overarching responsibility and accountability for the operational delivery of statutory functions by the Children’s Community Service Directorate within the BHSCT. Ms Dawn Shaw is the Deputy Executive Director of Social work/Divisional Social Worker for Children’s Community Services and fulfils the Social Work Governance role within Children’s Community Services. They report directly to the Executive Director of Social work / Director of Children’s Community services.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service’s line management and professional structures to the Executive Director of Social Work. The Executive Director of Social work reports to the Chief Executive and to the Trust Board.</p> <p>The Deputy Director/Divisional Social worker 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>A structural chart is attached at <b>Appendix 1</b></p> <p><b>Highlight any vacancies and the action taken to recruit against these.</b></p> <p>The Belfast Trust has experienced a high level of vacancies within Social Work during this reporting period with a total of 39 vacancies across Children’s Community Services. Recruitment campaigns have taken place in April 2019, December 2019 and then in February 2020 to address the issue. The final campaign resulted in the appointment of 49 AYE staff into the Directorate during June 20.</p> <p>The Belfast Trust is experiencing the same pressures as other Trusts within NI due to a strategic lack of qualified Social Workers coming into the workforce to meet the demand. This is being addressed in the Regional Workforce Planning Group led by the DOH, who are developing a five year plan to help resolve the issue, Belfast Trust is actively participating in this work.</p> <p>The constant turnover of staff puts pressure on the system with the additional support required to support AYE staff.</p>

	<p>The Directorate has a number of new team leaders who have been appointed and will need support with the new to management role. The Trust is working to develop a programme to support them.</p>
<p><b>2.1b</b></p>	<p><b>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (i.e. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p>As noted in 2.1a the level of vacancies remains an issue within Children's Community Services. The Trust has particular difficulty in attracting and retaining staff within the Family Support teams due to the nature of the work involved in this part of the service. The Directorate has the highest number of AYE staff within this area.</p> <p>Retention of staff is also an issue, with staff moving posts within the Trust to achieve a work life balance or to posts in other Trusts to be closer to home or for promotion. The Directorate has started to develop a workforce plan with support from HR colleagues to address the issues around retention. A workshop was held on 7<sup>th</sup> February 2020 using an OBA approach to develop an initial plan with a cross section of staff from the Directorate to better understand the reasons for staff leaving. This work has been paused due to the impact of COVID but will be progressed during the next reporting period.</p> <p>A weekly workforce meeting was initiated within the Directorate to manage the high levels of vacancies to support recruitment processes and to ensure each operational area had an appropriate level of cover. The use of agency staff has continued as has the use of bank staff to support residential care homes.</p> <p>A further issue which impacted upon social work recruitment across the Directorate related to number of children's social work posts having to be held due to the regional decision to close Donard children's residential home. This decision resulted in this staff group having to be supported through the organisational changes processes associated with redeployment. This process will not be finalised until the end of June 2020 after which the Directorate will be able to proceed to wider recruitment.</p> <p>Due to the high turnover of staff within the last year, particularly in the gateway Service, the Trust now has a deficit in the number of staff trained in the Joint Protocol procedures. This will be addressed during the next reporting period but due to the small numbers that can undergo training at any one time, this will continue to be a pressure for the service.</p> <p>The Trust welcomes the recent investment from the DOH to recruit additional Band 7 Senior Social Work Practitioners and Band 4 family support workers to reduce the unallocated cases.</p>

	<p>While the vacancies are a critical issue in the Directorate the workforce is fully committed to delivering a high quality service to children and their families.</p>
<b>2.2</b>	<b>Supervision arrangements for social workers</b>
<b>2.2a</b>	<p><b>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</b></p> <p><b>If not, outline the remedial action taken to address this</b> <b>Not fully</b></p> <p>The Directorate overall has achieved satisfactory compliance for supervision of staff. However due to delays in recruitment of managers on occasions it cannot confirm it is fully compliant with the regional supervision framework. Action has been taken to recruit to acting roles where this was possible until permanent posts were recruited to mitigate this. The use of group supervision has also been used successfully in line with the Signs of Safety implementation.</p> <p>The Trust has developed a new reporting template for recording supervision which will provide further assurance in this area.</p>
<b>2.2b</b>	<p><b>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</b></p> <p><b>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</b></p> <p>The Directorate has not universally implemented the Caseload Weighting Tool across all service areas with practice varying across different teams.</p> <p>Within Gateway the tool is not used due to the nature of the work, that is, the high throughput of cases within tight timescales. Other measures are used as an alternative, such as using the waiting list to prioritise need alongside the allocation of cases on the basis of the social workers capacity and experience.</p> <p>Within Family Support the use of the Caseload Weighting Tool is used in some teams. The full implementation has been impacted upon by staff shortages, industrial action, including work to rule, the perceived lack of effectiveness of the tool by the teams and more latterly the Covid pandemic.</p> <p>Supervision with staff is utilised in relation to ascertaining demand and capacity for individual social workers. Team meetings are also utilised at all levels to ascertain demand and capacity for teams and within a service area to identify particular difficulties/ issues as they arise and ensure appropriate actions are implemented to manage demand and capacity issues as required.</p>

	<p>Recruitment, retention and workforce availability within Family Support has continued to be challenging throughout this reporting phase. Whilst the Trust has just completed a successful recruitment campaign, the ability to retain Social Worker’s within Family Support teams has contributed to having high levels of inexperience in the workforce. This impacts on capacity given the high volume of AYE staff within the Family Support service area.</p> <p>The Looked After service is utilising the case load weighting tool and is currently reviewing the implementation of the model.</p> <p>Caseload weighting is used in the Leaving and After Care teams, the Fostering teams and the Adoption teams.</p> <p>The case load weighting tool is not widely used across the Children with Disabilities Teams as it is not viewed as providing an accurate reflection of the complexity of the family support cases carried by this service. This has been raised regionally over the past few years. Cases are allocated by the Senior Social Worker at team meetings where a number of factors are considered: capacity \experience \ knowledge of staff member alongside complexity of the case.</p> <p>The Residential Service does not utilise a caseload weighting tool.</p>
<p><b>2.3</b></p>	<p><b>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.</b></p>
	<p>There have been a number of Audits, which have been carried out during the reporting period.</p> <p><b>Gain Audit</b></p> <p>A full GAIN Audit was complete in the autumn of 2019. The Audit focussed on Child Protection and the implementation of Signs of Safety. A total of 46 cases across the Directorate were Audit. The key findings from the audit include:</p> <p>Administrative – GAIN Part 1</p> <ul style="list-style-type: none"> <li>• Social workers need to ensure that all basic biographical details are filled in at time of referral</li> <li>• There were gaps in the documentation of biographical information relating to Child Protection Cases</li> </ul> <p>Quality</p> <ul style="list-style-type: none"> <li>• There was good evidence that social workers work closely with families and take into consideration the needs of the family and children</li> <li>• It is evident that multidisciplinary\interagency working is going on</li> <li>• Good communication with families is happening</li> </ul>



	<ul style="list-style-type: none"> <li>• Better analysis of risk needs to take place</li> <li>• There needs to be better evidence of supervisory oversight taking place</li> </ul> <p>An Action Plan is being developed and will be taken forward during the next reporting period.</p>
	<p><b>Signs of Safety</b></p> <p>Six Signs of Safety collaborative case file audits were undertaken during the reporting period to test out the new audit process.</p> <p>What Worked Well</p> <ul style="list-style-type: none"> <li>• The collaborative audit was a helpful process for Quality Assurance and practice improvement. They felt it enabled a stronger, qualitative focus on the quality of the work that was much more child focused. The conversation enabled a greater exploration of the purpose and meaning of the work which was a move away from process led practice.</li> <li>• The relationship based model promoted a safer learning environment for shared learning from the case. The experience of using the relationship based approach to QA was described as power levelling by front line staff. It promoted trust and respect between worker and manager who described feeling that they had been able to participate together in a joint learning conversation.</li> <li>• The strength based approach created opportunity to recognise good practice as well as skill or knowledge gaps in practice that had impacted the quality of the work and the positive and negative outcomes for children.</li> <li>• Collaborative auditing required and enabled staff to develop and strengthen skills in reflective practice, motivational and strength based questioning in line with SOS principles of practice.</li> </ul> <p>What Staff Were Worried About:</p> <ul style="list-style-type: none"> <li>• Lack of space and time for auditing. Despite positive feedback about the collaborative audit model all staff voiced concerns about having the time to embed this into ongoing practice and there was a strong view that permission and drive from leaders was vital.</li> <li>• Leadership - The drive and messaging from Senior Leaders is really important to embedding this into sustainable practice.</li> <li>• UNOCINI does not support recording of Signs of Safety approach to practice which is confusing and frustrating. It feels like there is duplication and it's not clear what gets recorded were."</li> <li>• Align the GAIN audit with the collaborative process. Reduce duplication and make the GAIN audit more focused so that it doesn't take up too much time and we are only counting what really matters</li> </ul>

Within the Family Support service the Service Area's Case Conference Chairs meet within the context of the continuing implementation of Signs of Safety and the training required for them to facilitate and implement this practice model within Child Protection Case Conferences. This training, development and support will continue in line with the trajectory of full implementation of the Signs of Safety within the Case Conference process.

An Audit in relation to the outcome of Signs of Safety and service user's views has been completed.

The Staff Survey that was independently completed by Professor Eileen Munro for the Belfast Trust concluded:

- The biggest worry is that workloads are too high to be able to practise Signs of Safety at the level to which they aspire.
- There has been a considerable increase since the first survey in the numbers of staff having received training in Signs of Safety — the number for direct workers has risen from 73% to 94% and for managers from 28% to 100%.
- The numbers who report having used Signs of Safety in the last 3 months has increased since Survey 1, from 66% to 76% for direct workers and from 69% to 92% of managers.
- There is growing confidence in using Signs of Safety methods compared with the first survey.
- The teamwork climate continues to be very good suggesting that staff receive considerable support from their colleagues.
- In most respects the results indicate a good safety climate.
- In terms of job satisfaction, there is little change since the first survey except fewer managers agree or strongly agree with the statement "*Morale in my area/region is high*"; down from 35% in the first survey to 15% here — a worryingly low level.
- However, numbers who agree or strongly agree with the statement "*I like my job*" continue to be high: 83% of direct workers and 92% of managers.
- the dominant tone is of approval for using Signs of Safety, but many wanting more training and on-going support, being worried about what will happen when the Signs of Safety team is disbanded in September 2020

While the Parent Survey was completed for the region by Professor Munro and not Trust specific - the findings and key messages were encouraging. Professor Munro found:

- 79.8% of parents reported they were listened to
- 72.7% their worker doing what they say they will do
- 85.4% the worker being clear about their concerns about the family situation
- 80.7% the worker notices what is working well in my family regarding the care, safety and well-being of the child/ren:
- one in five parents do not feel that they are assessed in a balanced way.

- 82.3% agreeing with their worker on what we are concerned about
- 74.7% feeling involved in making plans about what to do
- 82.8% believe their worker cares that we solve problems
- 64.1% agree the worker spends time with the service users child/ren

### **Gateway Audits**

Within the Gateway Service the CSM and PSW in Gateway regularly sample initial assessments to ensure compliance with UNOCINI standards and continue to undertake an annual review of supervision between the social worker and line manager. An audit is underway in relation to thresholding in Gateway and will be reported on in the next reporting period.

### **CSE**

Following on from the Thematic Review in relation to Child Sexual Exploitation (CSE) in November/December 2016, SBNI commissioned a further Audit into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland. This was carried out by Leonard Consultancy and Associates (report February 2020). This evaluation took the form of file audits, focus groups with social work staff and service users, and the audit team was assisted by the CSE lead for BHSCT. The evaluation recognised the progress that had been made by all agencies in this area and made a number of recommendations to further strengthen practice in this area:

- the need to manage CSE under established Child Protection Policies and Procedures rather than continuing with a separate process
- increased commitment by all agencies in relation to information sharing and collaboration
- the need to establish a drug and alcohol service for adolescents
- reviewing current policies for missing from care with particular reference to the Return Home interviews
- development of the current training
- considering the accommodation needs of the 16+ age group to prevent vulnerability
- the development of the data requiring collection
- considering the support needs of young adults who are vulnerable to CSE as they transition from children's services to adult services.
- Continued awareness raising of CSE with the Night time economy and hospitality industry

The Trust will work closely with the SBNI to deliver on the audit recommendations.

The Trust's Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young

people who go missing from home/care. The Trust reports on this data to the HSCB. Joint working between the PSNI and Trusts is crucial and has enhanced service delivery in the area of missing children. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people.

### **Harmful Sexual Behaviour**

The Trust has engaged in an audit during this reporting period examining the referral processes and services for children and young people who display Harmful Sexual Behaviour (HSB). This was commissioned by the HSCB and carried out by the NSPCC with a view to developing an evidence informed operational national framework for children and young people who display harmful sexual behaviour.

This audit involved Trust representatives and all partner agencies (education, health, PSNI, voluntary organisations, PBNI, youth justice). At the time of writing of this report, the findings of the audit have not been made available. However one clear theme emanating from the audit process was the identified need for training in the area of HSB for all agencies and this is currently being progressed by HSCB.

### **Care Orders**

A quality improvement project into "Care Orders at Home" undertaken by the LAC service has led to an improved performance as to how these cases are managed under the Placement with Parent's regulations. The participation of parents and young people in this project was of key importance.

There was service user involvement as part of the project with both parents and young people's participation.

There are clear plans in place to review each case within the looked after review process to determine if the Care Order is still required. The lead Principal Social Worker for the project undertakes a twice annual audit of all looked after children subject to a care order at home to monitor progress of the above plans.

The Regional Emergency Social Work Service carried out a call handling audit in February 2020 and an audit of all assessments completed by RESWS social workers in the month of April 2020. Action plans were developed and feedback was provided to all relevant staff.

2.4	<p><b>Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period that directly relates to the Trusts discharge of their statutory functions.</b></p>
	<p>Within the reporting period, the Directorate has continued to submit early alerts, serious adverse incident reports, Case Management Review notifications and have been subject to the usual RQIA inspections. Of particular note are the following:</p> <p><b>Judicial Reviews</b></p> <p>The Children with Disability Service is currently involved in a Judicial Review along with other Trusts concerning delayed discharges from Iveagh. The HSCB is aware of these actions and is involved in seeking a solution.</p> <p><b>RQIA</b></p> <p>There was one failure to comply notice from RQIA in respect of Willow Lodge short breaks home in August 2019. The notice referred to:</p> <ul style="list-style-type: none"> <li>• Reporting on the views of parents and children in the Monthly Monitoring Returns</li> <li>• The assessment of children who experience pain</li> </ul> <p>An Action Plan was developed and agreed with RQIA which was reviewed and reported back to RQIA on a regular basis (every 2 weeks). After a period of 3 months (November 2019) RQIA were assured with the improvements that had been made and the failure to comply notice was removed.</p> <p>RQIA received an anonymous letter from staff within Somerton Road Long term Childrens Home for children with a disability, outlining a number of issues/ grievances in terms of the management of the unit. The Co-Director, CSM and registered manager attended a meeting with RQIA in February 2020, to address the issues raised. RQIA was satisfied with the Trusts plan to address these management issues and agreed that they should be dealt with through the usual Trust processes without further involvement of RQIA. The senior managers within the service have engaged in a process with all staff and are currently working on an action plan to address the concerns raised. This work is ongoing.</p> <p>A letter of serious concern was also received in relation to Fortwilliam Park Children's Home in January 2020 in respect of the number of young people resident was over the agreed number and concern regarding the delay in addressing a significant damp issue within the Home. Following a meeting in relation to these concerns by senior</p>

managers RQIA were reassured by the plan in place to address these issues and no further action was taken.

### **Mainstream Residential Children's Homes**

There were ten RQIA inspections during the time period. There were common themes for all of the homes from the Quality Improvement Plans.

- Records of Induction Training for new staff and agency staff.
- Development of a training matrix for all staff.
- Identification of a shift co-ordinator who is competent to fulfil this role.
- For some of the homes, clearer evidence was required of young people's views being captured from young people's meetings and being discussed and actioned, where possible, in team meetings.

The themes that emerged were consistent with other Trusts regionally in relation to Quality Improvement Plans.

A number of professional staff within the residential service, have availed of the Quality Improvement training. Staff at different levels have taken a lead in Quality Improvement projects. One of the projects adopted a co-production approach, to involve young people in one of the children's homes, in developing a platform where young people's views were shared and incorporated into decisions that were relatable to daily living within the home.

An initiative developed with the Belfast HSCT as the lead, including PSNI and IFA as partner agencies, "Dare to Win", has been successful in engaging young people in a programme targeted at personal development, and promoting leadership qualities. Young people participated in the development of the programme which will contribute to shaping future "Dare to Win" programmes.

The Developing Outcomes, Opportunities, Responsive Support service (DOORS) became operational in September 2019. The service provides wrap around support to young people in residential care and support and development for staff with regard to well-being and training. So far, the DOORS service has successfully engaged 23 young people resident in the children's home. Approximately 60 staff from the residential social work teams were provided with three day Trauma and Attachment training and 45 staff attended a Health Fair, both which were facilitated by the DOORS clinical psychologist. The DOORS clinical psychologist has taken a lead in developing a wellbeing strategy for staff, and also provides RSW teams with monthly reflective practice sessions and a monthly Learning Forum for Managers.

### **CMRs**

- 1 CMR notification was made by the Trust to the SBNI. This relates to a child who was placed in a kinship placement in Newcastle

(England) and was abused by her kinship carers. Following an SEA it was agreed this met the threshold for a CMR notification. The CMR Panel recommended a CMR and this was ratified by the SBNI Board. The Trust is currently undertaking an Individual Agency Review that will be submitted to the CMR Team

- 2 notifications were made by the PSNI concerning service users known to the Trust. These 2 cases are active CMRs and the Trust is in the process of completing Individual Agency Reviews. One concerns a still birth and the other concerns a sexual assault on a teenager living in a Children's Home.
- 1 CMR Notification was made by the Southern Trust concerning the death of a child. The Belfast Trust had some historical involvement with the mother. The SBNI have requested that we complete an Individual Agency Review

2 Case Management Reviews have been concluded during this reporting period and the final reports relating to cases in the Belfast Trust have been provided to the Trust for action;

### **CMR R**

Recommendations focus on:

1. Information sharing and communication between agencies in line with core child protection policy and procedures.
2. Training staff for Joint Protocol Investigations
3. Disclosure of offender convictions
4. Thresholding cases for Initial Assessment (Gateway)
5. Reviewing processes for Autism Spectrum Disorder
6. Sharing of information between the Trusts and Regional Emergency Social Work Services

### **CMR J**

Recommendations focus on:

- BHSCT should convene a reflective practice event for the management team within the Gateway Service to consider professional judgements / dilemmas associated with threshold for intervention at the point of referral, and transfer for on-going Family Support within the context of parental resistance to social work intervention. This has been completed
- The CSM for Gateway should table the aforementioned recommendation with the Regional Threshold Group and consider the need to identify a Task and Finish group to revise the Unocini Guidance specifically in regards threshold for statutory social services' intervention with children and families. The implementation of Signs of Safety this has assisted both referrers and Gateway staff with thresholds for intervention

	<ul style="list-style-type: none"> <li>• Though unique, this case highlighted the complexities associated with two Trusts working with different children of the same household. Where this occurs, at a minimum, consideration should be given to convening a professional face to face case discussion and determine the appropriateness of a joint home visit thereby enhancing professional decision making in respect of each individual child. This was agreed by the Assistant Directors Group</li> </ul> <p>(Note – the recommendations following a CMR are multi-agency – the multiagency SBNI Belfast CMR Panel is responsible for ensuring the recommendations are implemented. Due to COVID this process was stood down but is to reconvene in August 2020.)</p>
<p><b>2.5</b></p>	<p><b>Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</b></p>
	<p>Within the reporting period, the Belfast Trust had an unprecedented influx of unaccompanied asylum (23) seeking children and young people, which placed immense strain on safeguarding teams in terms of caseloads and on the availability of its care placement provision. This was particularly challenging as this cohort of young people are subject to rigorous safeguarding and legal procedures and processes. In conjunction with the HSCB and other Corporate Parenting Assistant Directors across the other 4 Trusts, placements for some of these young people were made available. The HSCB secured funding for a 'step down facility' so that some of these young people could move on from Aran Home in order to make available more in house resources. A number of fostering placements were also provided as well as partnerships developed with the independent sector to provide accommodation and wrap around support.</p> <p>Continued safeguarding issues for young people in residential care are substance misuse and missing from care. Residential homes along with the drug and alcohol worker implement harm reduction programmes with young people whom are misusing substances. With the initiation of the DOORS project, albeit in its infancy, it is intended that this service will be part of the harm reduction programme by way of engaging young people in diversionary activities.</p> <p>In relation to young people going missing from care homes, the Co-Director for Corporate Parenting meets on a monthly basis with PSNI Superintendent responsible for Strategic Partnerships to review all missing episodes from children's homes. This process is currently undergoing a review to include more strategic connections across police and social services areas and will also be informed by the regional Missing From Care Strategic Group. All Belfast Trust children's homes have a dedicated PSNI officer specifically for young people going missing from the care home, ensuring robust interagency collaboration on safeguarding issues.</p>



<p>The Directorate has been developing its data sets/ run charts over the past year to assist it in overseeing its business and identifying trends. On closer examination of the data it became evident to the Directorate SMT that the numbers of children on the CPR was showing a downward trend whilst the number of children admitted into Care was showing an upward trend. The Directorate is currently undertaking a “deep dive” of a sample of LAC cases to examine more fully the pathway followed and identify a greater understanding of any practice issues which may arise. This work will be concluded during the next reporting period</p> <p>From the middle of March 2020 the Directorate has had concerns in relation to the fall in the number of Child Protection referrals which was believed to be a direct result of the impact of the COVID Pandemic. The Trust promoted the importance of referring child protection concerns via social media and internally across all staff. The number of family support referrals initially dropped immediately after Lockdown but returned quickly to normal levels.</p> <p>The number of children in care remains high when compared with other Trusts and with historical patterns. The Trust continues to develop Early Intervention Service, Edge of Care services, Signs of Safety to ensure that families are supported and to prevent the need for children coming into care.</p>
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**2.6 Progress Update on DSF Plan**

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p><b>Looked After Children</b></p> <p><b>Named Allocated Social Worker</b>                      There were 9 Looked After young people who did not have an allocated named Social worker at period end. This was mainly due to staff shortages and vacancies.                      For <b>7</b> of these young people this was due mainly to staff shortages, work to rule during the industrial action, cases waiting to transfer to LAC teams.                      For the remaining <b>2</b> young people their Social Worker went on sick leave and did not return to post. As part of the Industrial action / work to rule the re-allocation of cases to a social worker was not possible.</p> <p><b>Statutory Visits</b>                      There were 29 Looked After Children who did not receive their statutory visit at least once a month during this reporting period. This was mainly due to staff vacancies, the impact of Industrial Action and latterly COVID 19.  <b>14</b> Children with a Disability, did not have their statutory visits due to Covid 19 during March.</p>	<p>The Senior Social Worker covered all urgent issues and assumed case responsibility until the work to rule ended.</p> <p>By the end of the first quarter of the next reporting period all of these young people will have a named social worker.</p> <p>A successful recruitment process took place for vacant posts in February 20.</p> <p>As these staff come into post this will enable cases to be transferred ensuring that all young people have a named allocated Social worker and that the Statutory visits are undertaken within the time scales.</p> <p>All were visited by Principal Social Worker during the first week of May 2020.</p> <p>Team meetings have reinforced Policy and Procedures to ensure statutory visits are completed. This was reviewed through</p>

<p><b>Statutory Reviews</b></p> <p>76 young people Looked After Child were not reviewed in line with Statutory requirements. There were a number of reasons including staff vacancies; staff sickness; delay in transferring cases; dual process and ICC was already scheduled and LAC delayed to be completed at the same time; delay in expert meeting taking place; a death in the family; lack of an interpreter being available; rescheduled at request of family and young person; young person on holiday; crisis in family being prioritised. Covid 19 restrictions had an impact during March on being able to undertake reviews, work was undertaken in line with the developing regional Action Cards. All of the outstanding reviews are being rescheduled and should be completed by end of July 2020.</p> <p><b>Adequate Supply of Placements</b></p> <p>The main reasons for inadequate placement choices is the lack of placement availability. This is across residential and Fostering.</p> <p>Currently the residential Children’s homes within BHST are working at full capacity with no vacancies. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma, this can prove to</p>	<p>supervision and audits of files to ensure statutory visits were completed and recorded.</p> <p>All children will have received their Statutory visits by the end of June 20.</p> <p>All of the outstanding reviews are being rescheduled and should be completed by end of July 2020.</p> <p>Despite many different strategies it remains challenging to recruit new carers into the system they require training and support before placement can commence so there is a time lapse between recruitment, approval and placement. This is being addressed through the regional fostering initiative. The Trust is increasingly providing training and support from TSS to support carers with these challenges to try and minimize the foster carer breakdowns and subsequent pressure on the system and supply of placement options and choice.</p>
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	<p>be very testing for even the most experienced foster carer</p>	<p>The Trust has continued to maintain its Children’s home for children aged 8-12 to meet then need of those young people with highly complex needs that cannot be cared for within a fostering placement. This has had an impact on the number of beds available for the 13yr + age group. In addition the supply of residential beds was restricted through having to use some of our mainstream beds to accommodate the significant influx of UASC. The Trust has worked with the HSCB to develop alternative move on beds for the UASC to allow the Trust to return to its commissioned bed numbers.</p>
	<p><b>Children with a disability</b></p> <p>There is a long standing issue with the lack of placement options for children with disability, particularly those with severe learning disability, autism and other co-occurring conditions. This lack of provision continues to an impact on the functioning of Iveagh where the Trust has two delayed discharges.</p> <p>There also remains a lack of jointly commissioned placement options for those who are 16+ or leaving care.</p>	<p>The Trust is working with the HSCB to address these shortfalls and to carry out a further assessment of need to inform commissioning priorities. Individual business cases have been developed in relation to young people who are delayed discharges from Iveagh. The Trust also continues to fund a private placement for one young person who was not accepted by the ECR panel but whose needs could not be met within the existing residential or fostering provision.</p>
	<p><b>Personal Advisors</b></p> <p>103 young people do not have a personal advisor. This is a noticeable increase since the last reporting period. There are a number of explanations for this rise including the increase in the number of looked</p>	<p>Recruitment is continuing for the personal Adviser vacancies which once appointed will go some way to addressing these outstanding referrals.</p>

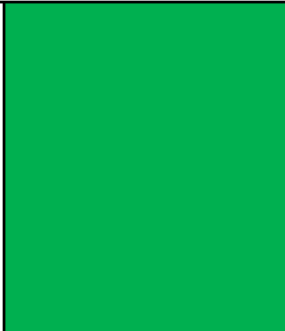
	<p>after children, late entrants into care and the unaccompanied minors.</p>	
	<p><b>Early Years</b></p> <p><b>Inspections</b>                  There are 89 Early Years Inspections outstanding. This is mainly due to the impact of COVID 19.</p> <p><b>Registrations</b>                  There is a total of 8 outstanding registration applications, 1 day nursery; 1 playgroup and 6 Childminder applications outstanding at the end of March 2020.</p>	<p>There is a plan in place to reinstate the Inspections in line with the regional resetting of services and the Early Years plan to have these completed by the end of September.</p>

2.7 Progress Update

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.4)

2.7	Action identified at DSF meeting in June 2019	Progress Update	RAG Rating
<b>Family &amp; Child Care Issues</b>			
	<p><b><i>Detention under Mental Health Order</i></b>                      Issue:                      Number of children detained in Iveagh from BT – implications given this is a regional facility?</p> <p>Update / Action:                      Nov 19 - Review Report and Pathway Paper to be provided</p>	<p>Since the last reporting period a workshop was held on the 13<sup>th</sup> January which included:                      Director Children’s Community Services, Director of Adult Services                      Representatives from HSCB,                      BHSCT Children’s Community Services, Iveagh and CAMHS.                      This workshop focussed on the regional model provided by Iveagh which Psychiatry were leading and the future alignment of Iveagh within the Trust. The model proposed was one of short term assessment and treatment and it was acknowledged that the issues relating to delayed discharge are linked with the lack of appropriate long term provision for some of the very complex young people.                      Iveagh currently sits within the Adult Learning Disability Division which is in the Adult Services Directorate. It was agreed that further discussion was required in relation to the interface between Iveagh, CAMHS and Childrens Community Services.                      Due to changes in the leadership within the Trust, (ACOPs Director has retired, Interim Director newly appointed and 2 new Co-Directors have been appointed in Mental Health and</p>	

		Learning Disability) Industrial action and COVID 19, this has been delayed. Further meetings will be planned during the next reporting period.	
	<p><b>LAC &amp; Leaving Care</b> Issue: Care Pathway Project Review - clarify when report is to be available</p> <p>Update / Action: Nov 19 - Work remains outstanding due to staffing issues. AD Forum scheduled to look at principles to progress this work, provide update</p>	This a now a regional piece of work to be undertaken by the Regional AD group	
	<p><b>Looked After Children</b> Issue: 10.3.9 – number of moves shows the Trust is notably higher than the rest of the region. What action is the Trust taking to minimise placement moves?</p>	This is being addressed by the Regional Fostering service focussing on increased recruitment of Foster Carers to increase capacity and placement choice.	
	Issue: 10.3.24 notes total of 39 LAC without an allocated social worker. Trust to specify actions to be taken to ensure continuity of care	This was resolved by the end of the last reporting period.	

	<p><b><i>Mental Health Concerns (for 16+ leaving and after care)</i></b> Issue: Waiting times over one year – Trust to confirm current position, including LAC, and outline actions being taken to reduce these</p>	<p>All children are seen within 6 weeks for an initial meeting. This was discussed at the HSCB Trust review meeting on 5<sup>th</sup> June 2020 and it was agreed to close this action.</p>	
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**DATA RETURN 3 – PoC / Directorate: Children’s Disability Services**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<b><i>Note: ‘disabled people’ includes individuals with physical disability, sensory impairment, learning disability</i></b>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>392</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>657</b>
3.2	Number of assessments of need carried out during period end 31 <sup>st</sup> March.	<b>192</b>
3.3	Number of assessments undertaken of disabled children ceasing full time education.	<b>0</b>

**DATA RETURN 4 – PoC / Directorate: Children’s Disability Service**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>
<b>Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>

4.1	Number of Article 15 (HPSS Order) Payments	NIL
	Total expenditure for the above payments	NIL
4.2	Number of TRUST FUNDED people in residential care	NIL
4.3	Number of TRUST FUNDED people in nursing care	NIL
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	NIL

## DATA RETURN 5 – PoC / Directorate: Children’s Disability Service

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	45	308	0
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – to be collect from PMSI)</i>	45	308	0
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	0	0	0
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	45	308	0
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March		663	0
5.5	Number of young carers offered individual carers assessments during the period.		45	
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>		45	
5.7	Number of young carers receiving a service @ 31 <sup>st</sup> March		45	
5.8	(a) Number of requests for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March		27	
	(b) Number of new approvals for direct payments during the period 1 <sup>st</sup> April – 31 <sup>st</sup> March		27	
	(c) Number of adults receiving direct payments @ 31 <sup>st</sup> March		221	
5.9	Number of children receiving direct payments @ 31 <sup>st</sup> March		As above	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?		221	
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March		5	
5.11	Number of one off Carers Grants made in-year.		491	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
<p><b>Commentary</b>            Action for Children continue to be funded by the HSCB to deliver Young Carer Support in the BHSCT area.</p> <ul style="list-style-type: none"> <li>• In 2019/2020 Action for Children worked with <b>107</b> young carers in Belfast.</li> <li>• At the 31<sup>st</sup> March they were working with <b>59*</b> young carers with <b>4</b> on the waiting list.</li> <li>• They also completed <b>31</b> young carer assessments.</li> </ul>				

In 2019/2020 **143** Young Carers received a grant from the BHSCT for short breaks to support their health and well-being

**DATA RETURN 9 – PoC / Directorate: Children’s Community Services**

<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>		<b>TRUST ASW</b>	<b>RESWS ASW</b>
9.1	Total Number of Assessments made by ASWs under the MHO	NIL	See RESWS Report
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	NIL	See RESWS Report
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	NIL	See RESWS Report
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge  <b>YES</b>		

<b>Use of Doctors Holding Powers (Article 7)</b>		
9.2	How many times did a hospital doctor use holding powers?  This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	
9.2a	Of these, how many resulted in an application being made?  This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	

<b>ASW Applicant reports</b>		
9.3	Number of ASW applicant reports completed	
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> <b>YES / NO</b> <i>If no, please explain</i>  The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	

<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Social Circumstances reports completed. <i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	

9.4.a	Confirm if these reports were completed within 14 days? <b>YES</b> If no, please explain	
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<b>Mental Health Review Tribunal</b>		
9.5	Number of applications to MHRT in relation to detained patients	

<b>Guardianships (Article 18)</b>			
9.6	Number of Guardianships in place in Trust at period end		
9.6.a	New applications for Guardianship during period (Article 19(1))		
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))		
9.6.c	How many were Guardianship Orders made by Court (Article 44)		
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))		
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)		
9.6.f	Number of Guardianships accepted by a nominated other person		
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)		
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)		
	Discharges as a result of an agreed multi-disciplinary care plan		
	Lapsed		
	Discharged by MHRT		
	Discharged by Nearest Relative		
Total			

<b>Approved Social Worker (ASW) Register</b>		
9.7	Number of newly appointed Approved Social Workers during period  The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	
9.7.a	Number of Approved Social Workers removed during period  See Mental Health Report	

9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)  See Mental Health Report	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting.  NO	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.  Increasingly the Service area is challenged in accessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments.  Staff from the service area have attended training with DLS during this reporting period in relation to OCP duties	

**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	
9.11	Of the Total shown at 9.10 how many have their treatment required as:  (a) Treatment as an in-patient  (b) Treatment as an out patient  (c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were <b>made</b> during the reporting period. Please advise of any issues presenting	

## Delegated Statutory Functions

### Data Return 10

*In order to ensure that there is no duplication in submitting data to HSCB the key below indicates which data should be completed in this return. Data which is sourced from the DSF spreadsheets or HSCB/DoH is indicated by colour coding.*

**Key to Data Items:-**

	<b>This data item is completed in the DSF spreadsheet</b>
	<b>This data item should be completed in this Data return 10</b>
	<b>Other - there is no need to complete this data item and it is sourced from HSCB/DoH</b>



**DATA RETURN 10 – PoC / Directorate  
Belfast Trust Children’s Community Services**

**Please Note: Information for this section will inform the Corporate Parenting Report (CC3/02)**

<b>10 Children (NI) Order 1995</b>
<b>Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177</b>

<b>10.1 CHILDREN IN NEED</b>																																
<b>10.1.1</b>	How many Children in Need are there in your area as at 31st March? (exclude children on the caseloads of statutory mental health services) <p style="text-align: right;"><b>3546</b></p>	DSF -Children In Need Spreadsheet																														
	<i>Trend analysis and commentary (Trusts must clarify how they arrive at this total figure, and reference any likelihood of double or under representation)</i> <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Children in Need</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>As at: 31 March</td> <td>5739</td> <td>5153</td> <td>4262</td> <td>4331</td> <td>4088</td> <td>3546</td> </tr> <tr> <td>As at: 30 Sept</td> <td>4939</td> <td>4778</td> <td>4272</td> <td>4179</td> <td>3844</td> <td></td> </tr> </tbody> </table>	Children in Need	2015	2016	2017	2018	2019	2020	As at: 31 March	5739	5153	4262	4331	4088	3546	As at: 30 Sept	4939	4778	4272	4179	3844		Data Return 10									
Children in Need	2015	2016	2017	2018	2019	2020																										
As at: 31 March	5739	5153	4262	4331	4088	3546																										
As at: 30 Sept	4939	4778	4272	4179	3844																											
<b>10.1.2</b>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Ethnicity</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr><td>White</td><td style="text-align: right;">2446</td></tr> <tr><td>Chinese</td><td style="text-align: right;">26</td></tr> <tr><td>Irish Traveller</td><td style="text-align: right;">22</td></tr> <tr><td>Roma Traveller</td><td style="text-align: right;">15</td></tr> <tr><td>Indian</td><td style="text-align: right;">12</td></tr> <tr><td>Pakistani</td><td style="text-align: right;">5</td></tr> <tr><td>Bangladeshi</td><td style="text-align: right;">4</td></tr> <tr><td>Black Caribbean</td><td style="text-align: right;">1</td></tr> <tr><td>Black African</td><td style="text-align: right;">72</td></tr> <tr><td>Black Other</td><td style="text-align: right;">15</td></tr> <tr><td>Mixed Ethnic Group</td><td style="text-align: right;">93</td></tr> <tr><td>Any Other Ethnic Group</td><td style="text-align: right;">72</td></tr> <tr><td>Not Stated</td><td style="text-align: right;">763</td></tr> <tr><td><b>TOTAL</b></td><td style="text-align: right;"><b>3546</b></td></tr> </tbody> </table> <p>Ethnic Origin of Children in Need</p>	Ethnicity	Total	White	2446	Chinese	26	Irish Traveller	22	Roma Traveller	15	Indian	12	Pakistani	5	Bangladeshi	4	Black Caribbean	1	Black African	72	Black Other	15	Mixed Ethnic Group	93	Any Other Ethnic Group	72	Not Stated	763	<b>TOTAL</b>	<b>3546</b>	DSF -Children In Need Spreadsheet
Ethnicity	Total																															
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<b>TOTAL</b>	<b>3546</b>																															

10.1.3	<p>Religion of Children in Need</p> <table border="1" data-bbox="363 241 1114 819"> <thead> <tr> <th>Religion</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Roman Catholic</td> <td>1005</td> </tr> <tr> <td>Presbyterian</td> <td>433</td> </tr> <tr> <td>Church of Ireland</td> <td>89</td> </tr> <tr> <td>Church of England</td> <td>10</td> </tr> <tr> <td>Methodist</td> <td>8</td> </tr> <tr> <td>Other Christian</td> <td>381</td> </tr> <tr> <td>Jewish</td> <td>0</td> </tr> <tr> <td>Muslim</td> <td>82</td> </tr> <tr> <td>Other</td> <td>104</td> </tr> <tr> <td>Not Known</td> <td>735</td> </tr> <tr> <td>Not Completed</td> <td>630</td> </tr> <tr> <td>None</td> <td>68</td> </tr> <tr> <td>Refused</td> <td>1</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>3546</b></td> </tr> </tbody> </table>	Religion	Total	Roman Catholic	1005	Presbyterian	433	Church of Ireland	89	Church of England	10	Methodist	8	Other Christian	381	Jewish	0	Muslim	82	Other	104	Not Known	735	Not Completed	630	None	68	Refused	1	<b>TOTAL</b>	<b>3546</b>	DSF -Children In Need S preadsheet
Religion	Total																															
Roman Catholic	1005																															
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Other Christian	381																															
Jewish	0																															
Muslim	82																															
Other	104																															
Not Known	735																															
Not Completed	630																															
None	68																															
Refused	1																															
<b>TOTAL</b>	<b>3546</b>																															
10.1.4	<p>(a) How many children have been referred for an Assessment of Need during the reporting period i.e.</p> <p><b>1st September - 31st March - 3371</b></p> <p>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st September - 31st March</p> <p><b>See Excel Spreadsheet 10.1.44</b></p>	DSF -Children In Need Spreadsheet																														
10.1.5	<p>How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 31st March).</p> <p><b>210 cases</b></p> <p>Source PMSI data on Unallocated cases – comes with child protection data.</p>	HSCB (PMSI)																														
10.1.6	<p>How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March?</p> <p><i>Ensure any specific issues are raised in the Service level summary</i></p> <p><b>773</b></p>	DSF -Children In Need Spreadsheet																														
10.1.7	<p>Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.</p>	DSF -Children In Need Spreadsheet																														

	These young people are within Family support services and have been persistent non-attenders at school who have not left school early.	
<b>10.1.8</b>	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 31st March	HSCB (PMSI)
	<i>Trend analysis and commentary (Refers to ALL i.e. tiers 2-4 children awaiting CAMHS regardless of the pathway to the waiting list)</i>	
<b>10.1.9</b>	This is intentionally blank	
<b>10.1.10</b>	How many of the Children in Need are Young Carers <b>115</b>	Data Return 10
<b>10.1.11</b>	How many young people aged 16 and 17 years presented to the Trust as homeless / or were referred by NIHE to Trust as homeless during the period and their outcome <i>This is sourced from Client level Data returns sent into HSCB. The data is summarised into a Homelessness spreadsheet which is held in Meridio – Children's information – Homelessness.</i> <b>13</b>	HSCB (Homelessness Data)
<b>10.1.12</b>	(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end <b>324</b>  (b) How many of these children have a disability <b>24</b>	DSF-Children In Need Spreadsheet
<b>10.1.13</b>	Trust usage of Family Centre Places for interventions <b>See Spreadsheet 10.1.13</b>	DSF-Children In Need Spreadsheet
<b>10.1.14</b>	This is intentionally blank	
<b>10.1.15</b>	Please provide the number of children (if any) subject to a Supervision / Interim Supervision Order at period end (moved from Child Protection section) <b>23</b>	DSF -Children In Need Spreadsheet
<b>10.1.16</b>	During the period, please provide the number of children (if any) that became subject of a Supervision / Interim Supervision Order (moved from Child Protection section) <b>9</b>	DSF -Children In Need Spreadsheet

**10.2 Children (NI) Order 1995**

**Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177**

<b>CHILD PROTECTION</b>																				
<i>No data is required for items (10.2.1-10.2.8)– data sourced from HSCB quarterly Child protection Report.</i>																				
<b>10.2.1</b>	How many children are on the Child Protection Register as at 31st March?  <p style="text-align: right;"><b>251</b></p>	Quarterly CP return to HSCB																		
<b>10.2.2</b>	How many of these children have a learning disability? <b>4 children within the Disability teams are on the CP register.</b>	Quarterly CP return to HSCB																		
<b>10.2.3</b>	How many of these children have a physical disability?  <b>0</b> Note this not currently captured on PARIS	Quarterly CP return to HSCB																		
<b>10.2.4</b>	Religion of children on the Child Protection Register  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Religion</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td>Roman Catholic</td> <td>70</td> </tr> <tr> <td>Presbyterian</td> <td>32</td> </tr> <tr> <td>Church of Ireland</td> <td>4</td> </tr> <tr> <td>Methodist</td> <td>1</td> </tr> <tr> <td>Other Denomination</td> <td>38</td> </tr> <tr> <td>None</td> <td>5</td> </tr> <tr> <td>Refused/Unknown</td> <td>101</td> </tr> <tr> <td><b>Total</b></td> <td><b>251</b></td> </tr> </tbody> </table>	Religion	Total	Roman Catholic	70	Presbyterian	32	Church of Ireland	4	Methodist	1	Other Denomination	38	None	5	Refused/Unknown	101	<b>Total</b>	<b>251</b>	Quarterly CP return to HSCB
Religion	Total																			
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<b>Total</b>	<b>251</b>																			
<b>10.2.5</b>	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template)  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ethnic Origin</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>188</td> </tr> <tr> <td>Chinese</td> <td>1</td> </tr> <tr> <td>Irish Traveller</td> <td>0</td> </tr> <tr> <td>Roma Traveller</td> <td>0</td> </tr> <tr> <td>Indian</td> <td>2</td> </tr> <tr> <td>Pakistani</td> <td>3</td> </tr> </tbody> </table>	Ethnic Origin	Total	White	188	Chinese	1	Irish Traveller	0	Roma Traveller	0	Indian	2	Pakistani	3	Quarterly CP return to HSCB				
Ethnic Origin	Total																			
White	188																			
Chinese	1																			
Irish Traveller	0																			
Roma Traveller	0																			
Indian	2																			
Pakistani	3																			

	<table border="1"> <tr><td>Bangladeshi</td><td>1</td></tr> <tr><td>Black Caribbean</td><td>0</td></tr> <tr><td>Black African</td><td>2</td></tr> <tr><td>Black Other</td><td>0</td></tr> <tr><td>Mixed Ethnic Group</td><td>13</td></tr> <tr><td>Any Other Ethnic Group</td><td>4</td></tr> <tr><td>Not Stated</td><td>37</td></tr> <tr><td><b>Total</b></td><td><b>251</b></td></tr> </table>	Bangladeshi	1	Black Caribbean	0	Black African	2	Black Other	0	Mixed Ethnic Group	13	Any Other Ethnic Group	4	Not Stated	37	<b>Total</b>	<b>251</b>	
Bangladeshi	1																	
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Any Other Ethnic Group	4																	
Not Stated	37																	
<b>Total</b>	<b>251</b>																	
<b>10.2.6</b>	How many registrations have there been during the period?  <b>129</b>	Quarterly CP return to HSCB/Sosc are Reports																
<b>10.2.7</b>	How many de-registrations have there been during the period?  <b>22</b>	Quarterly CP return to HSCB																
<b>10.2.8</b>	What percentage of registrations are re-registrations?  <b>17%</b>	Quarterly CP return to HSCB																
<b>10.2.9</b>	This is intentionally blank																	
<b>10.2.10</b>	For children on the register, how long have they spent on the Register (as at 10.2.1)?  <table border="1"> <thead> <tr><th>Duration</th><th>Total</th></tr> </thead> <tbody> <tr><td>less than 3 months</td><td>0</td></tr> <tr><td>3 months &lt; 6 months</td><td>7</td></tr> <tr><td>6 months &lt; 1 year</td><td>0</td></tr> <tr><td>1 year &lt; 2 years</td><td>0</td></tr> <tr><td>2 years &lt; 3 years</td><td>7</td></tr> <tr><td>3 years or more</td><td>0</td></tr> <tr><td><b>TOTAL</b></td><td><b>7</b></td></tr> </tbody> </table>	Duration	Total	less than 3 months	0	3 months < 6 months	7	6 months < 1 year	0	1 year < 2 years	0	2 years < 3 years	7	3 years or more	0	<b>TOTAL</b>	<b>7</b>	Quarterly CP return to HSCB
Duration	Total																	
less than 3 months	0																	
3 months < 6 months	7																	
6 months < 1 year	0																	
1 year < 2 years	0																	
2 years < 3 years	7																	
3 years or more	0																	
<b>TOTAL</b>	<b>7</b>																	
<b>10.2.11</b>	This is intentionally blank																	
<b>10.2.12</b>	This is intentionally blank																	
<b>10.2.13</b>	This in intentionally blank																	
<b>10.2.14</b>	This is intentionally blank																	

**10.3 Children (NI) Order 1995**

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**Looked After Children**

<b>10.3.1</b>	<p>Provide the current legal status for all Looked After Children at 31st March (excluding any who are LAC on that day only by virtue of a short break arrangement)</p> <p style="text-align: right;"><b>866</b></p> <p><b>Looked After Population March 2014 – March 2020</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Looked After Children</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>As at: 31 March</td> <td>721</td> <td>742</td> <td>739</td> <td>743</td> <td>766</td> <td>824</td> <td>866</td> </tr> <tr> <td>As at: 30 Sept</td> <td>714</td> <td>740</td> <td>763</td> <td>757</td> <td>795</td> <td>826</td> <td></td> </tr> </tbody> </table>	Looked After Children	2014	2015	2016	2017	2018	2019	2020	As at: 31 March	721	742	739	743	766	824	866	As at: 30 Sept	714	740	763	757	795	826		DSF – LAC Spreadsheet						
Looked After Children	2014	2015	2016	2017	2018	2019	2020																									
As at: 31 March	721	742	739	743	766	824	866																									
As at: 30 Sept	714	740	763	757	795	826																										
<b>10.3.2</b>	<p>Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Ethnicity</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>White</td><td>728</td></tr> <tr><td>Chinese</td><td>5</td></tr> <tr><td>Irish Traveller</td><td>19</td></tr> <tr><td>Roma Traveller</td><td>2</td></tr> <tr><td>Indian</td><td>1</td></tr> <tr><td>Pakistani</td><td>0</td></tr> <tr><td>Bangladeshi</td><td>0</td></tr> <tr><td>Black Caribbean</td><td>1</td></tr> <tr><td>Black African</td><td>21</td></tr> <tr><td>Black Other</td><td>10</td></tr> <tr><td>Mixed Ethnic Group</td><td>18</td></tr> <tr><td>Any Other Ethnic Group</td><td>26</td></tr> <tr><td>Not Stated</td><td>35</td></tr> <tr><td><b>TOTAL</b></td><td><b>866</b></td></tr> </tbody> </table>	Ethnicity	Total	White	728	Chinese	5	Irish Traveller	19	Roma Traveller	2	Indian	1	Pakistani	0	Bangladeshi	0	Black Caribbean	1	Black African	21	Black Other	10	Mixed Ethnic Group	18	Any Other Ethnic Group	26	Not Stated	35	<b>TOTAL</b>	<b>866</b>	DSF – LAC Spreadsheet
Ethnicity	Total																															
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<b>TOTAL</b>	<b>866</b>																															
<b>10.3.3</b>	<p>Number of Looked After Children (as at 10.3.1) by type of placement at 31st March</p> <p><b>Summary of placement type at 31<sup>st</sup> March 2020</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Type of placement</th> <th>Totals</th> </tr> </thead> <tbody> <tr><td>Residential</td><td>72</td></tr> <tr><td>Fostering – (stranger)</td><td>227</td></tr> <tr><td>Fostering (Kinship)</td><td>365</td></tr> <tr><td>Fostering (Independent)</td><td>95</td></tr> <tr><td>Placed at home with parents</td><td>82</td></tr> </tbody> </table>	Type of placement	Totals	Residential	72	Fostering – (stranger)	227	Fostering (Kinship)	365	Fostering (Independent)	95	Placed at home with parents	82	DSF – LAC Spreadsheet																		
Type of placement	Totals																															
Residential	72																															
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Placed at home with parents	82																															

	<table border="1"> <tr> <td>Placed for adoption</td> <td>25</td> </tr> <tr> <td>Other</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>866</b></td> </tr> </table>	Placed for adoption	25	Other	0	<b>Total</b>	<b>866</b>	
Placed for adoption	25							
Other	0							
<b>Total</b>	<b>866</b>							
<b>10.3.4</b>	<p>Age bands and length of time looked after for all Looked After Children at period end</p> <p><b>See attached Spreadsheet 10.3.4</b></p>	DSF – LAC Spreadsheet						
<b>10.3.5</b>	<p>Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement</p> <p style="text-align: right;"><b>48</b></p> <p><b>See attached Spreadsheet 10.3.5</b></p>	DSF – LAC Spreadsheet						
<b>10.3.6</b>	<p>Number of children accommodated for 3 months or more in a hospital</p> <p style="text-align: right;"><b>3</b></p> <p><b>See attached Spreadsheet 10.3.6</b></p>	DSF – LAC Spreadsheet						
<b>10.3.7</b>	<p>Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital</p> <p style="text-align: right;"><b>0</b></p>	DSF – LAC Spreadsheet						
<b>10.3.8</b>	<p>(a) What facilities – statutory, voluntary and private are available to care for these Looked After Children i.e. how many places in residential homes, foster care placements</p> <p><b>59 places are available in the Trust Statutory 9 mainstream residential children’s home; 3 in the Long term CWD residential children’s home; 14 short break placements across three facilities; 2 voluntary respite and one private placement out of jurisdiction.</b></p> <p>(b) Provide your number of foster carers (should agree with 10.5.1) Provide the number of approved places offered (should agree with 10.5.2)</p> <p style="text-align: right;"><b>472 Foster Carers 499 Places</b></p>	DSF – LAC Spreadsheet						
<b>10.3.9</b>	<p>How many Looked After Children have had placement moves throughout the period?</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Placement Changes</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Number who moved once</td> <td style="text-align: center;"><b>146</b></td> </tr> <tr> <td>Number who moved twice</td> <td style="text-align: center;"><b>18</b></td> </tr> </tbody> </table>	Placement Changes	Total	Number who moved once	<b>146</b>	Number who moved twice	<b>18</b>	DSF – LAC Spreadsheet
Placement Changes	Total							
Number who moved once	<b>146</b>							
Number who moved twice	<b>18</b>							

	<table border="1"> <tr> <td>Number who moved 3 times</td> <td>6</td> </tr> <tr> <td>Number who moved 4 times or more</td> <td>9</td> </tr> <tr> <td><b>Total</b></td> <td><b>179</b></td> </tr> </table> <p><b>Trust must provide an explanation of actions taken to reduce placement moves during the period.</b></p> <p>The Trust has lack of range of available foster placement types due to the rise in looked after children entering the care system and the demographic profile of foster carers. This places a reliance on the Trust to also scope appropriate placement matches from the independent fostering sector. In all cases, the Trust endeavours to match placements to looked after children's care needs both in-house and across the independent fostering sector to ensure best match. The Trust provides wrap around support to looked after children, as per their risk assessment and care planning needs determine. Referrals to LAC therapeutic support services are also made for those children whom experience placement breakdown, and multiple moves. In such cases, Looked After Children's needs are complex and may require referral onwards from fostering to residential service provision due to issues such as attachment disorders. (see also 10.3.20)</p>	Number who moved 3 times	6	Number who moved 4 times or more	9	<b>Total</b>	<b>179</b>	
Number who moved 3 times	6							
Number who moved 4 times or more	9							
<b>Total</b>	<b>179</b>							
<b>10.3.10</b>	<p>(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March</p> <p style="text-align: right;"><b>3</b></p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time?</p> <p style="text-align: right;"><b>70 within the reporting period 12 weeks waiting time</b></p>	DSF – LAC Spreadsheet						
	<p>(c) Please provide actions taken to reduce waiting time.</p> <p><b>Current waiting times in Belfast for step 3 CAMHS is less than 2 weeks</b></p>	Data Return 10						
<b>10.3.11</b>	<p>How many Looked After Children are also on Child Protection Register at 31st March</p> <p style="text-align: right;"><b>36</b></p>	Quarterly CP return to HSCB						
<b>10.3.12</b>	<p>How many Looked After Children are Disabled by major category at period end?</p> <p style="text-align: right;"><b>193</b></p>	DSF – LAC Spreadsheet						



	<table border="1"> <thead> <tr> <th>Major Disability</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Physical (Ex. Sensory)</td> <td>13</td> </tr> <tr> <td>Sensory</td> <td>4</td> </tr> <tr> <td>Learning</td> <td>58</td> </tr> <tr> <td>Chronic illness</td> <td>4</td> </tr> <tr> <td>Autism (ASD)/Asperger's/ADHD</td> <td>95</td> </tr> <tr> <td>Other (undefined)</td> <td>19</td> </tr> <tr> <td><b>TOTAL Children with Disability</b></td> <td><b>193</b></td> </tr> <tr> <td>No Disability known</td> <td>673</td> </tr> <tr> <td><b>Total Looked After Children</b></td> <td><b>866</b></td> </tr> </tbody> </table>	Major Disability	Total	Physical (Ex. Sensory)	13	Sensory	4	Learning	58	Chronic illness	4	Autism (ASD)/Asperger's/ADHD	95	Other (undefined)	19	<b>TOTAL Children with Disability</b>	<b>193</b>	No Disability known	673	<b>Total Looked After Children</b>	<b>866</b>		
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<p><b>10.3.13</b></p>	<p>How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?</p> <table border="1"> <thead> <tr> <th>Statement of Educational Needs</th> <th>M</th> <th>F</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Primary school</td> <td>36</td> <td>15</td> <td>51</td> </tr> <tr> <td>Secondary school</td> <td>31</td> <td>15</td> <td>46</td> </tr> <tr> <td>Special School</td> <td>67</td> <td>27</td> <td>94</td> </tr> <tr> <td><b>Total</b></td> <td><b>134</b></td> <td><b>57</b></td> <td><b>191</b></td> </tr> </tbody> </table>	Statement of Educational Needs	M	F	Total	Primary school	36	15	51	Secondary school	31	15	46	Special School	67	27	94	<b>Total</b>	<b>134</b>	<b>57</b>	<b>191</b>	<p>DSF – LAC Spreadsheet</p>	
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<b>Total</b>	<b>134</b>	<b>57</b>	<b>191</b>																				
<p><b>10.3.14</b></p>	<p>(a) Has each Looked After Child an allocated named Social worker at period end?</p> <p style="text-align: right;"><b>No</b></p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken</p> <p style="text-align: right;"><b>9</b></p> <p>For <b>7</b> of these young people this was due mainly to staff shortages, work to rule during the industrial action, cases waiting to transfer to LAC teams. By the end of the first quarter of the next reporting period all of these young people will have a named social worker.</p> <p>For the remaining <b>2</b> young people their Social Worker went on sick leave and did not return to post. As part of the Industrial action / work to rule the re-allocation of cases to a social worker was not possible. The Senior Social Worker covered all urgent issues and assumed case responsibility until the work to rule ended.</p>	<p>DSF – LAC Spreadsheet</p>																					

10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period?</p> <p style="text-align: right;"><b>No</b></p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken.</p> <p style="text-align: right;"><b>29</b></p> <p>For <b>9</b> of the young people, this was due to the impact of the Industrial action/ work to rule. When this was stood down the cases were either transferred to LAC, or allocated once vacant Social Work posts were filled. Team meetings have reinforced Policy and Procedures to ensure statutory visits are completed. This was reviewed through supervision and audits of files to ensure statutory visits were completed and recorded.</p> <p>For <b>6</b> young people, due to unexpected Social Workers sick leave in mid-March went the March visits did not take place. Team meetings have reinforced Policy and Procedures to ensure statutory visits are completed. This is further reviewed through supervision and audits of files to ensure statutory visits are completed and recorded. All 6 were visited by Principal Social Worker during the first week of May 2020.</p> <p><b>14</b> Children with a Disability, did not have their statutory visits due to Covid 19 during March. These have now resumed and all children will receive a statutory visit in July.</p>	DSF – LAC Spreadsheet
10.3.16	<p>No. of Looked After Children Reviews held during the period</p> <p style="text-align: right;"><b>822</b></p>	DSF – LAC Spreadsheet
10.3.17	<p>Was the case of each Looked After Child reviewed in line with Statutory requirements?</p> <p style="text-align: right;"><b>No</b></p> <p>If No, please provide number (<i>in the LAC spreadsheet</i>) and explain actions taken to address this issue.</p> <p style="text-align: right;"><b>76</b></p> <p>There were a number of reasons including staff vacancies; staff sickness; delay in transferring cases; dual process and ICC was already scheduled and LAC delayed to be completed at the same time; delay in expert meeting taking place; a death in the family; lack of an interpreter being available; rescheduled at request of family and young person; young person on holiday; crisis in family being prioritised.</p>	Data Return 10

	<p>Covid 19 restrictions had an impact during March on being able to undertake reviews, work was undertaken in line with the developing regional Action Cards.</p> <p>All of the outstanding reviews are being rescheduled and should be completed by end of July 2020.</p>	
10.3.18	This is intentionally blank	
10.3.19	This is intentionally blank	
10.3.20	<p>Is there an adequate supply of placements for children to enable placement choice? Yes/No</p> <p style="text-align: right;"><b>No</b></p> <p><i>(If no, Please explain)</i></p> <p>The main reasons for inadequate placement choices is the lack of placement availability. This is across residential and Fostering. Currently the residential Children's homes within BHSCT are working at full capacity with no vacancies.</p> <p>There is constant movement within fostering with a number of carers who are wishing to retire from fostering due to age or personal circumstances. Despite many different strategies it remains challenging to recruit new carers into the system they require training and support before placement can commence so there is a time lapse between recruitment, approval and placement. This is being addressed through the regional fostering initiative. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma, this can prove to be very testing for even the most experienced foster carer. There is a lack of carers who can accommodate sibling groups. The Trust is increasingly providing training and support from TSS to support carers with these challenges to try and minimize the foster carer breakdowns and subsequent pressure on the system and supply of placement options and choice. COVID 19 and the restrictions during Lockdown had a significant impact on placement breakdowns. The lack of choice means children are not always placed in the most suitable placements or remain as sibling groups which are contributory factors to breakdowns. Emergency provision is also limited. This creates a constant pressure for the Looked After Children services and Fostering services across the Directorate.</p> <p><b>Children with a disability</b></p> <p>There is a long standing issue with the lack of placement options for children with disability, particularly those with severe learning disability, autism and other co-occurring conditions. The Trust is working with the HSCB to address these shortfalls and to carry out a further assessment of need to inform commissioning priorities. The service has contributed to several "Edge of Care" statistical exercises in the last 4 years. This lack of provision continues to an</p>	Data Return 10

impact on the functioning of Iveagh where the Trust has two delayed discharges.  
There also remains a lack of jointly commissioned placement options for those who are 16+ or leaving care.

**Measures the Trust has taken to address this**

The ages, specific needs (sibling, disability/high complex needs) and duration (fulltime, long term, respite) of potential placements is regularly reviewed and incorporated into subsequent recruitment plans in order that the needs of children referred are appropriately met.

The Fostering Service has a dedicated kinship team to enable children to remain within extended family if assessed to be in a child's best interests.

A specialist Adolescent Fostering Scheme that provides placements for young people aged 12-18 years.

All registered foster carers are approved for various age ranges, including sibling groups, and for both short term and long-term duration dependent on children's assessed needs and also on the ability of the carers to offer various types of foster care.

The fostering service in partnership with children's disability service has developed a disability scheme which assesses applicants who can meet the very specific needs of children with disabilities. The scheme has four foster carers who provide full time placements to children who have been identified as requiring foster placements by the Children's Disability teams.

At the point of referral, attempts are made to match children to carers taking into account carers skills and capacity, child's views, geographical considerations, birth family contact, cultural and identity needs and education.

In the event of an emergency placement being required, placement choice can be limited and dependent on carer availability at that given time. However, no such placements would be made without the agreement of the child's social worker and will be reviewed immediately in terms of attempting to identify a more suitable alternative placement, if required.

As above, in relation to emergency referrals, fostering do try and identify "emergency carers" who are available to provide these type of placements for a minimum of 6 weeks to allow more appropriate matching of placements to occur for any child placed in an emergency however this is dependent on the volume of emergency referrals received into fostering as the amount of emergency carers available is limited

The PACS service also allows "time out" for young people aged 12-18 years living in the community who are experiencing "crisis" with a PACSS foster carer and the frequency and timescale for time out is again based on the needs of the young person and their families  
The fostering service has an intensive fostering scheme for children who have more complex, challenging needs. To date, there are six specialist foster carers approved for this scheme. The type of children placed within this scheme range from having

	<p>significant disabilities to children who have significant needs due to either their own adverse childhood experiences or as a result of multiple foster placement moves. This scheme will target potential carers for those children who are currently placed in ECR placements outside of the jurisdiction (two children in total). One of these specialist carers has been identified to be matched with a 13-year-old boy currently placed in an ECR placement.</p> <p>The fostering service also has a parent and baby scheme which will provide a foster placement to a young parent (up to the age of 21 years old) with their baby, This placement will be an assessment placement in terms of supporting a mother and baby in a foster placement living in the community for a 12 week period.</p>	
10.3.21	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?</p> <p><b>One exemption</b> (12-year-old female) which commenced 01.02.19 to end of this reporting period. This was to accommodate a sibling group. This exemption was with very experienced AFP carers and had been approved at Belfast Trust fostering panel and reviewed every six months. There remained a high level of visiting both announced and unannounced to this placement and other supports were implemented as and when required.</p> <p>Please note this exemption is no longer in place after end of reporting period as eldest LAC is now 18 years of age.</p>	DSF – LAC Spreadsheet
10.3.22	This is intentionally blank	
10.3.23	<p>How many children are deemed to be in an inappropriate placement given their assessed needs? (Please explain)</p> <p style="text-align: right;"><b>16</b></p> <ul style="list-style-type: none"> <li>• 11 children are in short-term placements when their care plan is long term Foster Care. These carers have been approached to consider long term care however they advise they wish to provide short term placements only.</li> <li>• 1 child was placed in an emergency bridging placement following a placement breakdown with a single carer. This bridging placement also disrupted and the child was placed in Somerton Road whilst a specialist residential unit could be identified and confirmed.</li> <li>• 1 child was placed in Aran House following multiple foster placement moves and sudden breakdown of Intensive Fostering placement.</li> <li>• 1 child remains in an Independent fostering placement however notice has expired for the cessation of this placement by the foster carers but an alternative long term placement has not yet been identified.</li> </ul>	DSF – LAC Spreadsheet

	<ul style="list-style-type: none"> <li>• 1 Young person was placed with an emergency OOH foster carer for several weeks as there was no alternative foster placement available, this Young person moved to a kin option, however the young person was subsequently admitted to secure accommodation.</li> <li>• 1 - CWD - Young person is delayed discharge due to lack of suitable community placement. Trust in discussion with HSCB about future commissioning needs.</li> </ul>																							
<p><b>10.3.24</b></p>	<p>Please provide the number of restraints carried out by staff on young people within <b>each</b> Home during the period.</p> <p><b>See attached Spreadsheet. 10.3.24</b></p>	<p>DSF – LAC Spreadsheet</p>																						
<p><b>10.3.25</b></p>	<p>Do all looked after children have a concurrent plan by the time of their first 3-month statutory LAC Review? Yes/No</p> <p style="text-align: right;"><b>No</b></p> <p>BHSCT was on track to meet these requirements, until COVID 19, when the Review LACS were stood down in line with the Regional Action Card. Care plans were considered in line with family circumstances and generally moved to twin track at the 3 month LAC review, if significant progress was not achieved with the parent or if Medical information was outstanding to determine Concurrent caring planning.</p>	<p>Data Return 10</p>																						
<p><b>10.3.26</b></p>	<p>Permanency Planning for Looked After Children at period end</p> <p><b>See Attached Spreadsheet 10.3.26</b></p> <table border="1" data-bbox="389 1283 1228 2063"> <thead> <tr> <th>Permanency Plan</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Return to Birth Family</td> <td>69</td> </tr> <tr> <td>Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)</td> <td>0</td> </tr> <tr> <td>Adoption</td> <td>49</td> </tr> <tr> <td><b>Long term Fostering</b> (Including Kinship)</td> <td>477</td> </tr> <tr> <td>Supported Living/Independent Living</td> <td>26</td> </tr> <tr> <td>Other</td> <td>83</td> </tr> <tr> <td><b>Total</b></td> <td><b>704</b></td> </tr> <tr> <td>Number of children not included above as they have been in care for less than 9 months</td> <td>162</td> </tr> <tr> <td><b>Total</b></td> <td><b>866</b></td> </tr> <tr> <td>Number where plan has been in place for 12 months or more and yet to be achieved</td> <td>97</td> </tr> </tbody> </table>	Permanency Plan	Total	Return to Birth Family	69	Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)	0	Adoption	49	<b>Long term Fostering</b> (Including Kinship)	477	Supported Living/Independent Living	26	Other	83	<b>Total</b>	<b>704</b>	Number of children not included above as they have been in care for less than 9 months	162	<b>Total</b>	<b>866</b>	Number where plan has been in place for 12 months or more and yet to be achieved	97	<p>DSF – LAC Spreadsheet</p>
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<p><b>10.3.27</b></p>	<p>This is intentionally blank</p>																							

<b>10.3.28</b>	This is intentionally blank	
<b>10.3.29</b>	(a) How many Looked After Children are involved in offending behaviours (are formally cautioned or convicted)  22  and  (b) How many Looked After Children are suspected to use drugs and/or alcohol?  47	DSF – LAC Spreadsheet
<b>10.3.30</b>	This is intentionally blank	
<b>10.3.31</b>	This is intentionally blank	
<b>10.3.32</b>	What progress are children making at school and what are their examination results – School Year Ended 30 <sup>th</sup> June 2018 (this will be collected in September Data Return only) (HSCB will source this directly from DoH)	DOH
<b>10.3.33</b>	Looked After Children, School Attendance – School Year Ended 30 <sup>th</sup> June 2018 (HSCB will source this directly from DoH)	DOH
<b>10.3.34</b>	(a) Number of children notified to the police as having gone missing from residential or foster care for 24 hours or more? (This data will be sourced directly from the Untoward Event Report)	Untoward Events database, HSCB
	(b) How many Looked After Children have been reported to the Police for reasons <b>other</b> than having gone missing for 24 hours or more during the period (This table should be completed for each Residential Facility, it is not required for Foster Carers)  <b>See attached spreadsheet 10.3.34(b)</b>	DSF – LAC Spreadsheet
<b>10.3.35</b>	Number of children accommodated by ELB for 3 months or more by category  0	DSF – LAC Spreadsheet
<b>10.3.36</b>	(a) Number of Sibling groups accommodated: • Together - 112	Data Return 10

	<ul style="list-style-type: none"> <li>• Not accommodation together at period end – 110</li> </ul>																			
<b>10.3.37</b>	<p>Number of young people admitted to Secure Accommodation and the reasons for admission during the period</p> <p><i>This data is sourced directly from Lakewood (it will be forwarded by South Eastern Trust) – after this reporting period the data will be sourced from the Regional Secure panel which is located within HSCB</i></p>	Lakewood/ Regional Panel																		
<b>10.3.38</b>	<p>Please provide report into the operation of the Trusts Restriction of Liberty Panel</p> <p><i>This data is collected annually and sourced from a Restriction of Liberty report (it comes in with DSF). The data will be sources from the Regional Secure Panel going forward – panel began on 1.9.19.</i></p>	Lakewood/ Regional Panel																		
<b>10.3.39</b>	<p>(a) During the period how many children or young people became a Looked After Child by age, gender and first placement</p> <p style="text-align: right;"><b>141</b></p> <p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p> <p style="text-align: right;"><b>0</b></p> <p>(c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date</p> <p style="text-align: right;"><b>53</b></p> <p>(d) Number of Children and Young People who became Looked After during the period had a CLA1 form completed and forwarded to School?</p> <p style="text-align: right;"><b>24</b></p> <p>(e) Can you confirm that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (e.g. a fostering breakdown where the RESWS moves the child to a children’s home) Yes/No</p> <p style="text-align: right;"><b>Yes</b></p>	DSF – LAC Spreadshe et																		
<b>10.3.40</b>	<p>(a) During the period how many children or young people became a Looked After Child by age, gender and legal status on admission;</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Legal status</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr> <td>Art 21(1) Accommodated &lt;16</td> <td style="text-align: right;">50</td> </tr> <tr> <td>Art. 21(3) Accommodated 16+</td> <td style="text-align: right;">29</td> </tr> <tr> <td>Art. 21(4) Accommodated</td> <td style="text-align: right;">24</td> </tr> <tr> <td>Art. 21(5) Accommodated 16+ &lt;21</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Art. 44 (5) Secure</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Art. 44 (6) Interim Secure</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Art. 50 (1) (a) Care Order</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Art. 57 (1) Interim CO</td> <td style="text-align: right;">23</td> </tr> </tbody> </table>	Legal status	Total	Art 21(1) Accommodated <16	50	Art. 21(3) Accommodated 16+	29	Art. 21(4) Accommodated	24	Art. 21(5) Accommodated 16+ <21	8	Art. 44 (5) Secure	0	Art. 44 (6) Interim Secure	0	Art. 50 (1) (a) Care Order	5	Art. 57 (1) Interim CO	23	DSF – LAC Spreadshe et
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<p><b>10.3.41</b></p>	<p>(b) (i) Were these admissions planned, unplanned or emergency;                  (ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?</p> <table border="1"> <thead> <tr> <th>Admissions</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Planned</td> <td>69</td> </tr> <tr> <td>Unplanned</td> <td>39</td> </tr> <tr> <td>Emergency</td> <td>33</td> </tr> <tr> <td><b>Total</b></td> <td><b>141</b></td> </tr> <tr> <td><b>Kinship</b></td> <td><b>44</b></td> </tr> </tbody> </table> <p>(iii) Of those unplanned or emergency admissions how many were admitted by RESWS?</p> <p style="text-align: right;"><b>0</b></p>	Admissions	Total	Planned	69	Unplanned	39	Emergency	33	<b>Total</b>	<b>141</b>	<b>Kinship</b>	<b>44</b>		<p>DSF – LAC Spreadsheet</p>		
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<p><b>10.3.42</b></p>	<p>(a) Of all the children and young people reported at 10.3.41 what was their destination at discharge by age and gender</p> <table border="1"> <thead> <tr> <th>Destination</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Returned to Parents/Siblings</td> <td>53</td> </tr> <tr> <td>Returned to Relatives/friends</td> <td>13</td> </tr> <tr> <td>Adopted</td> <td>10</td> </tr> <tr> <td>Independent living/Tenancy (NIHE/H Assoc./Private etc)</td> <td>3</td> </tr> <tr> <td>Foster Carers (GEM)</td> <td>7</td> </tr> <tr> <td>Jointly Commissioned Supported Accommodation Projects</td> <td>5</td> </tr> </tbody> </table>	Destination	Total	Returned to Parents/Siblings	53	Returned to Relatives/friends	13	Adopted	10	Independent living/Tenancy (NIHE/H Assoc./Private etc)	3	Foster Carers (GEM)	7	Jointly Commissioned Supported Accommodation Projects	5		<p>DSF – LAC Spreadsheet</p>
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	<p>(b) Of those 16+ year olds who ceased to be Looked After during the period what was their entitlement to Leaving Care Services by age and gender</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Number entitled to access Leaving Care Services</td> <td>43</td> </tr> <tr> <td>Number not entitled to access Leaving Care Services</td> <td>11</td> </tr> <tr> <td><b>Total</b></td> <td><b>54</b></td> </tr> </tbody> </table> <p><b>See excel spreadsheet 10.3.42</b></p>		Category	Total	Number entitled to access Leaving Care Services	43	Number not entitled to access Leaving Care Services	11	<b>Total</b>	<b>54</b>					
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Number not entitled to access Leaving Care Services	11														
<b>Total</b>	<b>54</b>														
<p><b>10.3.43</b></p>	<p>This is intentionally blank</p>														
<p><b>10.3.44</b></p>	<p>(a) Please provide the total number of children that became subject of a Residence Order during the period.</p> <p style="text-align: right;"><b>25</b></p> <p>For (a) above please give the number of children that were formerly placed with Stranger (Foster Carers), Kinship (Foster Carers), Residential Care or other placement.</p> <table border="1"> <thead> <tr> <th>Placement</th> <th>No. of Children</th> </tr> </thead> <tbody> <tr> <td>Stranger (Foster Carers)</td> <td>6</td> </tr> <tr> <td>Kinship (Foster Carers)</td> <td>11</td> </tr> <tr> <td>Residential Care</td> <td>6</td> </tr> <tr> <td>Other placement</td> <td>2</td> </tr> <tr> <td><b>Total</b></td> <td><b>25</b></td> </tr> </tbody> </table> <p>(b) How many Residence Orders are in place at period end?</p> <p><b>166</b></p>		Placement	No. of Children	Stranger (Foster Carers)	6	Kinship (Foster Carers)	11	Residential Care	6	Other placement	2	<b>Total</b>	<b>25</b>	<p>DSF – LAC Spreadsheet</p>
Placement	No. of Children														
Stranger (Foster Carers)	6														
Kinship (Foster Carers)	11														
Residential Care	6														
Other placement	2														
<b>Total</b>	<b>25</b>														
<p><b>10.3.45</b></p>	<p>Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age</p> <p style="text-align: center;"><b>1 young person due to terminal illness.</b></p>		<p>DSF – LAC Spreadsheet</p>												

**Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4**

10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002																																																														
Article 34E, Article 34F																																																														
<p><b>10.4.1</b></p>	<p>Number of young people subject to Leaving Care Act by category, age and gender</p> <table border="1" data-bbox="368 577 1305 1048"> <thead> <tr> <th>Category</th> <th>16</th> <th>17</th> <th>18</th> <th>19</th> <th>20</th> <th>21 +</th> <th>M</th> <th>F</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Eligible</td> <td>53</td> <td>68</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>77</td> <td>44</td> <td>121</td> </tr> <tr> <td>Relevant</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Former Relevant</td> <td>0</td> <td>0</td> <td>61</td> <td>73</td> <td>68</td> <td>35</td> <td>128</td> <td>109</td> <td>237</td> </tr> <tr> <td>Qualifying</td> <td>3</td> <td>4</td> <td>3</td> <td>0</td> <td>4</td> <td>1</td> <td>7</td> <td>8</td> <td>15</td> </tr> <tr> <td><b>Total</b></td> <td><b>56</b></td> <td><b>72</b></td> <td><b>64</b></td> <td><b>73</b></td> <td><b>72</b></td> <td><b>36</b></td> <td><b>212</b></td> <td><b>161</b></td> <td><b>373</b></td> </tr> </tbody> </table>	Category	16	17	18	19	20	21 +	M	F	Total	Eligible	53	68	0	0	0	0	77	44	121	Relevant	0	0	0	0	0	0	0	0	0	Former Relevant	0	0	61	73	68	35	128	109	237	Qualifying	3	4	3	0	4	1	7	8	15	<b>Total</b>	<b>56</b>	<b>72</b>	<b>64</b>	<b>73</b>	<b>72</b>	<b>36</b>	<b>212</b>	<b>161</b>	<b>373</b>	<p>DSF-16+ Spreadsheet</p>
Category	16	17	18	19	20	21 +	M	F	Total																																																					
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<p><b>10.4.2</b></p>	<p>Of those eligible young people reported at 10.4.1 give the Children Order Legal Status at period end.</p> <p>Age reference table will automatically update as spreadsheets completed.</p> <table border="1" data-bbox="368 1413 1305 1771"> <thead> <tr> <th>Legal Status</th> <th>16</th> <th>17</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Accommodated (Article 21)</td> <td>6</td> <td>21</td> <td>27</td> </tr> <tr> <td>Care order (Art 50 or 59)</td> <td>45</td> <td>46</td> <td>91</td> </tr> <tr> <td>Interim Care Order (Art 57)</td> <td>2</td> <td>1</td> <td>3</td> </tr> <tr> <td>Deemed Care Order</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>53</b></td> <td><b>68</b></td> <td><b>121</b></td> </tr> </tbody> </table>	Legal Status	16	17	Total	Accommodated (Article 21)	6	21	27	Care order (Art 50 or 59)	45	46	91	Interim Care Order (Art 57)	2	1	3	Deemed Care Order	0	0	0	Other	0	0	0	<b>Total</b>	<b>53</b>	<b>68</b>	<b>121</b>	<p>DSF-16+ Spreadsheet</p>																																
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<p><b>10.4.5</b></p>	<p>This is intentionally blank</p>																																																													
<p><b>10.4.6</b></p>	<p>Of the young people reported at 10.4.1</p> <p>(a) What are the social worker and personal adviser arrangements in place for each category of young people?</p>	<p>DSF-16+ Spreadsheet</p>																																																												

Category	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser	Awaiting allocation of a social worker	Awaiting allocation of a personal adviser
Eligible	86	0	34	0	86
Relevant	0	0	0	0	0
Former Relevant	9	158	69	0	9
Qualifying	8	0	0	0	8

(b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser? **0**  
 (c) How many do not have an up to date Pathway Plan at period End?  
**4 Pathway Plans outstanding**

<b>10.4.7</b>	Of the young people reported at 10.4.1 how many do not have a completed needs assessment and how long have they been waiting at period end?  <b>4</b> needs assessments to be completed. <b>1</b> waiting 3-6 months; <b>1</b> waiting 7- 12months <b>2</b> waiting more than 1 year.	DSF-16+ Spreadsheet
<b>10.4.8</b>	Summary of failure to comply as detailed in 10.4.6, 10.4.7 at period end.  <b>103</b> young people do not have a personal advisor. This is a noticeable increase since the last reporting period. There are a number of explanations for this rise including the increase in the number of looked after children, late entrants into care and the unaccompanied minors. There has also been an uncertain staffing situation within the personal advisor service due to sick leave, despite efforts to recruit additional personal advisors. The Trust is intending to undertake a review of the arrangements for social workers and personal advisors to identify the reason for this increase and produce an action plan to address this failure to comply.  There were 4 Pathway Plans outstanding and 4 needs assessments to be completed at the end of the reporting period.	Data Return 10

	<p>This has arisen within one particular team with a high turnover of staff. The team is currently now fully staffed and a new team leader appointed, the outstanding needs assessments and Pathway Plans will be completed for the next reporting period.</p>																																																																																													
<p><b>10.4.9</b></p>	<p>Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for</p> <p><b>(a) Eligible;</b></p> <table border="1" data-bbox="363 539 1267 1099"> <thead> <tr> <th>Placement Type</th> <th>16</th> <th>17</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Foster Placement (Stranger)</td> <td>14</td> <td>22</td> <td>36</td> </tr> <tr> <td>Foster Placement (Kinship)</td> <td>16</td> <td>5</td> <td>21</td> </tr> <tr> <td>At Home In Care</td> <td>5</td> <td>12</td> <td>17</td> </tr> <tr> <td>Residential Children's Home</td> <td>18</td> <td>16</td> <td>34</td> </tr> <tr> <td>Secure Care</td> <td>0</td> <td>1</td> <td>2</td> </tr> <tr> <td>Specialist Residential Placement (NI/UK)</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Hospital</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jointly Commissioned Supported Accommodation Projects</td> <td>0</td> <td>7</td> <td>7</td> </tr> <tr> <td>Unregulated Placement</td> <td>0</td> <td>4</td> <td>4</td> </tr> <tr> <td>Other</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>53</b></td> <td><b>68</b></td> <td><b>121</b></td> </tr> </tbody> </table> <p><b>(b) Relevant;</b></p> <table border="1" data-bbox="363 1211 1251 2033"> <thead> <tr> <th>Living Arrangements</th> <th>16</th> <th>17</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Tenancy (NIHE/H Assoc/Private)</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>At Home with Parents/Siblings</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jointly Commissioned Supported Accommodation Projects</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Relatives/friends</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Hostel, B+B, Foyer</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Supported Board and Lodgings</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Halls of residence/Student Accommodation</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Prison</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> </tbody> </table>	Placement Type	16	17	Total	Foster Placement (Stranger)	14	22	36	Foster Placement (Kinship)	16	5	21	At Home In Care	5	12	17	Residential Children's Home	18	16	34	Secure Care	0	1	2	Specialist Residential Placement (NI/UK)	0	0	0	Hospital	0	0	0	Jointly Commissioned Supported Accommodation Projects	0	7	7	Unregulated Placement	0	4	4	Other	0	1	0	<b>Total</b>	<b>53</b>	<b>68</b>	<b>121</b>	Living Arrangements	16	17	Total	Tenancy (NIHE/H Assoc/Private)	0	0	0	At Home with Parents/Siblings	0	0	0	Jointly Commissioned Supported Accommodation Projects	0	0	0	Relatives/friends	0	0	0	Hostel, B+B, Foyer	0	0	0	Supported Board and Lodgings	0	0	0	Halls of residence/Student Accommodation	0	0	0	Prison	0	0	0	Other	0	0	0	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<p>DSF-16+ Spreadsheet</p>
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**(c) Former Relevant;**

Living Arrangements	18	19	20	21 +	Total
Former Foster Carers (GEM)	18	19	21	9	67
Tenancy (NIHE/H Assoc/Private)	1	18	30	13	62
At Home with Parents/Siblings	12	10	6	3	31
Jointly Commissioned Supported Accommodation Projects	16	9	2		27
Relatives/friends	8	6	3	3	20
Hostel, B+B, Foyer	1	4	3	1	9
Supported Board and Lodgings	0	0			0
Halls of residence/Student Accommodation	0	0		6	6
Prison	1	3			4
Other	4	4	3		11
<b>Total</b>	<b>61</b>	<b>73</b>	<b>68</b>	<b>35</b>	<b>237</b>

**(d) Qualifying young people**

Living Arrangements	16	17	18	19	20	21 +	Total
Former Foster Carers (GEM)	0	0	0	0	0	0	0
Tenancy (NIHE/H Assoc/Private)	0	0	0	0	1	1	2
At Home with Parents/Siblings	0	0	1	0	0	0	1
Jointly Commissioned Supported Accommodation Projects	0	0	0	0	0	0	0
Relatives/friends	0	0	0	0	1	0	1
Hostel, B+B, Foyer	0	0	1	0	0	0	1
Supported Board and Lodgings	0	0	0	0	0	0	0
Halls of residence/Student Accommodation	0	0	0	0	0	0	0
Prison	0	1	0	0	0	0	1
Other	3	3	1	0	2	0	9
<b>Total</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>15</b>

**10.4.10**

Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end?' 10.4.10

DSF-16+  
Spreadsheet

**(a) Eligible;**

ETE Status	16	17	Total	No. Receiving financial support
Secondary Level Education	39	25	63	13
Further Education	3	4	8	1
Training ( Govt. sponsored training)	3	24	27	9
Pre-Vocational	3	4	7	0
Employment	0	2	2	1
ETE Inactive	1	4	5	0
Training ( Non Govt. sponsored training)	0	0		0
Other(Sick/Disabled, Parent, Carer)	4	5	9	1
<b>Total</b>	<b>53</b>	<b>68</b>	<b>121</b>	<b>25</b>

**(b) Relevant;**

ETE Status	16	17	Total	No. Receiving Financial support
Secondary Level Education	0	0	0	0
Further Education	0	0	0	0
Training (Govt. sponsored training)	0	0	0	0
Pre-Vocational	0	0	0	0
Employment	0	0	0	0
ETE Inactive	0	0	0	0
Training ( Non Govt. sponsored training)	0	0		0
Other	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**(c) Former Relevant;**

ETE Status	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	10	4		2	16	5
Further Education	7	12	16	2	37	15
Higher Education	1	5	4	12	22	12

Training (Govt. sponsored training)	11	7	11		29	7
Pre-Vocational	1	1		1	3	3
Employment	5	11	13	5	34	1
ETE Inactive	18	21	14	6	59	1
Training ( Non Govt. sponsored training)	6	9	2	5	22	8
Other	2	3	8	2	15	0
<b>Total</b>	<b>61</b>	<b>73</b>	<b>68</b>	<b>35</b>	<b>237</b>	<b>52</b>

**(d) Qualifying young people**

ETE Status	16	17	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	0	0	0	0	0	0	0	0
Further Education	0	0	0	0	0	0	0	0
Higher Education	0	0	0	0	0	0	0	0
Training (Govt. sponsored training)	0	1	1	0	0	0	2	0
Pre-Vocational	0	0	1	0	0	0	1	0
Employment	0	0	0	0	0	0	0	0
ETE Inactive	0	1	1	0	1	1	4	0
Training ( Non Govt. sponsored training)	0	0	0	0	1	0	1	0
Other	3	2	0	0	2	0	7	0
<b>Total</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>15</b>	<b>0</b>

**10.4.11** Of the young people reported at 10.4.1 how many were convicted during this reporting period?  
  
**19**

DSF16 S/Sheet

**10.4.12** Of the young people reported at 10.4.1 how many have a disability by major disability – physical, sensory, learning, chronic illness, Autism (see definition) and other, type and gender at period end?’

DSF-16+ S/Sheet

Type of Disability	Male	Female	Total
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	<table border="1"> <tr> <td>Physical (Ex. Sensory)</td> <td>3</td> <td>1</td> <td>4</td> </tr> <tr> <td>Sensory</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Learning</td> <td>10</td> <td>8</td> <td>18</td> </tr> <tr> <td>Chronic illness</td> <td></td> <td>2</td> <td>2</td> </tr> <tr> <td>Autism(ASD)/ Asperger /ADHD</td> <td>30</td> <td>5</td> <td>35</td> </tr> <tr> <td>Other (undefined)</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>No Disability</td> <td>168</td> <td>143</td> <td>311</td> </tr> <tr> <td><b>Total</b></td> <td><b>212</b></td> <td><b>160</b></td> <td><b>372</b></td> </tr> </table>	Physical (Ex. Sensory)	3	1	4	Sensory			0	Learning	10	8	18	Chronic illness		2	2	Autism(ASD)/ Asperger /ADHD	30	5	35	Other (undefined)	1	1	2	No Disability	168	143	311	<b>Total</b>	<b>212</b>	<b>160</b>	<b>372</b>	
Physical (Ex. Sensory)	3	1	4																															
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<b>10.4.13</b>	<p>Of the young people reported at 10.4.1 what is their parental status at period end?</p> <table border="1"> <thead> <tr> <th>Parental Status</th> <th>No of Young People</th> </tr> </thead> <tbody> <tr> <td>Parent</td> <td>28</td> </tr> <tr> <td>Lone Parent</td> <td>21</td> </tr> </tbody> </table>	Parental Status	No of Young People	Parent	28	Lone Parent	21	DSF-16+ S/Sheet																										
Parental Status	No of Young People																																	
Parent	28																																	
Lone Parent	21																																	
<b>10.4.14</b>	<p>'Of the young people reported at 10.4.1 how many are receiving treatment for mental health issues at period end? Of these, how many were new referrals to mental health services during the period?</p> <table border="1"> <thead> <tr> <th>Mental Health Concerns</th> <th>No. of Young People waiting for or receiving Mental Health interventions/ services</th> <th>Number of new referrals to mental health intervention/services during period (1.4.19 - 30.9.19).</th> </tr> </thead> <tbody> <tr> <td>Mental Health Concerns</td> <td>56</td> <td>23</td> </tr> <tr> <td>Self-Harm</td> <td>27</td> <td>11</td> </tr> </tbody> </table>	Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/ services	Number of new referrals to mental health intervention/services during period (1.4.19 - 30.9.19).	Mental Health Concerns	56	23	Self-Harm	27	11	DSF-16+ S/Sheet																							
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<b>10.4.15</b>	<p>Number of Young People who are no longer Looked After but who died during the current reporting period and were in receipt of aftercare services by cause/age.</p>	DSF-16+ S/Sheet																																

**10.5 FOSTERING**

**10.5.1**

(a) How many foster carers are registered with the Trust at period end? How many of the carers above also provide a GEM placement? Of the carers above how many are Prospective adopters dually approved as foster carers? Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers?

(b) Please give the number of other foster carers;  
 (c) Please give a breakdown of the number of foster carers de-registered during the period and the reason;

<b>Carers</b>	<b>Totals</b>
Foster Carers registered with the Trust	<b>472</b>
Carers providing GEM Placements	<b>25</b>
Prospective adopters dually approved as foster carers	<b>27</b>
Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers	<b>5</b>
Other Foster Carers	<b>82</b>
Foster Carers deregistered	<b>41</b>

Reasons for de-registration  
 Carer had adopted or granted Residence Order: **30**  
 (Kin 4, Non-Kin 26)  
 Retired/phased out: **7**  
 Opted to be GEM carer only: **4**  
 (d) Please advise of the recruitment process activity during the period;

<b>Recruitment activity during the period</b>	<b>Totals</b>
Numbers receiving information packs	<b>97</b>
Number of Initial Home Visits	<b>79</b>
Numbers of Households attending Skills to Foster course	<b>26</b>
Number of Completed Assessments during the period	<b>37</b>

DSF-Foster care Spreadsheet

	<table border="1"> <tr> <td data-bbox="383 170 869 277">Number of these assessments that were already approved as Adopters.</td> <td data-bbox="869 170 1158 277" style="text-align: center;">3</td> </tr> </table>	Number of these assessments that were already approved as Adopters.	3						
Number of these assessments that were already approved as Adopters.	3								
<p><b>10.5.2</b></p>	<p>(e) Please give the number of regional enquirers received by the Trust</p> <p><b>20</b></p> <p>For the foster carers return at 10.5.1 how many <b>places</b> are they registered for and the number of vacant places at period end. Please also provide the number of fostering households that have no child placed with them at period end.</p> <p><b>499 registered places</b>  <b>12 Vacancies</b>  <b>63 households with no child placed with them</b></p>	<p>DSF-Foster care Spreadsheet</p>							
<p><b>10.5.3</b></p>	<p>How many foster carers have annual reviews outstanding?</p> <p><b>129</b></p> <p>Support and Development team :<b>16</b>          Kinship team: <b>81</b>          Recruitment and Assessment team: <b>22</b>          AFP: <b>10</b></p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p> <table border="1" data-bbox="389 1274 1152 1391"> <tr> <td data-bbox="389 1274 847 1317">Fostering – (stranger)</td> <td data-bbox="847 1274 1152 1317" style="text-align: center;">227</td> </tr> <tr> <td data-bbox="389 1317 847 1352">Fostering (Kinship)</td> <td data-bbox="847 1317 1152 1352" style="text-align: center;">365</td> </tr> <tr> <td data-bbox="389 1352 847 1391">Fostering (Independent)</td> <td data-bbox="847 1352 1152 1391" style="text-align: center;">95</td> </tr> </table> <p><b>From 10.3.1 687</b></p>	Fostering – (stranger)	227	Fostering (Kinship)	365	Fostering (Independent)	95	<p>Data return 10</p>	<p>DSF-Foster care Spreadsheet</p>
Fostering – (stranger)	227								
Fostering (Kinship)	365								
Fostering (Independent)	95								
<p><b>10.5.4</b></p>	<p>Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed</p> <p>Outstanding annual reviews have been scheduled to take place in July/August/September</p> <p>3 Agency staff have been employed to address backlog in annual reviews</p> <p>New full-time social worker for kinship team due to start in July 2020 and prioritise backlog in annual reviews in kinship.</p> <p>Priority given within caseloads for completion of annual reviews.</p> <p>Workforce pressures continue to be reviewed with Co-Director to ensure on-going completion of annual reviews</p>	<p>Data return 10</p>							

10.5.5	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places.</p> <ul style="list-style-type: none"> <li>• Weekly placement review meetings within fostering to ensure appropriate placements are made to meet the individual needs of the Looked after Child, matched with the skill base of foster carers to avoid minimise disruption/ placement moves when Looked after Children are being matched for placements. These review meetings also take cognizance of Looked after Children placed within private agencies and this is reviewed to ensure there is no “drift” in care planning of children placed out with the Trust.</li> <li>• Quarterly review meetings are held with private/ voluntary agencies to ensure the needs of children placed with them are being met, and to ensure contingency planning is implemented to avoid any unnecessary or additional placement moves.</li> <li>• Continually working to try and ensure there is an adequate supply of foster placements to meet the increasing number of children requiring placements.</li> <li>• Regular review of recruitment campaigns to ensure that carers recruited meet the needs of children referred i.e. requirement for full time carers, sibling groups, children with learning or disability needs and carers who can provide permanent care.</li> <li>• Ensuring effective use of current and projected resources, ensuring information on carers is accurate, regularly updated.</li> <li>• Identification of early signs of potential disruption and timely access to therapeutic and support services.</li> <li>• Ensuring foster carers are fostering within their agreed registration to avoid overload and potential disruption.</li> <li>• Timely referral of children to permanence panel. This enables regular monitoring of care plans, exploration of potential permanence options for children, thus reducing multiple moves.</li> <li>• Timely referral of children and young people to resource panel and earlier exploration of options for young people at the edge of care, greater use of family group conferencing, and use of appropriate supports/early interventions within the community.</li> <li>• Increased numbers of dual approved/concurrent carers. This can ensure identified young children can achieve permanency at an earlier stage and</li> </ul>	Data return 10
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	<p>avoid drift in care. This process also increases the number of foster carers increasing placement choice, potential matching and thus reducing placement moves.</p> <ul style="list-style-type: none"> <li>• Quarterly review meetings with Adoption to ensure children requiring adoptive placements that are currently within short term foster placements are identified and approximate timescales given to ensure projected availability planning for fostering and placements required.</li> <li>• Evaluation of Til I Grow Up project – the recent Til I Grow held In May 2019 which has been successful in achieving permanency via adoption or long term fostering for several children.</li> <li>• Regular monitoring &amp; review of Looked after Children referred for long term placements, ensuring timely delivery of permanence plans.</li> <li>• Identification of an ECR fostering link person to ensure those children/young people who are placed within a specialist unit continue to be monitored and reviewed by fostering to ensure at point of discharge, robust planning and matching has been considered for mainstream fostering as a placement option</li> <li>• Appropriate gatekeeping of referrals made to Fostering and ensuring PACS service is involved if appropriate, with families and young people in the community.</li> <li>• Placement under pressure meetings chaired at Co-Director level for identified children and young people where the assessment is that they can no longer be fostered due to their specific needs and require an alternative placement, either ECR or a specialist type unit for complex needs, including children and young people with significant physical or learning difficulties or children or young people with severe attachment difficulties.</li> <li>• On-going development of therapeutic model of care to identify and match children aged 8-12 in Osbourne House to long term foster placements.</li> <li>• Recruitment of Intensive foster carers (6 in total) who foster children with significant and complex disabilities and also young people who are on the higher threshold of risk presenting behaviours.</li> <li>• Recruitment of parent and child foster carers who assess a parent's capacity to parent their child through a 12 week assessment period.</li> </ul>	
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**10.5 PRIVATE FOSTERING****The Children Order (NI) 1995 - Part X****NB Advice from DLS is that the 28day period should be continuous.**

<b>10.5.6</b>	What steps has the Trust taken to encourage notifications?  The DHSSPS Circular and covering letter Children Living with Carers in Private Fostering Arrangements, including Children from Overseas – CCPD 1/11 has previously been disseminated across the Trust. It has previously been discussed at the Trust's Safeguarding Committee and Adult services interface meeting.	DSF-Foster care Spreadsheet
<b>10.5.7</b>	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31st March? <b>0</b>	DSF-Foster care Spreadsheet
<b>10.5.8</b>	How many Private Fostering notifications under Article 106 has the Trust received during the period? <b>0</b>	DSF-Foster care Spreadsheet
<b>10.5.9</b>	Please provide DOB and Date notification was received in respect of each child/young person reported at 10.5.8 <b>N/A</b>	DSF-Foster care Spreadsheet
<b>10.5.10</b>	Of the notifications received (10.5.8) how many has the Trust accepted? <b>N/A</b>	DSF-Foster care Spreadsheet
<b>10.5.11</b>	Of those notifications not accepted please summarise reasons and action taken by the Trust <b>N/A</b>	DSF-Foster care Spreadsheet
<b>10.5.12</b>	Number of appeals made during the year under Article 113 <b>N/A</b>	DSF-Foster care Spreadsheet
<b>10.5.13</b>	Are supervisory visits undertaken in accordance with Regulation 3(1)(a) and (b) as a minimum to children privately fostered? Please provide details of any circumstances where the Regulation has not been adhered to. <b>N/A</b>	DSF-Foster care Spreadsheet
	<b>Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996</b>	
<b>10.5.14</b>	How many notifications has the Trust received in respect of children being adopted from abroad i.e. Intercountry Adoption within the period.  <b>0</b>	DSF-Foster care Spreadsheet
	Please specify the child's DOB and the date the Trust received each notification <b>N/A</b>	DSF-Foster care Spreadsheet

**10.6 Adoption (NI) Order 1987  
Adoption (Intercountry Aspects) Act (NI) 2001**

**Article 3(as amended by HPSS Order 1994), Article 11**

<p><b>10.6.1</b></p>	<p>(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach?</p> <table border="1" data-bbox="363 450 1209 842"> <thead> <tr> <th>Source of Enquiries</th> <th>Domestic</th> <th>Inter-Country</th> </tr> </thead> <tbody> <tr> <td>Central Regional Team (e.g. Website)</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Newspaper advertisement</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Radio advertisement</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td>Word of mouth</td> <td align="center">6</td> <td align="center">0</td> </tr> <tr> <td>Trust Website</td> <td align="center">15</td> <td align="center">0</td> </tr> <tr> <td>Specific local campaign</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td><b>Total</b></td> <td align="center"><b>21</b></td> <td align="center"><b>0</b></td> </tr> </tbody> </table> <p>(d) Please provide the waiting time from initial inquiry to commencement of training</p> <p>For the 7 waiting within this period it was between 1 and 3 months</p>	Source of Enquiries	Domestic	Inter-Country	Central Regional Team (e.g. Website)	0	0	Newspaper advertisement	0	0	Radio advertisement	0	0	Word of mouth	6	0	Trust Website	15	0	Specific local campaign	0	0	<b>Total</b>	<b>21</b>	<b>0</b>	<p>DSF-Adoption Spreadsheet</p>
Source of Enquiries	Domestic	Inter-Country																								
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Specific local campaign	0	0																								
<b>Total</b>	<b>21</b>	<b>0</b>																								
<p><b>10.6.2</b></p>	<p>Number of domestic applications for assessment received by the Trust by civil status of applicant</p> <table border="1" data-bbox="363 1249 1190 1525"> <thead> <tr> <th>Household type</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>Single carer</td> <td align="center">0</td> </tr> <tr> <td>Cohabiting heterosexual couple (where this is a joint application)</td> <td align="center">0</td> </tr> <tr> <td>Cohabiting same sex couple (where this is a joint application)</td> <td align="center">1</td> </tr> <tr> <td>Married</td> <td align="center">6</td> </tr> <tr> <td><b>Total</b></td> <td align="center"><b>7</b></td> </tr> </tbody> </table>	Household type	No.	Single carer	0	Cohabiting heterosexual couple (where this is a joint application)	0	Cohabiting same sex couple (where this is a joint application)	1	Married	6	<b>Total</b>	<b>7</b>	<p>DSF-Adoption Spreadsheet</p>												
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<b>Total</b>	<b>7</b>																									
<p><b>10.6.3</b></p>	<p>Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting</p> <p>For the 7 applicants noted at 10.6.1, who waited between 1- 3 months, this is due to a Social Worker capacity within the team.</p>	<p>DSF-Adoption Spreadsheet</p>																								
<p><b>10.6.4</b></p>	<p>Number of inter-country applications for assessment received by the Trust by civil status of applicant <b>(to be completed by NHST on behalf of the region)</b></p>	<p>DSF-Adoption Spreadsheet</p>																								

<p><b>10.6.5</b></p>	<p>Number of Prospective Inter-country adopters awaiting assessment at period end <b>(to be completed by NHST on behalf of the region)</b></p>	<p>DSF-Adoption Spreadsheet</p>																
<p><b>10.6.6</b></p>	<p>Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes  <b>5 Households were approved as Dual carers/Concurrent Carers</b></p>	<p>DSF-Adoption Spreadsheet</p>																
<p><b>10.6.7</b></p>	<p>Number of looked after children freed for adoption and not yet placed with their prospective adopters as at 31st March; and duration of wait since freeing order as granted  <b>1 child was freed for adoption within 6 months to 1 year.</b></p>	<p>DSF-Adoption Spreadsheet</p>																
<p><b>10.6.8</b></p>	<p>(a) Activity under the Adoption (NI) Order 1987 during the period; Of the number above please give the number who were adopted in a Hague designated country and therefore not through the Courts in NI and have had their Article 23 reports completed in the time period; Please provide the number of Freeing Orders made during the reporting period;  <b>0</b> <b>There were 5 Freeing orders made during the reporting period.</b></p> <p>(b) Of those children who were adopted this period please give the length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.</p> <table border="1" data-bbox="363 1308 1075 1615"> <thead> <tr> <th>Length of time</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>0&lt;6 months</td> <td>3</td> </tr> <tr> <td>6 months&lt; 1 yr.</td> <td>1</td> </tr> <tr> <td>1 yr. &lt; 2 yrs.</td> <td>6</td> </tr> <tr> <td>2yrs.&lt; 3 years</td> <td>1</td> </tr> <tr> <td>3 yrs.&lt; 5 yrs.</td> <td>0</td> </tr> <tr> <td>5 yrs.+</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td><b>11</b></td> </tr> </tbody> </table>	Length of time	Number	0<6 months	3	6 months< 1 yr.	1	1 yr. < 2 yrs.	6	2yrs.< 3 years	1	3 yrs.< 5 yrs.	0	5 yrs.+	0	<b>Total</b>	<b>11</b>	<p>DSF-Adoption Spreadsheet</p>
Length of time	Number																	
0<6 months	3																	
6 months< 1 yr.	1																	
1 yr. < 2 yrs.	6																	
2yrs.< 3 years	1																	
3 yrs.< 5 yrs.	0																	
5 yrs.+	0																	
<b>Total</b>	<b>11</b>																	
<p><b>10.6.9</b></p>	<p>Please provide the number of children who, at period end, had received a best interest decision for adoption and had not been placed with approved adopters (either adopters, dual approved carers including concurrent carers) and the duration of that wait</p> <table border="1" data-bbox="363 1868 1171 2078"> <thead> <tr> <th>Length of wait</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td>Less than 1 month</td> <td>0</td> </tr> <tr> <td>More than 1 month less than 3 months</td> <td>1</td> </tr> <tr> <td>More than 3 months less than 6 months</td> <td>1</td> </tr> </tbody> </table>	Length of wait	Numbers	Less than 1 month	0	More than 1 month less than 3 months	1	More than 3 months less than 6 months	1	<p>DSF-Adoption Spreadsheet</p>								
Length of wait	Numbers																	
Less than 1 month	0																	
More than 1 month less than 3 months	1																	
More than 3 months less than 6 months	1																	



	<table border="1"> <tr> <td>More than 6 month less than 12 months</td> <td>1</td> </tr> <tr> <td>1 year or more</td> <td>3</td> </tr> <tr> <td><b>Total</b></td> <td><b>6</b></td> </tr> </table>	More than 6 month less than 12 months	1	1 year or more	3	<b>Total</b>	<b>6</b>	
More than 6 month less than 12 months	1							
1 year or more	3							
<b>Total</b>	<b>6</b>							
<b>10.6.10</b>	<p>How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?</p> <p style="text-align: right;"><b>112 Children</b> <b>97 Households</b></p>	DSF-Adoption Spreadsheet						
<b>10.6.11</b>	<p>Of the number at 10.6.10 how many commenced during the period and how many households is this?</p> <p style="text-align: right;"><b>2 Children</b> <b>2 Households</b></p>	DSF-Adoption Spreadsheet						
<b>10.6.12</b>	<p>Details of recruitment, assessment, training, support for prospective adopters</p> <p>Analysis</p> <p>Belfast Health and Social Care Trust continue to have enquiries that progress to initial visits, preparation to adopt training and then on to assessment. Whilst these have dropped in numbers regionally there continues to be interest in progressing towards adoption with 7 couples attending our most recent preparation to adopt course in January 2020.</p> <p>This course is intensive and takes place over two and a half days. The course covers the following areas:</p> <ul style="list-style-type: none"> <li>• The adoption assessment</li> <li>• Legal context</li> <li>• Routes to adoption</li> <li>• Contact</li> <li>• Attachment</li> <li>• Trauma</li> <li>• Therapeutic parenting</li> <li>• Children's needs and experiences</li> <li>• Separation and loss</li> <li>• Telling</li> <li>• Post adoption support</li> <li>• Resources</li> </ul> <p>Adoption services work closely with our colleagues in the Family Centre to provide bespoke parenting assessments alongside concurrent placements. Adoption services take the responsibility for the recruitment, assessment and support of concurrent carers. There is a high demand from social workers for concurrent placements and the numbers of carers open to considering concurrency as their preferred adoption pathway is steady. The</p>	Data Return 10						

Trust have in the last reporting period made 2 concurrent placements.

There are 15 assessments of prospective adopters currently ongoing. Adoption services has a small bank of experienced staff who assist in the completion of adoption assessments. This has reduced the length of time prospective adopters have to wait to be assessed. This has also enabled Belfast Trust to create a pool of approved prospective adopters who can meet the needs of our adopted children and reduce the need to place children in cross Trust placements.

In the reporting period there are 5 prospective adopters on our adoption register awaiting a placement.

All our approved adopters who are approved by our adoption panel as concurrent/dually approved carers are offered additional training which incorporates the Skills to Foster course.

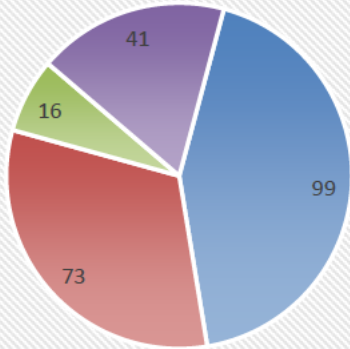
Adoption services also have an established an "in house" learning and development programme for prospective adopters who have completed the preparation to adopt course. This takes place bi monthly and covers the following topics:

- The Importance of Play
- Attachment and Trauma
- Transitions/Preparing for placement
- Medical and developmental conditions of children
- Understanding behaviours
- Telling and Life story work
- In addition to these Belfast Trust invite our approved adopters when they receive a placement to participate in our Nurturing Attachments programme.

In October 2019 the Belfast Trust adoption service participated in the second Regional Adoption campaign, "Adoption Changes Lives". The event proved to be very successful and all Trusts experienced higher number of enquiries at this time.

All of our approved adopters' avail of regular support from their social worker and are signposted and referred when necessary to TSS, Trauma Centre, and TESSA, Child care centre and Adoption UK support groups and training.

Adoption services in Belfast also facilitate a bi-monthly support group for adoptive mums at all stages of the placement process (concurrent/dually approved/placed for adoption/adopted) which is led by the adopters. Feedback from this group is very positive and has led to improvements in our service design and delivery. E.g. development of a buddy scheme, family fun days, young person's support group etc.

<p><b>10.6.13</b></p>	<p>Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order</p>	<p>Data Return 10</p>										
	<p>The Belfast Trust Post Adoption Team continue to strive to provide a high-quality post adoption service to ensure stability and positive wellbeing for adopted children and their families. The Post Adoption Team is passionate about delivering a service that not only recognises the needs of children and their parents but also provides a continuum of support that extends to adult adoptees and their birth relatives.</p> <p><b>229</b> clients are availing of post adoption support services. This can be broken down to the following areas of support:</p> <div data-bbox="363 795 1337 1332" style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <p><b>POST ADOPTION SUPPORT</b></p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>INDIRECT CONTACT</td> <td>99</td> </tr> <tr> <td>DIRECT CONTACT</td> <td>73</td> </tr> <tr> <td>FAMILY SUPPORT</td> <td>16</td> </tr> <tr> <td>ADULT SERVICE</td> <td>41</td> </tr> </tbody> </table> </div> <p><b><u>Indirect contact</u></b></p> <p><b>99</b> children are currently being supported with indirect contact arrangements. During the reporting period, 44 exchanges occurred. Their arrangements are managed by a social worker within the team and involves the administrative role of exchanging letters between adoptive parents, adopted children and birth relatives. The service also offers support to all persons involved in the arrangements to write letters and to manage the range of emotions that may be triggered when letters are exchanged. A high number of birth parents avail of this support.</p> <p><b><u>Direct Contact</u></b></p> <p><b>73</b> families are receiving support with direct contact arrangements. During the reporting period 27 contacts were organised and supervised by a social worker. Contact whilst beneficial for children, can also be challenging for all those involved. High levels of support is required to ensure contact is a positive and purposeful experience for all those involved. The supports provided include:</p>	Category	Count	INDIRECT CONTACT	99	DIRECT CONTACT	73	FAMILY SUPPORT	16	ADULT SERVICE	41	
Category	Count											
INDIRECT CONTACT	99											
DIRECT CONTACT	73											
FAMILY SUPPORT	16											
ADULT SERVICE	41											

- Supervising/Monitoring contact.
- Preparation work with adoptive families on how best to support their child before and after contact occurs.
- Preparation and support work with birth parents and relatives to manage their emotions and feeling in managing contact arrangements.
- Helping the adults involved remain empathetic and understanding of each person's role in the child's life.
- Reviewing contact arrangements
- Assessing risk

Over half of the families receiving support with post adoption contact arrangements also availed of a family support service in addition to this.

### **Family Support Service**

A family support services has been provided to **16 families**. (NB This figure does not include the adoptive parents who have received a family support service as well as support with post adoption contact arrangements).

The service strives to provide a provision of a mix skill set amongst the team to provide both practical and therapeutic support to families. Services vary in kind and intensity dependent upon the presenting need and fragility of the family situation at point of referral. Provisions provided during the reporting period has included:

- One to one support and guidance in helping parents to respond to their child's behaviours using a therapeutic model of parenting.
- Emotional support to parents in times of stress
- Educative work with extended families on how best to support adopted child and their parents.
- Direct work with children in the areas of life-story work, managing anxiety and providing a therapeutic space to explore thoughts and feelings.
- Working with schools to provide advice on how best to support children in the school environment.
- Assistance in accessing other services such as TESSA, Extern, CAMHS.
- Consultations with Trust psychology services to review families' support needs.
- Support to birth family wishing to establish contact with adopted children.

### **Training**

During the reporting period, **15 adoptive parents** have completed a 12 Week Nurturing Attachment course. This training is delivered

annually and once completed, ongoing support is provided through follow up support meetings and dissemination of further reading material relevant to the learning they have gained. This also enables evaluation of how parents are applying the learning in their parenting role and the impact of the training on family life.

### **Adult Services**

The team is currently providing a service to **39 adult service users**. This involves both adult adoptees and birth relatives wishing to learn more about their origin or birth relatives wishing to search for an adoptee.

### **Duty System**

The post adoption team operate a duty system Monday – Friday 9-1pm which can be accessed by adoptive parents in the Belfast Trust area. This can be used as a one off period of support / advice regarding a specific parenting issue/situation or to make a self-referral for more intensive support. Referrals from other professionals requesting support for a child can be made through the duty system also.

### **Areas of Service Development**

Due to the dedication and commitment of the adoption community, we are able to offer a Buddy Scheme Service, to provide peer to peer support to adoptive parents who are experiencing parenting challenges. **5 adoptive parents** have been selected to become volunteers for the Buddy Scheme and are waiting to attend mandatory training delivered by Belfast Trust Volunteer Service. During the reporting period, the Post Adoption Team in partnership with Belfast Sports Development Network, organised a 6 week activity based support group for children aged 5-11. **11 children** were selected to participate in the programme. The aim of the programme is to provide the opportunity for children to meet other adopted children and to support them with their personal development. There will also be an opportunity for the parents of the children to meet each other over a tea/coffee with a social worker facilitating an informal social support group for parents. Due to Covid 19 the start date for the programme has been postponed.

The team remain committed to improving parent's awareness of the supports available to them. A post adoption support leaflet has been devised and is now circulated to all adoptive parents following an Adoption Order being granted. The Post Adoption Team managers continue to attend all placement review meetings to establish relationships with families before an Adoption Order is secured.

	<p>The Post Adoption Team strives to ensure all families who require support, receive this support at the earliest possible opportunity. To assist with this goal, a post adoption support plan is now devised for all children at the point of an Adoption Order being granted. This information is maintained on a database and all parents will receive a letter annually to have their child's support plan reviewed. The database will also be used to offer universal support to all adoptive families which will include invitations to: all training events, annual adoption celebration day and other support services that may be relevant to the child or parents' needs.</p> <p>The team is working towards expanding therapeutic services available to families through developing the skills and expertise within the team. In February 2020 a member of the Post Adoption Team was trained in DDP level 2. This will facilitate more direct one to one work with adoptive parents using DDP informed practice. 3 members of the post adoption are scheduled to be trained in DDP level 1 in November 2020.</p> <p>A post adoption support model has been devised by the team manager to ensure a consistent package of support is available to adoptive parents and children.</p> <p><b><u>Adoption Breakdowns</u></b></p> <p>There has been no adoption breakdowns in the reporting period.</p>	
<p><b>10.6.14</b></p>	<p>This is intentionally blank</p>	

## 10.7 EARLY YEARS

10.7.1	<p>Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers</p> <table border="1" data-bbox="391 492 1356 996"> <thead> <tr> <th>Sector</th> <th>Total number of services</th> <th>Total number of placements</th> </tr> </thead> <tbody> <tr> <td>Day Nursery</td> <td>102</td> <td>4515</td> </tr> <tr> <td>Out of School within Day Nursery</td> <td>57</td> <td>1627</td> </tr> <tr> <td><b>Total Day Nursery Places</b></td> <td></td> <td><b>6142</b></td> </tr> <tr> <td>Stand-Alone Crèche</td> <td>14</td> <td>191</td> </tr> <tr> <td>Stand-Alone Playgroup</td> <td>53</td> <td>1524</td> </tr> <tr> <td>Stand-Alone Out of School</td> <td>61</td> <td>2043</td> </tr> <tr> <td>Childminder</td> <td>289</td> <td>1770</td> </tr> <tr> <td>Approved Home Child carers</td> <td>49</td> <td>0</td> </tr> <tr> <td>Holiday Scheme</td> <td>8</td> <td>266</td> </tr> <tr> <td>Two year old Programme</td> <td>26</td> <td>336</td> </tr> <tr> <td><b>Total</b></td> <td><b>659</b></td> <td><b>12272</b></td> </tr> </tbody> </table>	Sector	Total number of services	Total number of placements	Day Nursery	102	4515	Out of School within Day Nursery	57	1627	<b>Total Day Nursery Places</b>		<b>6142</b>	Stand-Alone Crèche	14	191	Stand-Alone Playgroup	53	1524	Stand-Alone Out of School	61	2043	Childminder	289	1770	Approved Home Child carers	49	0	Holiday Scheme	8	266	Two year old Programme	26	336	<b>Total</b>	<b>659</b>	<b>12272</b>	DSF-Early Years Spreadsheet
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10.7.2	<p>Registration issues and commentary as at period end <i>(If any challenges or issues please provide a brief analysis)</i></p> <p><b>No issues</b></p>	Data Return 10																																				
10.7.3	<p>Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March</p> <table border="1" data-bbox="391 1556 1324 2004"> <thead> <tr> <th>Sector</th> <th>No Requiring Inspections</th> <th>No Inspections carried out</th> <th>Inspections still to be carried out</th> </tr> </thead> <tbody> <tr> <td>Day Nursery</td> <td>51</td> <td>36</td> <td>15</td> </tr> <tr> <td>Crèche</td> <td>7</td> <td>4</td> <td>3</td> </tr> <tr> <td>Playgroup</td> <td>35</td> <td>25</td> <td>10</td> </tr> <tr> <td>Out of School</td> <td>36</td> <td>32</td> <td>4</td> </tr> <tr> <td>Childminder</td> <td>137</td> <td>87</td> <td>50</td> </tr> <tr> <td>Holiday Scheme</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Two year old Programme</td> <td>19</td> <td>12</td> <td>7</td> </tr> <tr> <td><b>Total</b></td> <td><b>285</b></td> <td><b>196</b></td> <td><b>89</b></td> </tr> </tbody> </table> <p>The <b>89</b> outstanding are all outstanding less than three months.</p>	Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out	Day Nursery	51	36	15	Crèche	7	4	3	Playgroup	35	25	10	Out of School	36	32	4	Childminder	137	87	50	Holiday Scheme	0	0	0	Two year old Programme	19	12	7	<b>Total</b>	<b>285</b>	<b>196</b>	<b>89</b>	DSF-Early Years Spreadsheet
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	This reflects the cessation of Inspections during mid-March at the start of the COVID outbreak in line with Departmental and HSCB guidance.	
<b>10.7.4</b>	<p>Number of outstanding applications for each of the above categories as at 31st March</p> <p>There is a total of <b>8</b> outstanding applications, 1 day nursery; 1 playgroup and 6 Childminder applications outstanding at the end of March 2020.</p> <p>NICMA - Northern Ireland Childminding Association, ceased undertaking pre-registration briefings therefore registrations did not progress.</p>	DSF-Early Years Spreadsheet
<b>10.7.5</b>	<p>Number of current applications being assessed at period end and duration of assessment</p> <p>There were <b>5</b> Childminding applications being assessed at the end of the reporting period, they are all under 3 months in duration.</p>	DSF-Early Years Spreadsheet



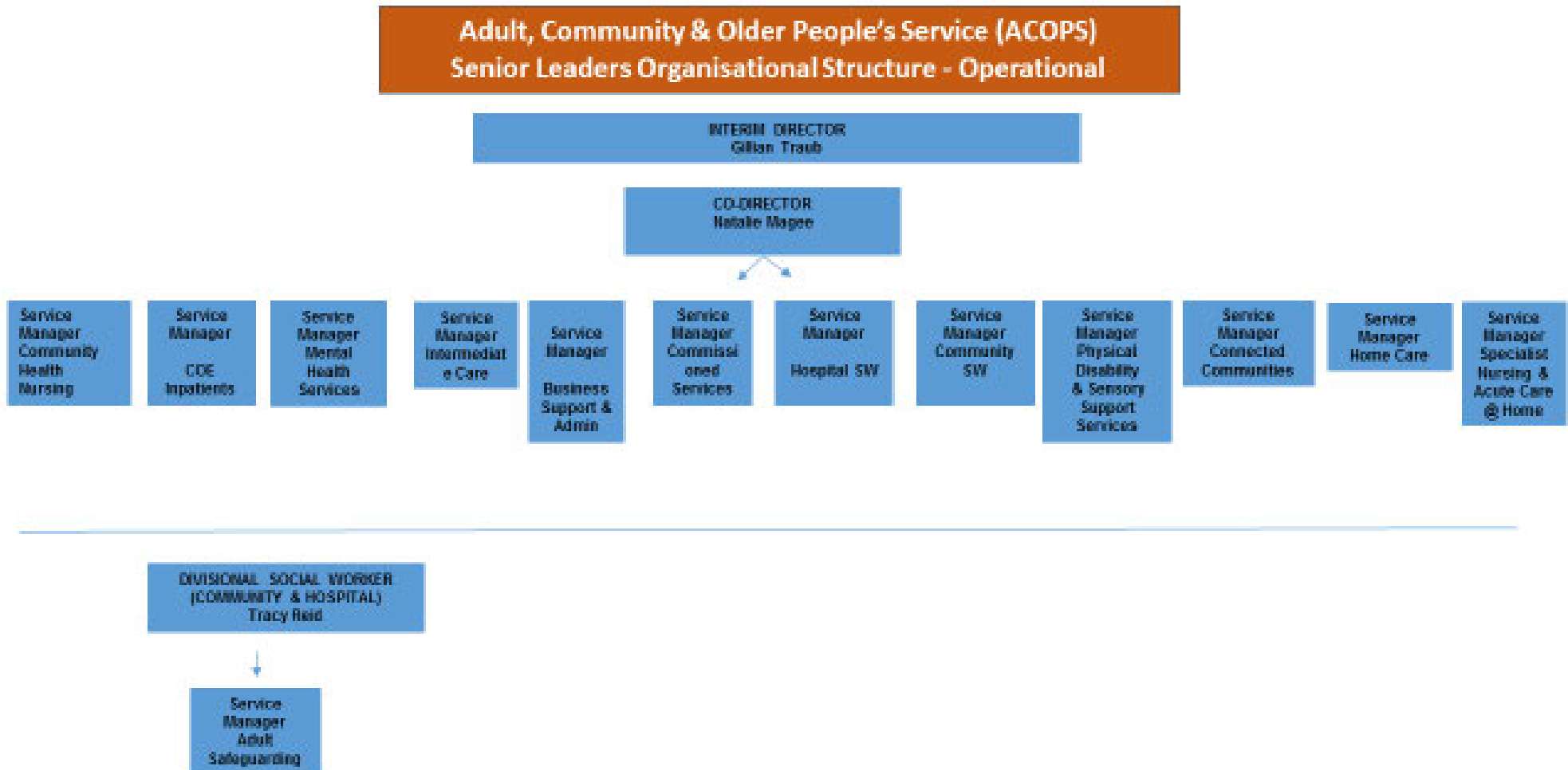
<b>10.8 Complaints &amp; Representation</b>		
<b>10.8.1</b>	Does the Trust have an appropriately authorised and experienced children's complaints officer? Yes/No  <b>Yes</b>	Data Return 10
<b>10.8.2</b>	Does the Trust have an independent advocacy service for children and their families? Yes/No  Children, parents and carers are encouraged to access a range of independent advocacy provision including: the Northern Ireland Commissioner for Children and Young People; the Commissioner for Complaints; VOYPIC; the Children's Law Centre; and the Patient Client Council in pursuance of any complaint in respect of services provided by the Trust.  The Trust has engaged VOYPIC to provide an advocacy service to its residential units. Trust foster carers access the advocacy and representation services of the Fostering Network.	Data Return 10
<b>10.8.3</b>	Please confirm arrangements are in place to ensure that all complaints – both formal and informal – from children and their families are recorded and dealt with?  We can confirm arrangements are in place to ensure that all complaints, formally and informally are recorded and dealt with from children and their families.  All complaints received are dealt with in accordance with the Trust's Complaints Procedure and the Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.  The Trust's Corporate Governance processes provide robust reporting and scrutiny arrangements in relation to individual Directorate's management of complaints and arrangements for the dissemination and sharing of learning emerging from complaints	Data Return 10
<b>10.8.4</b>	Please confirm whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children's services are recorded and dealt with?  Can confirm whistle –blowing arrangements are in place.	Data Return 10

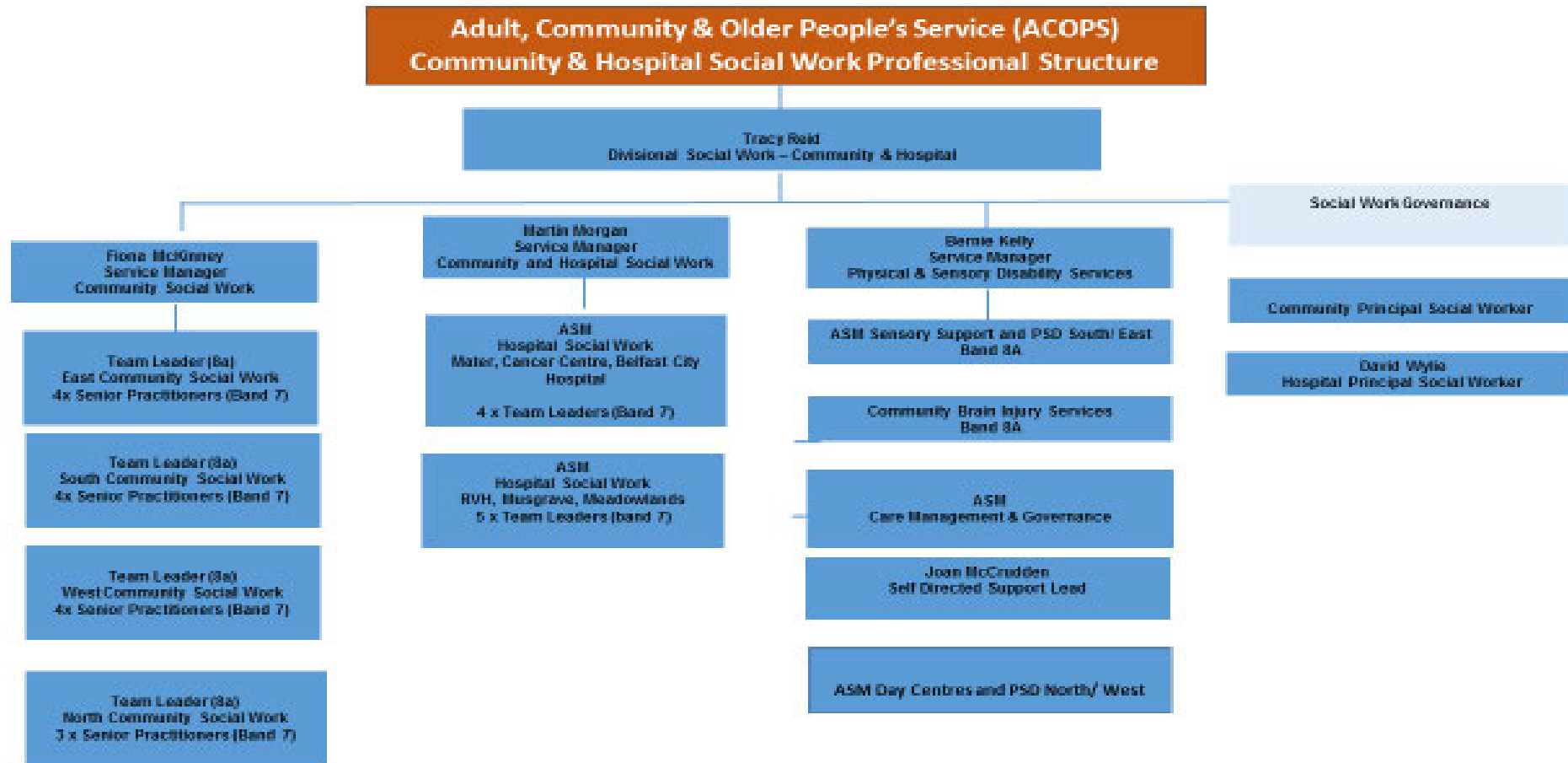
	<p>The Trust's Whistle Blowing Policy provides the framework within which concerns raised by staff are recorded and dealt with. The Policy fully adheres to the requirements specified in the Public Interest Disclosure (NI) Order 1998.</p>	
<b>10.8.5</b>	This is intentionally blank	
<b>10.8.6</b>	This is intentionally blank	
<b>10.8.7</b>	This is intentionally blank	
<b>10.8.8</b>	This is intentionally blank	
<b>10.8.9</b>	This is intentionally blank	

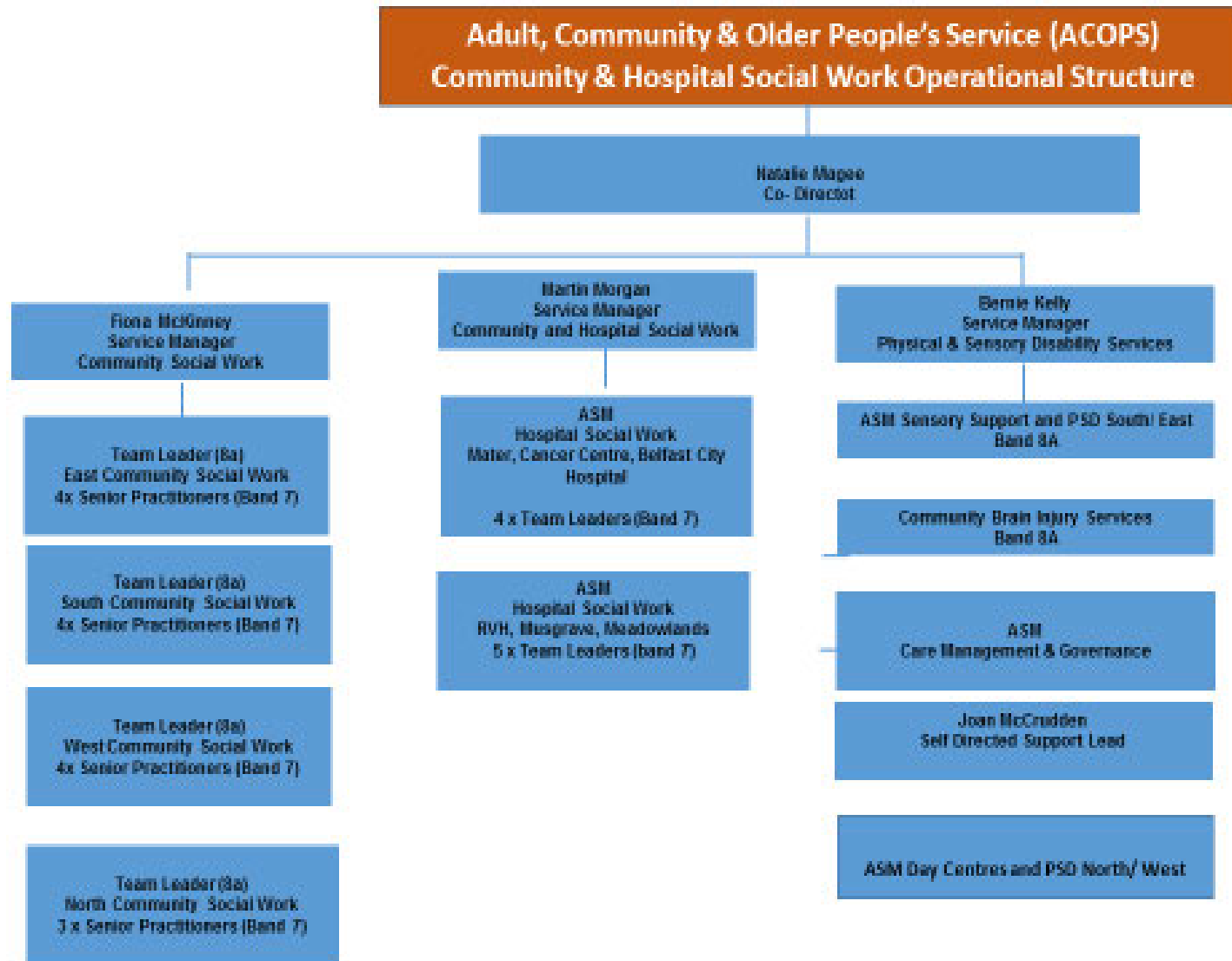
**10.9 SEPARATED CHILDREN**

<b>10.9.1</b>	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)	HSCB Separated Children Database
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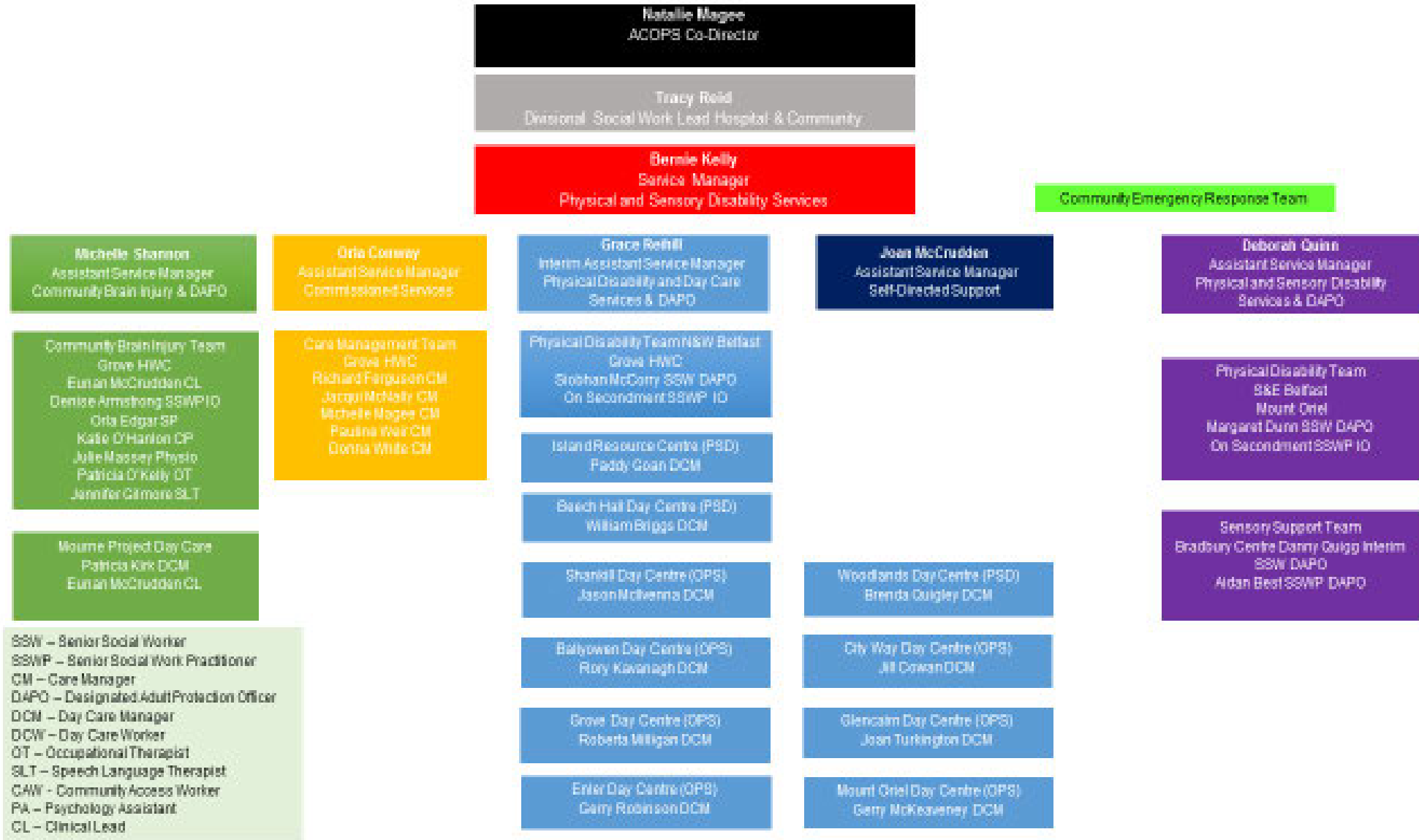
Appendix 1: Directorate/Programme of Care Structure Chart - Older People's Services



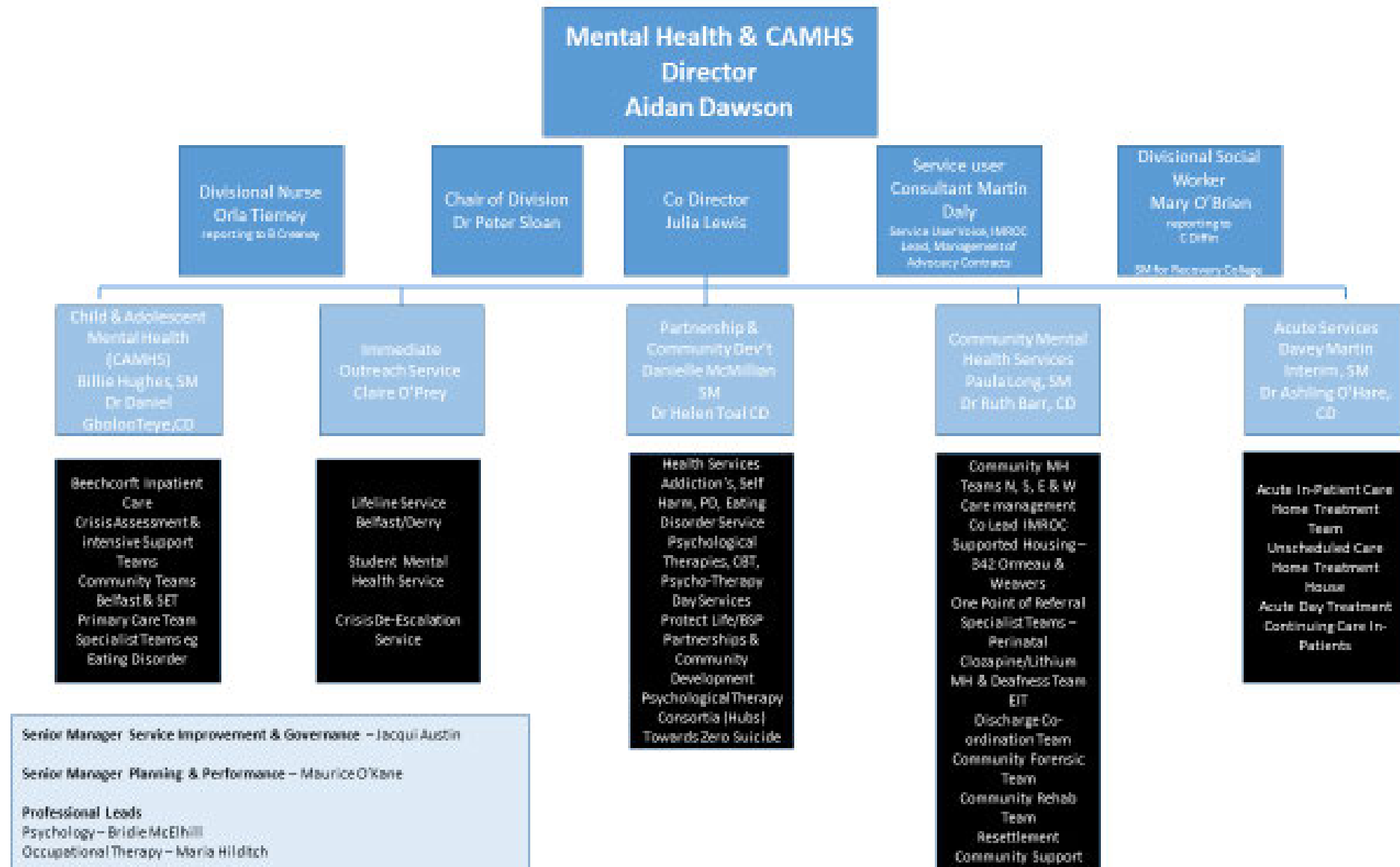




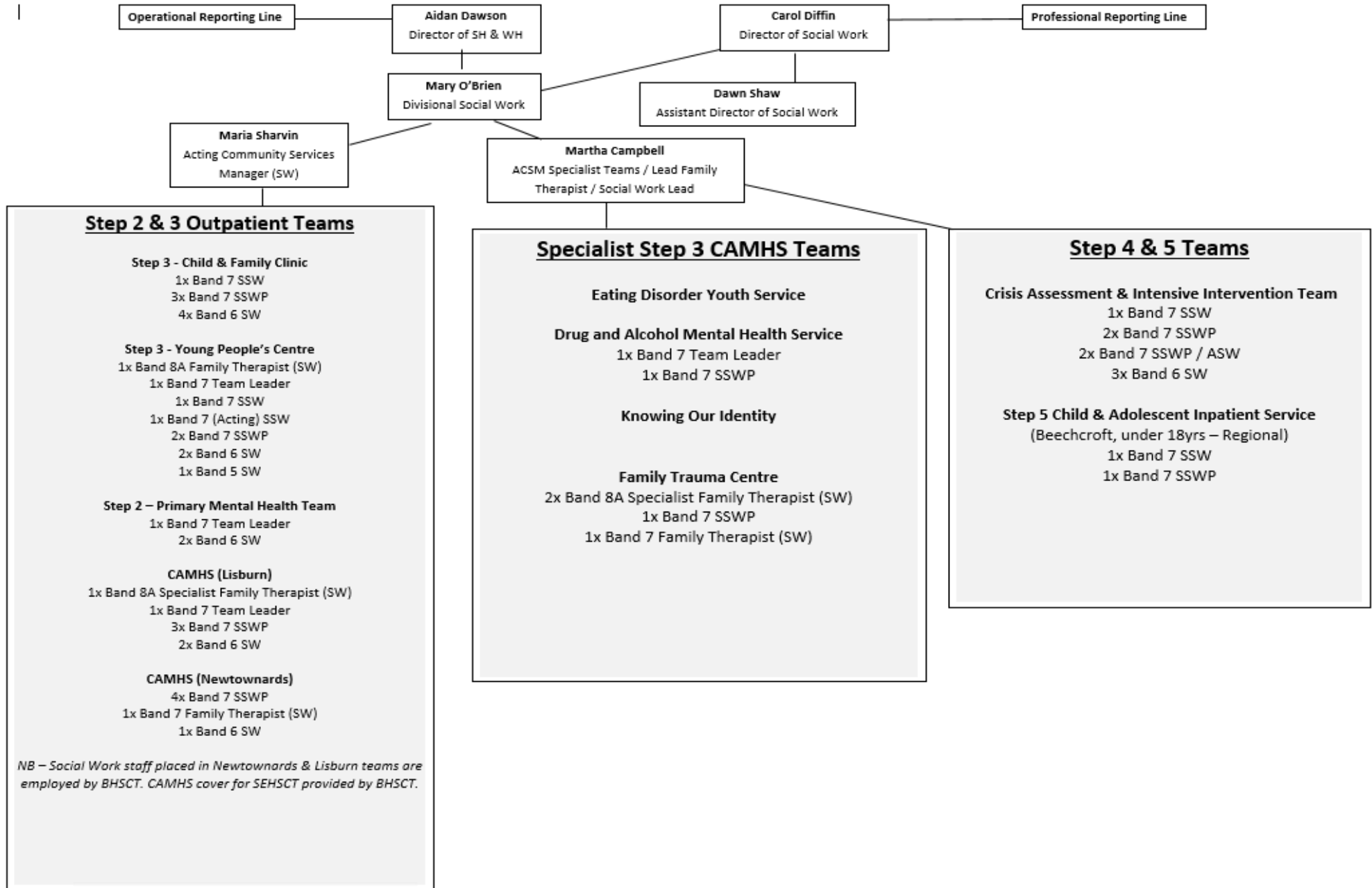
Appendix 2: Directorate/Programme of Care Structure Chart - Physical and Sensory Services



Appendix 3: Directorate/Programme of Care Structure Chart - Mental Health Services







NB - Social Work staff placed in Newtownards & Lisburn teams are employed by BHSCT. CAMHS cover for SEHSCT provided by BHSCT.

Co-Director vacant post – Julia Lewis to start March/ April 2020  
 Billie Hughes - Childrens Services Manager  
[Billie.hughes@belfasttrust.hscni.net](mailto:Billie.hughes@belfasttrust.hscni.net)  
 Fairview 1 Mater Hospital  
 Main Line 028 95041279

**Step 2 & 3 Outpatient Teams**

**Step 3 - Child & Family Clinic**  
 (0-14 yrs. – Belfast Trust area)

Team lead – Lauren Lamberton

[Lauren.lamberton@belfasttrust.hscni.net](mailto:Lauren.lamberton@belfasttrust.hscni.net)

RBHSC, 180 Falls Rd, Belfast, BT12 6BE

028 96151188

**Step 3 - Young People's Centre**  
 (14-18 yrs. – Belfast Trust area)

Team lead – Ciaran McKervey

[ciaran.mckervey@belfasttrust.hscni.net](mailto:ciaran.mckervey@belfasttrust.hscni.net)

**Step 2 – Primary Mental Health Team**

(Under 18yrs. – Belfast Trust area)

Team Lead – Val Rowan

[val.rowan@belfasttrust.hscni.net](mailto:val.rowan@belfasttrust.hscni.net)

Acting ACSM for C&FC/YPC/PMHT – Maria Sharvin

[maria.sharvin@belfasttrust.hscni.net](mailto:maria.sharvin@belfasttrust.hscni.net) Tel: 95048 991

YPC & PMHT Based at:

10 College Gardens

Belfast

BT9 6BQ

028 9504 0365

**CAMHS (Newtownards)**

(Under 18yrs – Newtownards Area)

Team Lead – Nicky-Alexander Locke

[nicky.alexanderlocke@belfasttrust.hscni.net](mailto:nicky.alexanderlocke@belfasttrust.hscni.net) Tel: 028 9504 7634

**CAMHS (Lisburn)**

(Under 18yrs – Lisburn Area)

Team Lead – Marie Caldwell

[Marie.caldwell@belfasttrust.hscni.net](mailto:Marie.caldwell@belfasttrust.hscni.net) Tel: 028 9504 4013

**Specialist Step 3 CAMHS Teams**

**Eating Disorder Youth Service**

(EDYS, under 18yrs - Belfast & SE Trust area)

Team lead – vacant post

† Tel: 95044 842

ACSM – Martha Campbell

[Martha.campbell@belfasttrust.hscni.net](mailto:Martha.campbell@belfasttrust.hscni.net) Tel: 95048 869

**Drug and Alcohol Mental Health Service**

(DAMHS, under 18yrs - Belfast & SE Trust area)

Team lead- Kevin Regan

[Kevin.regan@belfasttrust.hscni.net](mailto:Kevin.regan@belfasttrust.hscni.net) Tel: 95048 945

ACSM – Jacquie Wilson

[Jacquie.wilson@belfasttrust.hscni.net](mailto:Jacquie.wilson@belfasttrust.hscni.net) Tel: 95045 062

**Knowing Our Identity**

(KOI, under 18yrs - Regional)

Team lead -vacant post

Tel:

Managed by CSM – Billie Hughes Tel: 9063 8000

Based at:

Beechcroft

110 Saintfield Road

Belfast, BT8 6GR

028 90638000

**Family Trauma Centre**

(Regional)

ACSM – Martha Campbell

1 Wellington Park, Belfast, BT9 6DJ

028 95042828

**Step 4 & 5 Teams**

**Crisis Assessment & Intensive Intervention Team**

(CAIT, under 18yrs - Belfast & SE Trust area)

Team Lead - Cathy Bassett

[cathy.bassett@belfasttrust.hscni.net](mailto:cathy.bassett@belfasttrust.hscni.net) Tel:

95044 810

ACSM - Jacquie Wilson

[Jacquie.wilson@belfasttrust.hscni.net](mailto:Jacquie.wilson@belfasttrust.hscni.net)

**Step 5 Child & Adolescent Inpatient Service**

(Beechcroft, under 18yrs – Regional)

Charge Nurse, Admission ward – Fiona McCarry

[fiona.mccarry@belfasttrust.hscni.net](mailto:fiona.mccarry@belfasttrust.hscni.net)

Ward Sister, Treatment ward – Andrea Craig

[andrea.craig@belfasttrust.hscni.net](mailto:andrea.craig@belfasttrust.hscni.net)

ACSM – Jacquie Wilson

Based at:

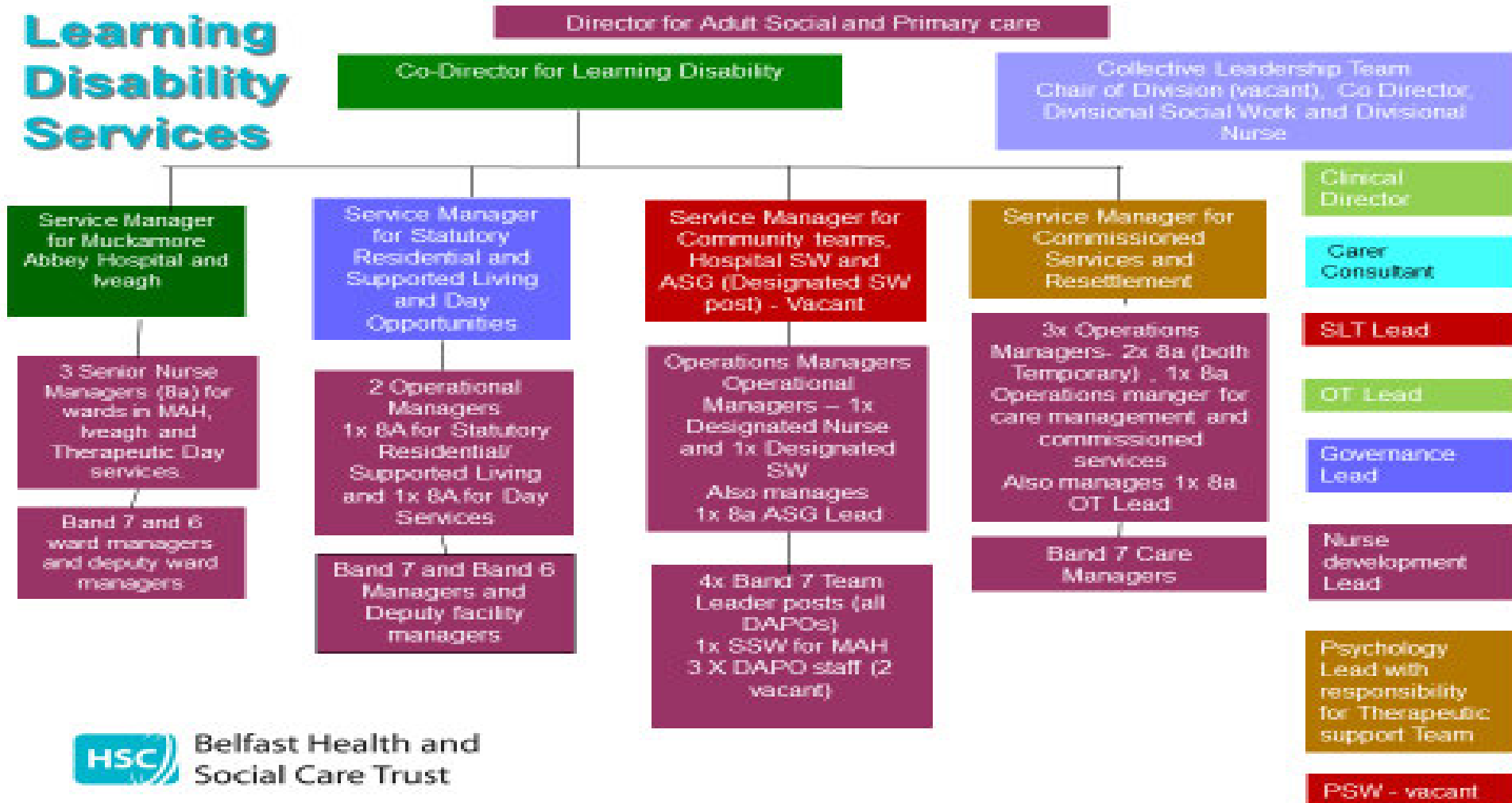
Beechcroft

110 Saintfield Road

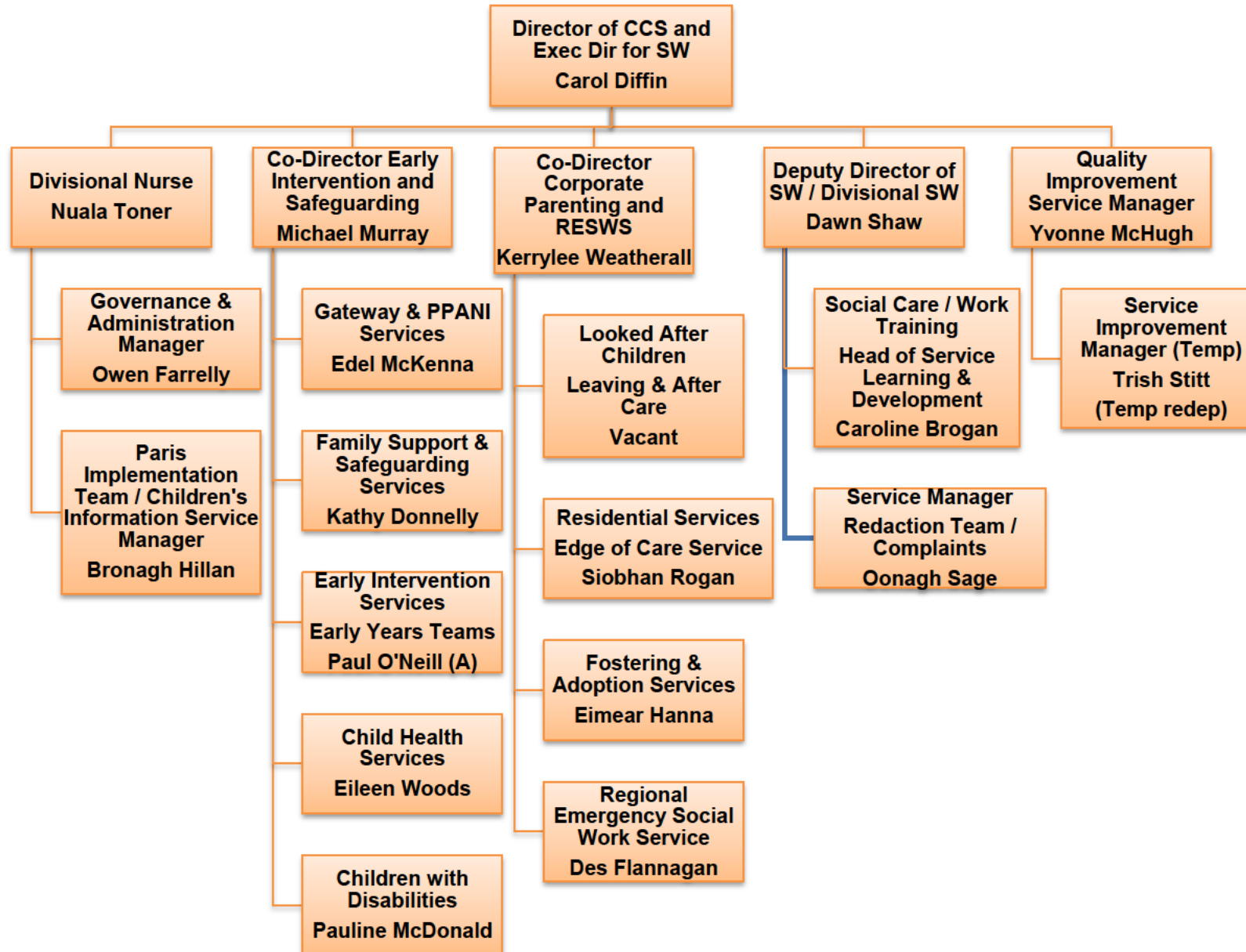
Belfast, BT8 6GR

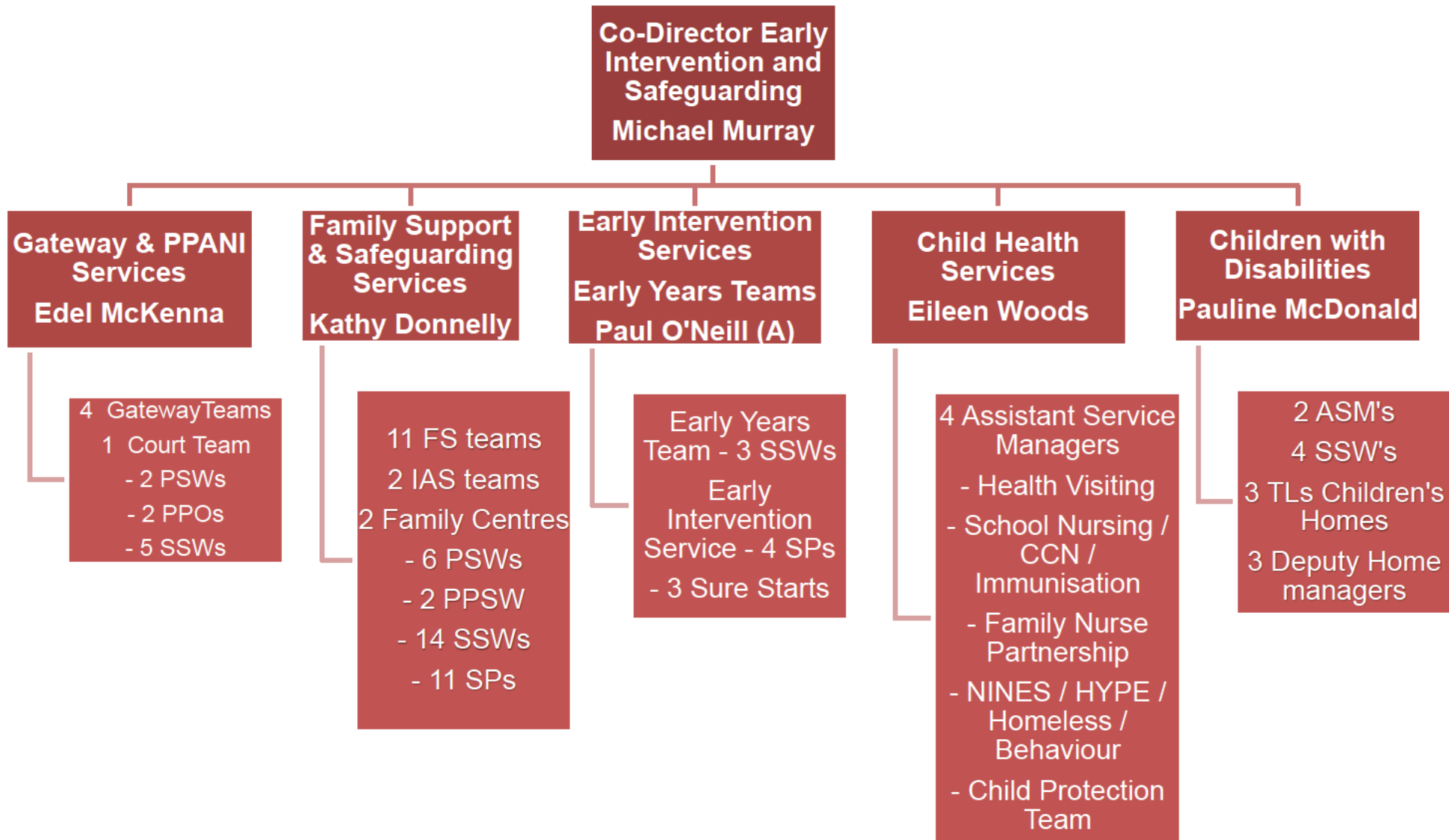
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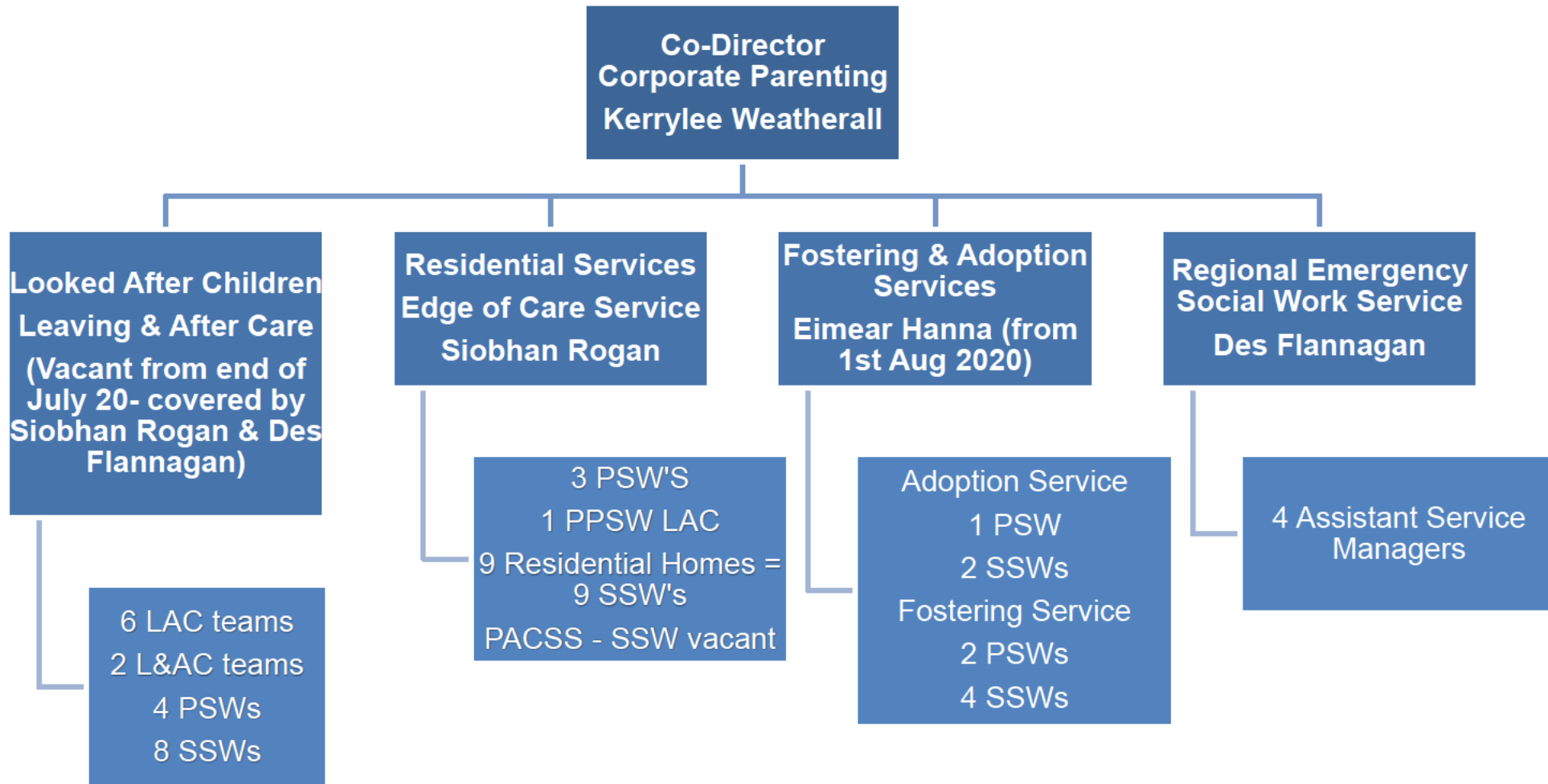
Appendix 4: Directorate/Programme of Care Structure Chart – Learning Disability Services

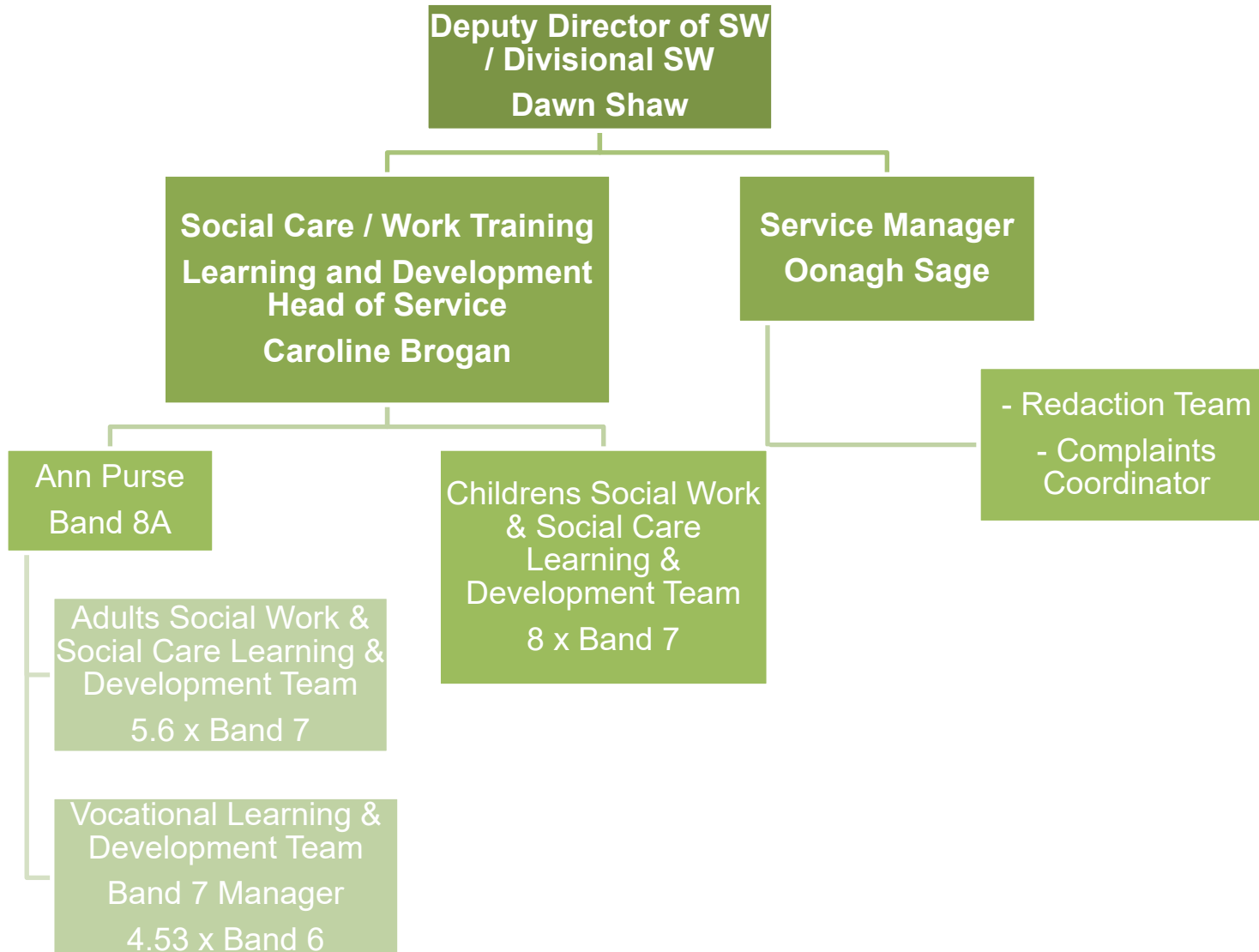


Appendix 5: Directorate/Programme of Care Structure Chart – Children’s Community Services

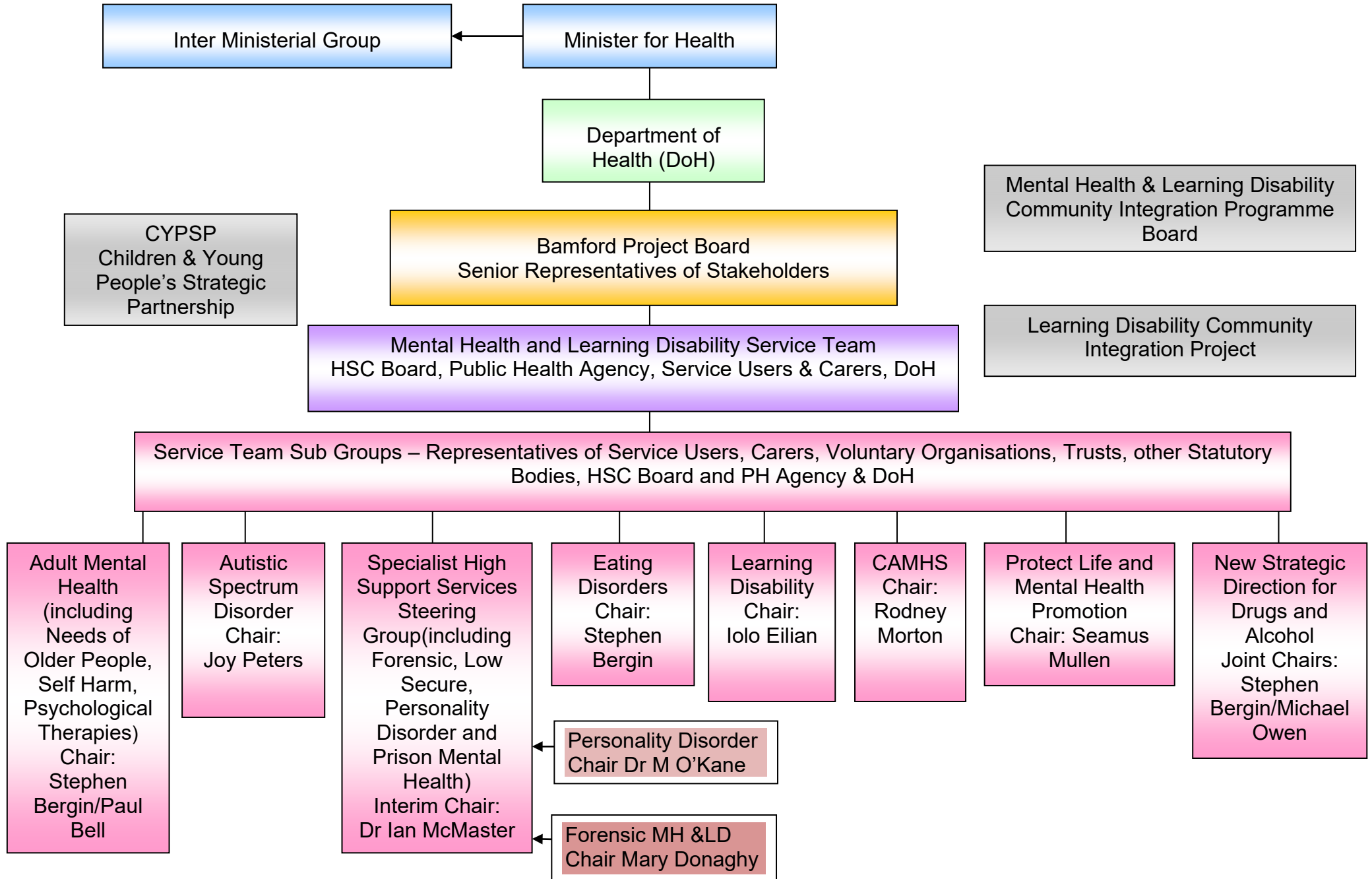








Mental Health/Learning Disability Bamford Taskforce – Project Structure





**Bamford Project Board  
Friday 3 October 2014  
10.30pm, Conference Rooms 1 & 2,  
HSCB, 12/22 Linenhall Street, Belfast**

**Present:**

Fionnuala McAndrew, HSCB (Chair)  
Aidan Murray, HSCB (from 11.30am)  
Stephen Bergin, PHA (from 10.45am)  
Mary Duffin, Carer Representative  
Phil Hughes, Northern HSC Trust  
Maeve Hully, PCC (left at 11.30am)  
Molly Kane, PHA  
Catherine McGroggan, Service User Representative  
John McKee, Service User & Carer Representative  
Kieran McShane, HSCB  
Chris Matthews, DHSSPS  
Catherine McNicholl, Belfast HSC Trust  
Nevin Ringland, Disability Social Care Forum  
Catriona Rooney, HSCB  
Brendan Whittle, South Eastern HSC Trust

**Apologies:**

Valerie Watts, HSCB  
Eddie Rooney, PHA  
Carolyn Harper, PHA  
Don Bradley, South Eastern HSC Trust  
Trevor Millar, Western HSC Trust  
Micheal Crilly, Southern HSC Trust  
Oscar Donnelly, Northern HSC Trust

**In Attendance:**

Caroline Lynn, HSCB  
Rodney Morton, HSCB

**1. Opening Remarks – Welcome**

F McAndrew welcomed everyone to the meeting and members introduced themselves accordingly.

**2. Minutes of Meeting – 11 April 2014**

The minutes were agreed as a true record.

**3. Matters Arising**

Item 8 refers.

**4. Mental Health Care Pathway**

R Morton undertook a presentation on the Mental Health Care Pathway and Personality Disorder Care Pathway.

R Morton drew attention to the 'You In MIND', Promoting Hope Opportunity & Personal Control – Regional Mental Health Care Pathway document that had been previously circulated to the group.

R Morton advised that the care pathway was developed for people who require mental health care and support. It explains how mental health care can be accessed and the steps involved from the point of referral to when care is no longer required. The pathway integrates recovery, psychological, pharmacological and health & wellbeing. It recognises that all treatment and care needs to be highly personalised and recovery orientated and places the patient and their family at the heart of all decision making. He noted that the purpose of the pathway is not only to provide guidance on the steps of care to be delivered but it is designed to enhance the quality of service experience and promote consistency of service delivery across NI.

R Morton reported that the pathway will be launched by the Minister for Health and Public Safety on World Mental Health Day, 10 October. He noted that work will be ongoing with the HSC Trusts to assist with the pathways implementation. Arrangements have been made with the CEC for staff to receive training on its use and it is intended that the pathway will be audited.

F McAndrew thanked R Morton for his useful presentation and work undertaken in relation to the development of the care pathway.

J McKee welcomed the pathway and raised a number of issues including advocacy, support to families and the Mental Capacity Bill. R Morton noted that the issues raised were embedded within the pathway which provides a vehicle for change, a process to support HSC Trusts and a measurement for implementation.

B Whittle advised that although the roll out from the pathway will be challenging and a significant piece of work, it provides a framework to develop services.

C Matthews updated on the progress of the Mental Health Capacity Bill as well as European legislation on Substituted Decision Making and Deprivation of Liberty outside of a family setting.

C McGroggan highlighted that she was impressed by the pathway and queried how it would link with the proposals in the Regional Psychological Therapies Mental Health Services Threshold Criteria document. R Morton advised that he was involved in the drafting of both documents and noted that the pathway is the cornerstone on which to build mental health provision and the Psychological Therapies document provides clinical guidelines for the service. He noted that diagnosis is a small part of the recovery journey and the themes in the pathway promote a shift in culture.

M Duffin suggested that a similar care pathway for Learning Disability would be very useful and stressed the need for primary care hubs being available for GPs to refer to rather than prescribing medication and counselling. R

Morton advised that work is ongoing in the development of primary care hubs where GPs can refer patients rather than directly to mental health services.

C McNicholl noted that the pathway was a significant piece of work which was an ethos and value based system with value based processes.

F McAndrew highlighted that the pathway is a paradigm shift and a new way of working. She stressed the need to keep dialogue and feedback ongoing between providers and congratulated the multidisciplinary team who developed the pathway.

## **5. Personality Disorder Care Pathway**

Item 4 also refers.

R Morton drew attention to the Regional Care Pathway for Personality Disorders document which had been previously circulated to the group.

R Morton noted that the pathway explains how an adult with a Personality Disorder diagnosis, or personality based difficulties, can access appropriate mental health care, in a timely manner, according to their needs. It also describes the standards of care they can expect from professional staff, and the steps in care from the point of referral, through to when they no longer require care.

R Morton advised that the main gateway to secondary mental health care for people with personality disorder is through the normal GP referral route. Hospital Emergency Departments may also refer to mental health services. Referrals through either of these routes will be triaged using normal criteria for all mental health problems and receive an initial assessment of mental health needs.

## **6. Review of Bamford Action Plan 2012-2015 and Policies Beyond 2015**

C Matthews provided an update on the review of the Bamford Action Plan 2012-2015 and Policies beyond 2015. He advised that a submission was given to the Minister for Health & Public Safety on a proposed review, outcomes and actions, no decision has been made. He drew attention to the current difficult financial climate and noted that the health budget has not yet been agreed.

Following discussion F McAndrew highlighted a number of issues raised by the group in relation to the action plan; (i) a review does need to take place; to include the services available and how they are provided (ii) there is a need to understand progress from a user perspective; (iii) a process is required on the way forward and (iv) a range of stakeholders should be asked to provide input into the review.

## **7. Fundamental Review of Mental Health Service Framework**

S Bergin undertook a presentation on a review of the Mental Health & Wellbeing Service Framework, for information.

S Bergin highlighted that the framework, which was launched in October 2011, set out 58 standards encompassing prevention, user/carer specific, child and adult and general and condition specific. The standards were implemented into commissioning and HSC Trust structures with 164 key performance indicators.

S Bergin advised that the DHSSPS had requested that the HSC Board undertake a review plan with the aims to (i) develop a streamlined set of standards with associated key indicators which reflect stakeholder input and are evidence based and (ii) develop data systems which are able to report against standards and key

performance indicators. The review plan was submitted to the DHSSPS on Tuesday 30 September 2014.

S Bergin updated on the development process including establishing a Project Board and Task subgroups in November 2014 with the first draft of the review available in March 2015. He noted that the pilot stage of the review will take place in April 2015 with consultation held in October 2015. It is hoped that a Regional launch will take place in April 2016 with full implementation and monitoring.

S Bergin drew attention to the Mental Health Services Key Quality Indicators framework and highlighted the measurements of responsiveness, need, evidence based intervention, outcome and experience (self – family). C McNicholl welcomed the development of the framework which highlights streamlined standards and measurement of outcomes. R Morton advised that 80% of the data required is already available but that further work is required around outcomes.

The Chair highlighted the need to focus on measuring outcomes and the need for more discussion on this issue in the future.

## **8. Learning Disability Strategy Discussion**

A Murray drew attention to discussion at the last meeting in relation to developing a Learning Disability Strategy. He advised that the Learning Disability sub-group are drafting a specification of what level of services people would expect to be available. He noted that meetings with Directors of HSC Trusts will take place to discuss the quality of care, caring for complex needs in the community and ensuring that staff are competent to provide the care required as well as the range and values of the service.

M Duffin highlighted her concern that respite provision had been reduced and the number of training days in day care settings have increased. M Kane noted the

importance of listening to service users/carers and responding to concerns, where possible.

**9. Any Other Business**

**(i) Retirement**

F McAndrew reported that Colin McMinn, DHSSPS will shortly retire and C Matthews undertook to extend member's best wishes for the future to him.

**10. Date and Time of Next Meeting**

To be arranged.

**Bamford Project Board  
Friday 23 January 2015  
10.00am, 5<sup>th</sup> Floor Meetings Room,  
HSCB, 12/22 Linenhall Street, Belfast**

**Present:**

Eddie Rooney, PHA (Chair)  
Aidan Murray, HSCB  
Stephen Bergin, PHA  
Oscar Donnelly, Northern HSC Trust  
Molly Kane, PHA  
Catherine McGroggan, Service User Representative  
Paul McFall, Service User  
Kieran McShane, HSCB  
Chris Matthews, DHSSPS  
Catherine McNicholl, Belfast HSC Trust  
Nevin Ringland, Disability Social Care Forum  
Catriona Rooney, HSCB  
Brendan Whittle, South Eastern HSC Trust

**Apologies:**

Valerie Watts, HSCB  
Trevor Millar, Western HSC Trust  
Miceal Crilly, Southern HSC Trust  
Maeve Hully, PCC  
John McKee, Service User/Carer

**In Attendance:**

Caroline Lynn, HSCB  
Briega Quinn, PHA (for Item 4)  
Eileen Shevlin, Service User, South Eastern Trust  
(for Item 4)



## **1. Opening Remarks – Welcome**

Eddie Rooney welcomed everyone to the meeting.

## **2. Minutes of Meeting – 3 October 2014**

The minutes were agreed as a true record.

## **3. Matters Arising**

### **Page 4, Item 6 – Review of Bamford Action Plan 2012-2015 and Policies Beyond 2015**

C Matthews reported that the Minister for Health & Public Safety has agreed that an update on a proposed review, outcomes and actions of the Bamford Action Plan 2012 – 2015 and policies beyond 2015 should be published in the near future. He advised that the Bamford Monitoring Group will be updated on how a proposed review will take place.

## **4. Progress update on Promoting Recovery Approaches in Mental Health Services**

B Quinn drew attention to the IMROC Progress report which had been tabled at the meeting. She advised that each Trust had developed initiatives to improve the experiences of patients and their carers including: (i) piloting a new appointment letter with a 'how to get the most from your appointment' attached; (ii) delivery of training courses in various community locations; (iii) raising awareness through social media of IMROC; (iv) availability of recovery colleges courses on a variety of subjects and (v) recruitment of Peer Support Workers with OCN level 3 training being developed.

B Quinn advised that regionally a bi-monthly newsletter will be produced to raise awareness. A reward, remuneration and recognition for experts by experience paper was tabled at the Bamford Team meeting held on 21 January 2015 and a bid for sustainability funding being applied for via

CAWT. She noted that a framework for analysis of impact at individual and organisational level has been agreed regionally and sub groups in each Trust area has been set up. She drew attention to work undertaken in raising awareness in Primary Care hubs in relation to Recovery Colleges.

E Shevlin provided an update on her own experience of Mental Illness and process of Recovery through IMROC. She advised that she has been asked to co-produce some material on Recovery and has provided an address at World Mental Health Day. She is also undertaking some work on self-esteem and mindfulness.

Discussion ensued on the importance of service user involvement in the development of services. B Quinn noted that prior to Rachel Perkins attending the Group to present on IMROC, work had been taking place on Recovery but IMROC helped bring focus and partnership with service users and carers.

N Ringland drew attention to HSC Trusts ensuring that their staff attend training courses and asked whether this is also the case with the community/voluntary sector organisations. B Quinn reported the community/voluntary sector organisation representatives are members of the steering group in each Trust area but that attendance on the courses is not mandatory. N Ringland asked what the driver for change is to widen IMROC if staff are not obligated to attend the formal training. O Donnelly reported that work is ongoing with community/voluntary organisations in supporting Recovery and encouraging a change of culture but that progress will take place over time.

## **5. Fundamental Review of Mental Health and Wellbeing Service Framework**

S Bergin undertook a presentation on a review of the Mental Health & Wellbeing Service Framework, for information.

S Bergin highlighted that the framework, which was launched in October 2011, set out 58 standards encompassing prevention, user/carer specific, child and adult and general and condition specific. The standards were implemented into commissioning and HSC Trust structures with 164 key performance indicators.

S Bergin reported that the DHSSPS agreed to a fundamental review on 10 July 2015 and the HSCB and PHA initiate a process to take forward the review. He noted that as part of an integration theme, other sources of standards used included NICE guidelines, College reports, Regional reviews, IMROC and Adult Social Care Outcomes Framework (NHS).

S Bergin drew attention to the Project Board which includes a range of stakeholders and will undertake drafting of the Regional Mental Health Care Pathway and will consult widely. He noted that a workshop took place on 15 January 2015. Stage 2 (April 2015) of the process will be to pilot the draft Framework, stage 3 (October 2015) is the DHSSPS formal consultation and the formal launch will be held in April 2016.

S Bergin stressed the need for compatible IT systems to collect information to inform measurement of indicators. He highlighted the need secure continuous and independent individual user feedback. He drew attention to the importance of the use of standards reflecting qualitative outcomes, encompassing service user experience of care and family/carer experience.

S Bergin highlighted the five draft service standards as being: (i) access; (ii) assessment & diagnosis; (iii) personal well-being planning; (iv) staying engaged and self-management and (v) experience of care.

Discussion ensued on the importance of those representing organisations at workshops/meetings to disseminate the information/decisions/updates to their colleagues. N Ringland advised that he represents the Disability Social Care Forum on the Group and this offers an opportunity to provide a co-ordinated response to consultations and feedback to the organisations within the Forum.

C Rooney drew attention to the 10,000 Voices initiative which provides an opportunity to capture service users experiences anonymously and this can be completed on-line or assistance can be provided if required. She noted that this initiative is a robust way of gathering information from service users.

## **6. Mental Health and Learning Disability Resettlement**

A Murray provided a Resettlement update – January 2015.

### Learning Disability Long Stay Resettlement

The total long stay population (Primary Targeting List) in learning disability hospitals in NI was 347 at 1 April 2007. Between 1 April 2007 and 31 December 2014, 264 long stay patients were resettled, with 43 patients deceased over this period. The remaining 40 long stay patients are categorised as follows: (i) 20, planned to be resettled by 31 March 2015; (ii) 17, planned to be resettled after 31 March 2015; (iii) 1, patient refusing to be resettled and (iv) 2, patients not medically fit for discharge.

### Learning Disability Delayed Discharge

The total Delayed Discharge population (defined as being medically fit for discharge at 31 March 2012 who were still in learning disability hospitals at 31 March 2013) in NI was 30 at 1 April 2013. Between 1 April 2013 and 31 December 2014, 11 delayed discharge patients were resettled, with 1 patient deceased over this period. The remaining 18 delayed discharge patients are categorised as follows: (i) 4, planned to be resettled by 31 March 2015; (ii) 7, planned to be resettled after 31 March 2015; (iii) 7 patients in planning process but with no planned date for resettlement at present.

### Mental Health Resettlement

The total long stay population (Primary Targeting List) in psychiatric hospitals in NI was 474 at 1 April 2007. Between 1 April 2007 and 31 December 2014, 288 long stay patients were resettled, with a total of 163 patients deceased over this period. The remaining 23 long stay patients in psychiatric hospitals are categorised as follows: (i) 5, planned to be resettled by 31 March 2015; (ii) 8, planned to be resettled after 31 March 2015; (iii) 1, planning on-going but not agreed with patient; (iv) 1, patients refusing to be resettled and (v) 8, patients not medically fit for discharge.

### Mental Health Delayed Discharge

The total Delayed Discharge population (defined as being medically fit for discharge at 31 March 2012 who were still in psychiatric hospitals at 31 March 2013) in NI was 72 at 1 April 2013. Between 1 April 2013 and 31 December 2014, 42 delayed discharge patients were resettled, with 2 patients deceased over that period. The remaining 28 delayed discharge patients are categorised as follows: (i) 5, planned to be resettled by 31 March 2015; (ii) 9, planned to be resettled after 31 March 2015; (iii) 7 patients in planning process but with no planned date for

resettlement at present. (iv) 7, patients not medically fit for discharge.

N Ringland requested that a report on delayed discharges be presented at the next meeting and A Murray advised that he is to meet with C Matthews to discuss this matter and noted that if the information is available it can be included within the minutes. (See Delayed Discharge figures above.)

P McFall suggested that it would be useful to have information available on how patients felt after being resettled. A Murray reported that the NI Housing Executive had undertaken some research on outcomes after leaving hospital and the HSCB has commissioned follow up work on Quality of Life indicators to be overseen by QUB and this information will be made available in the near future.

## **7. Children's Services Framework – Consultation**

K McShane provided an update on the Children's Services Framework consultation.

## **8. Any Other Business**

### **(i) Health Equalities Framework**

M Kane drew attention to the Health Equalities Framework which is designed to help commissioners, providers, people with learning disabilities and family carers determine the impact and effectiveness of services for people with learning disabilities.

### **(ii) Mental Health Capacity Bill**

C Matthews updated on the progress of the Mental Health Capacity Bill as well as European legislation

on Substituted Decision Making and Deprivation of Liberty outside of a family setting.

**9. Date and Time of Next Meeting**

Thursday 28<sup>th</sup> May 2015 @2.00pm, 5<sup>th</sup> Floor meeting room,  
HSCB, Linenhall Street

**Bamford Project Board  
Thursday 28 May 2015  
2.00pm, 5<sup>th</sup> Floor Meetings Room,  
HSCB, 12/22 Linenhall Street, Belfast**

**Present:**

Valerie Watts, HSCB (Chair)  
Aidan Murray, HSCB  
Stephen Bergin, PHA  
Miceal Crilly, Southern HSC Trust  
Oscar Donnelly, Northern HSC Trust  
Molly Kane, PHA  
Paul McFall, Service User  
John McKee, Service User/Carer  
Barney McNeany, Belfast HSC Trust  
Jackie McNeill, Patient Client Council  
Andy Mayhew, Disability Social Care Forum  
Trevor Millar, Western HSC Trust (by Teleconference)

**Apologies:**

Maeve Hully, PCC  
Eddie Rooney, PHA  
Nevin Ringland, Disability Social Care Forum  
Bria Mongan, South Eastern HSC Trust  
Fionnuala McAndrew, HSCB  
Catherine McNicholl, Belfast HSC Trust  
Kieran McShane, HSCB  
Chris Matthews, DHSSPS  
Catriona Rooney, HSCB

**In Attendance:**

Caroline Lynn, HSCB  
Martina McCafferty, HSCB (for Item 4)  
Denise Martin, PHA (for Item 4)  
Adrian Walsh, HSCB (for Item 6)



## 1. Opening Remarks – Welcome

Valerie Watts welcomed everyone to the meeting and members introduced themselves accordingly.

## 2. Minutes of Meeting – 23 January 2015

The minutes were agreed as a true record.

## 3. Matters Arising

### **Page 2, Item 3 – Review of Bamford Action Plan 2012-2015 and Policies Beyond 2015**

A Murray reported that although the Department had hoped to have an independent evaluation of the Bamford Action Plan 2012 – 2015, unfortunately this will not now be happening because of budgetary constraints.

A Murray noted that a series of Department organised workshops are to take place during the Summer inviting service users/carers to provide their views on the service and making suggestions on how improvements could be made. He advised that the Sensemaker survey will be rerun by PHA/HSCB to seek service users views of the Mental Health service which will be an integral part of the Department's Review.

### **Guidelines and Audit Implementation Network (GAIN) – 'Your Story Can Change Lives' – Regional Audit of the Experience of Users & Carers within Mental Health Services [Sensemaker]**

S Bergin undertook a presentation on Guidelines and Audit Implementation Network (GAIN) – 'Your Story Can Change Lives' – Regional Audit of the Experience of Users & Carers within Mental Health Services.

S Bergin noted that the audit had two sections (a) a series of 9 questions developed by a regional steering group of

users, carers, Trusts and other HSC Organisations, along with the voluntary sector/community groups; and (b) alongside the questionnaire the audit also enabled the users and carers to 'tell their story' about their experience of Mental Health Services over the last 3 years.

M Kane reported that the audit had raised some areas requiring improvement and these had been addressed. Mr McNeany noted that restructuring had taken place in the Community Mental Health Teams in the Belfast Trust as a result of the findings from the Sensemaker audit.

A Murray advised that members will receive further updates at the next meeting.

#### **Page 4, Item 6 – Fundamental Review of Mental Health and Wellbeing Service Framework**

S Bergin undertook a presentation on 'Service Framework for Mental Health & Wellbeing'.

S Bergin highlighted that the previous framework set out 58 standards encompassing prevention, user/carer specific, child and adult and general and condition specific. The standards had 164 key performance indicators. These had proved to be too numerous with some KPI's being unable to be measured with current data.

S Bergin highlighted the five draft new service standards as being: (i) access; (ii) assessment, formulation & diagnosis; (iii) personal well-being planning; (iv) care & treatment and (v) staying engaged & self-management.

S Bergin drew attention to the Project Board, which includes a range of stakeholders, and advised that a high level Service Framework document had been drafted. He noted that Stage 2 of the process will be to pilot the draft framework in one Trust area, stage 3 (October 2015) is the DHSSPS formal consultation and the formal launch will be held in April 2016.

S Bergin reported that the evidence base is service users/carers stories of their experiences of the service. T

Millar and B McNeany asked whether Trusts would be required to provide additional community information systems returns as part of the Service framework process as this would increase the information collected by staff? A Murray advised that new community information systems are currently being agreed and any information system no longer required will be stopped once the new systems are in place.

#### **Page 5, Item 6 - Learning Disability Resettlement Quality of Life Outcomes Measurement**

A Murray reminded members of discussion at the last meeting in relation to Learning Disability Resettlement and how service users felt about their experiences. He drew attention to a paper entitled 'Quality of Life Questionnaires', which had been previously circulated, and noted that to date 88 stories had been collected and that a full report will be compiled at the end of the process.

#### **Page 8, Item 8 (ii) - New Capacity Legislation Update**

C Matthews to provide an update at the next meeting.

#### **4. Releasing Time to Care Review Report**

Martina McCafferty, HSCB and Denise Martin, PHA joined the meeting to undertake a presentation on 'Review of Releasing Time to Care (RTTC) Across Acute Inpatient Mental Health Admission Wards in Northern Ireland'.

A Murray noted that the principles of RTTC aim to improve quality, good patient experience and safety within the parameters of efficiency.

M McCafferty reported that staff of all disciplines in each Trust became involved in RTTC including nurses, cleaners, ward assistants, doctors, supplies, AHP's. Patients and carers got involved to provide their views and experiences in the process.

M McCafferty reported that staff embraced the RTTC programme and as a result were re-energised, attitudes were positive.

M McCafferty highlighted that challenges common to all Trusts were noted including significant challenges around paperwork; duplication of paperwork; incompatible IT systems and fluctuations in ward personnel.

D Martin drew attention to the importance of the ward manager's role and noted the need for development and support through identification of training needs. She highlighted the need for Trusts to develop a RTTC communication plan to portray the benefits of the programme.

M Crilly and O Donnelly expressed concerns at the significant levels of paperwork to be completed by staff which reduces face to face contact with patients.

In response to a query from J McKee, D Martin reported that the RTTC's 11 modules are appropriate for staff in an acute setting and not yet available for within the community. M Kane noted that the RTTC's modules are suitable for cleaners, ward assistants, doctors, supplies, dieticians and not just nursing staff.

J McNeill asked what baseline work was undertaken to assess whether patients had felt there had been improvements made due of the introduction of RTTC? M McCafferty advised that Peer Advocates had been spoken to in relation to RTTC as they had been working in the wards prior to R.T.T.C.

V Watts thanked M McCafferty and D Martin for their useful presentation.

## **5. Proposed Response to the SAI Thematic Review of Suicides**

M Kane drew attention to the 'Thematic Review of Mental Health Serious Adverse Incident Reports relating to Patient Suicides with Recommendations & Implementations Plan', which had been previously circulated for information.

M Kane highlighted that the review examined 100 SAI reports related to suicide in Mental Health Services in Northern Ireland. She noted that the PHA Mental Health nursing team agreed to undertake a thematic review on behalf of the HSCB/PHA in an attempt to identify emerging trends and best practice with a view to supporting individual HSC organisations through the identification of learning, to prevent recurrence and improve practice.

Following discussion it was agreed that the Recommendations/Actions of the SAI Thematic Report should be taken forward by Dr Gavin Lavery, Clinical Director, HSC Safety Forum, PHA through the Safety Forum and with the Trusts.

## **6. Indicative Financial Allocation for Mental Health & Learning Disability 2015/16**

A Walsh reported that the HSC Board Commissioning Plan 2015/16 had not yet been formally approved by the Minister for Health and Public Safety. He noted that the HSC Board Commissioning Plan 2015/16 had been sent out in draft form to the Trusts who will respond with their Trust Delivery Plans.

A Walsh advised that funding will be made available for Alcohol Liaison Services for 2015/16 as well as the following inescapable pressures.

- Learning Disability Community Forensic Service
- Care costs for Adults with Learning Disability living with older Carers ;
- Young People in care with a learning disability moving to adult services

- There were other service pressures in mental health and learning disability which had not been funded for 2015/16. These have now been re-submitted in bids to the June Monitoring Round.
- Demography funding for mental health services which provide additional psychological therapies, promote recovery and support carers has also been agreed by each Local Commissioning Group

**7. Any Other Business**

None

**8. Date and Time of Next Meeting**

2<sup>nd</sup> October 2015 @2.30pm, 5<sup>th</sup> floor meeting room

**MAHI - STM - 277 - 1719**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
<b>HEME 1 HEALTH &amp; WELLBEING</b>										
5	HEALTH & WELLBEING	LEARNING DISABILITY	DHSSPS	Ensure that persons with a learning disability have equal access to the full range of primary health care services	HSCB / PHA	Full implementation of Learning Disability Directed Enhanced Services across Region	Mar-15	Improve the health status of people with a learning disability in key areas such as nutrition, obesity, exercise and mental health.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
7B	HEALTH & WELLBEING	MENTAL HEALTH	DHSSPS	Develop and implement New Strategic Direction on drugs and alcohol Phase 2, and Strategy Evaluation	HSCB / PHA	Undertake a regional commissioning framework across all four tiers of service delivery for young people, families and adults	Mar-13	Consistent approach to service design and delivery	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
8	HEALTH & WELLBEING	MENTAL HEALTH	DHSSPS	Respond to the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness in Northern Ireland 2011	HSCB / PHA	Implementation of recommendations	Mar-13	Minimise occurrence of suicide and homicide by people who access mental health services in NI.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
<b>HEME 2 SUPPORTING PEOPLE</b>										

**MAHI - STM - 277 - 1720**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
13	SUPPORTING PEOPLE	JOINT	DHSSPS	Resettle long stay patients from learning disability and mental health hospitals	HSCB / PHA	Resettle all long stay patients	Mar-15	More people able to live independent lives safely in the community	Aidan Murray / 028 90 553966 Stephen Bergin	AMBER
25B	SUPPORTING PEOPLE	JOINT	DHSSPS	To support the uptake of self-directed support and individual budgets in line with Transforming Your Care	HSCB / PHA	Increase the number of people with self-directed support and individual budgets	Mar-15	People will have options to choose the most appropriate services for their needs	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
27	SUPPORTING PEOPLE	JOINT	DHSSPS	Implement "Developing Advocacy Services - A Policy Guide for Commissioners"	HSCB / PHA	Implement Advocacy Services Action Plan	Mar-13	Principles and standards which should lead to greater parity and consistency in the commissioning and delivery of advocacy services.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN



**MAHI - STM - 277 - 1721**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO (this should be the contact who will be able to answer specific queries about progress of the action)	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber – GREEN
28A	SUPPORTING PEOPLE	JOINT	DHSSPS	To support the employment of experts by experience in the commissioning and delivery of mental health and disability services.	HSCB / PHA	To move to a position where service users and carers are employed in the commissioning and delivery of services	Ongoing	Services meet the needs and expectations of those who use and rely on them.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
28B	SUPPORTING PEOPLE	JOINT	DHSSPS	To support the employment of experts by experience in the commissioning and delivery of mental health and disability services.	HSCB / PHA	To move to a position where service users and carers are involved in the process of recruitment and selection.	Ongoing	Services meet the needs and expectations of those who use and rely on them.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
32	SUPPORTING PEOPLE	MENTAL HEALTH	DHSSPS	Promote recovery orientated practice throughout all mental health services	HSC in collaboration with voluntary and community sector	Introduce a range of actions/initiatives to facilitate an enhanced culture of recovery across all mental health services (to include the development of training initiatives, effective communication systems with service users/carers and audit/evaluation mechanisms)	Mar-15	An improved and consistent understanding of recovery throughout mental health services, ensuring that a recovery based approach becomes embedded in the value base of practitioners and services and enabling service users to maximise their abilities, independence and their general health.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
HEME 3	SUPPORTING CARERS									

**MAHI - STM - 277 - 1722**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO (this should be the contact who will be able to answer specific queries about progress of the action)	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
37	SUPPORTING CARERS	JOINT	DHSSPS	Enhance the arrangements to meet demand for respite including emergency respite and short break care	HSCB / PHA	Implement recommendation of HSCB Phase II respite report. Agreed description of respite and measurement and reporting mechanisms	March 2013	Enhanced flexibility of emergency respite and short break care targeted to meet specific, individual assessed need. Better range of options for short break/respite consistently across Trusts which meets assessed needs of individuals.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
38	SUPPORTING CARERS	JOINT	DHSSPS	To provide support to all carers in order that they may continue in their caring role	HSCB / PHA	All carers offered carers assessment.	Mar-15	The needs of the person cared for and the carer are identified through a carer-centred assessment process.	Aidan Murray / 028 90 553966 Stephen Bergin	AMBER
39A	SUPPORTING CARERS	LEARNING DISABILITY	DHSSPS	Carry out a scoping exercise to ascertain future caring requirements for people with a learning disability living with elderly carers where there is a risk of a breakdown in caring arrangements	HSCB / PHA	Report on the future caring requirements of people with learning disabilities who have elderly carers	Mar-13	Identification of future service need/provision.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN

**MAHI - STM - 277 - 1723**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO (this should be the contact who will be able to answer specific queries about progress of the action)	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
39B	SUPPORTING CARERS	LEARNING DISABILITY	DHSSPS DSD	Develop a rolling, costed plan to support those with learning disability living with elderly carers where there is a risk of a breakdown in caring arrangements	HSCB / PHA	Annual costed plan developed in each Trust.	Sep-14	Arrangements in place to support and maintain existing community and family arrangements	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
<b>HEME 4 BETTER SERVICES</b>										
46	BETTER SERVICES	JOINT	DHSSPS	To improve access to advice and information on services and support available	HSCB / PHA	Develop a central point of access for information	Mar-15	People with mental health problems, learning disabilities and carers have access to information about services and support in their area	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
47	BETTER SERVICES	JOINT	DHSSPS DE	Improve services for children with challenging behaviours and their carers	HSCB / PHA	Implement regional guidelines on the management of challenging behaviours	Mar-15	Consistent service provision across region.	Aidan Murray / 028 90 553966 Stephen Bergin DE contact: Frances Curran/Alan Boyd, Tel: 028 9185 8045 (68045)/028 9127 9926 (59926)	AMBER

**MAHI - STM - 277 - 1724**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
48A	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Develop and implement a Service Framework for learning disability services	DHSSPS	Publish service framework.	Dec-12	Improve the standards of care that people who use services, their family and carers can expect to receive against agreed performance indicators	Neil Magowan / 22554	GREEN
48B	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Develop and implement a Service Framework for learning disability services	HSCB / PHA	Implementation of service framework	Ongoing from December 2012	Improve the standards of care that people who use services, their family and carers can expect to receive against agreed performance indicators	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
49	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Maintain direction of HSC funding towards community based services	HSCB / PHA	At least 80% of HSC spend on learning disability services should be on community services	Ongoing	Community services will promote integration of individuals into society	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
50	BETTER SERVICES	LEARNING DISABILITY	DHSSPS DSD	Enhance provision of person – centred day opportunities (including employment provision) for people with a learning disability that facilitate integration into the community	HSCB/PHA DSD (benefits)	Enhanced access to a range of opportunities in education, training, employment and social activity	Ongoing	Opportunities tailored to the needs of people with a learning disability promoting their inclusion in society Regional model produce by March 2013	Aidan Murray / 028 90 553966 Stephen Bergin	AMBER

**MAHI - STM - 277 - 1725**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
51	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Complete and maintain a map of learning disability services across Northern Ireland	HSCB / PHA	Compile mapping information on all learning disability services provided	Dec-13	New services can be better targeted and gaps in existing services can be filled	Aidan Murray / 028 90 553966 Stephen Bergin Dr Rachel McKenzie HSCB	AMBER
54	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Develop a plan for community forensic learning disability services taking account of service to be provided with available resources and which makes full use of other forensic arrangements in place	HSCB / PHA	Prioritised action plan to be taken forward within available resources	February 2013	Improved community forensic service for those with learning disability.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
55	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Community Dental Service to undertake an annual oral health assessment for each L.D. client and produce an individual oral health plan, referring as appropriate for care.	HSCB / PHA	LD clients regularly examined and treatment arranged	Ongoing	Oral health issues addressed and preventive strategies employed	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
56	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Community Dental Service to provide training/ training materials for staff in day care facilities re significance of oral health issues.	HSCB / PHA	Deliver training interventions and educational resources.	Ongoing	Increased awareness of significance of diet, tooth brushing and use of Fluoride toothpaste	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN

**MAHI - STM - 277 - 1726**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO (this should be the contact who will be able to answer specific queries about progress of the action)	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber – GREEN
57	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Improve the experience of people with LD using acute general hospitals based on the GAIN Guidelines "Caring for people with a learning disability in general hospital settings"	DHSSPS	Implement reasonable adjustments to support the pathway through acute care. Initiate staff training and development of easy read information. Develop coordinated links between hospital and community services.	Mar-15	Improved delivery of safe and effective care within general hospital settings	Maurice Devine / 20788	GREEN
58	BETTER SERVICES	LEARNING DISABILITY	DHSSPS	Implement a regional Bed Management Protocol for those with a learning disability.	HSCB / PHA	Regional implementation of agreed Bed Management Protocol	Mar-13	Safer and more effective access to inpatient care for those with a learning disability	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
59	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Re-direct HSC funding towards community based services	HSCB / PHA	60% of HSC spend on mental health services should be on community services.	Mar-15	Better services for those in need provided within their community	Aidan Murray / 028 90 553966 Stephen Bergin	
60	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Implement the Mental Health Service Framework across HSC	HSCB / PHA	Review HSC performance against proposed framework indicators - this should include service user/carer input in terms of both development of indicators and monitoring of actual service performance.	Ongoing	Agreed standards of care that people who use services, their family and carers can expect to receive. Develop service improvement plans where progress against performance indicators is measured	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN

**MAHI - STM - 277 - 1727**  
 BAMFORD ACTION PLAN 2012-15  
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Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO (this should be the contact who will be able to answer specific queries about progress of the action)	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
61	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Provide information on children's, adolescent and adult mental health services for use by the public, GPs and other clinicians.	HSCB / PHA	Develop and publish IT based resource on all Trust websites	Apr-13	Identification of all general and specific MH services available.	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
62	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Implement service model for CAMHS services	HSCB / PHA	Implementation of CAMHS action plan	Ongoing	Young people are able to access consistent and appropriate services across NI	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
63	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Improve and harmonise model for crisis response and home treatment services	HSCB / PHA	Implement agreed regional model for crisis response and home treatment	Dec-12	People in crisis will be able to receive appropriate care and support to a consistent standard	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
64	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Enhance availability of psychological therapies	HSCB / PHA	Implement enhanced services in line with published strategy and available resources.	Ongoing	Improved access to psychological therapies	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
65	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Improve access to computerised Cognitive Behavioural Therapy programmes	HSCB / PHA	Promote and increase uptake of CCBT programmes	Ongoing	Improved support for those with mild to moderate depression	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
69	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Enhance services for people with a personality disorder	HSCB / PHA	Implement enhanced services in line with published strategy and available resources.	Ongoing	Better access to appropriate services for people with a personality disorder and support for their carers	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN

**MAHI - STM - 277 - 1728**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –
70	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Maintain the provision of specific eating disorders in-patient service capacity within each Trust	HSCB / PHA	Provision of eating disorder inpatient services available within generic units with in-reach support from community eating disorder service.	Ongoing	Continuity of care from community services for those who need to be admitted to hospital. Fewer people will require admission to a facility outside Northern Ireland	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
71	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Ensure provision of appropriate low secure and community forensic services in line with 2011 Review	HSCB / PHA	Develop costed action plan to be implemented as resources permit	Mar-13	More appropriate levels of therapeutic support and rehabilitation provided in the least restrictive conditions for those who need forensic services.	Aidan Murray / 028 90 553966 Stephen Bergin	AMBER



**MAHI - STM - 277 - 1729**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber – GREEN
72	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Take forward action plan to improve dementia services in line with NI strategy.	HSC with DHSSPS and voluntary and community sectors	Provide range of services advocated in NI Dementia Strategy and associated action plan as resources permit.	Ongoing	Improved services for people with dementia, their families and carers	Kevin Keenan Joyce McKee / 028 25311213	GREEN
73	BETTER SERVICES	MENTAL HEALTH	DHSSPS	Improve Perinatal mental health services	HSCB / PHA	Implementation of Perinatal Mental Health Regional Integrated Pathway and Training Strategy	Mar-15	Better detection and treatment of mental illness during pregnancy and the post natal period	Aidan Murray / 028 90 553966 Stephen Bergin	GREEN
	<b>HEME 5 BETTER STRUCTURES</b>									

**MAHI - STM - 277 - 1730**  
 BAMFORD ACTION PLAN 2012-15  
 MONITORING SHEET FEBRUARY 2015

Action No.	THEME	JOINT / LEARNING DISABILITY / MENTAL HEALTH	LEAD DEPT	KEY ACTIONS	FOR ACTION BY	OUTPUT REQUIRED	TARGET DATE	OUTCOMES	CONTACT NAME / TEL NO <i>(this should be the contact who will be able to answer specific queries about progress of the action)</i>	PROGRESS AGAINST OUTPUTS AT FEBRUARY 2015 Green – On Target Amber –

ACTUAL / ANTICIPAT ED COMPLETI ON DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	Work continues in this area Majority of GP practices are signed up but a few remain outside of the DES
	The New Strategic Direction commissioning Framework has now been agreed. The process to procure services is being taken forward on a regional basis during 2015. Revised arrangements for the provision of specialist in-patient based are being taken forward to be in place during the first half of 2015/16.
	<p>Progress</p> <ul style="list-style-type: none"> <li>All actions have been implemented except 2</li> </ul> <p>Rec. 9 "ensure that all in-patients, including younger in-patients, are included in reviews of physical health and polypharmacy"</p> <p>Rec 10 Introduce or maintain assertive outreach services.</p> <p>Audits are being undertaken to confirm the implementation of these two recommendations</p> <p>Learning being embedded Into New Care Pathways and Services Developments as evidenced in New Emergency Department Mental Health Care Pathway, Regional Mental Health Care Pathway Personality Disorder and Forensic Pathways. Work is underway to develop a new Acute Care High Intensity Pathway.</p>

ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	Progressing According to Plan - A small number of schemes will open after 31 March 2015
	The number of people with self-directed support continues to increase: Mental Health 2012/13 - 263 2013/14 - 331 Learning Disability 2012/13 - 444 2013/14 - 538  2014/15 figures are not available until June 2015
	Independent Advocacy Code of Practice and Standards Framework developed and launched in June 2014. Members of the Advocacy Network NI have committed to the code of practice and are using it as part of their induction and training programmes for new staff and volunteers. Work to develop and easy read version is almost complete

ACTUAL / ANTICIPAT ED COMPLETI ON DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	18 peer Support Workers employed across Five Trusts. Bamford Team Progress a new participation Framework Recognition Reward and Remuneration
	As per 28A
	Care Pathway Launched and Training Underway in All Trusts -IMROC Programme Completed in All Trusts - Recovery Colleges Developed in All Trusts. CAWT Submission to support the Roll Out of Recovery Colleges and the Employment of Recovery College Co-ordinators

ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
Jun-15	There has been a substantial increase in the number of respite short breaks. The hours available has increased by 20,000 for mental health from 2012 to 2014 and by 11,000 hours for Learning Disability 2014/15 Figure available June 2015. In addition a Review is underway to profile respite services available across mental health services.
Jun-15	There has been an increase of 27.5% in the numbers of carers offered assessment across both Programmes of Care between 2012/13 and 2013/14. However whilst the numbers of carers assessments are increasing, the target of all carers is unlikely to be achieved as some carers do not wish for an assessment to be completed. 2014/15 figures not available until June 2015
	Scoping exercise completed looking at two years un planned placements due to breakdown/emergencies within the 5 HSCTs. This information and financial analysis enabled the HSCB to identify a figure for the bid of £1.5 million below.

ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	Scoping exercise for those carers of people with learning disabilities who are 55 years old and above completed. This has translated to a bid of £1.5 Million to the Department for 2015/16 financial year. Second Scoping exercise for 15/16 has commenced by the 5 HSCTs looking at those individuals who are 35years - 54 years.
Apr-15	Mental Health web portal due to be launched by NI Direct in April 15. Amendments to Family Support Network has been completed For CAMHS
	This action is being progressed through the Children with Disability Sub-Group of the Children and Young People's Strategic Partnership (CYPSP). The draft protocol which had been drawn up in partnership with education and Health is not being implemented as it excluded some categories of children and young people. Planning is underway to develop new protocol, training and guidelines, led through the HSCB's Children and Young People's Strategic Partnership sub-group. In October 2014, DE held a workshop for Special School Principals to consider the recommendations in the Education and Training Inspectorate's report on challenging behaviour and to identify what could potentially be achieved in both the short term and longer term

ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	Completed. Framework Launched September 2012 Year I benchmarking against standard completed
	Learning Disability Framework Year I benchmarking against standard completed.
	The percentage of the total learning disability expenditure being spent on community based services continues to increase. Increase from 82% in 2010/11 to 85% in 2013/14. 2014/15 figures not yet available
	Regional Implementation Team in Place and Local Implementation in Place in each Trust. Contingent on 15-18 investment plan



ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	Following implementation of MH online information service an LD equivalent will be developed. Date for commencement April 2016
	Bid for the development of a community forensic learning disability service still under consideration
	This is ongoing, assessment undertaken annually
	This is an ongoing exercise undertaken as and when needed

ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	Report published December 2014. Regional work being taken forward by Public Health agency, with Care of people with learning disabilities being one of 3 workstreams being targeted by the regional Learning disability health improvement group, chaired by Molly Kane, PHA.
	Regional Bed Protocol group led by Dr Marietta Cunningham will be meeting on the 13th of April to finalise this document.
	Awaiting Response
	The fundamental review to produce the revised Framework has now commenced. This process includes engagement with a wide range of stakeholders. The aim is to complete the review process by April 2016.

ACTUAL / ANTICIPAT ED COMPLETI ON DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	The technical difficulties have been resolved and the website is due to go live at the end of April 2015
	Progress continues to be made on implementing Stepped Care Model. Acute CAMHs Review Completed - Work is underway to develop a new Managed Care Network For CYP with High Intensity Acute Mental Health Needs
Apr-16	CRHT Review Completed, RTTC Care Audit due for Completion April 15. Work will be commenced in May 15 to progress new high intensity acute care pathway . This will result in the integration of CRHT, Acute Day Care and Inpatient care into a single care pathway. This work will be completed by April 2016
	Work continues to develop Hubs, All Trust have appointed Primary Care Co-ordinators. Further development is contingent on further investment.
	Current contract ends March 2015. Over 5000 people have used BtB to date. This shows a continued increase in usage. New contract in place from 01/04/2015 for 3 years unlimited use of licenses in NI. Now Linked into Primary Care Hubs
	A care pathway for Personality Disorders was launched on Friday 10th October. There are 6 Personality Disorder teams in place, one in each Trust and one in Prison Health.

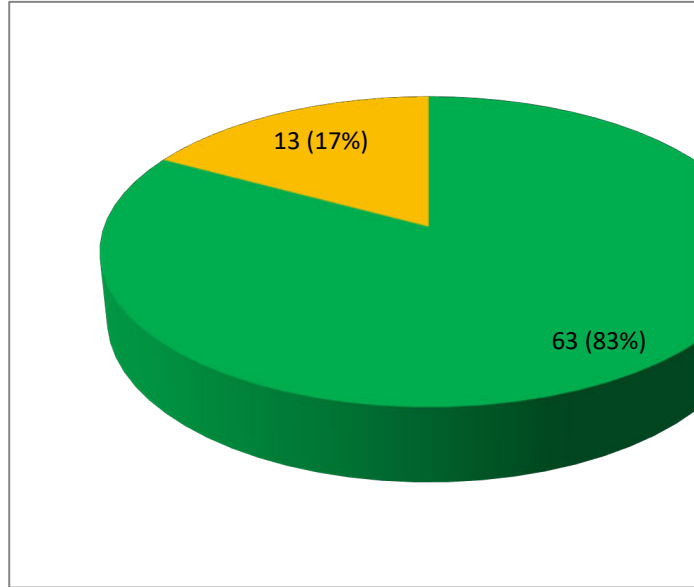
ACTUAL / ANTICIPAT ED COMPLETI ON DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	New Regional Care Pathway Underdevelopment. Next stage of reform will be developed following publication of RQIA Eating Disorder Review.
	Community Services are in place. Bid has been submitted for inpatient services. This is resource dependent

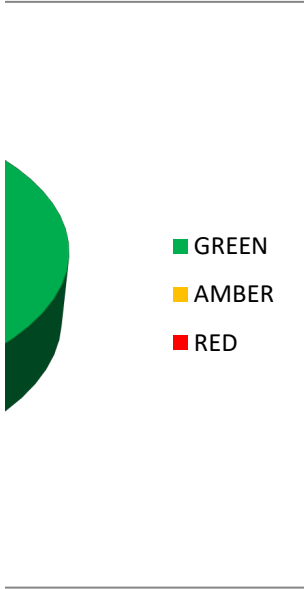
ACTUAL / ANTICIPATED COMPLETION DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>
	<p>The business case and programme plan for the OFMDFM/Atlantic Philanthropes Dementia Project have been approved and a project manager and 4 project staff have been appointed. The project will run until June 2017 and will cover 4 thematic areas.</p> <ul style="list-style-type: none"> <li>(i) awareness raising, information and support</li> <li>(ii) Training</li> <li>(iii) delirium</li> <li>(iv) short breaks, respite and support to carers.</li> </ul> <p>The project outcomes will include learning disability, younger people with dementia and "hard to reach/minority groups.</p> <p>An initiative with Integrated Care Partnerships aims to develop better care pathways for people with dementia, improve diagnosis rates and facilitate referrals into memory services.</p> <p>An audit of dementia care in acute hospitals in NI is expected to report in May 2015 and any recommendations arising from that will be fed into the work of the dementia strategy regional implementation group.</p> <p>The HSCB Service improvement team is currently carrying out a review of dementia out-patient services. This review will scope pathways, profile demand, benchmark capacity and develop quality service indicators. DHSSPS will shortly launch the revised Nursing Homes Standards which now include specific standards on dementia care in nursing homes.</p> <p>Regionally, Speech and Language Therapists have developed and launched a guide on "Communicating with a Person Living with Dementia" and are planning another publication.</p>
	<p>A report outlining progress towards implementation of the 2012 Perinatal Care Pathway has been drafted (to be available by May 2015). This also takes account of the recent NICE CG192.</p>

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ACTUAL / ANTICIPAT ED COMPLETI ON DATE (FEB 2015)	NOTES (FEB 2015) <i>(please provide details re progress of action, key dates, reasons for delays, challenges, remedial action etc)</i>

<b>GREEN</b>	63
<b>AMBER</b>	13
<b>RED</b>	0





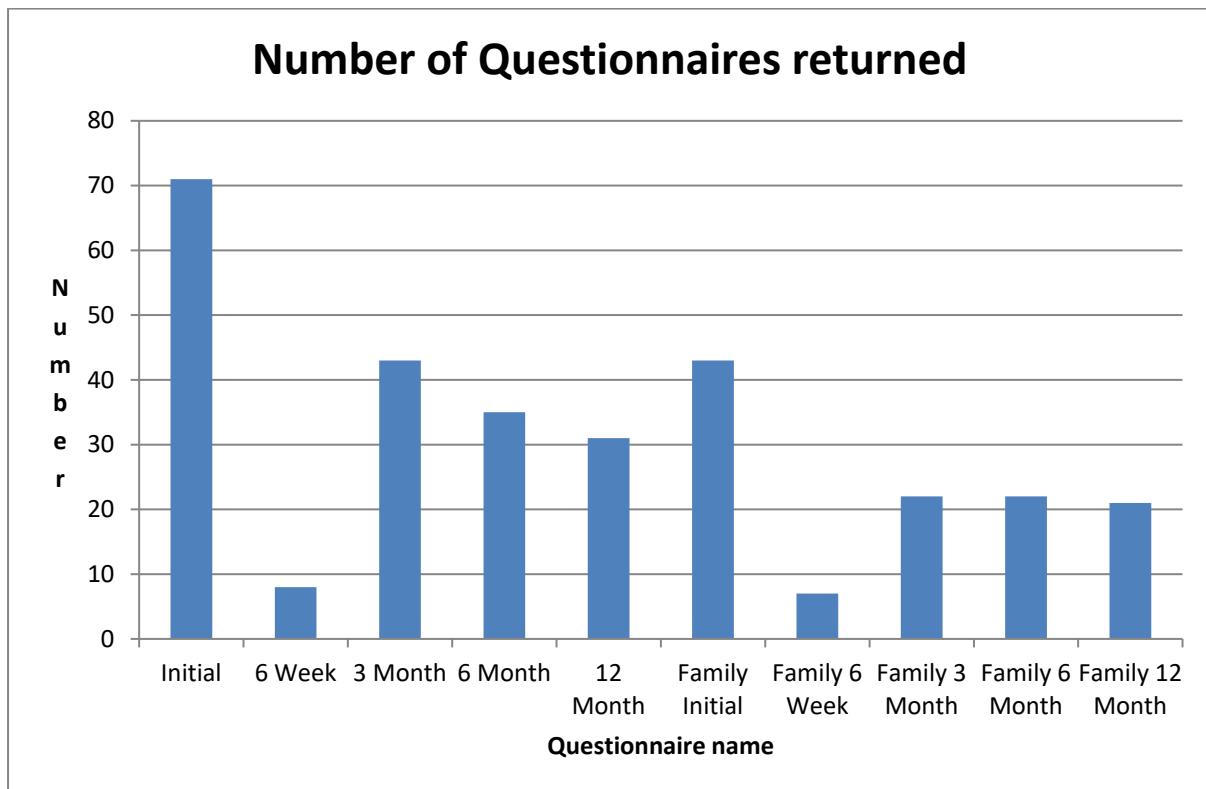


**Quality of life Questionnaires**

This overview report will provide the initial findings from the Quality of Life questionnaires completed so far by residents of Muckamore Abbey Hospital who have been resettled into the community. The purpose of these questionnaires is to see if betterment has been met.

**Breakdown of numbers:**

So far the Board has received quality of life information on 84 individuals. Of these, 60 were from Bryson and 24 from Mencap. Below is a breakdown of how many of each questionnaire has been completed starting from the initial questionnaire which was completed before the residents had been resettled up until 12 months after their resettlement and the same for Family and Carer questionnaires.



There are various reasons for the discrepancy in numbers. Some reasons given on the questionnaires were that quality of life assessment was started after the individual had been resettled so in some cases there are no initial questionnaire completed although in several instances a note has been included that initial questionnaires will be sought. There are also a very small number of completed 6 week assessments

which seems to be because only a small number of individuals received these. The low number of family questionnaires compared with individuals is mostly due to the individual not having any family or having no family contact for various reasons such as a family fallout or the family requesting not to be contacted. Questionnaires are still being received so these gaps in numbers may get smaller as more questionnaires come in.

**Main points and themes:**

At a glance, the overall opinion is an extremely positive one. In almost all assessments a major theme has been the feeling from individuals and their families that betterment has been met through the move to the community. It should be noted that in the initial questionnaires almost all families and cares were very pessimistic and negative about moving their family member out of the hospital setting where they felt they were well cared for and safe and there were worries that medical care would not be as good outside the hospital setting. These feelings change dramatically in the follow up questionnaires where family members noted how they had seen vast improvements in their loved one's quality of life and communication with other residents and staff. This view was mirrored by the individuals and the MDT. A very small number of residents found it hard to settle in and get used to their surroundings but within 6 months this issue seems to resolve itself. One issue that Families and MDT teams have found is that essential equipment such as power packs for wheelchairs took a long time to be fitted and delivered. Another positive trend that has come out of these questionnaires is that individuals have a lot more choice in the community than they did in the hospital with regards to the food they want to eat, clothes they want to wear and things they like to do. The individuals have also indicated that they have much more opportunity to get out and socialise with others in the community and pursue interests and activities which has improved their overall quality of life.

We will now evaluate the responses to each of the questions on the questionnaire to ascertain individual's attitudes to the resettlement process through key views and themes. The initial questionnaires will be analysed first and then compared with the 12 month review after resettlement has taken place.

### What is good about where you live now?

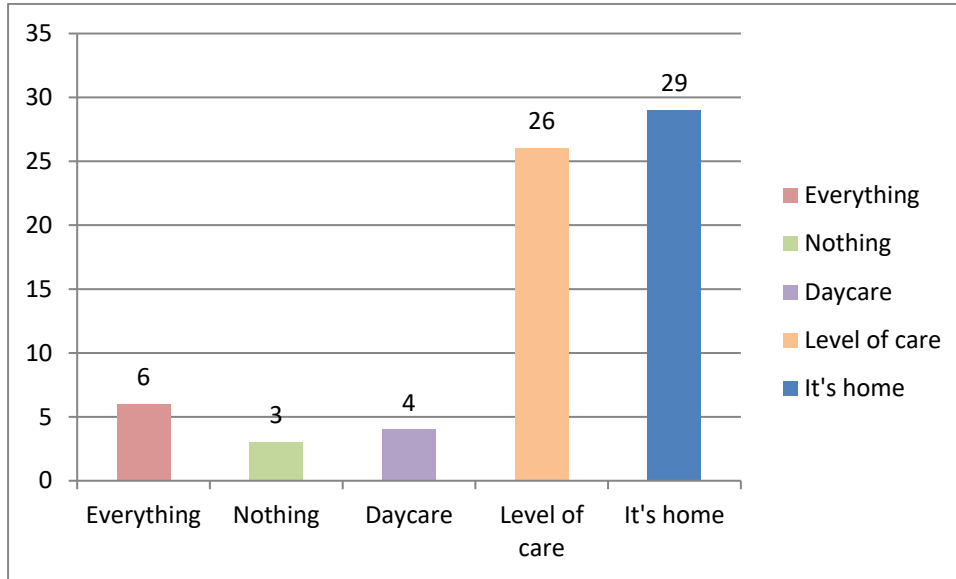


Figure 1

Question one saw that the majority of respondents, (29 out of 70) felt that the fact that Muckamore Abbey had become a home to them was the best thing about it in that they felt safe and secure and were familiar with staff, patients and routines. The next majority (26 out of 70) was that the level of care that they were receiving in Muckamore was excellent. This answer was mainly filled out on behalf of the individuals by family members and/or advocates who were concerned that the level of care they were used to would not be met elsewhere in the community.

Other responses included “everything is good about where I live,” “Nothing is good about where I live,” and a small number felt that day-care was the best thing about where they lived.

**What is bad about where you live now?**

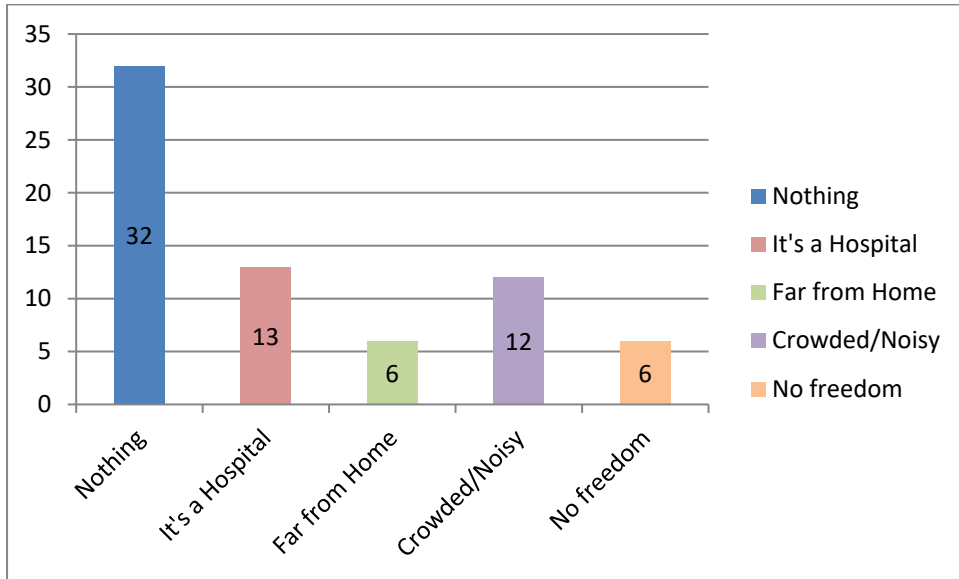
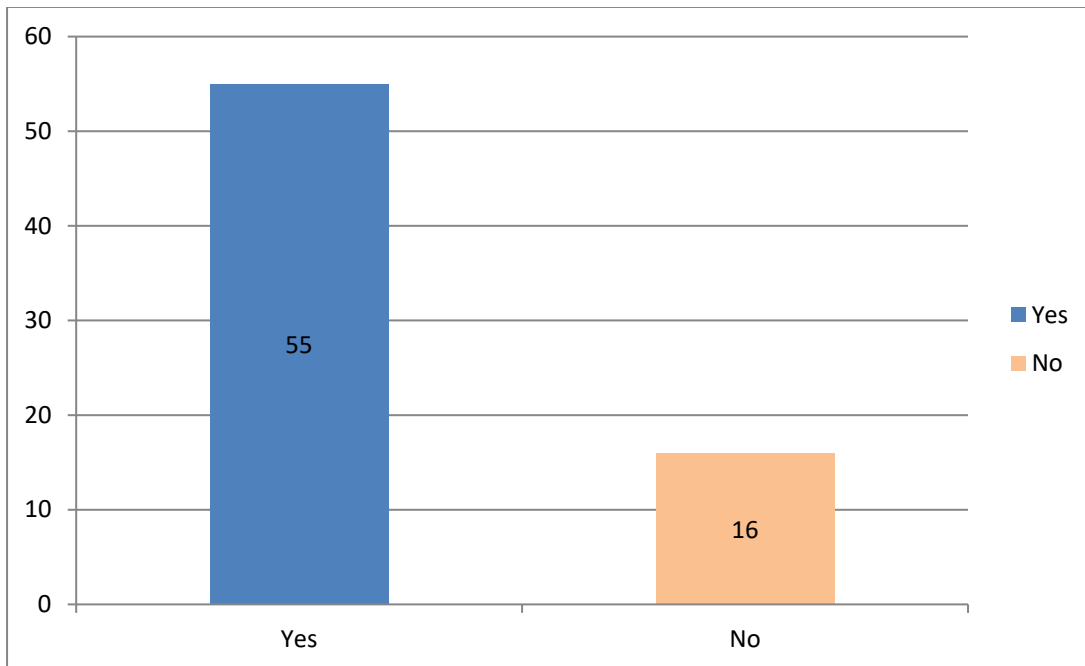


Figure 2

Question two highlights that the majority of respondents (32 out of 70) felt that there was nothing bad about where they were living and were happy there. However, 13 out of 70 respondents felt that the fact that they were based in a hospital setting was a bad thing as it was not their own home. Another factor which respondents felt was bad was that the wards were too crowded and noisy which agitates some of the patients. Other responses included that it was too far from their families and homes and that they did not have enough freedom or choice on the ward.

**Do you know what is happening with the hospital?**



**Figure 3**

Question three shows that the majority of respondents felt that they had been well informed and talked to about what was happening with the hospital and were kept in the loop with 55 out of 71 respondents answering “yes”. This question would mostly have been answered on behalf of the individuals by a family member as they were usually the ones liaising with the hospital about resettlement.

It should be noted that the reason for 16 out of 71 respondents answering “no” was mostly that they had no capacity to understand what was happening in the hospital because of severe learning disabilities. Although some family members did voice concerns that they were not as well informed as they should have been in the process.

**Where would you like to live in the future?**

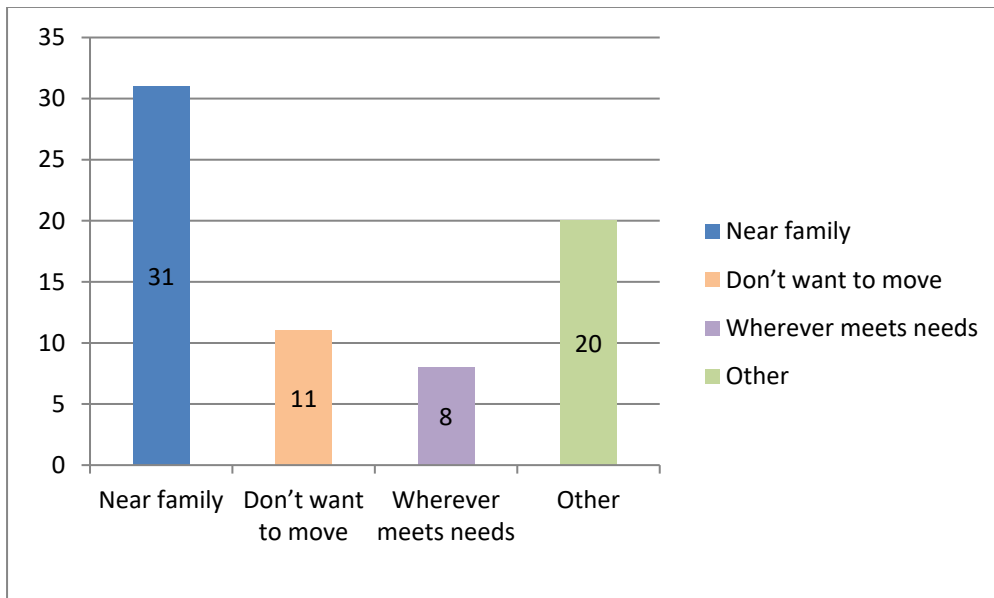


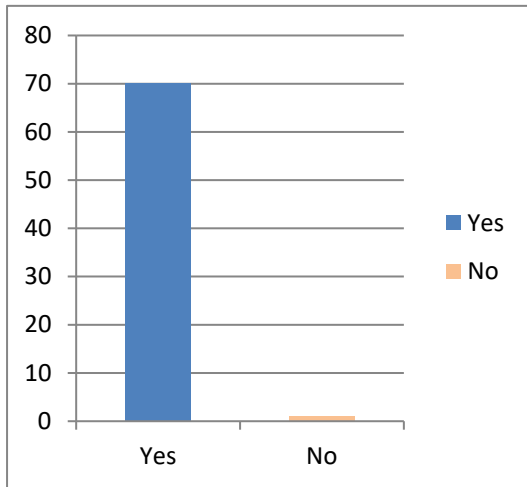
Figure 4

Question 4 asked where respondents would like to live in the future and the results show that it was important to the majority with 31 out of 71 that they were near family. Similarly, family members who filled out the questionnaire on behalf of their loved one felt the same way. 11 out of 71 did not want to move at all and were opposed to the resettlement process with 8 respondents stating that they did not mind where they lived as long as the placement met their specific needs.

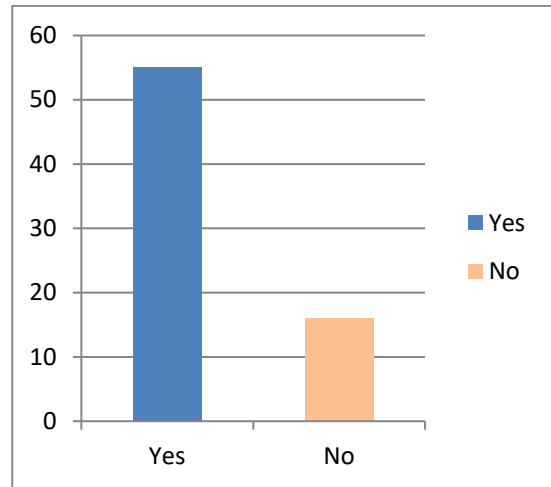
The “other” column in this question comprises specific answers with names of places such as Belfast, Carryduff, Apple mews etc. In some cases a placement had already been identified and these answers also fall under “other.”

**What things would you like?**

**Own Bedroom?**

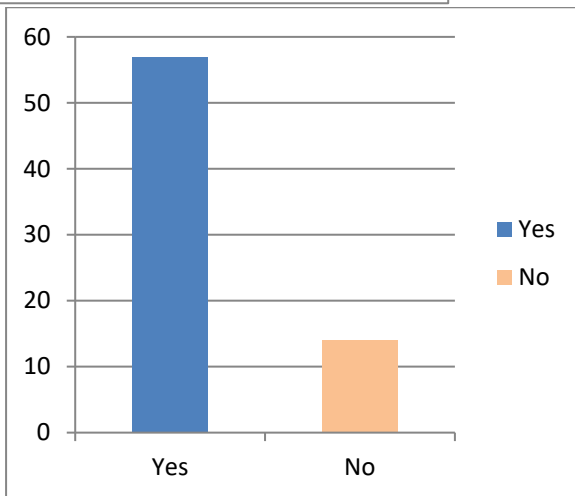
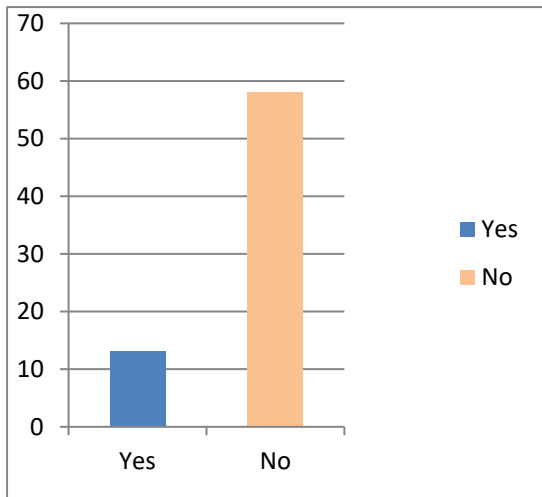


**Own Bathroom?**



**Live on your own?**

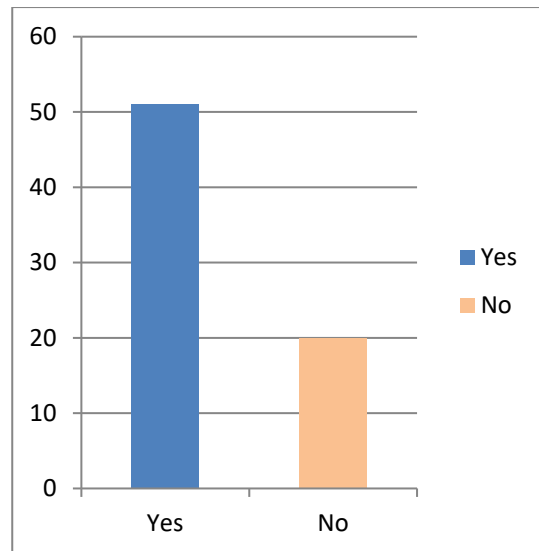
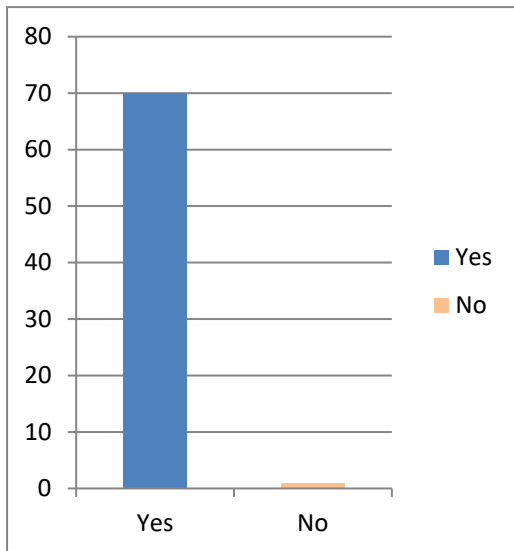
**Live with a few people?**



**Live with lots of people?**

**Have Day care?**





Question 5 “what things would you like?” was split into 6 categories. “Own bedroom” “Own bathroom” “Live on your own” “Live with a few people” “Live with lots of people” and “Have Day care?”

As is clear from the graph, only 1 person felt that they would not like to have their own room, this was due to the individual always having shared a room with someone before and was not sure how comfortable they would be in their own room. 70 out of the 71 respondents agreed they would like their own room for privacy and comfort.

Similarly, only a few people felt that they would not like their own bathroom, the main reason given for this was that they “didn’t mind sharing” or it “wasn’t necessary.” However, the majority (55 out of 71) felt that they would like their own bathroom for privacy.

The majority of respondents agreed that they would not like to live on their own. The main reason given for this is that they needed help or wanted company and would be lonely on their own. The small number who felt that they would like to live alone gave reasons such as “independence” and “peace and quiet” for wanting to live alone.

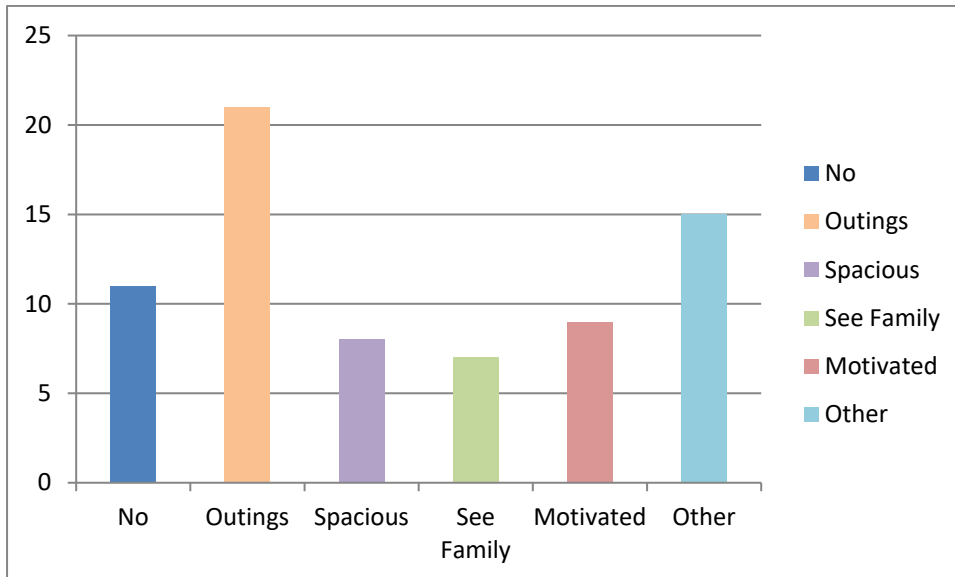
The results show that 57 of the 71 respondents would prefer to live with a few people rather than on their own or with lots of people. Reasons given for this were “to have company,” “have friends” and “socialise.”

Only one respondent felt that they would like to live with lots of people. 70 out of the 71 respondents felt that they would definitely not like to live with lots of people. The main reasons given for this were that it would be “too noisy and crowded” or family members and advocates felt that there were some practical issues around this as some individuals would get lost in a big crowd and not be able to express themselves or get the care and attention that they need. Some respondents also stated that behaviour problems and/or violence can arise in large groups.

In response to the question whether individuals would like to have Day care the majority responded “yes.” Reasons included “having a structure to their days” and “socialising with others in Day care” The 20 individuals who answered “no” felt that they were either too old for Day care or that they would prefer to be going on outings or working rather than being at Day care.

Overall, in answer to this section the majority of respondents would like their own bedroom and bathroom, and would like to live with a few other people rather than on their own or with lots of people and would like to attend Day care.

**Is there anything else that you can think of that you would like?**

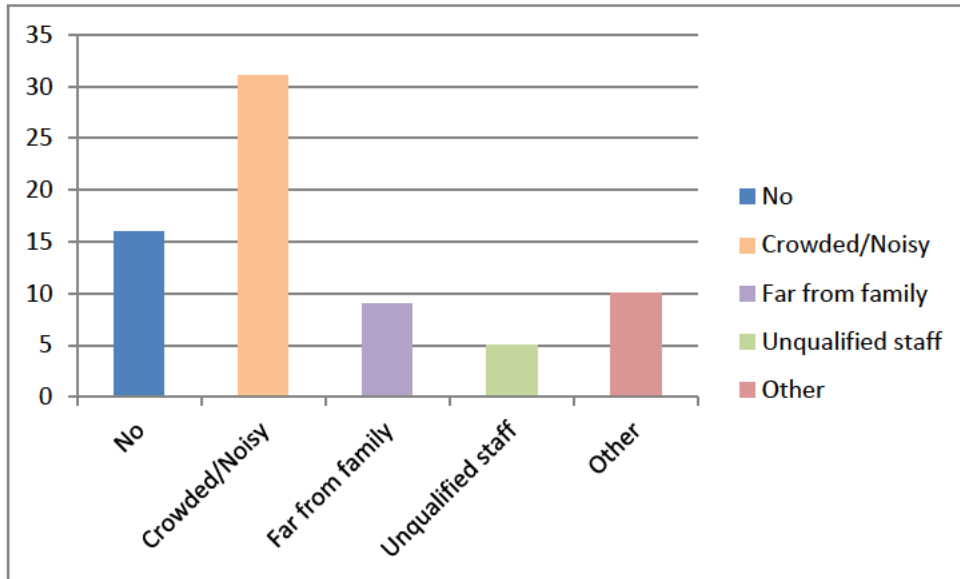


From the results of Question 6 we can see that the most important things that the individuals would like in their new placements are: Social Outings (such as bus trips, cinema trips, the local pub), That the new unit is spacious, that individuals will get to see their families and that they are motivated and engaged in everyday life.

The 11 respondents who answered “No” to this question may not have fully understood what was being asked or in some cases talking about moving somewhere new agitated the individual and they refused to comment or speak about the issue. The “Other” section included things such as: individuals wanted to stay where they were, needed 24 hour care and wanted routine to their days. Other answers were extremely specific to individuals such as wanting a bath or a dog. Four individuals specified that they would like a job in their new placement.

Social outings was the main thing that respondents said they would like in their new placement as they want to feel motivated and engaged with other people and the community.

**Can you tell us what you definitely don't want in a place to live?**

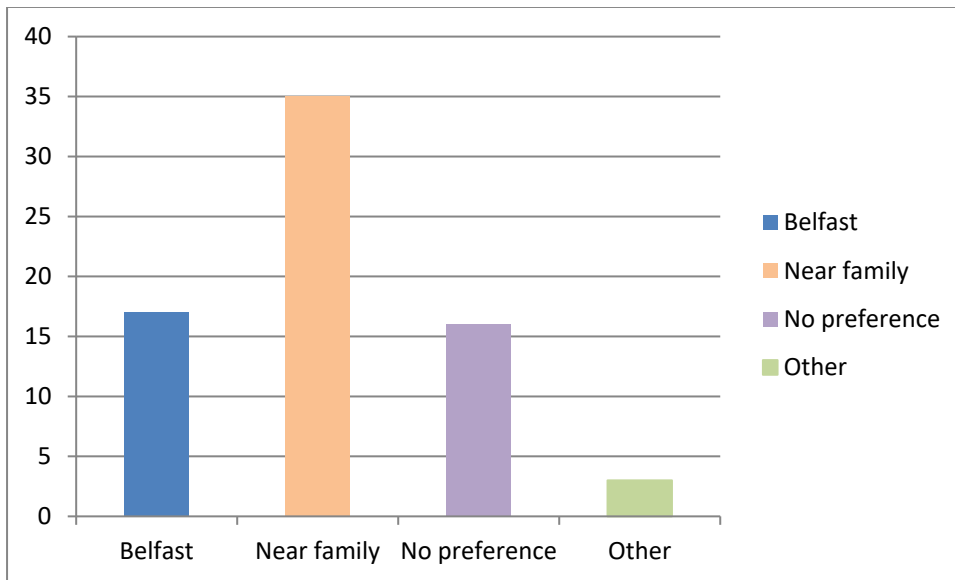


Question 7 deals with what individuals felt that they definitely wouldn't want in a place to live. The Majority (31 out of the 71 respondents) agreed that they would definitely not want to be placed anywhere where it was too crowded or noisy. This issue of overcrowding and noise appears several times throughout the questionnaire.

Respondents and their relatives also didn't want to be placed far away from their families or be dealt with by unqualified staff. The respondents who answered "No" to this question may not have had the capacity to understand what was being asked or did not have a specific thing in mind that they did not want.

"Other" responses included that the individuals did not want to move from where they were living, Didn't want to be locked up, didn't want permanent staff and didn't want to be away from friends.

### Is there an area you would like to live?

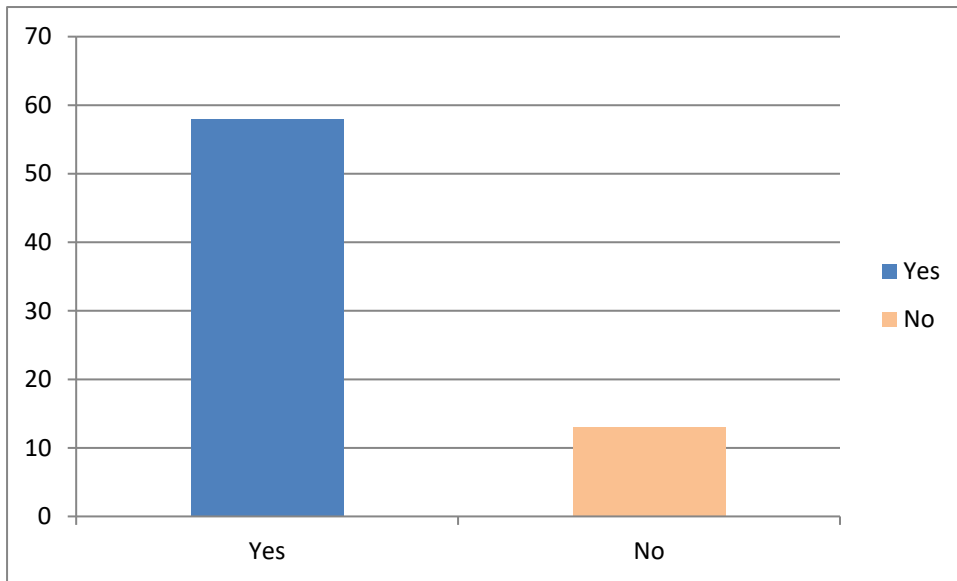


In question 8, respondents took the opportunity to reiterate that they wanted to live near to their families. 35 out of the 71 respondents chose to answer this question by stating that they wanted to live near family which is surprising as the question is worded in a way that would lead to an actual area. This shows how important location near to family is to the individuals and their relatives.

17 of the respondents answered that they would like to live in the Belfast area but again this is to be close to people and things they know and are familiar with. Respondents were not keen to move to places they had no prior knowledge of. Respondents that answered that they had no preference were happy to go to any location as long as their needs were adequately met.

The "Other" section included answers such as "want to stay" and "countryside."

**Are people talking to you enough about where you would like to live?**



In the final question respondents felt that people were talking to them enough about where they would like to live. The 13 individuals who responded “No” had a number of reasons for this ranging from “no capacity to comment,” “Refuse to comment” or they simply did not feel that they were being spoken to enough about it.

**Subject:**

Revision of HSC Delegated Limits

*Circular Reference: HSS (F) 31/2009***Date of Issue: 19 May 2009****For Information to:**

The Chief Executive and Director of Finance of each Trust, HSCB, BSO, PCC, PHA, NIPEC, NISCC, NIGALA, NIBTS, NIMDTA, RQIA

**Summary of Contents:**

Delegated limits for DHSSPS sponsored bodies

**Enquiries:**

Any enquiries about the contents of this Circular should be addressed to:

Linda Greenlees  
Financial Policy And Accountability Unit  
DHSSPS  
Room D3  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ

Tel: 028 9076 5647  
[Linda.Greenlees@dhsspsni.gov.uk](mailto:Linda.Greenlees@dhsspsni.gov.uk)

Related documents:

HSS(F)38/98

Superseded Documents:

**Part of HSS(F) 38/98**

Status of Contents:

*For information and action**Additional Copies:*

Avril Neill

DHSS&amp;PS website:

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

**Purpose**

1. This is to inform you of the revised delegated limits for HSC bodies as detailed in the table below. The limits have been revised in the light of inflationary factors, merging of organisations and budgets, the establishment of new HSC organisations and corporate governance considerations.

	HSCB	Trusts	PHA	NIBTS	NIMDTA	*Other bodies
	£'000	£'000	£'000	£'000	£'000	£'000
Capital expenditure	500	500	50	200	10	10
Clinical negligence	250	250	n/a	n/a	n/a	n/a
Consultancy	20	20	20	20	20	20
IT projects	250	250	250	200	20	10
Losses- loss of personal effects	2	2	2	2	2	2
Losses- personal injury and other ex gratia payments	10	10	10	10	10	10
Special payments- cash losses, fruitless payments and bad debts	10	10	10	10	10	10
Special payments- losses of property in stores and in use	10	10	10	10	10	10

\*Other bodies- BSO, PCC, NIGALA, NIPEC, NISCC and RQIA

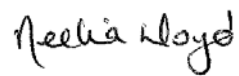


**Action**

2. Please ensure that this circular is brought to the attention of the appropriate staff in your organisation.

Should you have any queries please contact Linda Greenlees on 02890 765647.

Yours,

A handwritten signature in black ink that reads "Neelia Lloyd". The signature is written in a cursive, slightly slanted style.

Neelia Lloyd

Finance Policy & Accountability Unit

7 October 1999

P238's Guardian

**RO1**

161/99 (H)

Dear P238's Guardian

Further to my letter of 23 July 1999 detailing the investigations which had been carried out to assess the use of involuntary seclusion and review the nursing human resources within Muckamore Abbey Hospital, I can now advise of the actions the Board is taking in response to the recommendations. Please accept my apologies for the delay in writing to you again.

As you are aware from the above correspondence, a small internal review group was appointed within the Board, to analyse the key issues and general themes contained within the three ensuing reports of the above investigations. This group has itself now reported and its findings and actions have been approved by the Board's Senior Management Team.

The group noted that the care and supervision of patients with complex needs and challenging behaviour, had led to greater demands on staff, in that, an increased number of high risk patients require constant supervision. As a consequence of this high level of constant supervision and challenging behaviour, the use of seclusion has increased. All three of the above reports emphasised the need to closely monitor this practice and highlighted how environmental factors, such as overcrowding in several wards and an inappropriate mix of patients in treatment wards, had contributed to the situation.

The Board is aware of the increased number of high risk patients needing constant supervision and on 3 August 1999 a delegation of Board officers visited the hospital. As a result, the Board is now proposing an approach which will enable a number of patients who are discharge delayed in hospital, being placed in the community as soon as possible. Negotiations are presently taking place with Trusts in this regard. No funding will be removed from the hospital in respect of these patients and this will contribute to the overall community care strategy, and simultaneously, also ease the pressure and improve the quality of care in treatment wards. Additionally, the Board will urgently review the way in which accommodation is used on the hospital site, to ensure that core hospital patients are accommodated in such a way that overcrowding and an inappropriate mix of behaviourally disturbed patients is avoided.

The Board also intends to support the development of a working group to review the practice of seclusion and the need for constant supervision in Muckamore Abbey Hospital, in addition to reviewing the quality monitoring arrangements.

The group noted from the reports, a shortfall of trained nursing and other professional staff in those wards with the most disturbed patients. The Board will, therefore, continue to work with the Trust to develop a human resource plan to meet the revised needs of the patients within the hospital.

I am in receipt of your letter of 12 September 1999, which was addressed to the Minister for Health and Social Services and passed to the Board for reply, and hope the above points fully apprise you of the action the Board is taking in relation to this matter.

I am also pleased to note that in your role as a visitor, you have noticed a significant improvement in how disruptive incidents are dealt with in Fintona North ward, and also the way in which seclusion is practised and supervised within the hospital. Your comments are very much appreciated.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

**Dr M P J Kilbane**  
**Chief Executive**

wd8p37v

*this version*  
*submit E.M. for*  
*N+WB*  
*consider*

## DRAFT

**File Note of meeting held on Tuesday 20 December 2005 at 2.00pm  
 between representatives of EHSSB and North and West Belfast Trust**

**EHSSB**

Dr Kilbane  
 Hugh Connor  
 Stephen Adams

**North and West Belfast Trust**

Richard Black  
 Eamonn Molloy

**1. Draft note of meeting on 28 November 2005**

These had been issued by Stephen Adams. Comments were received on behalf of North and West Belfast Trust from Eamonn Molloy. The note should now be issued on a strictly private and confidential basis to Mr Black and to Ms Donna Scott (*actioned on 22 December 2005*).

**2. Draft note of meeting with PSNI on 7 December 2005**

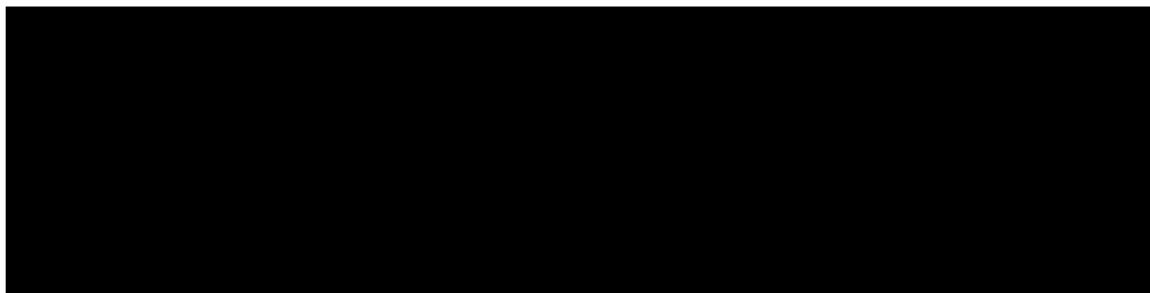
These were agreed and Dr Kilbane will now issue them strictly private and confidential basis to Chief Inspector Hamilton, Mr Richard Black and Ms Donna Scott (*actioned on 22 December 2005*). A further meeting should be scheduled in January 2006.

**3. Request for briefing from DHSS&PS**

Dr Kilbane confirmed that on 6 December 2005 she had provided Mr Leslie Frew with a strictly confidential briefing outlining 3 elements in respect of this matter – the handling of the legal case – the fact gathering exercise and the review of current practice and care within Muckamore Abbey Hospital.

The briefing also advised that a meeting was being held with PSNI officers on 7 December 2005 and subsequent to this Mr Leslie Frew had a telephone conversation with Dr Kilbane to ascertain the outcome.

Dr Kilbane and Mr Black agreed that a meeting with Mr Andrew Hamilton and other senior Departmental colleagues should be held as soon as possible in January 2006 to discuss this matter (*meeting subsequently arranged by Dr Kilbane for Wednesday 11 January 2006 at 2.00pm*).

**4.**



**5. Review of Policies and Procedures to safeguard children and vulnerable adults in Muckamore Abbey Hospital**

This Report, prepared by North and West Belfast Trust and EHSSB officers, was handed over to Board officers (3 copies). Mr Black indicated he had forwarded it to Ms Bernie McNally, the Director statutorily responsible for child care services for her advices and the Trust would intend to look at the issues and actions recommended. Mr Hugh Connor undertook to co-ordinate Board comments on the Report and indicated that he may have a small number of issues which he would wish to raise with Trust colleagues. He undertook to co-ordinate a Board response and convey this back to Mr Black as early as possible in January 2006.

**6. EHSSB and NWB Trust**

Mr Black advised that he updated the Chairman of the Trust Board in respect of the P314 case and associated matters and had also advised the Chair of the Trust's Audit Committee. Dr Kilbane confirmed that Stephen Adams had advised EHSSB at its confidential session on December of the legal case and associated initiatives by Board and Trust, by quoting from the briefing note to DHSS&PS.

**7. 2002 complaint**

As agreed on 20 November 2005, Mr Black, following discussions with Dr Kilbane, arranged that Eamonn Molloy would meet with Dr M (the Trust senior medical staff member whose initials are referred to in the P314 file in 2001).

Dr M has been advised of a legal claim dating back to the 1970s, a Board led fact gathering exercise and a Trust led current practice and care review. Dr M is aware of the briefing to North and West Belfast Trust Board Chairman (as outlined above). Dr M has no access to the P314 file. Dr M has been made aware of the fact that there is reference to her involvement in respect of P314 in the Trust medical records which relates to a meeting in 2001.

The Board and Trust representatives acknowledge that their position on what next to do in respect of this matter is dependent on the PSNI response to the information provided to them (In her letter of 9 December 2005 Dr Kilbane has requested another meeting in mid-January 2006).

It was tentatively agreed and subject to discussion with DHSS&PS (in January 2006) that if PSNI do not pursue the 2002 complaint then a separate Review would require to be undertaken involving a senior clinician from outside Northern Ireland.

That Review would require to be independent and proportionate and it was noted accepted that to date the no approach has been made to the other individuals whose initials are linked to the complaint in 2002.

Dr Kilbane confirmed that a Review of that type should be commissioned by the Trust and the Commissioner would wish to be satisfied with respect to the Terms of Reference membership and process. In discussions it was acknowledged that if there is requirement on the Trust (as distinct from PSNI) to undertake such a review then the Terms of Reference should probably go back to 1996 when there was also contact on the part of the then RUC with some Trust staff. Mr Black and Dr Kilbane will discuss this matter with senior DHSS&PS officials at their January meeting, which should include Mr Andrew Hamilton, Paul Martin and preferably, a senior departmental medical officer

For the purpose of this meeting it would be useful to have a chronology prepared to enable the respective Chief Executives to take their DHSS&PS colleagues through the relevant matters. This should form the basis for the agenda – a chronology, discussion on the chronology and next steps.  
**(Action S Adams)**

#### **8. Update correspondence**

It was agreed that Dr Kilbane should provide an update letter to the Regulation Quality and Improvement Authority and to the Mental Health Commission for Northern Ireland (***subsequently sent on 22 December 2005***).

#### **9. Other matters**

**Securing of Records:** Eamonn Molloy confirmed that records at MAH have been identified and held in secure accommodation.

**Medical Nursing Staff:** Eamonn Molloy confirmed that a list of medical and nursing staff who can be identified as having had some involvement in the care of P314 has been prepared.



*Champion House*

Director of Social Services:

Hugh Connor

Fax: 028 9055 3620

Direct line: 028 9055 3964

E-mail: hconnor@ehssb.n-i.nhs.uk

Ref: G:\SHARED\HCONNOR\Inquiries\314\SMG\Correspondence\2008\Letter re Final Report.doc

12-22 Linenhall Street

BELFAST, BT2 8BS

Tel: (028) 9032 1313

Textphone: (028) 9032 4980

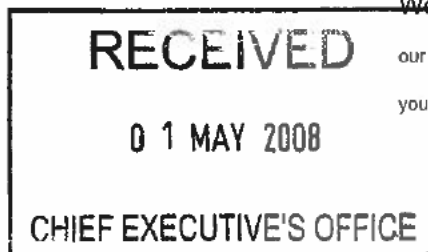
*(for people who are deaf)*

E-mail: Enquiry@ehssb.n-i.nhs.uk

Web site: www.ehssb.n-i.nhs.uk

17 April 2008

Dr Paula Kilbane  
 Chief Executive  
 EHSSB  
 12-22 Linenhall Street  
 Belfast  
 BT2 8BS



our ref:

your ref:

Dear Paula

### INVESTIGATION INTO PRACTICE IN MUCKAMORE ABBEY HOSPITAL FROM 1960S TO PRESENT DAY

You will recall discussions involving the Police and Health and Social Services approximately 2 years ago, in the light of a civil action taken by a former patient at Muckamore Abbey Hospital. A subsequent review of this man's complaints suggested that there were grounds for concern and, as a consequence, Health and Social Services formally drew these concerns to the attention of PSNI. It was agreed that there was need for an inter-agency senior management group to oversee the investigation into these complex concerns. The Strategic Management Group (SMG) has met regularly over the past 2 years.

At this stage, it appears to us (the SMG) to be appropriate to both report on the investigation to date but also and more importantly seek guidance from senior colleagues in relation to the approach that should now be taken.

We enclose a background report which we hope will set out all of the relevant issues. It would be our intention to convene an early meeting with senior colleagues to discuss this.

Yours sincerely

HUGH CONNOR  
 Director of  
 Social Services  
 EHSSB

MIRIAM SOMMERVILLE  
 Co-Director of  
 Learning Disability Services  
 Muckamore Abbey Hospital

KAREN BAXTER  
 Detective Chief Inspector  
 PSNI

Cc Paul Martin  
 Sean Holland  
 Brendan Mullen

Director of Social Services





MAHI - STM - 277 - 1769



**INVESTIGATION INTO PRACTICE IN MUCKAMORE ABBEY HOSPITAL  
1960'S TO THE PRESENT DAY**

In late 2005 following a complaint from a former patient at Muckamore Abbey alleging sexual abuse whilst a patient in the hospital some 30 years earlier, the Eastern Board and North and West Belfast Trust conducted a review of patient files. That review revealed a number of concerns in relation to possible sexual abuse of other patients in the late 1960's, 1970's and early 1980's. These details were forwarded to PSNI.

Initially, 64 patient files were reviewed and incidents were categorised as follows:

- Category 1            Homosexual activity between a minor and an adult
- Category 1a           Sexual activity between 2 minors
- Category 2            Homosexual activity between adult patients (non consenting)
- Category 3            Homosexual activity between adult patients (no evidence to ascertain whether or not the behaviour was consensual )
- Category 4            Homosexual activity general (unknown if activities between minor and adult/consenting/non-consenting)
- Category 5            Physical abuse allegations.

Whilst the initial investigation threw up concerns in relation to adults as well as young people, it was agreed to concentrate on Categories 1 and 1A i.e. allegations involving young people aged 17 or under.

At the same time, the Eastern Board and the legacy North and West Belfast Trust conducted a review of extant policies, procedures and practice in evidence at the hospital. A report was produced in December 2005 which provided assurance to the Trust and the Eastern Board that current practice was to the appropriate standard. (A copy of this report is enclose at Appendix 1.)

To co-ordinate the investigation, PSNI and Health and Social Services created a Strategic Management Group on 30<sup>th</sup> May 2006. The membership and a remit for the work of this group was agreed by all agencies (See Appendix 2).

Given the complexity of the investigation, which would cover 3 decades and involve people with a range of disabilities, it was agreed that there would be merit in conducting a review of the process used, after the initial investigation into Categories 1 and 1A had been completed.

To assist the SMG two Professors in Forensic Psychiatry from England were retained to offer advice to SMG in relation to the capacity of the individuals to participate in this process and where appropriate to suggest to investigators, mechanisms which would make it easier for the learning disabled person to understand and participate in the process and be supported throughout it.

### **Action Arising from the Initial Investigation (Phase 1)**

Twelve individuals were identified as a result of the initial file search who met the criterion set out in Categories 1 and 1A, as potential victims or perpetrators or, in some instances, both. Three were found to be deceased and following assessment seven were approached in relation to possible offences. **Currently one individual has been referred to the Public Prosecution Service for consideration of criminal action.**

Whilst the initial investigation was underway, the EHSSB and staff from the former North and West Belfast Trust reviewed a further 296 case files (Phase 2). Details of concerns in relation to these files were shared with PSNI in August 2007.

Around the same time DHSSPS wrote to all Trusts in Northern Ireland asking them in the light of these events to conduct an exercise to satisfy themselves that similar issues were not occurring at that time in other hospitals.

As a consequence of the review of the 296 case files, a further 50 individuals were identified as falling into Categories 1, 1A, 2 and 3 described on page 1. A range of allegations, from rape to general homosexual activity, have been identified. Of these 50 individuals, 6 have subsequently died. Eleven were believed to have been 17 or under at the time of the alleged incident and 3 of these 11 are now deceased.

A further 64 patients have been identified as being involved in minor sexualised behaviour.

### **Action under Phase 2**

As with the initial investigation, it was agreed that the primary focus of Inquiry would again remain Categories 1 and 1A, that is, allegations relating to young people who were 17 or under at the time of the alleged offences, but steps were also taken to investigate the allegation of rape.

**To date, there have been no formal complaints made by any party, although a small number of individuals still require to be interviewed.**

At this point in the process, SMG believes that it is timely to take stock and seek advice as to how this investigation should be taken forward.

From the evidence that has so far been produced, the SMG would consider 2 alternatives for further investigation.

#### **Option 1 - Fully investigate all complaints elicited from the file search**

It is recognised that this would be a resource intensive exercise for both agencies which would have implications for their capacity to meet current demands. Consequently, if this approach is required, operationally it will need additional resources to be identified otherwise the current process would continue for an indeterminate period.

#### **Option 2 - Investigate only the most serious of offences**

- a. All cases of Penetrative Sexual Assault on victims of any age where there clearly was no consent.
- b. Physical Assault, i.e. AOABH and above, or any form of sexual abuse by members of staff on patients.
- c. Non Penetrative Sexual Assault on victims under 17 years.
- d. Allegations of Grievous Bodily Harm between patients.

As a consequence the following would not be investigated

- a. Incidents reported as Homosexual relations/contact.
- b. Reports of Common Assault (minor assault) by staff on patients unless there was reason to believe that this was routine form of behaviour by a staff member.

c. Physical Assault between patients of a severity less than Grievous Bodily Harm.

File notes from the sixties to the early eighties refer to numerous incidents of apparent homosexual behaviour or relations. The file records, however, are often vague as to the extent of these behaviours. Whilst at that time homosexual behaviour was an offence it is felt unlikely that within the context of the changing legislative and cultural context that exists today, that such offences would result in a conviction.

SMG believes the second option balances the rights of the individual concerned, the rights of their families and the public good that would be secured as a consequence.

### **Recommendation**

**Having reviewed the investigation to date and taken legal advice, SMG would wish to recommend to Senior Colleagues that Option 2 be accepted and only the most serious allegations, be investigated.**

### **Corporate and Strategic Issues**

Arising from this investigation, there are a number of crucial corporate and strategic issues which require immediate consideration. From the outset, the SMG have recognised the complexity of this investigation. Over the past 3 decades there have been significant cultural and legislative changes in both Health and Social Services and Police practice.

The care of learning disabled patients within hospital, in the late 1960s and early 1970s, represented an approach to treating people with a learning disability, which is significantly different from today's standards of treatment and care. At that time, there was a lack of relevant policy and procedures to guide clinical practice and reporting in relation to the protection of children and vulnerable adults, in such settings.

In considering corporate responsibilities, it should be remembered that the concept of physical abuse of children was first brought in to sharp focus in 1974 with the Maria Caldwell enquiry. Sexual abuse within institutional settings was beginning to emerge in the late 70s and early 80s as an issue which required a watchful and more co-ordinated response from health and social care organisations. Recognition of both forms of abuse resulted in a much greater emphasis on protecting children and vulnerable adults.

This investigation (which has been ongoing for almost two years) has made SMG aware of the following facts:-

- from the sixties to the early eighties, a number of individuals were admitted to the hospital who by today's standards would probably be regarded as sexually predatory
- there was a lack of appropriate alternative provision to manage this danger and as a consequence young people have been placed in wards with individuals who it was recognised had the potential to be physically and/or sexually harmful to them
- there was a culture at that time which did not appear to recognise the need to offer protection to young people and other adults who were deemed to be particularly vulnerable.

### **Recommendations**

**SMG would wish to recommend given the corporate/strategic shortcomings identified in this work and the current legal capacity for charges to be brought against the service that:**

- 1. Accountable Officers of commissioning, providing and regulatory bodies, under their Governance duties must ensure that best practice in relation to the protection of children and vulnerable adults is evidenced in learning disability services.**
- 2. A position should be reached as quickly as possible that enables adolescent services to be commissioned in separate facilities from adult services.**
- 3. Until this position can be reached, Trusts are asked to undertake a review of current arrangements to satisfy themselves that everything that can be done to protect children is being done.**
- 4. Trusts should reference the Vulnerable Adults policy and its implications for practice, in situation such as these.**
- 5. All organisations are required to produce an action plan following receipt of the RQIA report on the protection of children and vulnerable adults in mental health and learning disability services.**

MAHI - STM - 277 - 1775



**serious incidents**

---

**From:** Aidan Murray  
**Sent:** 06 March 2014 14:49  
**To:** serious incidents  
**Cc:** Molly Kane  
**Subject:** RE: Early Alert Notification: EA/BHSCT/09/11/12 HSCB Ref: EA1658

**Sensitivity:** Confidential

**Categories:** BHSCT actioned

Roisin,

Given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI, I have discussed with Molly and she agrees. Can you please advise the Trust, sorry not to have picked up earlier that it had not yet been reported as an SAI,

Thanks

Aidan

Aidan Murray  
Assistant Director Mental Health and Learning Disability  
HSCB  
12-22 Linenhall Street, Belfast

Tel: 028 9055 3966 Ext: 2446

---

**From:** serious incidents  
**Sent:** 04 March 2014 16:04  
**To:** Molly Kane; Aidan Murray  
**Subject:** Early Alert Notification: EA/BHSCT/09/11/12 HSCB Ref: EA1658  
**Sensitivity:** Confidential

Molly and Aidan,

The attached Early Alert remains open. No subsequent SAI has been received. Can you please confirm if the Early Alert can now be closed?

Many Thanks.

*Roisin*

**Roisin Hughes**

Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [Roisin.Hughes2@hscni.net](mailto:Roisin.Hughes2@hscni.net)

T: 028 3741 4530



**From:** Molly Kane  
**Sent:** 06 February 2013 20:15  
**To:** Aidan Murray  
**Cc:** serious incidents  
**Subject:** FW: Early Alert Notification: EA/BHSCT/09/11/12 HSCB Ref: EA1658  
**Importance:** High  
**Sensitivity:** Confidential

Aidan are you happy to close?

*Molly Kane*

Regional Lead Nurse Consultant, Mental Health and Learning Disability,  
Public Health Agency (Northern Office)

[Molly.Kane@hscni.net](mailto:Molly.Kane@hscni.net)

Telephone: 028 25311128/33

Mobile : 07966599724

---

**From:** serious incidents  
**Sent:** 06 February 2013 17:39  
**To:** Aidan Murray; Gerry Waldron; Molly Kane  
**Subject:** FW: Early Alert Notification: EA/BHSCT/09/11/12 HSCB Ref: EA1658  
**Importance:** High  
**Sensitivity:** Confidential

This Early Alert remains open on the DATIX system. No SAI has subsequently been received. Can you therefore advise if the Early Alert can now be closed.

Regards  
Mareth

---

**From:** serious incidents  
**Sent:** 09 November 2012 17:10  
**To:** Aidan Murray; Gerry Waldron; Molly Kane  
**Cc:** Anne Madill; Carolyn Harper; Dean Sullivan; Eddie Rooney; Edmond McClean; Elaine Hamilton; Fionnuala McAndrew; Jacqui Burns; John Compton; Mary Hinds; Michael Bloomfield; Pamela McCreedy; Paul Cummings; Philip Moore; Sloan Harper  
**Subject:** FW: Early Alert Notification: EA/BHSCT/09/11/12 HSCB Ref: EA1658  
**Importance:** High  
**Sensitivity:** Confidential

You have been identified as Lead Officers for this Early Alert and you should therefore liaise with other relevant professionals within the HSCB/PHA and contact the reporting organisation if appropriate, to determine whether further action is required or if the Early Alert can be closed.

Please confirm by **7 December 2012** of whether further action is required or if the Early Alert can be closed.

**Please note:** *If an SAI is subsequently received before the above date, the SAI will be circulated to you as Lead Officer and the Early Alert closed*

Mareth Campbell  
Governance Office  
Health and Social Care Board - Southern Office  
Tower Hill  
ARMAGH BT61 9DR  
Tel: 028 37 414410  
E-mail: [mareth.campbell@hscni.net](mailto:mareth.campbell@hscni.net)

---

**From:** McCaul, Shane [<mailto:shane.mccaul@belfasttrust.hscni.net>]  
**Sent:** 09 November 2012 16:40  
**To:** early alert; 'earlyalert@dhsspsni.gov.uk'; cx office  
**Cc:** [brenda.creaney@belfasttrust.hscni.net](mailto:brenda.creaney@belfasttrust.hscni.net); Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir  
**Subject:** Early Alert Notification  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Claire Cairns Corporate Governance Manager**

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone 028 950 48359 mob: 078 2514 7249.

Regards,

Shane

**Shane McCaul**  
**Risk & Governance**  
**Belfast Health & Social Care Trust**  
**6th Floor McKinney House**  
**Musgrave Park Hospital**  
**Stockmans Lane**  
**Belfast BT9 7JB**  
**Contact Number: 028 95048098**  
**Email Address: [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)**

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This message contains information from Belfast Health And Social Care Trust which may be privileged and confidential.  
If you believe you are not the intended recipient any disclosure, distribution or use of the contents is prohibited.  
If you have received this message in error please notify the sender immediately.

This email has been scanned for the presence of computer viruses.

**serious incidents**

---

**From:** serious incidents  
**Sent:** 06 March 2014 15:07  
**To:** SeriousAdverseIncident-SM (SeriousAdverseIncident@belfasttrust.hscni.net)  
**Cc:** Shane.McCaul@belfasttrust.hscni.net  
**Subject:** Early Alert Notification: EA/BHSCT/09/11/12 HSCB Ref: EA1658  
**Attachments:** Early Alert Proforma EA1658.doc

**Sensitivity:** Confidential

The attached Early Alert, which was reported on **9 November 2012** remains open. No subsequent SAI has ever been received. I had contacted the DRO to see if the Early Alert could now be closed. The DRO has responded saying – *'given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI.'*

Can you please let me know the status of the above Early Alert as it hasn't been reported as an SAI?

Regards.

*Roisín*

**Roisin Hughes**

Governance Support Officer  
 Corporate Services Department  
 Health & Social Care Board  
 Tower Hill  
 Armagh

E: [Roisin.Hughes2@hscni.net](mailto:Roisin.Hughes2@hscni.net)

T: 028 3741 4530

---

**From:** McCaul, Shane [<mailto:shane.mccaul@belfasttrust.hscni.net>]

**Sent:** 09 November 2012 16:40

**To:** early alert; 'earlyalert@dhsspsni.gov.uk'; cx office

**Cc:** [brenda.creaney@belfasttrust.hscni.net](mailto:brenda.creaney@belfasttrust.hscni.net); Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir

**Subject:** Early Alert Notification

**Importance:** High

**Sensitivity:** Confidential

**Sent on behalf of Claire Cairns Corporate Governance Manager**

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone 028 950 48359 mob: 078 2514 7249.

Regards,

Shane

MAHI - STM - 277 - 1780

**Shane McCaul**  
**Risk & Governance**  
**Belfast Health & Social Care Trust**  
**6th Floor McKinney House**  
**Musgrave Park Hospital**  
**Stockmans Lane**  
**Belfast BT9 7JB**  
**Contact Number: 028 95048098**  
**Email Address: [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)**

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**Kevin Lenaghan**

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**From:** Maura Campbell on behalf of Aidan Murray  
**Sent:** 20 May 2013 17:17  
**To:** maura.briscoe@dhsspsni.gov.uk  
**Subject:** FW: Ennis Ward - Confidential

**Importance:** High

Dear Maura

Further to our conversation last week please find attached information on the ongoing Safeguarding Investigation of Allegations of Abuse at Ennis Ward, MAH

The original referral was received by the Trust on 8 November 2012 and an Early Alert was sent to the DHSSPS and HSCB on 9 November 2012. Subsequently the Early Alert was converted to a Serious Adverse Incident which remains open as the Trust Final Report has not yet been received by the Board. The Board is not expecting to receive the final report until after the completion of Police investigations.

In taking forward this investigation of allegations of abuse the Trust has adhered to the practice guidance set out in "Protocol for Joint Investigation of Alleged or Suspected Cases of Abuse of Vulnerable Adults" (2009).

Colleagues in PSNI are leading on the investigation of suspected criminal activity. I understand that the Police believe there is sufficient evidence to consider taking forward charges of common assault and ill treatment in relation to 2 members of Belfast Trust staff and submitted a file for consideration by the PPS in March 2013. Any decision to prosecute, rests of course, with the PPS.

In the meantime, the 2 members of staff concerned remain on precautionary suspension pending the outcome of both the police investigation and the Trust investigation into the professional conduct of both staff members. One member of staff is a Registered Nurse and the NMC has been kept informed of the progress of this investigation. The other staff member is employed as a Health Care Assistant and thus not subject to any regulatory processes. The Trust continues to provide additional oversight and mentoring of staff within Ennis Ward as part of the Protection plan put in place in November 2012.

Hope this is of assistance, happy to discuss further if necessary

Regards

Aidan

Initial call made to:  (DHSSPS) on  (ATE)

**Follow-up Proforma for Early Alert Communication: UPDATE 20/10/2017**

Details of Person making Notification:

Name	<input type="text" value="Mairead Mitchell"/>	Organisation	<input type="text" value="BHSCT – EA/17/32"/>
Position	<input type="text" value="Head of Service"/>	Telephone	<input type="text" value="028 95 047394"/>

**Criteria (from para 1.3) under which event is being notified (tick as appropriate)**

1. **urgent regional action**
2. **contacting patients/clients about possible harm**
3. **press release about harm**
4. **regional media interest**
5. **police involvement in investigation x**
6. **events involving children**
7. **suspension of staff or breach of statutory duty**

**Brief summary of event being communicated: *\*If this relates to a child please specify BOD, legal status, placement address if in RRC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child – Looked After or on CPR – please confirm report has been forwarded to Chair of Regional CPC.***

On 21<sup>st</sup> August 2017 adult safeguarding concern raised regarding alleged assault of patient in PICU ward Muckamore Abbey hospital on 12<sup>th</sup> August 2017. Named staff member was not on duty but was placed on precautionary suspension on 22<sup>nd</sup> August 2017 pending outcome of investigation. Patient examined 21<sup>st</sup> August no noted injuries. Delay in reporting noted and staff training records checked and up to date. Staff reminded of their responsibilities regarding timely notification of any adult safeguarding concerns. Referred to Designated Adult Safeguarding Officer and PSNI, single agency PSNI agency agreed. Interviews scheduled for week commencing 11<sup>th</sup> September 2017 due to officers leave.

**Update (22 September 2017)**

CCTV footage has now been viewed by Senior Trust Personnel. There are grave concerns regarding the contents of CCTV footage.

**Update (20 October 2017)**

The further incident in Sixmile ward on 1<sup>st</sup> oct involving a nurse allegedly hitting a patient has been referred to PSNI to include in this investigation and has also been reported as an SAI. The staff member is on precautionary suspension. The trust has met with PSNI and it is hoped that the PSNI interviews with staff will be concluded in November and the Trust can then begin its investigation. Staff remain on precautionary suspension. A meeting of the strategic communication and decision making group under the memorandum of understanding is being organised for November.

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact

Esther Rafferty

Contact details: Telephone (work or home) 02895047225

Mobile (work or home) **RO1**

Email address (work or home) esther.rafferty@belfasttrust.hscni.net

Forward proforma to Patient/Client Safety Services, Risk & Governance Department using the '**EarlyAlertNotificationMedDir**' mailbox.

---

**FOR COMPLETION BY DHSSPS:**

Early Alert Communication received by: ..... Office: .....

Forwarded for consideration and appropriate action to: ..... Date: .....

Detail of follow-up action (if applicable) .....

**MAHI - STM - 277 - 1784-1870**

This exhibit contains the Report titled "A Review of Safeguarding at Muckamore Abbey Hospital "A Way to Go"", November 2018. A copy of the report, redacted in accordance with Restriction Order 14, has been published on the Inquiry website as exhibited to the statement of Margaret Flynn dated 24 April 2023: [Flynn, Margaret - Statement.pdf \(mahinquiry.org.uk\)](#).





Media Source      Press      Page      1,6  
 Circulation      35.073  
 Topic      Health and Social Care Board

# Top level health service probe in to handling of Muckamore abuse claims

**Seanin Graham**  
 Health Correspondent  
 s.graham@irishnews.com

**T**HE health service's highest level of investigation is examining the Belfast trust's handling of serious allegations of abuse of vulnerable adults at Muckamore Abbey Hospital.

Information obtained by *The Irish News* reveals that an independent 'level 3' Serious Adverse Incident (SAI) probe was triggered last September – to run parallel with trust and police investigations – and will examine the trust's "effectiveness" in managing safeguarding concerns at the Co Antrim facility.

Reviews of this kind are extremely rare, with fewer than 10 carried out over the past two years.

The development comes a week after it emerged 13 staff were suspended from Muckamore hospital after CCTV footage apparently showed nurses striking patients with severe learning disabilities and mental illnesses.

Police are investigating 42 alleged incidents and reports have been sent to the Public Prosecution Service.

The expert charged with heading up the Muckamore SAI review is Margaret Flynn, co-author of the 'serious



**■ REVIEWS:** Thirteen staff were suspended from Muckamore hospital after CCTV footage apparently showed nurses striking patients with severe learning disabilities and mental illnesses

care review' into the Winterbourne View care home scandal in Bristol in 2011.

Significantly, the SAI team has been tasked with probing both 'recent' and 'historic' safeguarding concerns – dating back to 2012.

Former and current patients will also be asked by the independent team for their views on the "safety and quality of care and support" at the facility.

A trust spokeswoman confirmed they had ordered the SAI last September, with the Health and Social Care Board – which oversees the process – immediately notified.

A board spokeswoman said: "The terms of reference for this investigation will look at the principal fac-

tors responsible for historic and recent safeguarding incidents at Muckamore Abbey Hospital and lessons arising from these factors.

"It will also look at the effectiveness of adult safeguarding reporting investigations, and protection plans, and wider safeguarding issues in the hospital over specific timeframes, both in August and October 2017 and between 2012 and 2017.

Janice Smyth, director of the Royal College of Nurses in Northern Ireland, last night said she was "reassured" the independent probe was taking place – but "taken aback" that it had been going on for almost a year.

➤ **Story in full** ➤ P6



# 'Highest level' probe ordered into Muckamore abuse claims

**Seanin Graham**  
Health Correspondent  
s.graham@irishnews.com

INDEPENDENT experts are probing the "effectiveness" of how Northern Ireland's biggest health trust managed serious abuse allegations at a hospital for adults with severe learning disabilities.

Information obtained by *The Irish News* reveals that the independent team was appointed after a 'level 3' Serious Adverse Incident (SAI) was triggered by the Belfast health trust last September in relation to Muckamore Abbey Hospital in Co Antrim.

The SAI – the highest of its kind in the north's health service – has been running in parallel with the trust's own safeguarding investigation and a major police probe.

The development comes a week after it emerged 13 staff were suspended from Muckamore hospital after CCTV footage apparently showed nurses striking patients with

## Investigation into both recent and historical allegations

severe learning disabilities and mental illnesses.

Archived recordings, which date back to last March, also show some patients allegedly being kneed in the testicles while there were claims of 'unauthorised seclusion' and adults 'being left in the dark' without supervision.

The allegations, which were first revealed in *The Irish News* last week, relate to two wards including a

psychiatric intensive care unit.

The expert charged with heading up the Muckamore SAI review is Margaret Flynn, author of the 'serious care review' into the Winterbourne View care home scandal in Bristol, where six care workers were jailed after an undercover Panorama report filmed abuse of residents in 2011.

Significantly, the team has been tasked with probing the trust's handling of the adult 'safeguarding concerns' "both in August and October 2017" – as well as 'historic' incidents dating back five years.

Former and current patients will also be asked for their views on the "safety and quality of care and support" at the facility.

The trust confirmed last night it had ordered the SAI last September and immediately notified the Health and Social Care Board (HSCB).

A Board spokeswoman confirmed: "The terms of reference for this (SAI) investigation will look at the



principal factors responsible for historic and recent safeguarding incidents. "It will also look at the effectiveness of adult safeguarding reporting investigations, and protection plans, and wider safeguarding issues in the hospital over specific timeframes, both in August and October 2017 and between 2012 and 2017.

"The investigation will engage with current and former patients to ascertain their views on the safety and quality of care and support in Muckamore Abbey Hospital."

In a statement last week, the trust "apologised and said it acted 'swiftly' to deal with allegations,

Trust chiefs also confirmed in the statement they secured the services of an "expert panel" to "independently review the standard of care" – but did not specifically refer to its status as a high-level SAI.

Reviews of this kind are extremely rare, with less than 10 carried out

over the past two years. The most recent case is that of a confidential SAI ordered into the doublemurders of elderly Co Armagh couple Margaret and Majorie Cawdery by a former psychiatric patient, Thomas McEntee.

Janice Smyth, director of The Royal College Of Nurses in Northern Ireland, last night said she was "reassured" the independent probe was taking place.

"We are seriously concerned about the allegations of abuse relating to patients and indeed the alleged level of violence against staff employed there," she said.

"Our members only became aware last week that a level 3 independent review was being conducted in accordance with the Serious Adverse Incidents procedures and I am taken aback this was ordered over 10 months ago.

"We would urge the trust to bring its safeguarding and SAI reviews to conclusion as soon as possible in the best interests of the patients and staff."

When asked about the timescale for completion, a trust spokeswoman said: "This has always been a level three SAI and therefore the timescale is agreed with DRO (Designated Review Officer).

"We will investigate thoroughly and only when those investigations are complete will report back to DRO, and going forward look at any areas of learning coming out of the investigation."



## What is a 'level 3' SAI probe?

INDEPENDENT 'level 3' Serious Adverse Incident probes are only ordered when cases are 'particularly complex' and 'attract a high level of both public and media attention', according to the organisation which oversees them.

The Health and Social Care Board also confirmed they require the "highest level" of independent expertise.

While there is an eight-week target for SAIs to be submitted to the board for level two probes, a timescale is 'agreed' between a health trust and

the board for level three SAIs. The Muckamore Abbey Hospital SAI has been ongoing for 10 months.

An SAI itself is defined as "any event or circumstance that could have or did lead to harm, loss or damage to patients, property, environment or reputation during the course of the business of a health and social care organisation".

The purpose of the probe is to ensure "timely learning" from all reported incidents - and is shared across agencies, organisations and healthcare professionals.



6 The probe will engage patients for their views on the safety, care and support  
– Board spokeswoman

■ SERIOUS ALLEGATIONS: Muckamore Abbey Hospital



**Muckamore Abbey Hospital**

**Media coverage - 17 & 18 December 2018**

**from 17/12/2018 to 19/12/2018**

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## DoH Secretary Issues Apology To Muckamore Families

The Department of Health (DoH) Permanent Secretary Richard Pengelly has apologised to the families of Muckamore Abbey Hospital patients at a meeting with them at the Co Antrim facility on Monday 17 December.

It follows revelations from historical CCTV footage and a report by the Belfast Trust that made serious criticisms of the treatment of vulnerable adult patients.

At the meeting, Mr Pengelly also made a series of firm commitments to the families, in regards future care provision. He was accompanied by Chief Social Worker Sean Holland and Chief Nursing Officer Charlotte McArdle.

Commenting after the meeting, he said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital. I am both appalled and angered that vulnerable people were let down.

"At the same time, action is urgently needed by the HSC system as a whole in response to the recommendations of the Serious Adverse Incident (SAI) review.

"I fully endorse the view of the SAI panel that no one should have to call Muckamore their home in future, when there are better options for their care. I am now confirming to the families that this will be the case.

"That means Muckamore returns to being a hospital providing acute care, and not simply a residential facility.

"To make that happen will require investment in both specialised accommodation and staff training to meet the complex needs of people who no longer need to be in hospital."

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019. That means finding suitable alternative accommodation for patients who have been living at Muckamore on a long-term basis, despite not requiring in-patient hospital care.

The separate issue of delayed discharge will also be addressed as a top priority, with the HSC system tasked to provide an action plan to the Permanent Secretary in January. Delayed discharges involve patients staying longer than medically required due to difficulties securing appropriate alternative arrangements.

The Permanent Secretary added: "I fully recognise that the December 2019 deadline for the resettlement process will be challenging, but the Department owes it to patients and their families to be demanding.

"I also know that, while this report has highlighted appalling behaviours that fell well short of what is acceptable, there are many working in the HSC who work tirelessly to deliver high quality and safe services to families and people with learning disabilities, and will rise to this challenge.

"We have seen this as recently as this weekend in the actions of those staff who have provided much needed support and flexibility to ensure the safe and effective care of our most vulnerable patients in Muckamore. It is important in the midst of this not to overlook the dedicated and compassionate care that families have also experienced.

"I will be holding the HSC system to account and closely monitoring progress."

Alliance spokesperson for health, Paula Bradshaw MLA welcomed the direct apology but noted that without any input from

Northern Ireland's largest parties, the DUP and Sinn Fein, there can be no adequate answer to the families' appeal for a statutory inquiry.

The South Belfast MLA stated: "The efforts being made by the Department to reassure the families and take action for the future are to be welcome. It is right for challenging targets to be set to ensure that patients are in the right location for their needs.

"However, the ultimate objective of a full public inquiry cannot be met without a Minister in place. We have already seen the independent neurology inquiry having to proceed with inquisitorial rather than statutory powers, and what would be clearly preferable in the case of Muckamore would be a full statutory inquiry.

"Yet again, we find innocent people are the victims of political failure. The DUP and Sinn Fein received the biggest mandates but are making no efforts whatsoever to put a government in place; they were also the two parties who held the Health portfolio since 2011. What is required now is an explanation from those two parties as to why they refuse to fulfil their responsibilities on the issues which directly affect people so seriously, such as why resolution in the case of Muckamore is being carried out by a Department hamstrung by the lack of statutory and legislative capacity."

During the meeting, Mr Pengelly also directly addressed the call for a public inquiry.

He said: "I want to take this opportunity to reassure the families that I have not ruled out any options regarding further scrutiny of the serious failings at Muckamore.

"Active investigations into wrongdoing are ongoing by both the PSNI and the Belfast



Trust as employer. The ongoing police investigation clearly takes primacy over any other process at present.

"The HSC system will continue to cooperate fully with the PSNI inquiry while also rigorously pursuing its own disciplinary procedures."

CONTINUE READING

Mr Pengelly also updated the families on plans for a new model of acute care for people with learning disabilities through the transformation agenda, saying: "This work will now be prioritised as part of a wider project already initiated to transform learning disability services, and will take

account of the findings of the SAI report which states very clearly that the current model is not working. We need urgently to find pragmatic solutions to the issues laid out in stark terms in this report."

(JG)

MAHI - STM - 277 - 1878  
BBC

BBC (NI) - Newsline | 18/12/2018

Media Source TV

## Two more nurses suspended from muckamore

Two more nurses have been suspended from Muckamore Abbey Hospital following claims of abuse and ill-treatment of vulnerable patients.

[TV-Clip](#)





BBC RADIO ULSTER - Stephen Nolan Show | 18/12/2018

Media Source

Radio

## Muckamore Abbey Hospital latest

The show discusses the scandal and investigation at Muckamore Abbey Hospital. Stephen met with some representatives of Muckamore yesterday and to find out about conditions patients had to live in.

[Radio-Clip](#)

BBC RADIO ULSTER - Good Morning Ulster | 18/12/2018

Media Source Radio

## Long term Muckamore patients to be moved

Vulnerable long term patients at scandal hit Muckamore Abbey Hospital will be moved it has been confirmed. Marie Louise Connolly has the latest.

[Radio-Clip](#)

MAHI - STM - 277 - 1881



BBC (NI) - Newline | 18/12/2018

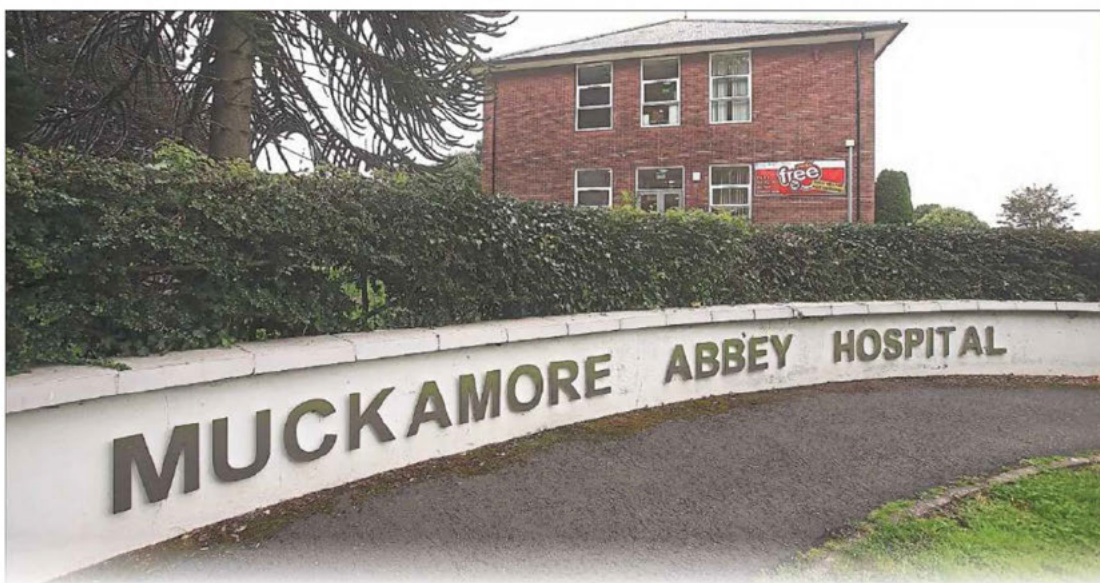
Media Source TV

## Dept of Health announces changes to Muckamore Hospital

The Department of Health has apologised and announced changes at Muckamore Abbey Hospital following a damning investigation that found catastrophic failings in care.

[TV-Clip](#)



**MUCKAMORE SCANDAL**

# Trust's nothing-to-see-here position diabolical says MP

**Seanin Graham**  
Health Correspondent  
s.graham@irishnews.com

**A**N MP who played a crucial role in exposing the Muckamore Abbey Hospital abuse scandal last night branded the Belfast health trust's "suppression" of the crisis "diabolical".

In an interview with *The Irish News*, the DUP's Gavin Robinson has spoken for the first time about the "grave level of concern" and "frank admissions" expressed by two top officials at the Department of Health about the trust in a private meeting he attended with them three months ago.

Details of the meeting were revealed in yesterday's *Irish News*, with the department's director of social work, Sean Holland, admitting they were unaware of the scale of the abuse as "information was being contained for a significant period of time".

A second department chief, Chris Matthews, privately added that the abuse was "systemic" – and that they only became aware of it following a phone call from Mr Robinson in August last year in relation to a constituent whose vulnerable son had been assaulted by staff at the Co Antrim hospital's Psychiatric Intensive Care Unit (PICU).

Mr Matthews described that call as the "trigger" but revealed he spent "months" going back and forth to



**■ 'GRAVE LEVEL OF CONCERN':** DUP East Belfast MP Gavin Robinson has been highly critical of Belfast trust's handling of the Muckamore Abbey Hospital scandal

the trust seeking answers in what became an "internal tussle", adding that the initial information provided by trust officials was "not exactly a reflection of the reality".

Commenting the intervention and "probing" of Mr Matthews, the East Belfast MP was hugely critical of the trust's failure to keep the

department informed.

"I genuinely believe if Chris Matthews hadn't been in the department at that time, having had the wherewithal to push back against the trust's position, we would never have learned what we needed to learn about the appalling situation in Muckamore," he said.

"The trust's position was diabolical. It was 'nothing to see here', please move along. That lack of candour shows exactly why the hypotonia inquiry's recommendation about duty of candour is so important."

Mr Robinson said he had been aware that Mr Holland had been "unlocking the need for further investigation" of the abuse and that it took a year for the private briefing between them to be arranged.

The meeting, which took place at DUP headquarters in the east of the city, was also attended by Mr Robinson's constituent, a father-of-four from Dunsdonal who believed the trust had "tobbed him off" about the ill treatment of his son.

There was a fortnight delay in telling the parent about the assault. He was initially told it was a "one-off" and that there was no CCTV footage. It has now emerged there are 43 incidents of mistreatment relating to his son over a three-month period last year – all captured on CCTV.

Mr Holland told Mr Robinson and the parent he was unaware of what was going on: "The reality is we

**6** The secretary of state should be encouraged to consider the Muckamore independent report, engage with families and the Department of Health and give serious consideration to establishing an inquiry

– Gavin Robinson

didn't know the scale of it until you contacted us last year. We should have known about it at that stage... I want to thank you for bringing it to us," he said at the September meeting.

In an official response at the weekend to queries from *The Irish News* about the delay in alerting the department, the Belfast trust admitted there was an initial three-week delay in reporting due to ward staff failing to forward the complaint.

However, it denied there had

been any "containment" or "suppression" of information, instead stating that its reporting to the department had been "swift" – an assertion at odds with the concerns raised by Mr Holland and Mr Matthews.

Mr Robinson last night backed Muckamore families' calls for a public inquiry and said in the absence of an executive, the secretary of state should order one.

He said that "particularly when you have competing interests from the trust and the department, I think it's best to take it outside of that political sphere and put it into independently-minded people".

"The secretary of state should be encouraged to consider the Muckamore independent report, engage with families and the Department of Health and give serious consideration to establishing an inquiry."

The East Belfast MP also said he would want such an inquiry to be "short and sharp" as opposed to the lengthy delays experienced in the 14-year inquiry into hypotonia-related deaths.

He described the "heartbreak" that had been experienced by his constituent.

"From the moment I met him I was appalled by what I heard, appalled. I could see the anguish in this man... here is someone who wanted to protect his son and sought the sanctuary of Muckamore – not knowing his son was going to suffer in there."

BBC RADIO FOYLE - Breakfast | 18/12/2018

Media Source Radio

## Agnes Lunny on Muckamore Abbey

Northern Ireland's top health official has apologised to the families of adults who were abused at Muckamore Abbey Hospital. Agnes Lunny from Positive Futures joins the show.

[Radio-Clip](#)

MAHI - STM - 277 - 1884



UTV - Live | 17/12/2018

Media Source TV

## Senior health official apologises to Muckamore Abbey families

A senior health official has apologised to the families of patients who were abused at Muckamore Abbey hospital.

[TV-Clip](#)

BBC RADIO ULSTER - Good Morning Ulster | 18/12/2018

Media Source

Radio

## Northern Ireland's top health official has apologised to the families of adults who were abused at Muckamore Abbey Hospital.

Northern Ireland's top health official has apologised to the families of adults who were abused at Muckamore Abbey Hospital. chief Executive of Positive Futures Agnes Lunny joins the show.

[Radio-Clip](#)

Media Source TV

## Changes to Muckamore Abbey Hospital after investigations

The Department of Health has announced a significant change to Muckamore Abbey Hospital in the wake of the latest investigation which found catastrophic failings in care.

[TV-Clip](#)



BBC RADIO ULSTER - Good Morning Ulster | 18/12/2018

Media Source

Radio

## Health official apologies to Muckamore families

Northern Ireland's top health official has apologised to the families of adults who were abused at Muckamore Abbey Hospital.

[Radio-Clip](#)



## Muckamore Abbey scandal: health chief apologises to families

Muckamore Abbey Hospital in Co Antrim is subject to a major police investigation into abuse of patients

Published: 08:02 Tuesday 18 December 2018

Sign Up To Our Daily Newsletter

The Department of Health permanent secretary has apologised to families of patients caught up in the Muckamore Abbey scandal.

Two more nurses at the Antrim hospital have been suspended, bringing the total number to 15.

It follows a damning review into the safety of adults with learning difficulties at the hospital.

[CONTINUE READING](#)

Permanent Secretary Richard Pengelly met the families on Monday and told them he was "angered that vulnerable people were let down".

He said it was "important to me to apologise to families face-to-face" for what happened, the BBC reported.

The confidential report detailed "appalling behaviours that fell well short of what is acceptable", he said.

Mr Pengelly said he agreed with the report findings, adding: "No-one should have to call Muckamore their home in future when there are better options for their care."

He told the families that the hospital would be returned to a "hospital providing acute care and not simply a residential facility".

Alternative accommodation would have to be found for long-term patients.

Mr Pengelly said he expected them to be moved to other care facilities by the end of 2019.

The report listed a series of catastrophic failings:-

:: CCTV footage showed patients being harmed by staff - and staff did not speak out

:: The use of the seclusion room was not monitored

:: Patients were significantly likely to be harmed by peers



## Health trust suspends two more staff at hospital in Muckamore Hospital

Tuesday, 18 December 2018 (2 hours ago)

Two further staff members at Muckamore Abbey Hospital have been suspended, the health trust has confirmed.

[View full article](#)

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BBC RADIO FOYLE - Breakfast | 18/12/2018

Media Source

Radio

## Health official apologises to families of Muckamore patients

Northern Ireland's top health official has apologised to the families of adults who were abused at Muckamore Abbey Hospital.

[Radio-Clip](#)



## Muckamore Abbey scandal: Karen Bradley must act to order public inquiry, says DUP MP

Muckamore Abbey Hospital in Co Antrim is subject to a major criminal investigation into the alleged abuse of patients by staff

Published: 06:45 Tuesday 18 December 2018

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A DUP MP has urged the secretary of state to consider ordering a full public inquiry into abuse allegations at a Northern Ireland hospital for patients with severe mental health and learning disabilities.

East Belfast MP Gavin Robinson, whose role in helping reveal the scale of the alleged abuse at Muckamore Abbey Hospital in Co Antrim has been hailed as "crucial" by the father of a patient, said he raised the issue of a public inquiry with senior civil servants at the Department of Health.

He was informed, however, that only an elected minister can take the decision to order a full public inquiry.

[CONTINUE READING](#)

In the absence of a devolved administration at Stormont, Mr Robinson has now called on Northern Ireland Secretary Karen Bradley to step in.

A criminal investigation into Muckamore Abbey in Co Antrim has been ongoing for some time.

Police are understood to be in the process of reviewing thousands of hours of CCTV footage from the facility, some of which shows patients being mistreated by staff - including incidents of violence.

A 'serious adverse incident' report commissioned by the Belfast Trust found a culture of tolerating harm. At least 13 members of staff have been suspended by the trust.

There have been calls from patients' families for a full public inquiry, which have been publicly backed by the DUP, Sinn Fein and the SDLP.

Speaking to the News Letter yesterday, Mr Robinson said: "When I raised with them (senior Department of Health officials) the issue of a public inquiry, they were quite clear that the Inquiries Act requires the decision to be made by a minister.

"To my mind that leaves it at the door of the secretary of state for Northern Ireland, who should be encouraged to consider the (serious adverse incident) report, engage with the Department of Health and the families, and consider a public inquiry most seriously."

Last night, Richard Pengelly, permanent secretary at the Department of Health, met with and apologised to families at Muckamore Abbey Hospital.

He said arrangements would be made to "resettle" patients living at Muckamore within a year, with the hospital returning to "being a hospital providing acute care, and not simply a residential facility".

Mr Pengelly also stressed that he has "not ruled out any option" when pressed by families on a public inquiry.



Media Source

Online

Visits

2,248,352

## Health trust suspends two more staff at hospital in Muckamore Hospital

BelfastTelegraph.co.uk

Two further staff members at Muckamore Abbey Hospital have been suspended, the health trust has confirmed.

<https://www.belfasttelegraph.co.uk/news/northern-ireland/health-trust-suspends-two-more-staff-at-hospital-in-muckamore-hospital-37635778.html>

[https://www.belfasttelegraph.co.uk/news/northern-ireland/article37635777.ece/2b489/AUTOCROP/h342/2018-12-18\\_new\\_46617137\\_11.JPG](https://www.belfasttelegraph.co.uk/news/northern-ireland/article37635777.ece/2b489/AUTOCROP/h342/2018-12-18_new_46617137_11.JPG)

### Email

Two further staff members at Muckamore Abbey Hospital have been suspended, the health trust has confirmed.

Historical CCTV footage from the Co Antrim facility is being screened. The PSNI is also investigating.

[CONTINUE READING](#)

The news comes as the civil servant running the health service here apologised to families of Muckamore patients, which provides care for those with learning disabilities or behavioural problems.

A report, which has not been made public by the Belfast Health and Social Care Trust, has made serious criticisms of the treatment of vulnerable adult patients.

The trust said: "Belfast Trust will hold any individual staff member to account and take robust disciplinary action if their behaviour falls short of acceptable practice.

"We continue to view historical CCTV footage at Muckamore Abbey Hospital, and as of Friday two further members of staff at Muckamore Abbey Hospital have been suspended."

The families of those affected met the permanent secretary at the Department of Health, Richard Pengelly, yesterday.

Mr Pengelly said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital.

"I'm both appalled and angered that vulnerable people were let down.

"At the same time, action is urgently needed by the HSC system as a whole in response to the recommendations of the Serious Adverse Incident (SAI) review."

He said Muckamore would return to being a hospital providing acute care and not simply a residential facility.

"To make that happen will require investment in both specialised accommodation and staff training to meet the complex needs of people who no longer need to be in hospital."

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019.

Belfast Telegraph





Q Radio | 18/12/2018

Media Source Online

Visits 57,631

## Two staff members at hospital for vulnerable adults suspended

By Michael McHugh, Press Association

Two further staff members at Muckamore Abbey Hospital have been suspended, the health trust said.

Historical CCTV footage from the Co Antrim facility is being screened. The PSNI are also investigating.

Muckamore Abbey provides care for patients with learning disabilities or behavioural problems.

A report, which has not been made public by the Belfast Health and Social Care Trust, makes serious criticisms of the treatment of vulnerable adult patients.

A statement from the Trust said: "Belfast Trust will hold any individual staff member to account and take robust disciplinary action if their behaviour falls short of acceptable practice.

"We continue to view historical CCTV footage at Muckamore Abbey Hospital, and as of Friday two further members of staff at Muckamore Abbey Hospital have been suspended.

"As this process continues the Trust may have to take further action and we will comment when we are in a position to do so."

The families of those affected met the permanent secretary at the Department of Health, Richard Pengelly, on Monday.

Mr Pengelly said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital - rather than through a press statement.

"I am both appalled and angered that vulnerable people were let down.

"At the same time, action is urgently needed by the HSC system as a whole in response to the recommendations of the Serious Adverse Incident (SAI) review."

He said Muckamore would return to being a hospital providing acute care and not simply a residential facility.

"To make that happen will require investment in both specialised accommodation and staff training to meet the complex needs of people who no longer need to be in hospital."

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019.

That means finding suitable alternative accommodation for patients who have been living at Muckamore on a long-term basis, despite not requiring in-patient hospital care.

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Media Source Press Page 7  
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**MUCKAMORE SCANDAL**

**Two more staff members suspended over abuse of vulnerable patients**

**Seainn Graham**

**T**WO further members of staff have been suspended from Muckamore Abbey hospital in relation to abuse of vulnerable patients. The Belfast health trust last night confirmed the development, which it said took place last Friday and related to archived CCTV footage. This brings the total number of staff suspensions to 15 – the majority of whom are nurses. Sources told *The Irish News* the abuse relate to the ‘Granfield 1’ unit – an admissions ward – and was captured on CCTV at some point between March and September last year when staff were unaware the cameras were switched on. It is understood to be “every bit as bad, if not worse” than the horrific abuse discovered on the Psychiatric Intensive Care Unit (PICU) during the same period, when patients were punched, kicked and dragged by the hair into bedrooms. Others were taunted and “left in the dark” without supervision.



**■ APOLOGY:** Department of Health permanent secretary Richard Pengelly

Three families of abused PICU patients who attended a meeting last night were also informed of the latest suspensions by Department of Health officials. It is understood further suspensions could follow as police continue its massive investigation and assess the footage. A Dundonald man, whose vulnerable son was punched in the stomach by a staff member, attended last night’s meeting and said he still wanted a public inquiry to take place into the scandal. He said that families were allowed to see the new “reamped” seclusion facility after the previous one was

closed down due to its “inhumane” conditions. The man’s 22-year-old son, who has the capacity of a two-year-old, was placed in seclusion 53 times in the space of three months last year. He welcomed an apology from permanent secretary Richard Pengelly but added: “I haven’t changed my mind, we still need a full inquiry”. Mr Pengelly told relatives last night he was “both appalled and angered that vulnerable people were let down”. “No-one should have to call Muckamore their home in future, when there are better options for their care – I am now confirming to the families that this will be the case,” he said. “That means Muckamore returns to being a hospital providing acute care, and not simply a residential facility.” During the meeting, Mr Pengelly also directly addressed the call from some of the families for a public inquiry. “I want to take this opportunity to reassure the families that I have not ruled out any options regarding further scrutiny of the serious failings at Muckamore,” he said.



**■ CALL FOR INQUIRY:** The parents of a patient who was assaulted by a member of staff at the hospital have said they still want a public inquiry into the scandal. **PICTURE:** Ann McManus



Media Source	Press	Page	8
Circulation	40,042		

## Health trust suspends two more staff at hospital in Muckamore

TWO further staff members at Muckamore Abbey Hospital have been suspended, the health trust has confirmed.

Historical CCTV footage from the Co Antrim facility is being screened. The PSNI is also investigating.

The news comes as the civil servant running the health service here apologised to families of Muckamore patients, which provides care for those with learning disabilities or behavioural problems.

A report, which has not been made public by the Belfast Health and Social Care Trust, has made serious criticisms of the treatment of vulnerable adult patients.

The trust said: "Belfast Trust will hold any individual staff member to account and

take robust disciplinary action if their behaviour falls short of acceptable practice.

"We continue to view historical CCTV footage at Muckamore Abbey Hospital, and as of Friday two further members of staff at Muckamore Abbey Hospital have been suspended."

The families of those affected met the permanent secretary at the Department of Health, Richard Pengelly, yesterday. Mr Pengelly said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital.

"I'm both appalled and angered that vulnerable people were let down.

"At the same time, action is urgently needed by the HSC system as a whole in response to the recommendations of the Serious Adverse Incident (SAI) review."

He said Muckamore would return to being a hospital providing acute care and not simply a residential facility.

"To make that happen will require investment in both specialised accommodation and staff training to meet the complex needs of people who no longer need to be in hospital."

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019.

Apology: Richard Pengelly

[CONTINUE READING](#)



Media Source	Press	Page	8
Circulation	48,014		

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Apology: Richard Pengelly

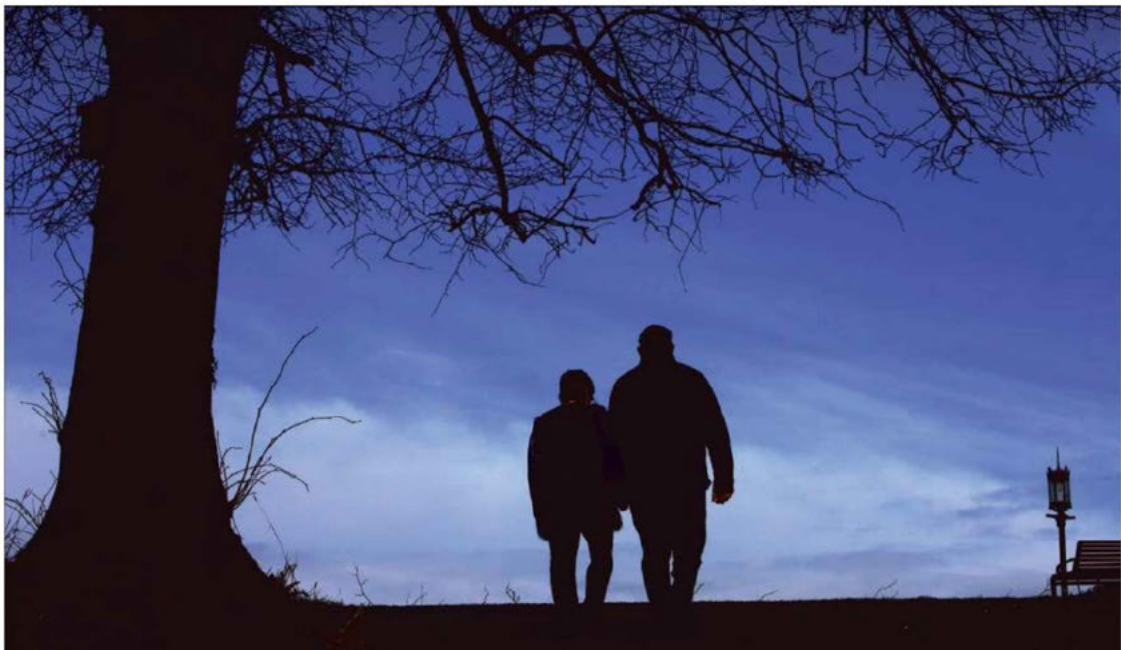
[CONTINUE READING](#)







Media Source      Press      Page      1  
 Circulation      33,300



■ SCANDAL: The parents of a patient who was assaulted by a staff member at Muckamore Abbey Hospital

PICTURE: Ann McManus

# Muckamore abuse details 'suppressed' by health trust

**D**ETAILS of an abuse scandal at Muckamore Abbey Hospital were "suppressed" by the Belfast health trust. Private notes of a meeting between Department of Health chiefs and a parent whose son was assaulted show that the department was not kept informed of the seriousness of the crisis. In a special report today - five

**EXCLUSIVE**

**Seánin Graham**  
 Health Correspondent  
[s.graham@irishnews.com](mailto:s.graham@irishnews.com)

months after *The Irish News* revealed the unprecedented scale of an investigation into the abuse of vulnerable patients by staff - we expose how:

- The mother of a young patient is "haunted" by CCTV footage which showed her terrified son being abused.
- An "inhumane" seclusion room at the hospital, compared to jail by angry parents, is to be removed.
- The most senior NHS officials in Northern Ireland were initially unaware of the crisis because information was "being contained in Muckamore" and was not passed on to the department by the trust.
- An NHS chief described abuse in the hospital as "systemic" and said information initially provided by the Belfast trust was "not a reflection of the reality".
- The department might not have known the scale of abuse had it not received a tip-off from a parent whose son was punched in the stomach last August.
- The same parent described getting answers about his son's care as like "pulling teeth".
- The department's permanent secretary, Richard Pengelly, is expected to apologise and announce an independent inquiry when he meets patients' families tonight.

➤ Full reports ➤ P4-7  
 ➤ Editorial ➤ P18

Media Source      Press      Page      5  
 Circulation      33,300



# 'A culture which concealed error'

**"A CULTURE** which concealed error" in which parents were "deliberately misled". That was how the author of a watershed report into the hospital deaths of five children depicted the Northern Ireland health service of more than 20 years ago. Delivering his findings in January after a lengthy probe, High Court judge Sir John O'Hara QC castigated those health professionals and managers who had to have the "truth dragged from them" decades later when giving evidence during public hearings. Central to his report on hyponatraemia-related deaths was a recommendation to introduce a 'duty of candour', legally obliging NHS workers and administrators to tell the truth about care failings. Unknown to the public, in

**ANALYSIS**  
**Seanín Graham**

the months leading up to the publication of Mr Justice O'Hara's inquiry, officials at Belfast health trust were repeatedly being asked questions by the Department of Health about serious safeguarding concerns at Muckamore Abbey hospital. The only reason those questions were forwarded was because a parent raised the alarm about abuse inflicted on his vulnerable son. The man also had an instinct that he was being "fobbed off" by Muckamore and Belfast health trust management. The leaked information published in *The Irish News* today gives an extraordinary

insight into a culture at the Belfast trust where information was "not passed up" to their superiors at the department and how an "internal tussle" developed to get the facts on what has become the biggest adult safeguarding investigation of its kind in Northern Ireland. In incredibly candid language, a high-ranking official at the department admitted to a parent that the message they were receiving from the trust last year "was not a reflection of the reality" and how the more they "pushed" the "worse the picture was becoming". While the north's most senior social worker did

not accept there had been a 'cover-up', he did say the trust was involved in "suppression" and "containment of information" for "significant" amounts of time. His colleague confirmed "systemic" abuse. In an interview with this newspaper last week following the publication of the independent probe, two trust directors emphatically denied that a 'culture of silence' existed. While the department has stressed that the trust began to engage with them when more senior staff became involved, serious questions must be asked about why it took almost four months for the trust

to formally write back to the department after the first phone call was made seeking 'an explanation' for what was happening at Muckamore. Interestingly, the independent report commissioned by the trust makes no reference to the information 'tussle' and the department's alarm at being kept in the dark. With an independent inquiry now looking increasingly likely, one can only hope this appalling "suppression" is made public and those at the top who failed to act are exposed and made accountable. Otherwise, the culture exposed by Mr Justice O'Hara will continue.





## MUCKAMORE SCANDAL

# 'I saw my son showing fear for the first time in his life as he was assaulted by staff member'

Young autistic man's mother left in need of counselling after being shown footage of attack

Seán Graham  
Health Correspondent  
s.graham@irishtimes.com

**C**TV images of a vulnerable young man being assaulted by a staff member at Muckamore Abbey Hospital are "haunting" his mother.

The Dundonald woman has been undergoing counselling since she watched a recording showing her son raising his arms to shield himself as he was attacked in the Psychiatric Intensive Care Unit.

Police played footage of two incidents of abuse to her and her

**6** What's killing me is that I saw my son holding his hands in the air and showing fear for the first time in his life - I had never seen him do that before, I haven't slept since. It is breaking my heart  
- Mother

husband after they requested to see the tapes six months ago.

Her autistic son is 22 and has the mental capacity of a two-year-old. He has severe learning disabilities and is non-verbal.

Police are also asking families of other affected patients from the unit whether they want to view the footage.

"What's killing me is that I saw my son holding his hands in the air and showing fear for the first time in his life - I had never seen him do that before. I haven't slept since. It is breaking my heart," the mother-of-four said.

"He was always so well loved and cared for in our house. In his 22 years he has never been afraid."

The young man was admitted to Muckamore last May when he was

very ill and his family could no longer look after him at home.

"We couldn't control him and he had become very violent - he actually bit off the top of my thumb," his mother said.

"But within weeks of getting him into Muckamore they completely changed his medication and he went back to being gentle and passive. He's as good as gold and we get him home three to four days a week.

"All the incidents in which he is attacked, he is shown to be completely passive.

"During one incident you can see a worker get him in a headlock and in another there is a problem with his trousers staying up and the staff member goes to grab him. That's when he tries to defend himself."

The woman said there was clearly a "culture" where the abuse of patients and failure to report it

was "routine".

"I worked in a nursery school for over 20 years and know that if someone saw a child being abused they would report it immediately," she said.

"My son was attacked, thrown out of chairs, taunted and kept for hours in a horrific seclusion room - and no-one reported it."

The 22-year-old has been deemed fit for discharge but cannot be

cause no adequate care package exists for him in the community.

His parents said he appears "terrified" when he has to return to the hospital after his days at home.

"We are getting him for seven days at Christmas. We can't wait," his father said.

More than 90,000 hours of footage have been viewed by a team of retired social workers and shared with police.



Media Source	Press	Page	5
Circulation	30,183		

## LOCKED IN SECLUSION 53 TIMES IN A YEAR...

EXCLUSIVE BY JILLY BEATTIE A SEVERELY disabled patient was placed in a locked "seclusion room" at least 53 times in one year.

The man in his 20s is non-verbal and has learning disabilities, autism, asperger's, epilepsy and displays challenging behaviour when his medication is not effectively controlled.

A major criminal investigation is under way into the workings at Muckamore Abbey Hospital in Co Antrim, where an inpatient facility caters for adults with mental health problems and severe learning disabilities.

The man's father, from greater Belfast, revealed to the Mirror: "When it started to emerge there were problems at Muckamore, I made a Freedom of Information request and asked how many times was my son placed in that room.

"In October I was told my son has been put in the seclusion room a reported 53 times from July 9, 2017, to September 22, 2018.

We state many "I still don't know if these are simply the number of incidents that were reported and noted or if it was properly more unrecorded visitations to that room took place."

The seclusion policy is currently under review.

HOSPITAL SENT TO The PSNI and colleagues from the National Crime Agency are scanning through thousands of hours of CCTV footage which is said to show patients being mistreated.

To date, at least 13 workers have been suspended by the Belfast Trust but no charges have been brought forward as yet.

The man's father said: "They confirmed my son was in that room on his own for as long as two hours 50 minutes. Other visits lasted for three minutes.

"What exactly can happen in 180 seconds that would ensure a patient who is deemed out of control to being back under control and suitable to be on the ward again? "I asked how many times was he put in there inappropriately or without proper authorisation.

cannot how times not authorised "They responded, 'At present we are unfortunately unable to state how many times seclusion was not properly authorised or was inappropriate as this is still an active investigation and is not concluded to date and further CCTV footage is still to be viewed'." The dad also asked what justification LETTER FATHER t or rationale was behind each of the times his son was put in seclusion and if there were lesser restrictive practices available.

The response was: "Each recorded episode of seclusion details the clinical situation and the rationale for proceeding with the seclusion.

"In keeping with the seclusion policy, these episodes record the consideration and the use of de-escalation/redirection by staff, the consideration and use of PRN medication and of physical intervention.

"In all but one recorded episode, staff recorded physical aggression to others as the reason for seclusion.

"In one other instance, staff recorded aggression and sustained levels of agitation as the reason.

"On a number of occasions staff recorded concern about the intensity or sudden on-

set of aggression which meant that, in their judgement, de-escalation and other measures were not safe or appropriate and seclusion was required.

"They are claiming 53 recorded instances. How many went unrecorded?" Calls for an inquiry into the abuse have been backed by the DUP, Sinn Fein and the SDLP. It has since emerged, according to several nurses at the hospital, several of the staff are discussing taking "strike action" over the situation.

A spokesman for the Belfast Trust said: "Seclusion may be used as an emergency management procedure to contain severely challenging behaviour which is likely to cause harm to the patient themselves or to others.

"Its appropriate use is sometimes practised in certain contexts of learning disability inpatient services.

"Staff have clear guidance on the use of seclusion. A patient is assessed by a nurse in charge and monitored at all times. It should only be used for the shortest time possible and kept under constant review.

"The Trust's seclusion policy in relation to Muckamore Abbey Hospital is currently under review by a multidisciplinary team which will fully engage with patients, carers and staff."

jilly.beattie@trinitymirror.com

We cannot state how many times it was not properly authorised HOSPITAL LETTER sent to father

LETTER Trust's response to disabled man's father

PROBE Muckamore Abbey Hospital in Co Antrim

CONTINUE READING





## Two further staff members suspended at hospital subject to abuse probe

General view of Muckamore Abbey Hospital in Antrim where a number of staff have been suspended by the Belfast Health Trust. "Picture by Jonathan Porter/PressEye

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Two further staff members at Muckamore Abbey Hospital have been suspended, the health trust said.

Historical CCTV footage from the Co Antrim facility is being screened. The PSNI are also investigating.

Muckamore Abbey provides care for patients with learning disabilities or behavioural problems.

A report, which has not been made public by the Belfast Health and Social Care Trust, makes serious criticisms of the treatment of vulnerable adult patients.

A statement from the Trust said: "Belfast Trust will hold any individual staff member to account and take robust disciplinary action if their behaviour falls short of acceptable practice.

"We continue to view historical CCTV footage at Muckamore Abbey Hospital, and as of Friday two further members of staff at Muckamore Abbey Hospital have been suspended.

"As this process continues the Trust may have to take further action and we will comment when we are in a position to do so."

The families of those affected met the permanent secretary at the Department of Health, Richard Pengelly, on Monday.

Mr Pengelly said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital - rather than through a press statement.

"I am both appalled and angered that vulnerable people were let down.

"At the same time, action is urgently needed by the HSC system as a whole in response to the recommendations of the Serious Adverse Incident (SAI) review."

He said Muckamore would return to being a hospital providing acute care and not simply a residential facility.

"To make that happen will require investment in both specialised accommodation and staff training to meet the complex needs of people who no longer need to be in hospital."

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019.

That means finding suitable alternative accommodation for patients who have been living at Muckamore on a long-term basis, despite not requiring in-patient hospital care.

[CONTINUE READING](#)







Media Source

Online

Visits

716,948

## Muckamore Abbey apology from Department of Health chief Richard Pengelly

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The chief civil servant at the Department for Health has apologised to the families hurt by patient abuse at Muckamore Abbey Hospital.

Richard Pengelly met face-to-face with them about the "shocking" abuses uncovered at the Co Antrim facility and to lay out a time scale to resettle residents elsewhere.

A leaked independent report commissioned by the Belfast Trust outlined how the lives of patients with severe learning disabilities had been "compromised" under the hospital's care.

Chief Social Worker Sean Holland and Chief Nursing Officer Charlotte McArdle accompanied Mr Pengelly to the meeting, where he made a series of firm commitments.

He said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital - rather than through a press statement. I am both appalled and angered that vulnerable people were let down."

At the same time he said "action is urgently needed by the health and social care system as a whole".

He said "no one should have to call Muckamore their home in future, when there are

better options for their care" and said Muckamore will "return to being a hospital providing acute care, and not simply a residential facility".

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019. That means finding suitable alternative accommodation for patients who have been living at Muckamore on a long-term basis, despite not needing in-patient hospital care.

Mr Pengelly added: "I fully recognise that the December 2019 deadline for the resettlement process will be challenging, but the Department owes it to patients and their families to be demanding."

He said he has not taken the prospect of a public inquiry off the table and that he "will be holding the HSC system to account and closely monitoring progress".

"I want to take this opportunity to reassure the families that I have not ruled out any options regarding further scrutiny of the serious failings at Muckamore," he continued.

"Active investigations into wrongdoing are ongoing by both the PSNI and the Belfast Trust as employer. The ongoing police investigation clearly takes primacy over any other process at present.

"The HSC system will continue to cooperate fully with the PSNI inquiry while also rigorously pursuing its own disciplinary procedures."

Mr Pengelly thanked the families for taking the time to meet with him, and sharing their concerns.

He added: "I remain very concerned about the HSC system's current structures and at-

titudes regarding concerns and complaints from service users and their families. All too often, it seems the onus is on citizens to persuade the system that something is wrong.

"While important work is already underway on establishing advocacy rights and arrangements that empower citizens, I will want to pay close attention that this has the desired impact.

"In the interim, the Patient Client Council has been tasked with enhancing its complaints helpline for patients, families and other service users."

The department's permanent secretary said he hopes to hold regular meetings with the families impacted to help with their concerns.

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experience includes live blogs, video, interactive maps and slick picture galleries. Download it now and get involved.

CONTINUE READING





## The Impartial Reporter | 17/12/2018

Media Source Online Visits 61,106

## Two staff members at hospital for vulnerable adults suspended

Two staff members at hospital for vulnerable adults suspended

Press Association 2018

Hospital

Two further staff members at Muckamore Abbey Hospital have been suspended, the health trust said.

Historical CCTV footage from the Co Antrim facility is being screened. The PSNI are also investigating.

Muckamore Abbey provides care for patients with learning disabilities or behavioural problems.

A report, which has not been made public by the Belfast Health and Social Care Trust, makes serious criticisms of the treatment of vulnerable adult patients.

A statement from the Trust said: "Belfast Trust will hold any individual staff mem-

ber to account and take robust disciplinary action if their behaviour falls short of acceptable practice.

"We continue to view historical CCTV footage at Muckamore Abbey Hospital, and as of Friday two further members of staff at Muckamore Abbey Hospital have been suspended.

"As this process continues the Trust may have to take further action and we will comment when we are in a position to do so."

The families of those affected met the permanent secretary at the Department of Health, Richard Pengelly, on Monday.

Mr Pengelly said: "It was important to me to apologise to families face-to-face for what happened to their loved ones while in the care of Muckamore Abbey Hospital - rather than through a press statement.

"I am both appalled and angered that vulnerable people were let down.

"At the same time, action is urgently needed by the HSC system as a whole in response to the recommendations of the Serious Adverse Incident (SAI) review."

He said Muckamore would return to being a hospital providing acute care and not simply a residential facility.

"To make that happen will require investment in both specialised accommodation and staff training to meet the complex needs of people who no longer need to be in hospital."

Mr Pengelly said he expects the resettlement process to be completed by the end of 2019.

That means finding suitable alternative accommodation for patients who have been living at Muckamore on a long-term basis, despite not requiring in-patient hospital care.

[CONTINUE READING](#)



**Client:** Health and Social Care Board  
**Source:** Irish News (Belfast)  
**Date:** 03/08/2020  
**Page:** 2  
**Reach:** 36115  
**Value:** 1017.0600

MAHI - STM - 277 - 1906

Exhibit 36



# Muckamore review to be published

**SEANÍN GRAHAM**  
HEALTH CORRESPONDENT  
s.graham@irishnews.com

**T**HE Department of Health has confirmed a long-awaited independent review it ordered into Muckamore Abbey Hospital is to be published.

Relatives of patients at the scandal-hit Co Antrim facility will learn about the report's findings on "leadership and governance" at a private meeting this week before they are made public.

The development follows the launch of a petition by pressure group Action for Muckamore in which they call for a public inquiry into "systemic failings" at the hospital that led to an unprecedented abuse investigation.

Families whose loved ones allegedly suffered physical assaults and mental cruelty by staff make up the group. Some relatives have been interviewed for the department's review, which was commissioned by the north's Health and Social

**"A meeting is being arranged for this week by the Patient and Client Council"**

**Department of Health spokesman**

Care Board and Public Health Agency "at the request" of the department in January.

A department spokesman last night confirmed the review team has "completed their work and are due to report in the next few days".

"The health minister has decided that relatives of patients in Muckamore should be given the opportunity to hear the outcome of the review before it is published. A meeting is being arranged for this week by the Patient and Client Council," he said.

A previous independent Serious Adverse Incident investigation ordered by the Belfast Health trust two years ago was never released in full to the public.

While the trust commissioned re-

port, headed up by Margaret Ryan, found serious failings in the care of vulnerable Muckamore patients – it concluded lives were "compromised" – many families were unhappy with its conclusions around the role of senior management and said it didn't go "far enough".

To date, almost 60 staff have been suspended from the regional hospital, which cares for adults with severe learning disabilities. There have been seven arrests and a file is currently with the Public Prosecution Service (PPS).

Last August, the PSNI detective heading up the case told *The Irish News* that 1,500 suspected crimes were discovered on CCTV in one ward alone over a six-month period in 2017, making it the biggest adult safeguarding probe of its kind in Northern Ireland.

While staffing and management have been overhauled, it emerged last week that new 'safeguarding' allegations were reported resulting in an agency nurse's shifts being "withdrawn".



# Regional HSC Workforce Planning Framework

March 2015



better **skills** better **jobs** better **health**



## **Contents**

Introduction

Section 1 – Introduction

Section 2 – Workforce Planning – A Working Definition

Section 3 – Organisational Responsibilities

Section 4 – Moving Forwards

Annex A – Six Step Model

## Section 1

### Introduction

- Effective workforce planning is complex and challenging but is essential in order to contribute to ensuring services across Northern Ireland are both sustainable and delivered to the appropriate standard. The range of challenges faced by the health and social care system has reinforced the need to ensure that the workforce is balanced correctly in terms of numbers and skills.
- There are many **drivers** for workforce planning, such as:
  - a. the recognition of the changing nature of health and social care needs and the link to demographic changes in local populations; (greater emphasis on preventative approach and supporting people)
  - b. the need for revised service delivery models to meet the needs of patients and clients and health and social care staff and in meeting the career needs of the health and social care workforce in the wide ranging geography of Northern Ireland;
  - c. patient safety and quality of care;
  - d. affordability of services given the challenging financial context for all organisations; and
  - e. the need to connect workforce issues with the overall strategic direction as set out in documents e.g. Programme for Government Transforming Your Care, Making Life Better, HSC Quality Strategy 2020 and the annual Commissioning Plan Direction.
- This Framework aims to support the following **outcomes** for the workforce planning process:
  - a. an adaptive Health and Social Care workforce of the right size with the right skills deployed in the right way;

- b. developing a shared understanding of the core elements of effective workforce planning;
- c. providing greater clarity of roles and responsibilities, process, structures and governance;
- d. providing an understanding of how organisations and individuals can contribute effectively in a mixed economy; and
- e. encouraging partnership working both within and between organisations;
- f. better informed education commissioning decisions.



## Section 2

### Workforce Planning: A Working Definition

- At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for patients and clients within available resources.
  
- The approach to workforce planning as set out in this Framework Document is designed to:
  - a. be centred around the needs of patients and clients;
  - b. embrace complexity;
  - c. recognise uncertainty;
  - d. be open and transparent;
  - e. be flexible and responsive to change;
  - f. whole system approach to workforce planning taking into account impact on changes to one part of the system on another (taking a Programme of Care approach where possible);
  - g. recognise that workforce planning is not just about the numbers but also the competence and deployment of the workforce;
  - h. enable the HSC to anticipate where possible, and respond to, Departmental and Ministerial directions and policies;
  - i. set out the NHS Six Step Model and its underlying principles as the primary model for workforce planning (Annex A), which can be complemented by other regionally agreed methodologies where appropriate;
  - j. make a clear linkage between workforce data, intelligence and projections with decisions on the commissioning of education and training;
  - k. engage with key stakeholders including employers and staff;
  - l. ensure timely, robust and accurate workforce information and analysis is available.

## Section 3

### Organisational Roles and Responsibilities

- Effective workforce planning demands a collaborative, consistent, integrated and proactive approach across multiple stakeholders. No individual, group or organisation can undertake the process unilaterally and as a result, there is a range of responsibilities that lie within and between organisations that contribute to effective workforce planning.
- This section sets out the core roles and responsibilities involved in the HSC workforce planning process. Not every organisation with a role in workforce planning is included in this overview however key stakeholders will be included in the process as appropriate.
- The Framework focuses on the core elements deemed necessary to support effective workforce planning.

### Department of Health, Social Services and Public Safety (DHSSPS)

- The DHSSPS has a range of statutory responsibilities regarding the effective functioning of health and social care service provision across Northern Ireland. As part of these responsibilities, the DHSSPS should ensure that key core responsibilities regarding workforce planning are delivered both in terms of leadership and ensuring effective functioning of the process. It is responsible for:
  - a. setting the strategic vision;
  - b. securing commitment to a high level workforce strategy which will underpin the Department's wider policy objectives;
  - c. providing regional workforce information and trends;
  - d. ensuring a regional approach is taken to workforce planning;
  - e. facilitating of capacity building within the HSC Trusts; and

- f. making decisions on the commissioning of pre- and post-registration education and training across the HSC.

### **Health and Social Care Board/Public Health Agency**

- The commissioning of health and social care services is a crucial function within the wider health and social care economy. The Health and Social Care Board, through Local Commissioning Groups, and the Public Health Agency have a duty to ensure, through the commissioning process, that they are able to:
  - a. meet the current and future health and social care needs of the population of Northern Ireland;
  - b. secure value for money and ensure the appropriate quality of service provision; and
  - c. utilise appropriate processes to develop and reform services.
  
- In relation to workforce, the commissioners' role is to:
  - a. agree the models of service delivery;
  - b. be assured that HSC Trusts and independent practitioners have considered and identified the workforce needed for service delivery, through for example demand/capacity analysis;
  - c. exercise a challenge function where appropriate;
  - d. identify to the Department areas where intervention is required; and
  - e. lead or contribute to workforce reviews as required.

The Public Health Agency has an additional specific role in providing professional advice across the HSC and to the Department

## Health and Social Care Trusts

- HSC Trusts are responsible for:
  - a. ensuring that they have an appropriate and skilled workforce to deliver the services commissioned from them;
  - b. utilising both qualitative and quantitative information to inform operational Workforce Plans ( to include information projection and risk) which are reviewed annually;
  - c. regularly liaise with other stakeholders (including local commissioners) to determine priorities and overcome challenges; and
  - d. agree courses of action and implementation of workforce change.

## Regional Workforce Planning Group

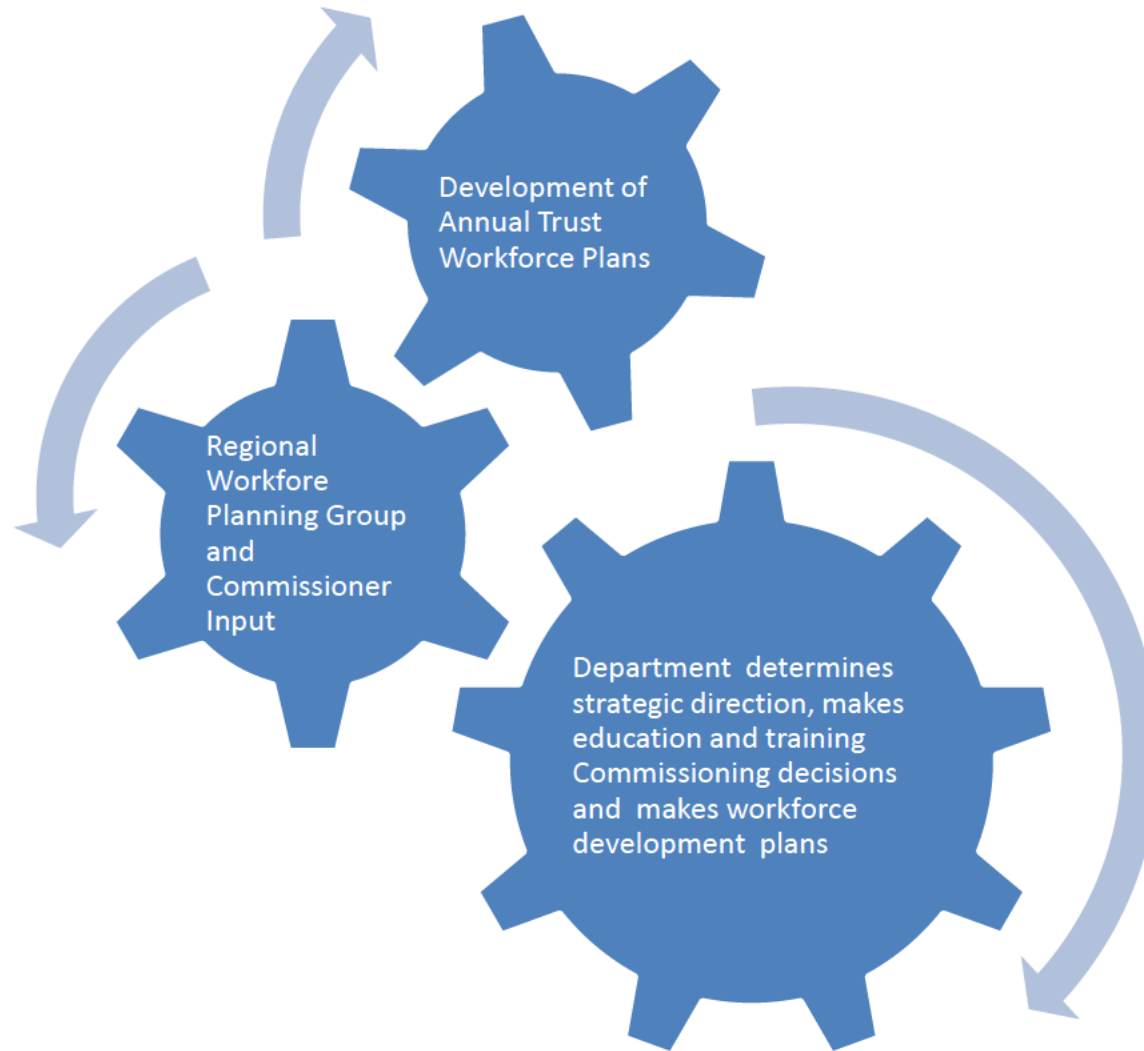
- The Regional Workforce Planning Group, chaired by the Director of Human Resources, DHSSPS, will:
  - a. act as the hub for all workforce planning activity within Health and Social Care;
  - b. provide expert advice to the Department regarding workforce planning matters;
  - c. inform the overall strategic direction for workforce planning;
  - d. agree a programme of workforce reviews; and
  - e. receive, comment on and endorse commissioned Workforce Reviews.

**MAHI - STM - 277 - 1915**

The Table below describes the key roles and responsibilities in relation to regional workforce planning:

<b>DHSSPS</b>	<b>HSCB/ PHA</b>	<b>Trusts</b>	<b>Regional Workforce Planning Group</b>
Set the strategic vision	Agree models of service delivery	Ensure Trusts have an appropriate and skilled workforce to deliver the services commissioned from them	Act as hub for HSC workforce planning activity
Secure commitment to a high level workforce strategy which will underpin the Department's wider policy objectives	Be assured that HSC Trusts have considered and identified the workforce needed for service delivery, through demand/capacity analysis	Utilise both qualitative and quantitative information to inform operational Workforce Plans, which are reviewed annually	Inform overall strategic direction
Ensure a regional approach is taken to workforce planning	Exercise a challenge function where appropriate	Regularly liaise with other stakeholders to determine priorities and overcome challenges	Agree a programme of workforce reviews
Facilitate capacity-building within HSC Trusts	Identify to the Department areas where intervention is required	Agree courses of action and implementation of workforce change	Receive comment on and endorse commissioned workforce reviews
Take decisions on the commissioning of pre- and post-registration education and training across the HSC	Lead and contribute to workforce reviews as required		

**Diagram to Illustrate Workforce Planning process**



## Governance Arrangements

- This Framework Document has been developed under the aegis of the Regional Workforce Planning Group (RWPG). This Group will be re-purposed to oversee the next phase of workforce planning within Health and Social Care. It will have a revised Terms of Reference (including membership), which will be formally submitted by the Chair of the RWPG for approval by DHSSPS.
- Membership of the RWPG will include core representation from the DHSSPS, HSCB, PHA and HSC Trusts, at Senior Executive level as well as other key stakeholders. A list of the members is attached at the Annex B.
- Additional members will be co-opted on an agenda-specific basis or as the work programme dictates.
- Processes will be put in place to ensure that wider stakeholder engagement is facilitated.

## Section 5

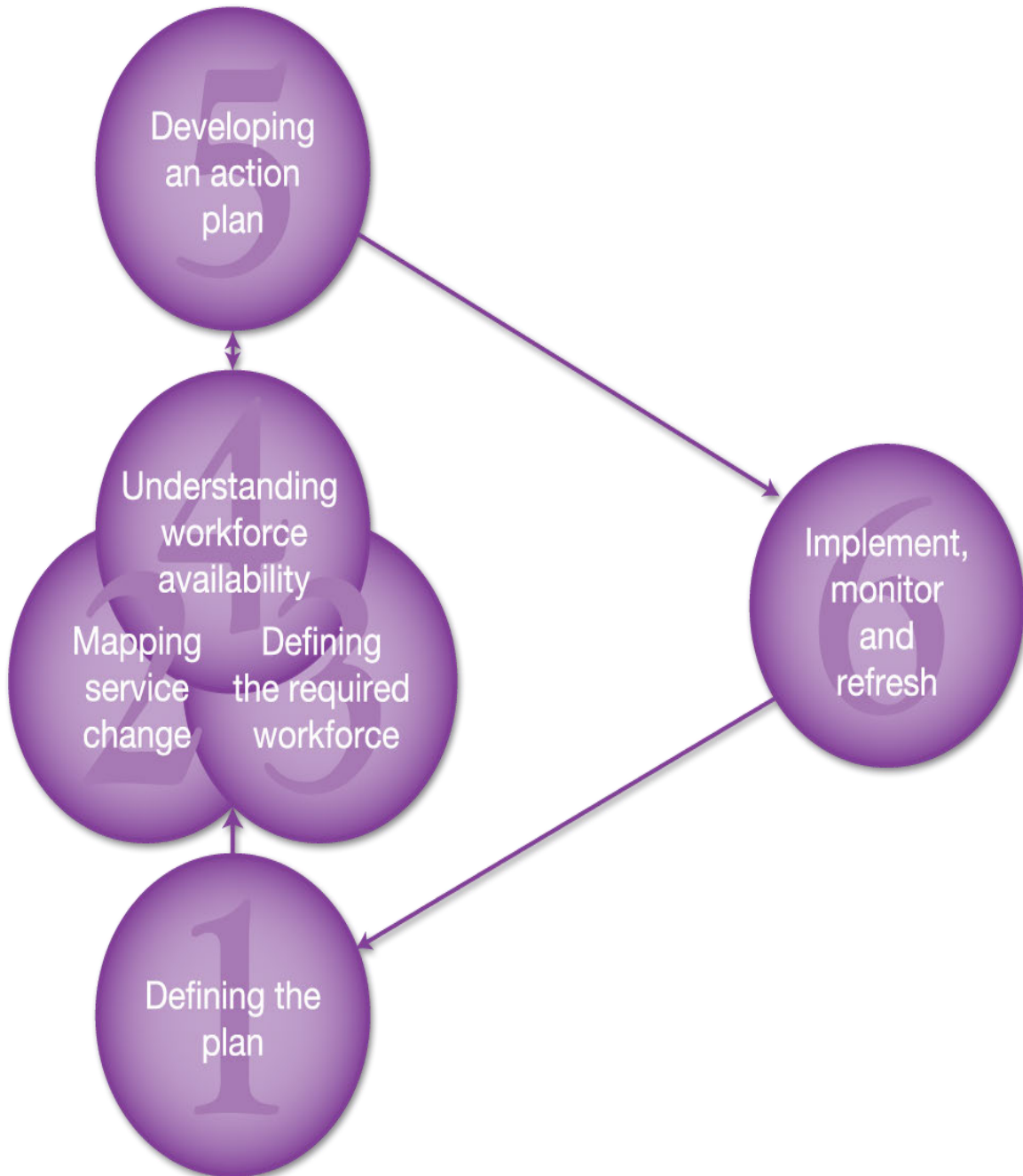
### Next Steps

- This version of the Framework articulates the regional roles and responsibilities envisaged for HSC workforce planning; however it is recognised that this is an evolving process. In view of this, the Framework will be subject to ongoing review and refinement as appropriate.
  
- Implementation of the framework will be led by the DHSSPS, and primarily taken forward through the RWPG. The primary implementation steps shall be:
  - a. development of revised Terms of Reference for the RWPG for approval by DHSSPS;
  - b. reconstitution of the membership of RWPG to fulfill the Terms of Reference;
  - c. to pilot a service area review within a Programme of Care (POC) approach;
  - d. further development of workforce planning capability and capacity across the region.

**For further information regarding this Framework please contact**  
**[wpu@dhsspsni.gov.uk](mailto:wpu@dhsspsni.gov.uk)**



**Adapted from the Six Step Model to Integrated Workforce Planning**



**Step 1 – Defining the Plan**

Identify why a workforce plan is needed and for whom it is intended:

- Purpose;
- Scope;
- Ownership.

This is the critical first step in the planning process. It is important to be clear why a workforce plan is required and what it will be used for. The scope of the plan should be determined, for example, whether it will cover a single service area, a particular patient pathway or a whole health economy; responsibility for ensuring the plan is delivered and other parties who will need to be involved in the planning process should be clearly stated.

**Step 2 – Mapping Service Change**

Identify the purpose and shape of any proposed service change that will impact upon future workforce requirements:

- Goals / benefits of change;
- Current baseline;
- Drivers/constraints;
- Option appraisal;
- Working models.

This is the first of three interrelated steps. It is the process of service redesign in response to service user choice, changes in modes of delivery, advances in care or financial constraints. It is important to be very clear about current costs and outcomes and to identify the intended benefits from service change. Those factors that support the change or may hamper it, should be identified. There must be a clear statement about whether the preferred model better delivers the desired

benefits or is more likely to be achievable, given anticipated constraints.

### **Step 3 - Defining the Required Workforce**

Identify the skills required and the type / number of staff to deliver the new service model (workforce demand):

- Activity analysis;
- Types / numbers;
- Productivity / New ways of working.

This step involves mapping the new service activities and identifying the skills needed to undertake them and the types and numbers of staff required. This will involve consideration of which types of staff could best carry out particular activities in order to reduce costs and improve the service user experience even where this leads to new roles and new ways of working.

### **Step 4 - Understanding Workforce Availability**

Identify current and future staff availability based on current profile and deployment (workforce supply):

- Understanding the current workforce;
- Workforce forecasting;
- Demographics;
- Supply options.

This step involves describing the existing workforce in the areas under consideration, its existing skills and deployment, plus assessing any particularly challenging areas arising from its age profile or turnover. It may be the case that the availability of staff with particular skills, or, alternatively, the shortage of such staff itself contributes to service redesign and steps 2 and 3 will need to be revisited. Consideration should be given to the practicalities and cost of any retraining, redeployment and / or

recruitment activities that could increase or change workforce supply.

#### **Step 5 - Developing an Action Plan**

Plan to deliver the required workforce (new skills in new locations) and manage the change:

- Gap analysis;
- Priority planning;
- Action planning;
- Managing change.

This step involves reflecting on the previous three steps and determining the most effective way of ensuring the availability of staff to deliver redesigned services, even if this means some further service redesign. A plan for delivering the right staff, with the right skills in the right place needs to be developed with milestones and timescales. An assessment of any anticipated challenges and how the momentum for change will be created, including staff engagement should be included in the plan.

#### **Step 6 - Implement, Monitor and Refresh**

Implement the plan, monitor progress and refresh the plan as required.

- Implementation;
- Measuring progress;
- Revisiting Six Steps.

As the plan is being implemented, it should undergo periodic review and adjustment as appropriate. This should be done by monitoring the agreed indicators of success and by identifying any unintended consequences of the changes.

Investment Proposal Template (IPT) - STM - 277 - 1923  
 Evaluation Proforma - Revenue funding > £100,000 < £500,000  
 (Unless in exceptional circumstances and approved by Commissioner for  
 >£500,000)

**Commissioner's Statement**

<b>Reference Number</b>	
<b>Commissioner Representative</b>	<b>Aidan Murray</b>
<b>Title</b>	<b>Assistant Director Mental Health and Learning Disability, HSCB</b>
<b>Contact Tele No. &amp; Email</b>	<b>028 9032 1313 Ext: 2446 Aidan.Murray@hscni.net</b>
<b>Date</b>	<b>13<sup>th</sup> June 2012</b>

1. **Strategic Context – (if provider requires to add any further information for strategic context this should be added to box 8 in the main proposal attached)**

**Belfast Trust – Learning Disability Community Infrastructure**

As outlined in the HSCB Commissioning Plan, and in accordance with the principles of Citizenship and Human Rights enjoyed by all, people with a learning disability are entitled to live in their own homes in the community with a range of support services to meet their assessed needs. The Community Integration Programme, in line with the Commissioning Plan Direction and Transforming Your Care, seeks to ensure that no-one with a learning disability should be living in hospital by March 2015. It is essential therefore that, in addition to the ongoing resettlement programme from hospitals, Trusts should take all necessary action to prevent the admission of people to hospital due to the possibility of breakdown of their residential placements in the community.

Belfast Trust is now invited to submit proposals aiming at enhancing the capacity of community learning disability teams and associated specialist services to:

- Identify as early as possible those residents for whom breakdown in community placements is likely or imminent
- Intervene in a constructive way to assess individual need
- Develop care plans aimed at restoring placement stability
- Implement, monitor and review these care plans
- Prevent inappropriate hospital admissions and ensure that all discharges from hospital take place within no more than 7 days as required under the Commissioning Plan Direction.

The proposals should include consideration of the need for provision of step up facilities where people may be accommodated on a short term, time limited basis in order to de-escalate placement problems or provide respite for carers. The HSCB recognises that in looking at the need to develop such facilities, the Trust may propose to use funding that the HSCB may make available over the current CSR period. The HSCB has advised the Trust of its indicative funding allocations for learning disability services in 2013/14 and 2014/15. It should be stressed however that these are indicative allocations at this stage which have not yet had formal confirmation by the HSCB.

2. **Description of Services** ~~(If a provider requires to add any further information for strategic context this should be added to section 8 in the main proposal attached)~~

3. **Funding**

A total of £0.361m recurrent funds (£0.211m for CYE in 2012/13) will be made available to Belfast Trust to enhance the capacity of its community learning disability teams and associated specialist services.

4. **Timescale and process for submitting**

Belfast Trust is to submit completed investment proposal to Aidan Murray by 4<sup>th</sup> July 2012. A meeting will be held with the Trust on Wednesday 11<sup>th</sup> July 2012 to discuss the IPT, further details to follow. HSCB decision on approval to be given by 16<sup>th</sup> July 2012.

## **Provider Sections**

<b>Provider</b>	Belfast HSC Trust	<b>Submission date</b>	
<b>Scheme Title</b>	Belfast Trust – Learning Disability Community Infrastructure		
<b>Responsible Officer -including title</b>	John Veitch, Co Director of Learning Disability Services		
<b>Contact Details – Tele no. &amp; Email</b>	Fairview House 1, Mater Hospital, Crumlin Road, Belfast		

- This business case should be prepared in line with the Green Book and NIGEAE Guidance.
- Please complete this template with proportional effort, i.e. detail provided should be commensurate with the size of the bid.

### **1) Explain how this proposal specifically meets the need for this investment**

*(Must link directly to the Commissioner statement)*

Belfast HSC Trust has been invited to submit a proposal which aims to enhance the capacity of community learning disability teams and associated specialist services to:

- Identify as early as possible those residents for whom breakdown in community placements is likely or imminent
- Intervene in a constructive way to assess individual need
- Develop care plans aimed at restoring placement stability
- Implement, monitor and review these care plans
- Prevent inappropriate hospital admissions and ensure that all discharges from hospital take place within no more than 7 days as required under the Commissioning Plan Direction.

The Trust welcomes the funding and the commissioner's statement and wishes to bring forward a proposal for the LCG's consideration to incrementally develop a multidisciplinary Intensive support / wraparound team in Belfast. The operational policy of this team will be directly modeled on and deliver on the above objectives and in particular will the Trust confirm that this investment will be deployed in order to help the Trust comply with the 7 day discharge target by avoiding delayed

discharges and unnecessary admissions.- STM - 277 - 1925

Furthermore the Trust is declaring its intention to reexamine and modernise existing community resources including the existing behavioural support team and Promote service, which it envisages as an integral part of the new service. The Trust will ensure that the whole community service resource more efficiently and effectively targets and results in improved outcomes for individuals and families in most need of support. It is likely that the service will amalgamate the existing resource with the new allocation for 12/13 in order to provide a robust fully integrated service or team that not only provides assessment and direction, but real interventions. The Trusts also hopes to be able to better address the need to provide aspects of the new service out of hours and to enhance early intervention with families. In this way the Trust will maximize the effectiveness of the combined resource. This modernisation process will probably take between 6 to 9 months to complete.

In response to the need for provision of step up facilities, where people may be accommodated on a short term, time limited basis in order to de-escalate placement problems or provide respite for carers the Trust intends to give careful consideration to how this should be provided over the next 9 months. It will examine the need for and nature of these beds within the overall model and the potential to provide this through the restructuring of existing statutory beds. In the interim, the Trust is suggesting that it employs a model similar to that currently used in the Southern Trust where bed days are spot purchased from the independent sector. This will allow the service to properly scope the need for these beds as the service model develops rather than committing to permanent beds from the outset.

The Trust envisages the intensive support team providing assessment and interventions for people who have been resettled from hospital and those in the community whose placement is at risk of collapse. The team will identify these individuals and provide a robust wraparound to avoid placement breakdown, and review and implement revised care plans, thus avoiding the necessity for hospital admission. The service will also facilitate or access out of home respite or activities to assist placement maintenance through the transition.

The Trust believe that as a first stage of the incremental build of these services the core aspects of the multidisciplinary, as dictated by the operational objectives, should include: Care management, social work, nursing and occupational therapy skills, with sessional input from consultant psychiatry and dietetics, and behavioural support workers who will facilitate delivery of interventions. The Trust has also identified the need to secure forensic and S&LT skills, but these will be brought forward in year 2.

The Trust will be mindful of securing the transfer of these skills from within the staff group at Muckamore Abbey Hospital where possible.

The Trust envisages the team being lead by a band 7 practitioner who will also hold a 50% caseload. The proposed team will have the following breakdown in the first instance, pending restructuring of other existing services:

- 1 x w.t.e. care manager Bd 7.
- 2 x Bd 7 mental health practitioners, including team leader with 50% case load.
- 1x Bd 6 mental health practitioner.
- 2 X Bd 3 support workers.
- 0.5 Bd 6 OT
- 2 x consultant psychiatry sessions.( Cat A 1:6)
- 1 x session Bd 6 dietetics.

**2a) Options Considered and Benefits**

*Identify and describe all options considered including base case (**requirement** is that at **least 2** further options considered)*

*Identify and evaluate the benefits of **all** the options considered.*

Other options considered by the Trust were all variations on the same theme involving slight alterations to the makeup of the new team. However, the Trust has settled on the initial team build as described as it ensures the key or priority building blocks of a functioning team in its own right. This exercise has been carried out in the knowledge that the service over the period of the next 9 months will critically analyse existing resources in its community treatment services including the resources currently employed within the Promote service and Behavioural support team with a view to consider the benefits of full integration of existing resource within the emerging Intensive support team.

**2b) Reasons for rejection of options described and identification of preferred option from box 2a**

Alternative options, for example, higher proportions of support workers, inclusion of psychological therapies, increased proportion of staff with behavioural expertise, and broader Allied Health professional representation were considered but ruled out on the basis that the service needed to begin with a fully functional team which can then be further developed over the next three years with new indicative income and the modernisation of existing service delivery within community treatment and the wider Learning Disability service.

**3) Financial Quantification of chosen option**

*Express costing in total rather than incremental terms to expose full resource consequences*



Option Type	Option Name	MAHT Total £ (Rec)	Total £ (Non-Rec)	Overall Total £
Preferred	1 x w.t.e. Care Manager, Bd 7.	£44,063		£360,999
	2 x Mental Health Practitioners, Bd 7.	£88,126		
	1 x Mental Health Practitioner, Bd 6	£36,835		
	2 X Support Workers, Bd 3.	£43,100		
	0.5 x OT, Bd 6	£18,418		
	2 x consultant psychiatry sessions.( Cat A 1:6)	£21,934		
	1 x session Bd 6 dietetics.	£ 3,684		
	Travel	£13,300		
	Goods & Services	£21,144		
	Spot purchase of step up bed	£70,396		
<b>Additional Cost</b> (Marginal Increase: Preferred Option less Base Case)				
<p><i>Note: Detail to be contained in costing appendix and where cost savings or efficiency improvements are projected these will be further detailed in the VFM <u>Section 6</u>.</i></p>				

**4) What are the Specific Outcomes of the preferred option**

Quality, Timescales, Quantity – (detailed in box 11 below)

- Reduction in preventable community placement breakdown.
- Reduction in preventable hospital admissions.
- Strengthening of community treatment resources.
- Improved user experience, with increased ability to remain at home in the community through difficult periods or times of mental health difficulties.
- Improved carer experience, reduced trauma associated with hospital admission, and greater

feeling and experience of safety and support 277 - 1928

- Improved hospital discharge and follow up.

**5) Activity Outcomes**

*Contacts, placements, procedures etc, please identify*

**SBA Activity**

Original Baseline Activity	New Baseline Activity	Currency (FCE/IP/OP/DC/ Contacts/Caseload etc.)
<b>Additional Baseline Activity</b>	1 x w.t.e. Care Manager, Bd 7. 2 x Mental Health Practitioners, Bd 7. 1 x Mental Health Practitioner, Bd 6. 2 X Support Workers, Bd 3. 0.5 x OT, Bd 6 2 x Consultant Psychiatry sessions.( Cat A 1:6) 1 x session Bd 6 dietetics.	<b>600 contacts</b>  <b>1200 contacts</b>  <b>800 contacts</b>  <b>1320 contacts</b>  <b>350 contacts</b>  <b>144 attendances</b>  <b>70 contacts</b>
<b>New Baseline Activity</b>		

*If approved, activity will be added to Indicative volumes in the Service and Budget Agreement (if applicable), further sub analysis may be required by LCG/LGD please refer to Commissioner Statement.*

*The above table must be completed for each discreet element of the service in question and by hospital site if appropriate, please replicate if necessary. If activity is for more than one LCG, please also replicate this table.*

**6) Value for Money**

A) Efficiency Savings (Where applicable)

- Provide an accurate costing of any savings. Are these savings to be cash released or redeployed? If redeployed please provide full details of redeployment (cost, activity, outcomes etc).

There are no cash savings directly associated with this proposal although the incremental development of this aspect of the service over the next three years will have an impact on treatment admissions to hospital and an eventual reduction in the need for hospital inpatient treatment beds.

B) Further demonstrate overall Value for Money by including benchmarking evidence  
 B1) Breakdown the elements of the option and compare cost and activity to Status Quo option and benchmarking statistics eg Community Statistical Indicators, Reference Costs, Specialty Costs, HRGs etc.

N/A

B2 Please explain the reason for any positive or negative variances that exist when the preferred option is compared to B1 above.

Positive Variances: eg Better working practices, more efficient use of resources etc. These will indicate VFM.

Negative Variances: eg Increased complexity of services etc. These will not initially indicate VFM – More information required below in B3.

N/A

B3) If there are negative variances shown in B2 above explain how are these offset by, for example Qualitative benefits and the context of the project.

N/A

**7) Assess Risks and Uncertainties of achieving the Objectives and Outcomes**

Identify main risks associated with the proposal and how can these be mitigated – these should be scored using the Providers scoring tool

Low Risks The Trust is confident in its ability to recruit these staff.

Medium Risks

High Risks

**8) Monitoring and Post Implementation Evaluation Process – please also refer to detail contained within the Commissioner’s Statement**

*Who will manage the implementation of this scheme? When will the development be fully implemented, when will benefits and outcomes be realised?*

*What post evaluation arrangements are in place, these evaluations are also subject to test drilling and should be available 12 months after full implementation of the scheme if approved.*

The scheme development and the planned review of community treatment services will be managed by the Learning Disability operations manager for community treatment services. Benefits and outcomes will begin to be experienced by service users and carers immediately after full implementation of the team and these benefits and outcomes should strengthen and increase as the service is incrementally developed over the next 3 years.

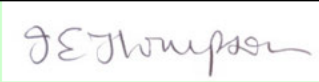

The first year of implementation will be monitored carefully in order to evaluate the ongoing benefits and outcomes. This in turn will influence the subsequent development of the service in future years to ensure the best match between investment decisions and desired outcomes for service users and their carers.

It is expected that the staff could be recruited to these posts within 3 months of approval to proceed. All appropriate efforts will be made to facilitate the transfer of skills from the hospital environment to the community.

**9) Other relevant information**

*Please make note of appendices or attachments*

**10) Signature of individuals responsible for this bid (Provider section)**

<b>Trust Authorising Officer</b>		<b>Date 05 October 2012</b>
<b>Title</b>	<u>Co-Director, Performance and Service Delivery</u>	
<b>For Trust Director of Finance Signature</b>		<b>Date 05 October 2012</b>
<b>Trust Chief Executive Signature</b>		<b>Date</b>

**11) Approval or rejection ((Local/Regional Commissioning Use only-HSCB and PHA )**

	Approved	Rejected (if yes detail reasons)	Approved in Principle (if yes detail reasons)
<b>Yes/No</b>			
<b><u>Responsible Officer</u></b>			
Signature		Date	Position
<b><u>Authorising Officer</u></b>			
Signature		Date	Position
<b>Director of Finance Authorisation or delegated officer</b>			
Signature		Date	Position
<b>Chief Executive Authorisation or delegated officer</b>			
Signature		Date	Position

SUMMARY OF FUNDS APPROVED - IF THIS DIFFERS FROM PREFERRED OPTION PLEASE DETAIL SHOULD BE PROVIDED			
TO BE UPDATED BY THE RESPONSIBLE OFFICER FOR TRAFFACS	FYE of project (£)	CYE of project (£)	Non Recurrent (£)
SOURCE OF FUNDS			