

**THE SCHEME FOR THE DELEGATION OF STATUTORY FUNCTIONS**

**BY**

**THE \_\_\_\_\_ HEALTH AND SOCIAL SERVICES BOARD**

**TO**

**THE \_\_\_\_\_ HEALTH AND SOCIAL CARE TRUST**

**In accordance with the provision of  
The Health and Personal Social Services (Northern Ireland) Order  
1994**

## Contents

Part		Page
	INTRODUCTION	3
ONE	GENERAL PROVISIONS	5
TWO	FAMILY AND CHILD CARE (INCLUDING ADOPTION SERVICES)	17
	Functions delegated by the Board to the Trust under The Children (NI) Order 1995	20
	Functions delegated by the Board to the Trust under The Adoption (NI) Order 1987	60
THREE	MENTAL HEALTH	66
	Functions delegated by the Board to the Trust under The Mental Health (NI) Order 1986	69
FOUR	DISABILITY	94
	Functions delegated by the Board to the Trust under The Disabled Persons (NI) Act 1989	97
	Functions delegated by the Board to the Trust under The Chronically Sick and Disabled Persons (NI) Act 1978	
	Functions delegated by the Board to the Trust under The Carers and Direct Payments (NI) Act 2002	100
FIVE	GENERAL SOCIAL WELFARE PROVISION FOR PEOPLE IN NEED	109
	Functions delegated by the Board to the Trust under The Health and Personal Social Services (NI) Order 1972	112

## DELEGATION OF STATUTORY FUNCTIONS

### Introduction

This Scheme sets out the arrangements between the ----- Health and Social Services Board and ----- Health and Social Care Trust for the discharge under The Health and Personal Social Services (Northern Ireland) Order 1994 of relevant Personal Social Services (PSS) functions by the Trust on behalf of the Board. The Scheme describes the fundamental principles, values and accountability relationships which will underpin the delivery of services. It specifies within the PSS programmes of care, including general services to people in need, the powers and duties which the Board has delegated to the Trust under the following legislation:

- The Children (Northern Ireland) Order 1995;
- The Adoption (Northern Ireland) Order 1987;
- The Mental Health (Northern Ireland) Order 1986;
- Disabled Persons (Northern Ireland ) Act 1989;
- The Chronically Sick and Disabled Persons (Northern Ireland) Act 1978;
- The Carers and Direct Payments (Northern Ireland) Act 2002; and
- The Health and Personal Social Services (Northern Ireland) Order 1972

Within each programme of care, the Scheme makes reference to:

- duties, where relevant, conferred directly on Trusts by other primary legislation;
- subordinate legislation ie. regulations which govern the manner in which Trusts must discharge the delegated functions set out in primary legislation;
- circulars and guidance issued by the Department of Health Social Services and Public Safety (DHSSPS), formerly the Department of Health and Social Services (DHSS) to which Boards and Trusts must adhere in the commissioning and delivery of the PSS;

- Board and Trust policies, procedures and best practice documentation developed on a regional basis to ensure consistency in the delivery of the PSS; and
- Other publications to inform good governance arrangements.



## PART 1 - GENERAL PROVISIONS

### 1. Introduction

- 1.1 The Health & Personal Social Services (NI) Order 1994 (The 1994 Order) permits a Health and Social Services Board (the Board) to delegate to a Health and Social Services Trust (the Trust) certain statutory functions. These are at present conferred directly on Boards or delegated to them by the Department. To assist the implementation of the 1994 Order, the Department of Health, and Social Services and Public Safety (DHSSPS) provided guidance on the accountability framework and on the arrangements which should exist between the Department, Boards and Trusts.

This has been supplemented by the guidance set out in the Departmental Circular, HSS (Statutory Functions) 1/2006: Responsibilities, Accountability and Authority of the Department of Health, Social Services and Public Safety, Health and Social Services Boards and Health and Social Services Trusts in the Discharge of Relevant Personal Social Services Functions to Safeguard and Promote the Welfare of Children (Appendix A). Whilst the Circular deals specifically with children's services, the accountability relationships and responsibilities of the Department, Boards and Trusts described in paragraphs 4.1 to 5.12 of the aforementioned Circular, hold true for the discharge of all PSS functions by each of these bodies.

- 1.2 The Board and the Trust have worked together to develop a protocol for the discharge of statutory functions.
- 1.3 The Board and Trust endorse the principles which underpin the 1994 Order, that the Discharge of Statutory Functions by the Trust should:
- i. minimise disruption to existing arrangements for service delivery;
  - ii. ensure clarity as to who is actually responsible on the ground in any particular case;
  - iii. be consistent with the strategic commissioning role of the Board; and

- iv. preserve the operational freedoms of the Trust.

## 2. Accountability

- 2.1 Accountability is a key element in the Discharge of Statutory Functions.
- 2.2 The provisions in relation to accountability which are contained in Departmental guidance are as follows:
  - i. Trusts, as corporate entities, are responsible in law for the discharge of statutory functions delegated to them. Boards are responsible for commissioning services to meet the needs of their populations and spending monies allocated to them to secure the delivery of Health and Personal Social Services in line with the Scheme of the Delegation of Statutory Functions;
  - ii. The 1994 Order requires the Trust to specify how it will discharge statutory functions in line with Departmental and Board guidance and current good practice;
  - iii. The Trust is accountable to the commissioning Board for the effective discharge of statutory functions delegated to them as well as the quantity, quality and efficiency of the service it provides;
  - iv. The Board is responsible for ensuring that the Schemes are properly implemented and that they are reviewed every 2 years;
  - v. The Board also have a role in quality assuring the discharge of those relevant functions which they have delegated to Trusts; and
  - vi. The Board and Trust should adopt a partnership approach to promote the welfare and safeguarding of children and vulnerable adults.

However, in certain circumstances a Board may with the approval of the Department of Health, Social Services and Public Safety, revoke an authorisation to a Trust to exercise

relevant functions, should circumstances warrant this. The Board has a responsibility to keep the Department informed of the outcome of the quality assurance arrangements in respect of Trusts discharge of relevant functions, and if there is an unresolved dispute to bring it to the attention of the Department of Health, Social Services and Public Safety.

### 3. Framework

3.1 The Board is required to ensure that the Scheme reflects sound and effective working procedures and good governance arrangements are adhered to by the Trust. To this end the Scheme addresses the following:

i. Scope

In relation to the general provision of Personal Social Services, the Scheme sets out for each programme of care, the statutory functions which are delegated by the Board to the Trust and the accountability arrangements pertaining to these functions. It also sets out further primary legislation; subordinate legislation; policy and procedural guidance to which the Trust must adhere in the discharge of statutory responsibilities. Further, the Scheme makes reference to relevant publications which should serve to inform good governance within the Trust.

The discharge by the Trust of its powers and duties will involve:

- a. interventions in matters of personal liberty;
- b. the protection of vulnerable people;
- c. the provision of vital services; and
- d. the exercise of regulatory functions

ii. Statutory Basis

- a. The Trust will discharge all the delegated powers and duties of the Board under relevant primary legislation, including Orders in Council. These are described in the Scheme.

- b. The Trust will also comply with all statutory rules pertaining to the delegated functions and all Departmental directions and determinations.

- iii. Policy and Procedures and Guides to Good Practice

The Trust will adhere to Departmental circulars and guidance, the recommendations of Departmental and Regulation and Quality Improvement Authority (RQIA) inspections and to the policies and procedural guidance of the Board unless there are exceptional circumstances in a particular case.

- iv. Staffing

- a. The staffing structure within the Trust will be agreed by the Board;
- b. The Director of Social Work, who reports directly to the Trust Board, will have accountability for ensuring the effective discharge of statutory functions within all programmes of care. Trust organisational arrangements and structures should be constructed to facilitate the Director in this task;
- c. The Trust will identify at Senior Manager level, a Social Care Governance Officer who will report directly to the Director in relation to the Trusts in compliance with statutory functions. The Trust will also identify social work leads for all programmes of care. As part of their management role, they will lead on the reporting of compliance with statutory functions and related governance issues to the Social Care Governance Manager. Each programme social work lead should be situated at least at level 4 within Trust structures;
- d. The Trust will provide a system of formal and regular supervision for all staff responsible for the discharging of statutory functions\*;
- e. The Trust will demonstrate commitment to workforce development, including the development of competencies

---

\* This process will be informed by the work of the Reform and Implementation Team

and to the provision of training opportunities at in-service, qualifying and post-qualifying levels for all staff. This will be appropriate to their statutory duties and responsibilities; and

- f. The Trust will comply with statutory and regulatory requirements in relation to its workforce and with the Northern Ireland Social Care Council's (NISCC) employer code of conduct.

v. Reporting

Boards are required to agree the Trusts monitoring arrangements as well as the information that will be provided and at what intervals. The Board requires that the Trusts will produce an annual report on how the Trust has discharged their functions no later than the end of May each year.

Boards have the authority to monitor, evaluate and inspect services directly and to require Trusts to provide them with information on any matter related to the discharge of relevant functions.

The Board expects that the Annual report will be structured around the production of:-

- a. narrative
- b. quantitative data
- c. performance management

(See Appendix 1)

vi. Quality Assurance/ Monitoring Arrangements

Quality assurance procedures will build on areas of best professional and management practice. The Board will require the Trust to provide evidence of the regular evaluations it has undertaken of its services within each programme of care:

- a. The Trust will establish specific monitoring arrangements for all specified statutory requirements;

The Board expects the Trust to put in place arrangements to ensure that at regular intervals throughout the year the Director receives reports from the Social Care Governance Officer. This report should highlight issues and trends and in particular drawing to the Director's attention any breaches of statutory functions which require immediate action. Such breaches should be notified to the Board. A suggested framework and timetable for this work is provided;

(See Appendix 2);

- b. The Trust will develop any further monitoring arrangements required within each programme of care. These may range from annual reviews of each team and facility to specified evaluations and internal audits of professional practice, policies and procedures;
- c. The Trust will establish specific internal arrangements for the reporting, investigating and monitoring of untoward events, adverse incidents and serious adverse incidents. All staff will be made aware of the procedure and to whom such events and incidents should be reported. The Board will be notified of all untoward events and serious adverse incidents;
- d. The Trust will establish procedures for the investigation and management of complaints and provide regular reports on the nature and outcome of complaints; and
- e. The Trust will comply with the requirements of external monitoring agencies.

The Board in its annual commissioning arrangements will focus on quality assurance standards. Any new requirements will be negotiated through the formal commissioning process. Professional accountability issues in respect of quality assurance will be raised and agreed through appropriate managerial and professional lines.

## vii. Collaborative Arrangements

The Trust will establish arrangements for liaison with :-

- a. other Trusts:
- b. other statutory bodies; and
- c. the voluntary, community and private sectors.

## viii. Review and renewal of the scheme

The scheme will be formally reviewed every 2 years. However, it can be reviewed at any time at the request of either of the parties involved,

## 4. Values shared by the Board and following core Trust Providers

### 4.1 Core Values

The Board and the Trust subscribe to the following core values:

**Dignity and Respect** – The uniqueness and intrinsic value of the individual is acknowledged and each person is treated with dignity and respect. This is applicable to service users, carers, staff and others who come in contact with services.

**Independence** – A balance between the promotion of independence and risk taking is needed. Service users have as much control as possible over their lives. Service users are informed about risk whilst being protected against unreasonable risks.

**Promotion of Rights** – In the context of services delivered to them, the individual and human rights of service users are promoted and safeguarded. Where necessary, appropriate advocacy arrangements are put in place.

**Equality and Diversity** – Equality of opportunity and positive outcomes for service users and staff are promoted; their background and culture are valued and respected.

**Choice and Capacity** – Service users are offered, wherever possible according to assessed need and available resources, the opportunity to select independently from a range of options based

on clear and accurate information, which is presented in a manner that is understood by the service user and carer.

**Privacy** – Service users have the right to be free from unnecessary intrusion into their affairs and there is a balance between the consideration of the individual's safety, the safety of others and HPSS organisational responsibilities.

**Empowerment** – Service users are enabled and supported to achieve their potential in health and social well-being. Staff are supported and developed to realise their ability and potential.

**Confidentiality** – Information about service users and staff is managed appropriately and everyone involved in the service respects confidential matters.

**Safety** – Every effort is made to keep service users, staff and others as safe as is possible. In all aspects of treatment and care, service users are free from exploitation, neglect or abuse.

#### 4.2 Professional Values

Professional values transcend programmes of care. They complement and extend the following core values to which the Trust is expected to adhere:

- i. a commitment to ensuring that all users and carers enjoy equality of opportunity to service provision, irrespective of age, gender, race or disability in compliance with equality and human rights legislation;
- ii. a participative, consensual and “working together” approach with families and individuals, whenever possible, in the planning and provision of services;
- iii. a respect for the independence of individuals; their right to self-determination and to take risks and the minimisation of any restraint upon that freedom of action;
- iv. a regard for the dignity and individuality of every user and carer; and



- v. a responsibility to provide services in a way that promotes the fulfilment of an individual's aspirations and abilities in all aspects of daily life.

## **5. Strategic Principles in Organising and Providing services**

On the basis of the framework and values outlined above, the Trust will promote the following principles in the organisation and provision of services:

- i. arrangements for the discharge of statutory responsibilities will be consistent across the Trust; Boards should seek to ensure that consistency is achieved, regionally.
- ii. arrangements will be monitored and evaluated by agreed systems and procedures;
- iii. services will be needs led and person centred. Within each programme of care, the welfare of any child deemed to be at the risk of significant harm will be the Trust's paramount consideration;
- iv. a "working together" approach will be adopted with all relevant agencies and disciplines in order to secure the best outcomes for services users and their carers; and
- v. service choice will be facilitated and promoted.

## **6. The Board's Role and Responsibilities in relation to its Accountability for Statutory Functions**

6.1 The Board will:

- i. prescribe professional and other quality Standards. These will provide a baseline for the provision of services in accordance with statutory requirements;
- ii. approve the Trust's policies and procedures in respect of statutory functions; and

- iii. monitor, evaluate and audit services to ensure that they are provided in accordance with prescribed policies and standards and within agreed and approved procedures. To avoid duplication the Board will agree with the Trust those areas where the Board intends prioritising provision
- 6.2 The Board must be satisfied as to the arrangements which the Trust has in place to control and ensure the quality of services and satisfy accountability requirements.
- 6.3 The Board will take account of the evidence provided by the Trust, when determining how it will quality assure the discharge of statutory functions by the Trust. The Board will seek to ensure that there is no unnecessary duplication between the Board and the Trust.
- 6.4 The Board will specify the areas of service in which it intends to have a direct monitoring role.

## **7. The Trust's Operational arrangements for Discharge of Statutory Functions**

As a separate legal entity, accountable for the discharge of relevant statutory functions, the Trust will create sound organisational arrangements to discharge such functions effectively. The Trust will develop systems that are robust and capable of balancing appropriately the complex issues of protection and care. The Trust will provide evidence, that the functions are being discharged to a satisfactory standard and in accordance with the regulatory and Social Care Governance framework, which will be made available to the Board on a regular agreed basis.

The Trust will, therefore, ensure that:

- i. Professional practice in the discharge of statutory functions is of a high standard;
- ii. Staff hold professional qualifications which are relevant to the discharge of specific statutory functions;
- iii. Staff receive appropriate support and training to ensure competency in discharge of the functions and to enable them

to comply with the Northern Ireland Social Care Council (NISCC) employee code of practice;

- iv. Responsibility, authority and accountability are clearly defined in relation to discharge of statutory functions;
- v. There are systems and protocols which will ensure the discharge of these functions in a reliable and effective manner;
- vi. The discharge of all aspects of the functions including systems, protocols and professional practice will be regularly review and remedial action will be taken where this is necessary ; and

There will be appropriate arrangements for the sharing of information across disciplines and programmes of care within the Trust and across Trusts and with other statutory and voluntary bodies, particularly in relation to the safeguarding of children and the protection of vulnerable adults.

The Trust will, in addition, ensure that:

- i. There is clear and appropriate managerial and professional accountability throughout its services;
- ii. Appropriate monitoring arrangements are in place to monitor performance against agreed professional standards; and
- iii. A learning culture, which provides opportunities for life long learning and professional development, is promoted.

## **8. Collaboration and co-operation between the Board and the Trust**

The Board and Trust are committed to working collaboratively to ensure consistency in relation to discharge of statutory functions. Some of the areas in which this is essential are:

- i. Review and amendment of policies and procedures which relate to the discharge of statutory functions;
- ii. The management and administration of out-of-hours emergency services;

- iii. Emergency and disaster planning arrangements;
- iv. The Area Child Protection Committee; the Trust's Child Protection Panel, and the Vulnerable Adults Forum<sup>1</sup>. These groups will collaborate with the Police Service Northern Ireland and the Probation Service Northern Ireland being the lead agency, in the management of dangerous and sexual offenders;
- v. Services to carers;
- vi. The Adoption Panel; and
- vii. In service, qualifying and post qualifying training for all staff.

It will be necessary to establish formal liaison arrangements at senior officer level to ensure effective communication between the Trust, the Board and other appropriate agencies.

## 9. Review

This scheme will be reviewed after 2 years and thereafter at any time at the request of either of the parties involved<sup>2</sup>.

---

<sup>1</sup> Arrangements are being made to replace ACPCs with a Safeguarding Board for Northern Ireland and TCPPs with Safeguarding Panels in Trusts.

<sup>2</sup> The creation of the proposed Regional Health and Social Care Board will require the Scheme to be reviewed before its adoption by that Agency.

MAHT - STM - 097 - 4098

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

### 1. Principles and values

The principles and values underpinning work in the field of family and child care and adoption are to be found in Part 1 of the main document which also sets out in general terms the framework for the Scheme, accountability and operational arrangements.

### 2. Practice

Practice within the Trust will adhere to relevant primary legislation and regulatory requirements and appropriate policies, procedures and best practice standards. The Trust's family and child care and adoption policies and procedures will be agreed with the Board.

### 3. Staffing

- a. In the discharge of statutory functions in family and child care and adoption there will be an unbroken line of professional accountability from the social worker to the professional head of the programme through to the Trust's Executive Director of Social Work.
- b. The professional head of the programme will always be a social worker with relevant expertise in the area of family and child care.
- c. Formal and regular supervision will be made available to social work staff of all grades within the programme by a professionally qualified social worker of more senior rank.
- d. The Trust will ensure that an adequate number of trained social work staff are available to properly discharge the statutory functions in respect of family and child care and adoption in line with the Board's commissioning strategy.

### 4. Quality Assurance

- a. An executive member of the Trust Board will be a social worker who amongst his/her duties will be responsible for advising the Trust Board that systems, processes and procedures are in place to effectively discharge statutory functions in family and child care and adoption.
- b. A regular audit of this scheme will be carried out by a social worker with relevant experience in family and child care.

MAHT - STM - 097 - 4099

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

- c. The audit will include a review of professional practice in respect of:
- i. statutory requirements;
  - ii. relevant policies and procedures;
  - iii. agreed standards;
  - iv. staffing levels, qualifications and competences;
  - v. the views of children, parents and adopted adults;
  - vi. the views of other agencies and disciplines; and
  - vii. the views of staff.
- d. All audit reports will be made available to the Trust and the Board.

### 5. Monitoring

The Trust is committed to ensuring that the monitoring of the discharge of statutory functions is an ongoing process. Monitoring will be undertaken using both qualitative and quantitative measures and the results of audits and monitoring outcomes will be shared with the Board. The Board will be informed of, serious adverse incidents, untoward incidents and complaints where these relate to statutory functions in family and child care and adoption, in accordance with agreed procedures.

The Board will also monitor the discharge of statutory functions. This will include an analysis and evaluation of the information derived from the Trust's monitoring systems; and a planned programme of professional audit of selected statutory functions.

### 6. Collaborative Arrangements

- a. The Trust will agree with other Trusts appropriate arrangements for the transfer of child care and adoption cases. Such transfer arrangements must comply where appropriate with Regional Child Protection Policy and Procedures.
- b. The Trust will agree with the Board, and share with other Boards and Trusts, common professional standards, policies and procedures in family and child care and adoption particularly where these have a Northern Ireland wide relevance.
- c. The Trust will agree with the Board a mechanism for reporting untoward and adverse incidents. The Board will receive a copy of the Trust's annual Children Order Representation and Complaints

MAHT - STM - 097 - 4100

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

Report and the annual report on complaints within adult adoption services. The Trust should also extract from their general complaints, any complaint in relation to adoption services;

- d. The Trust will make arrangements for the professional supervision, training and professional development of family and child care and adoption staff and will make provision, as necessary, for multidisciplinary and interagency training in the area of family and child care and adoption;
- e. The Trust will maintain good working relationships and open communication on family and child care and adoption matters with other Trusts, Boards, voluntary organisations, other statutory bodies, including local councils and will collaborate with them as necessary.

### 7. Review

This scheme will be reviewed after 2 years and thereafter at any time at the request of either of the parties involved\*.

---

\* This may vary with the Review of Public Administration and the introduction of the Regional Health and Social Care Board.

MAHT - STM - 097 - 4101  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**FUNCTIONS DELEGATED BY THE BOARD TO THE TRUST UNDER  
 THE CHILDREN (NI) ORDER 1995**

**Specific duties and powers of Trusts**

**Duty or Power**

**Provision**

**Reports on child’s welfare**

Duty to arrange for suitably qualified person to report to the court on the welfare of a child, where requested by the court.

Article 4(5)

**Family Assistance Orders**

Duty to comply with a family assistance order requiring the Trust to make a suitably qualified person available to advise, assist and (where appropriate) befriend any child named in the Order. Those named may include the child, any parent or guardian of the child, anyone with whom the child is living and anyone in whose favour a Contact Order is in force. The Court will usually name the Trust for the area in which the child lives or will live. Where the child does not live, or is not expected to live in the Trust’s area the Order cannot be made unless the Trust agrees.

Article 16(1)  
 Power to seek discharge of Article 8 Order

**Assessments and services for children who are carers**

Where a child provides or intends to provide a substantial amount of care on a regular basis for a person aged 18 or over and the child requests the Trust to carry out an assessment for the purposes of determining whether he is a child in need for the purposes of Part IV of the Children Order and the Trust is satisfied that the person cared for is someone for whom it may provide personal social services, duty under Article 17A (1) of the Children Order to carry out such an assessment and, taking the results of that assessment into account, to determine whether the child is a child in need for the purposes of Part IV of the Children Order.

Article 17A



MAHT - STM - 097 - 4102

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

Power to carry out an assessment under Article 17A of the Children Order in such manner and such form as the Trust considers appropriate.

**Services for children in need and others**

General duty to provide personal social services to safeguard and promote the welfare of children in need and to promote their upbringing by their families, except where that would prejudice their welfare. Services may be provided for the child's family or a member of the child's family in order to safeguard or promote the child's welfare.

Article 18(1) and (3)

Duty to facilitate the provision of services by other individuals or bodies, particularly voluntary organisations, or to make arrangements for other to act on its behalf in the provision of these services.

Article 18(5)

Power to provide assistance in kind or, exceptionally, in cash when providing services for children in need. Power to impose conditions as to repayment in full or in part.

Article 18(6) and (7)

Duty, when providing such assistance (or imposing a condition as to repayment), to have regard to the means of the child and each of his parents. Repayment cannot be claimed from a person who is in receipt of income support, family credit or disability working allowance under the social security system.

Article 18(8) and (9)

**Assessments: carers of disabled children**

Where the carer of a disabled child who has parental responsibility for the child requests the Trust to carry out an assessment of the carer's ability to provide and to continue to provide care for the child; and the Trust is satisfied that the child and his family are persons for whom it may provide services, duty under Article 18A (1) to carry out such an assessment; and take the results of that assessment into account when deciding what, if any,

Article 18A

MAHT - STM - 097 - 4103

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

services to provide under Article 18.

Where it carries out an assessment of the needs of a disabled child for the purposes of Part IV of the Children Order or section 2 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (c. 53); and the carer of the child requests the Trust before it makes a decision as to whether the needs of that child call for the provision of any services to carry out an assessment of the carer's ability to provide and to continue to provide care for that child, duty under Article 18A (2) of the Children Order to carry out such an assessment; and take the results of that assessment into account in deciding what, if any, services to provide.

Article 18A

Power to a carry out an assessment under Article 18A of the Children Order in such manner and such form as the Trust considers appropriate.

Article 18A

For the purposes of an assessment under Article 18, power to take into account, so far as the Trust considers it to be material, any other assessment made under Article 18.

Article 18A

**Information regarding assessments and services for children who are carers and information regarding assessment of carers of disabled children**

Duty to take such steps as are reasonably practicable to ensure that information is generally available in the Trust's area concerning the right of a person to request an assessment under Article 17A or 18A and that those in the Trust's area who might benefit from such an assessment receive the information relevant to them.

Article 18D

Where it appears to a Trust that a child provides or intends to provide a substantial amount of care on a regular basis for a person aged 18 or over and the person cared for is someone for whom it may provide personal social services, duty to notify the child that he may be entitled to request an assessment under Article 17A(1).

Article 18D

MAHT - STM - 097 - 4104

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power****Provision**

Where it appears to a Trust that a disabled child is cared for by a carer who has parental responsibility for the child and the disabled child and his family are persons whom the authority may provide services under Article 18 of the Children Order, duty to notify the carer that he may be entitled to request an assessment under Article 18A (1).

Article 18D

Where a Trust proposes to carry out an assessment of the needs of a disabled child for the purposes of this Part or Section 2 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (c. 53) and, it appears to the Trust that, that child is cared for by a carer, duty to notify the carer that he may be entitled to request an assessment under Article 18A(2).

Article 18D

Duty to take reasonable steps to identify the extent to which there are children in need in its area.

Schedule 2  
Para 1

Duty to publish information about family support services which it provides and, where appropriate, the services others provide on its behalf. Duty to take reasonable steps to ensure that those who might benefit from such services receive information which is relevant to them.

Schedule 2  
Para 2

Duty to open and maintain a register of disabled children within its area.

Schedule 2  
Para 3

Power to assess a child's needs at the same time as carrying out an assessment required under any other statutory provision.

Schedule 2  
Para 4

Duty to take reasonable steps, through the provision of services, to prevent children within its area suffering ill-treatment or neglect.

Schedule 2  
Para 5(1)

Duty placed on a Trust where it believes that a child within its area is likely to suffer harm, to inform the Trust within whose area the child lives or proposes to live.

Schedule 2  
Para 5(2)

Power, where a child is suffering or likely to suffer ill-treatment within the home, to assist the alleged person

Schedule 2  
Para 6

MAHT - STM - 097 - 4105

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power****Provision**

alleged to be causing or likely to cause the ill treatment to move from the premises and to find alternative accommodation.

Duty to provide services to disabled children to minimise the effect of their disabilities and to give them the opportunity to lead lives which are as normal as possible.

Schedule 2  
Para 7

Duty to take reasonable steps to reduce the need to bring care or supervision proceedings against children within its area, or criminal proceedings against such children. Duty to encourage children not to commit offences and to avoid the need for children to be placed in secure accommodation.

Schedule 2  
Para 8

Power to provide a range of services for children in need while they are living with their families. These services include advice, guidance and counselling; occupational, social, cultural and recreational activities; assistance with travelling expenses to take advantage of these services, home help, and assistance to enable a child and his family to have a holiday.

Schedule 2  
Para 9

Duty to provide such family centres as it considers appropriate.

Schedule 2  
Para 10

Duty to protect the welfare of any child in need within its area who is living apart from his family but is not being looked after by the Trust. Where reasonably practicable the Trust must take steps to reunite the child and his family or to promote contact between them if this, in the Trust's opinion, would safeguard or promote the child's welfare.

Schedule 2  
Para 11

Duty to have regard to the racial groups to which children in need belong when making arrangements for the provision of day care and foster parents.

Schedule 2  
Para 12

Duty to provide such day care for pre-school age children in need as is appropriate.

Article 19(2)

MAHT - STM - 097 - 4106

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<b><u>Duty or Power</u></b>	<b><u>Provision</u></b>
Power to provide day care for pre-school age children who are not in need.	Article 19(3)
Power to provide facilities (including training, advice, guidance and counselling) for those caring for or accompanying children while they are in day care.	Article 19(4)
Duty to provide appropriate care or supervised facilities for school age children in need outside school hours and during school holidays.	Article 19(5)
Power to provide day care or supervised activities for children attending school who are not in need.	Article 19(6)
Duty on Trust, while carrying out its functions to provide day care and supervised activities, to have regard to any day care which is provided by District Councils, Education and Library Boards or others.	Article 19(7)
Duty, in conjunction with Education and Library Boards and District Councils, to review at least once every three years the day care and childminding services which are available in the Trust's area including those provided by itself and others. Duty to consult with interested parties when conducting the review and to publish a report of the reviews findings.	Article 20
Duty to provide accommodation for any child in need who requires it because he is abandoned or lost; or because there is no person with parental responsibility; or because the person who had been caring for the child is prevented from providing suitable accommodation or care.	Article 21(1)
Power to take over the provision of accommodation for a child who is ordinarily resident in its area but who is being accommodated by another Trust. It must take over from the other Trust within 3 months, or such other longer period as may be prescribed, of being notified of such an arrangement.	Article 21(2)

MAHT - STM - 097 - 4107

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<b><u>Duty or Power</u></b>	<b><u>Provision</u></b>
Duty to provide accommodation for any child in need within its area who has reached the age of 16 and whose welfare it considers is likely to be seriously prejudiced if it does not provide him with accommodation.	Article 21(3)
Power to provide accommodation for any child within its area if it considers that this would safeguard or promote the child's welfare. Accommodation may be offered even if there is a person with parental responsibility who is able to provide accommodation for the child.	Article 21(4)
Power to provide accommodation in a Trust home for any person aged 16 but under 21 where the home takes children who have reached age 16 and the Trust considers that the provision of accommodation would safeguard or promote the young persons welfare.	Article 21(5)
Duty to consult a child before providing accommodation under Article 21. It must ascertain the child's wishes with regard to the provision of accommodation, so far as is reasonably practicable and consistent with the child's welfare. Due consideration must then be given to the child's views having regard to his age and understanding.	Article 21(6)
Power to provide accommodation under Article 21 where a child has reached the age of 16 and agrees to being provided with accommodation even though someone with parental responsibility objects.	Article 22(5)
Duty to make provision for the reception and accommodation of children who are removed and kept away from home under Part VI of the Children Order.	Article 23(1)
Duty to provide accommodation for children taken into police protection whom it is requested to receive.	Article 23(2)
Power to impose a reasonable charge for any services provided under Articles 18 and 19 other than the provision of advice, guidance or counselling. Any person in receipt of income support, family credit or disability	Article 24(1)

MAHT - STM - 097 - 4108

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power****Provision**

working allowance is exempt from payment.

Power to recover from another Trust reasonable expenses incurred in accommodating and maintaining a child under Article 21(1) or 23(1) or (2) where the child is ordinarily resident in the area of the other Trust.

Article 24(6)

**Accommodation of children looked after by Trusts**

Duty to promote and safeguard the welfare of children it is looking after, and to make reasonable use of services which are available to children cared for by their own parents.

Article 26(1)

Duty to consult so far as is reasonably practicable before making any decision which relates to a child it is looking after or proposes to look after. Those consulted include the child, his parents, any non-parent with parental responsibility and anyone else whose wishes and feelings the Trust considers to be relevant.

Article 26(2)

Duty to give due consideration to the wishes and feelings of those consulted when reaching a decision. In the case of the child, the weight to be attached to any wishes and feelings expressed will depend on his age and understanding.

Article  
26(3)(a) and  
(b)

Duty to take account of the child's religious persuasion, racial origin, cultural and linguistic background when reaching a decision under Article 26(2).

Article  
26(3)(c)

Power to exercise its powers in a manner which is not consistent with its general duties under Article 26 where it is necessary to do so to protect members of the public from serious injury.

Article 26(4)

Duty to comply with directions given to it by the Department of Health, Social Services and Public Safety in order to protect members of the public from serious injury even though they may be inconsistent with its other duties under Article 26.

Article 26(5)  
and (6)

MAHT - STM - 097 - 4109

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

Duty to provide accommodation and maintenance for a child it is looking after. There is a wide range of accommodation which may be used for this purpose. A Trust must comply with regulations when placing any child it is looking after.

Article 27(1)  
and (2)

Duty to ensure that where a child is in its care, any placement with a parent, a non-parent with parental responsibility, or a person in whose favour a residence order in force immediately before the care order was made, is in accordance with regulations made by the Department of Health, Social Services and Public Safety.

Article 27(5)

Duty (unless it would not be reasonably practicable or consistent with the child's welfare) to place a child it is looking after with a parent, a non-parent and parental responsibility, a relative, friend or other person connected with the child. Where a child is subject to a Care Order this may include placement with someone who has parental responsibility under a residence order immediately before the care order was made.

Article 27(7)

Duty (so far as is reasonably practicable and consistent with the child's welfare) to accommodate a child it is being looking after near the child's home and where siblings are being accommodated, that they are accommodated together.

Article 27(8)

Duty, so far as is reasonably practicable, to ensure that the accommodation it provides for a disabled child it is looking after, is not unsuitable to the child's particular needs.

Article 27(9)

(Via regulations under Article 27) Duty to comply with regulations made in respect of children placed with Trust foster parents.

Article 28(1)

(Via regulations under Article 27) Duty to comply with regulations made in respect of children placed with their parents etc.

Article 28(3)



MAHT - STM - 097 - 4110

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power****Provision**

Duty to promote contact between any child it is looking after and, parents, non-parents with parental responsibility, relative, friend and others connected with him. Duty so far as is reasonably practicable to keep his parents and those with parental responsibility informed where the child is being accommodated (unless this would not be reasonably practicable or consistent with the child's welfare). If the child is in the care of the Trust, it may refuse to disclose his whereabouts if this would be prejudicial to his welfare. The Trust also has a duty to inform the child's parents etc where another Trust takes over the provision of accommodation for the child.

Article 29

Power, where it is looking after a child, to assist with the travelling, subsistence and other expenses associated with family visits where the visit could not otherwise be made without undue financial hardship and the circumstances warrant such assistance.

Article 30

Duty to appoint an independent visitor for a child it is being looking after where there has been infrequent communications between the child and parents or any non-parent with parental responsibility or where he has not visited or been visited by such a person in the preceding 12 months. In either case an independent visitor will only be appointed if this would be in the child's best interests. The appointment shall not be made if the child objects to it provided he has sufficient understanding to make an informed decision.

Article 31(1)

Duty to terminate the appointment of an independent visitor if the child objects to the appointment provided that he has sufficient understanding to make an informed decision.

Article 31(6)

Power to guarantee any deed of apprenticeship or articles of clerkship entered into by a child it is looking after or anyone previously looked after who qualifies for advice and assistance.

Article 32

MAHT - STM - 097 - 4111

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

Power to arrange for a child in its care to live outside Northern Ireland, but only if it has court approval.

Article 33(1)

Power to arrange for, or assist in arranging for, a child it is looking after (but who is not in care) to live outside Northern Ireland, but only with the approval of every person with parental responsibility for the child.

Article 33(2)

Duty to notify the Department of Health, Social Services and Public Safety of the death of a child it is looking after. Duty also to notify the child’s parents and every person with parental responsibility for him, so far as is reasonably practicable.

Article  
34(1)(a) and  
(c)

Power, with the consent of all those with parental responsibility (so far as is reasonably practicable), to arrange for the child to be buried or cremated and to recover the cost from any parent where the child was under the age of 16.

Article  
34(1)(c) and  
(4)

Power to give financial assistance to parents, relatives, friends and other persons connected with the child, to enable them to attend the child’s funeral if and they could not otherwise attend without undue financial hardship and the circumstances warrant such assistance.

Article  
34(1)(d) and  
(2)

**Preparation for ceasing to be looked after**

Duty where a child is looked after to advise, assist and befriend him with a view to promoting his welfare when Trust has ceased to look after him.

Article 34A

Where a child who is looked after is an “eligible” child, a duty to carry out an assessment of his needs with a view to determining what advice, assistance and support it would be appropriate for the Trust to provide him under this Order while it is still looking after him; and after it ceases to look after him and to prepare a Pathway Plan for him. Duty to keep the Pathway Plan under regular review and duty to arrange for each eligible child whom it is looking after to have a personal adviser.

MAHT - STM - 097 - 4112

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

Power to carry out the review of the Pathway Plan at the same time as a review of the child's case carried out by virtue of Article 45.

Article 34A

**“Relevant” children**

Duty to take reasonable steps to keep in touch with a relevant child for whom the Trust is the responsible authority, whether he is within the Trust’s area or not. Duty to appoint a personal adviser for each “relevant” child (if it had not already done so under Article 34A) and if the child does not already have a Pathway Plan prepared for the purposes of Article 34A, to carry out an assessment of his needs with a view to determining what advice, assistance and support it would be appropriate for the Trust to provide him with and a duty to prepare a Pathway Plan for him.

Article 34C

Power to carry out the assessment of the “relevant” child’s needs at the same time as any assessment of his needs is made under any statutory provision referred to in sub-paragraphs (a) to (c) of paragraph 4 of Schedule 2, or under any other statutory provision.

Article 34C

Duty to keep the “relevant” child’s pathway plan under regular review and to safeguard and promote the child's welfare and, unless the Trust is satisfied that his welfare does not require it, support the “relevant” child by maintaining him; providing him with or maintaining him in suitable accommodation and providing support of such other descriptions as may be prescribed, including support which may be in cash.

Article 34C

Duty, if the Trust has lost touch with a “relevant” child, despite taking reasonable steps to keep in touch, to without delay consider how to re-establish contact; and take reasonable steps to do so. Duty while the child is still a “relevant” child to take such steps until it succeeds.

Article 34C

MAHT - STM - 097 - 4113

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power****Provision****Continuing functions in respect of former “relevant” children**

Duty to take reasonable steps to keep in touch with a former “relevant” child whether he is within the Trust's area or not; and if the Trust loses touch with him, to re-establish contact.

Article 34D

Duty to continue the appointment of a personal advisor for a former “relevant” child and continue to keep his Pathway Plan under regular review. Duty to give a former “relevant” child assistance of the kind referred to in Article 35B(1), to the extent that his welfare requires it; assistance of the kind referred to in Article 35B(2), to the extent that his welfare and his educational or training needs require it and other assistance, to the extent that his welfare requires it.

If the former “relevant” child's Pathway Plan sets out a programme of education or training which extends beyond his twenty-first birthday, the above duties continue to subsist for so long as the former “relevant” child continues to pursue that programme, even where there is an interruption, provided the Trust is satisfied that he will resume it as soon as is reasonably practicable.

**Advice and assistance**

Duty, where the person needs help of a kind which the Trust is empowered to give under this Article or Article 35B and in the case of a person who was not being looked after by a Trust, where the person by whom he was being looked after does not have the necessary facilities for advising or befriending him, to advise and befriend him if he was being looked after by a Trust or was accommodated by or on behalf of a voluntary organisation or in any other case the Trust may do so.

Article 35A

Where the Trust is under a duty, or is empowered, to advise and befriend such a person, it may also give him

MAHT - STM - 097 - 4114

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

assistance in kind or, in exceptional circumstances, in cash.

**Employment, education and training**

Power to give assistance to any person who qualifies for advice and assistance by virtue of Article 35(2)(a) by contributing to expenses incurred by him in living near the place where he is, or will be, employed or seeking employment. Power to give such assistance by contributing to expenses incurred by the person in living near the place where he is, or will be, receiving education or training; or to make a grant to enable him to meet expenses connected with his education or training. This applies to any person who is under 24 qualifies for advice and assistance by virtue of Article 35(2)(a), or would have done so if he were under 21.

Article 35B

Power, where a Trust is assisting a person to disregard any interruption in his attendance on the course if he resumes it as soon as is reasonably practicable.

Power, where the Trust is satisfied that a person who is in full-time further or higher education needs accommodation during a vacation because his term-time accommodation is not available to him then, to give him assistance by providing him with suitable accommodation during the vacation; or paying him enough to enable him to secure such accommodation himself.

MAHT - STM - 097 - 4115

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

**Information**

Duty where it appears to a Trust that a person with whom it is under a duty to keep in touch; or whom it has been advising and befriending under Article 35A; or to whom it has been giving assistance under Article 35B, proposes to live, or is living, in the area of another Trust, to inform that other Trust.

Article 35C

Where a child who is accommodated by a voluntary organisation or in a private children's home; or as mentioned in Article 35(2)(d), ceases to be so accommodated, after reaching the age of 16, the person providing the accommodation has a duty to inform the Trust within whose area the child proposes to live.

**Representations: Articles 34B to 35B**

Duty to establish a procedure for considering representations (including complaints) made by a relevant child for the purposes of Article 34B or a young person falling within Article 34D; a person qualifying for advice and assistance; or a person falling within Article 35B(2), about the discharge of its functions under this Part in relation to him.

Article 35D

In considering such representations, duty to comply with regulations made by the Department of Health and Social Services and Public Safety for the purposes of this paragraph.

**After care**

Duty to advise, assist and befriend a child it is looking after in order to promote his welfare when he ceases to be looked after.

Articles  
35(1)

Duty to advise and befriend any person under the age of 21 who was looked after by a Trust at any time between the ages of 16 and 18. This duty will only arise if the Trust knows the young person is living in its area, it

Article 35(4)  
and (5)

MAHT - STM - 097 - 4116

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

### Duty or Power

### Provision

appears that he is in need of advice and befriending and he has asked for the kind of help which may be given by a Trust in these circumstances. This duty applies to persons accommodated by or on behalf of a voluntary organisation. The Trust has a power to advise and befriend any person under 21 who, after the age of 16, was accommodated in a registered children's home, accommodated for a consecutive period of 3 months in certain other establishments or privately fostered.

Power to assist (including financially in exceptional circumstances) if it has a duty or power to advise or befriend a person under Article 35 and to impose conditions as to repayment in full or in part. Any person in receipt of income support, family credit or disability working allowance is exempt from repayment.

Article 35(6)

Power to assist a young person who qualifies for advice and assistance under Article 35 by contributing expenses incurred by the young person in living near the place where he is, or will be, employed, or seeking employment, or receiving education or training, or by making a grant to enable him to meet expenses in connection with his education or training.

Article 36(2)

### **Parental contributions towards maintenance of children looked after by Trusts**

Duty to consider requiring the parents of a looked after child under the age of 16 to contribute towards his maintenance if it is reasonable to do so. If the child is over 16 he may be required to contribute himself. There is no power to require a contribution if a child is being looked after under an Emergency Protection Order, a child assessment order or an interim care order).

Article 39

Duty, where a Trust decides to recover contributions, to serve a contribution notice on those liable to pay before any contributions can be recovered. The notice must state the amount which the Trust considers appropriate and the arrangements for payment. The Trust has

Article 40

MAHT - STM - 097 - 4117

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

### Duty or Power

### Provision

powers to specify a standard weekly contribution and to withdraw a contribution notice.

Power to apply to the court for a contribution order if the contributor fails to agree to amount specified in the contribution notice issued under Article 40, or has served a notice withdrawing his agreement.

Article 41

Power to collect contributions on behalf of another Trust.

Article 42  
(2) to (4)

Duty to comply with regulations made by the Department of Health and Social Services and Public Safety governing the matters which a Trust must consider when making decisions about parental contributions and the procedures to be followed in reaching agreements with those liable to contribute and other Trusts.

Article 43

### **Secure accommodation**

Power to authorise the placement of a child it is looking after in secure accommodation. A child may not be placed or kept in secure accommodation unless certain strict criteria are met. (The criteria for Trusts are set out in Article 44(2) and suitably modified for other agencies by the Secure Accommodation Regulations).

Article 44

### **Reviews and representations**

Duty to review the case of each child it is looking after. Regulations provide for the manner, content and frequency of reviews.

Article 45(1)  
and (2)

Duty to establish and publicise a procedure for considering any representations (including complaints) about the way it is carrying out its functions under Part IV of the Children Order. The procedure must comply with regulations made by the Department of Health and Social Services and Public Safety.

Article  
45(3), (5),  
(6) and (8)



MAHT - STM - 097 - 4118

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<b><u>Duty or Power</u></b>	<b><u>Provision</u></b>
Power to pay the independent person involved in the representations procedure such fee and reasonable expenses as the Department of Health and Social Services and Public Safety may determine.	Article 45(4)
Duty to comply with a request for help from another Trust, if it is compatible with the Trust's own , statutory or other duties and obligations and does not unduly prejudice the discharge of any of its functions.	Article 46(2) and (3)
Power to recover reasonable expenses incurred in complying with a request for help from another Trust.	Article 46(4)
Duty to assist an Education and Library Board with the provision of services for children with special educational needs.	Article 46(5)
Duty, where it is looking after a child, to consult the appropriate Education and Library Board before accommodating the child in an establishment at which education is provided.	Article 47(1)
Duty to inform the appropriate Education and Library Board, as soon as is reasonably practicable, of the making of arrangements to accommodate a child in an establishment at which education is provided.	Article 47(2)
Duty to inform the appropriate Education and Library Board of the ending of such an arrangement.	Article 47(3)
<b>Care and Supervision Orders</b>	
Power to apply for a Care or Supervision Order.	Article 50(1)
Duty to receive a child in respect of whom a Care Order has been made and to keep him in care while the Order remains in force.	Article 52(1)
Duty to exercise parental responsibility in respect of a child who is the subject of a Care Order.	

MAHT - STM - 097 - 4119

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power****Provision**

Power to determine the extent to which a parent or guardian of a child subject to a Care Order may exercise his or her parental responsibility for the child. The Trust may only exercise this power if it is satisfied that it is necessary to safeguard or promote the child's welfare. No matter what limitations are placed on parents they may still do what is reasonable in the circumstances to safeguard or promote the child's welfare while he is in care. Other rights, duties, powers and responsibilities which a parent may have in relation to the child and his property under other legislation are also preserved while a Care Order is in force.

Article  
52(3)(b) (4),  
(5) and (9)

Power to allow a child in care to leave the United Kingdom for a period of less than one month without the written consent of every person with parental responsibility or the leave of the court.

Article 52(8)

Duty to allow a child in care reasonable contact with his parents or guardian or, a person in whose favour there was a residence order immediately before the making of the Care Order, or a person who had care of the child by virtue of an order under the inherent jurisdiction of the High Court.

Article 53(1)

Power, in an emergency, to refuse to allow contact for up to 7 days, if satisfied that it is necessary to do so in order to safeguard or promote the child's welfare.

Article 53(6)  
and (8)(a)

Power to apply for a care contact order or an order authorising a Trust to allow contact between a child in care and any person who would otherwise be allowed to have contact with the child. Power to apply for the variation or discharge of such an Order.

Article  
53(2), (4)  
and (9)

Power to apply for an Order authorising the Trust to refuse to allow contact between the child and any person named in the Order.

Duty (placed on a supervisor) to advise, assist and befriend a child who is subject to a Supervision Order; to

Article 54(1)

MAHT - STM - 097 - 4120

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

take such steps as are reasonably necessary to give effect to the Order; and to consider whether or not to apply for variation or discharge of the Order. (A Supervision Order puts the child under the supervision of a designated Trust).

Duty to investigate the circumstances of a child when directed to do so by a court in the course of family proceedings.

Article 56(1)

Duty, in undertaking an investigation, to consider whether to apply for a Care or Supervision Order; to provide services or assistance for the child or his family; or to take any other action with respect to the child.

Article 56(2)

Duty to notify the court if, after undertaking an investigation under Article 56, it decides not to apply for a Care or Supervision Order. It must inform the court of its reasons for not applying for an Order and give details of any service or assistance actually provided or to be provided in the near future, or any other action taken or proposed. The information must be provided to the court within 8 weeks of the direction under Article 56(1), unless the court directs otherwise.

Article 56(3) and (4)

Duty if, after concluding an investigation under Article 56, it is decided not to apply for a Care or Supervision Order, to consider whether to review the case at a later date. If it decides that a review would be appropriate, it must set a date for the review.

Article 56(6)

Power to apply to the court for the discharge of a Care Order.

Article 58(1)

Power (to the supervisors) to apply to vary or discharge a Supervision Order 158(2)

Power (granted to supervisor) to give directions to the supervised child.

Schedule 3  
Para 2

MAHT - STM - 097 - 4121

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

Duty (placed on supervisor) to refer to the court any written report sent to him by the medical practitioner in charge of the child's treatment. The doctor must make a written report to the supervisor he no longer wishes to treat the child, or he forms the view that the treatment should continue beyond the period specified in the Order, or the child needs different treatment, or the child is not susceptible to treatment or he does not require further treatment.

Schedule 3  
Para 5(7)

Power (exercised by the supervisor) to apply to the court to extend or further extend a Supervision Order.

Schedule 3  
Para 6(3)

Duty, when a child has been placed under its supervision by a Supervision Order, to comply with regulations made by the Department of Health and Social Services and Public Safety regarding the exercise of its functions.

Schedule 3  
Para 10

**Guardians ad litem**

Duty to allow a guardian ad litem to examine and take copies of relevant records.

Article 61(1)  
and (2)

**Child assessment and Emergency Protection Orders**

Power to apply to court for a Child Assessment Order.

Article 62(1)

Duty, where it is the applicant for a Child Assessment Order, to notify specified interested parties of the application before the court hearing.

Article  
62(11)

Power to apply to court for an Emergency Protection Order. There are 3 separate grounds for an Emergency Protection Order. Anyone can apply for an Order on the first ground which concerns the likelihood of significant harm. A Trust or an authorised person can apply for an order on the remaining grounds which concern denial of access to the child.

Article 63(1)

Duty, where an Emergency Protection Order has been obtained, to exercise the power to remove a child or

Article 63(5)

MAHT - STM - 097 - 4122

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

prevent his removal only to the extent necessary to safeguard or promote the welfare of the child. The Trust's parental responsibility (conferred by the order) is restricted to taking whatever action is reasonably necessary to safeguard or promote the child's welfare. The Trust must also comply with the requirements of any regulations made by the Department of Health and Social Services and Public Safety.

Duty, where an Emergency Protection Order has been obtained, to comply with court directions with respect to contact and medical or psychiatric examination or other assessment. The child also may refuse to submit to a medical examination etc. if he has sufficient understanding to make an informed decision.

Article  
63(6), (7)  
and (8)

Duty, where an Emergency Protection Order has been obtained and the power to remove or the power to prevent the removal of the child has been exercised, to return the child or allow the child to be removed if it appears safe to do so.

Article  
63(10) and  
(11)

Power, if there is again cause for concern whilst an Emergency Protection Order remains in force, to remove the child once more, if it appears to the Trust that a change in the child's circumstances makes it necessary to do so.

Article  
63(12)

Duty, where an Emergency Protection Order has been obtained, to allow the child reasonable contact with his parents and other specified people. The court can give directions as to the contact which is or is not to be allowed between the child and any named person (Article 63(6)(a)).

Article  
63(13)

Power, where an Emergency Protection Order has been obtained, to apply to the court to have the Emergency Protection Order extended. (An Emergency Protection Order may be extended only once and for not more than seven days.)

Article 64(3)  
  
Article  
65(11)

MAHT - STM - 097 - 4123

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

### Duty or Power

### Provision

Power, where authorised under an Emergency Protection Order, to enter named premises and search for the child named in Order.

Article 67(3)

Power, where the Trust has reasonable cause to believe that there may be another child at risk in the premises to be searched who should be the subject of an Emergency Protection Order, to seek an Order authorising it to search for that other child also. If the other child is then found on the premises and the Trust is satisfied that the ground for making an Emergency Protection Order exist, the Order (made under Article 67(4)) will operate as an Emergency Protection Order and the child may be removed.

Article 67(4)  
and (5)

Duty where an Order has been made under Article 67(4) to notify the court of the outcome of the search.

Article 67(6)

### **Police protection**

Duty, where a child in police protection is moved to accommodation provided by or on behalf of a Trust, to allow the child's parents and other specified people to have such contact with the child as it considers to be both reasonable and in the child's best interests.

Article  
65(10) and  
(11)

### **Trust's investigative responsibilities**

Duty to investigate the circumstances of any child who lives or is found in its area if informed that the child is the subject of an Emergency Protection Order or is in police protection; or it has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm. It must make whatever inquiries it considers to be necessary to enable it to decide whether it should take any action to safeguard or promote the child's welfare. If the Trust itself has obtained an Emergency Protection Order it must make inquiries to ascertain what action it should take.

Article 66(1)  
and (2)

MAHT - STM - 097 - 4124

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<u><b>Duty or Power</b></u>	<u><b>Provision</b></u>
Duty to take such steps as are reasonably practicable to obtain access to a child in respect of whom it is making investigations, unless it is satisfied that it already has sufficient information about the child.	Article 66(4)
Duty, when making inquiries under Article 66(1), to consult the relevant Education and Library Board where it appears that there are matters relating to the child's education which should be investigated.	Article 66(5)
Duty, where access to a child is refused or information as to his whereabouts is withheld, to apply for an Emergency Protection Order, a Child Assessment Order, or a Care Order or a Supervision Order, unless satisfied that the child's welfare can be satisfactorily safeguarded without an application.	Article 66(6)
Duty if, on conclusion of any inquiries or review, the Trust decides not to apply for an Emergency Protection Order, Child Assessment Order, Care or Supervision Order, it must consider whether it would be appropriate to review the child's case at a later date. If it is considered that a review would be appropriate the Trust must set a date on which it is to begin.	Article 66(7)
Duty if, as a result of its inquiries under Article 66(1), the Trust concludes that certain action should be taken to safeguard or promote a child's welfare, it must take that action so far as it is both within its power and is reasonably practicable for it to do so.	Article 66(8)
Power to request certain other agencies or persons (if called upon to do so) to assist it with its inquiries under Article 66(1).	Article 66(9)
Duty to assist another Trust in its investigations under Article 66(1) unless it would be unreasonable in all the circumstances of the case to do so.	Article 66(9), (10) and (11)(c)
Duty to consult another Trust when making inquiries under Article 66(1) if it appears the child is ordinarily	Article 66(12)

MAHT - STM - 097 - 4125

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

resident in the other Trust's area. The "home" Trust may then undertake the necessary inquiries in its place.

Duty to investigate a child's circumstances when notified by an Education and Library Board that the child is persistently failing to comply with directions given under an education Supervision Order.

Schedule 4  
Para 9(2)

**Duties of a Trust in respect of children provided with accommodation by a voluntary organisation**

Article 77

Duty to satisfy itself that any voluntary organisation providing accommodation either within or outside the Trust's area for any child on behalf of the Trust, is satisfactorily safeguarding and promoting the child's welfare. Duty to arrange for children who are accommodated within the Trust's area by or on behalf of voluntary organisations, to be visited. Duty, if the Trust is not satisfied that the welfare of any child is being satisfactorily safeguarded, to take such steps as are reasonably practicable to secure that the care and accommodation of the child is undertaken by a parent, another person with parental responsibility for the child, or a relative, unless the Trust considers that this would not be in the best interests of the child. Duty to consider the extent to which the Trust should exercise any of its functions with respect to the child.

Power of a person authorised by the Trust to enter and inspect the premises in which such children are accommodated and inspect children there. Power of authorised person to require any person to provide him with records and to inspect these. Power to inspect and check the operation of any computer and any associated apparatus or material used in connection with the records in question. Power to require the person by whom or on whose behalf the computer is or has been used, or any person having charge of the computer, apparatus or material, to afford him such assistance as he may reasonably require. Duty of authorised person, if asked, to produce duly authenticated documents



MAHT - STM - 097 - 4126

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

showing his authority to exercise these powers.

**Duties of a Trust in respect of children provided with accommodation in a children’s home**

Article 93

Duty to satisfy itself that any person providing accommodation in a children’s home either within or outside the Trust’s area for any child on behalf of the Trust, is satisfactorily safeguarding and promoting the child’s welfare. Duty to arrange for children who are accommodated within the Trust’s area in a children’s home, to be visited. Duty, if the Trust is not satisfied that the welfare of any child is being satisfactorily safeguarded, to take such steps as are reasonably practicable to secure that the care and accommodation of the child is undertaken by a parent, another person with parental responsibility for the child, or a relative, unless the Trust considers that this would not be in the best interests of the child. Duty to consider the extent to which the Trust should exercise any of its functions with respect to the child.

Power of a person authorised by the Trust to enter and inspect the premises in which such children are accommodated and inspect children there. Power of authorised person to require any person to provide him with records and to inspect these. Power to inspect and check the operation of any computer and any associated apparatus or material used in connection with the records in question. Power to require the person by whom or on whose behalf the computer is or has been used, or any person having charge of the computer, apparatus or material, to afford him such assistance as he may reasonably require. Duty of authorised person, if asked, to produce duly authenticated documents showing his authority to exercise these powers.

**Homes provided by a Trust**

Duty to provide, to such extent as it considers appropriate, homes for the care and accommodation of children looked after it and for purposes connected with

Article 72(1)

MAHT - STM - 097 - 4127

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<u><b>Duty or Power</b></u>	<u><b>Provision</b></u>
their welfare.	
Duty to ensure that in providing homes consideration is given to the different needs of children.	Article 72(2)
<b>Private fostering arrangements</b>	
Duty to satisfy itself that the welfare of children who are privately fostered within its area is being safeguarded and promoted, and that foster parents are provided with advice where this is considered necessary.	Article 108(1)
Duty to comply with regulations made by the Department of Health and Social Services and Public Safety regarding visits to privately fostered children and related functions.	Article 108(2)
Power to authorise an officer to enter and inspect, at any reasonable time, any premises in its area where a privately fostered child lives or will live and to inspect the children there. The officer must show some duly authenticated document as means of identification.	Article 108(3) and (4)
Duty, where it is not satisfied that a privately fostered child's welfare is being satisfactorily safeguarded or promoted, to take such steps as are reasonably practicable, and in the child's best interests, to secure that the child is cared for by a parent, relative or a person who has parental responsibility. It must also consider the extent to which it should exercise any of its functions under the Children Order (this may mean the provision of services or an application for a Court Order).	Article 108(5)
<b>Persons disqualified from being private foster parents</b>	
Duty, where it refuses to consent to a disqualified person fostering a child privately, to give its reasons for doing so, and to notify the person of his or her right of appeal to a court. The Trust may waive disqualification after full disclosure has been made and allow a private fostering	Article 109(4)

MAHT - STM - 097 - 4128

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<u>Duty or Power</u>	<u>Provision</u>
arrangement to proceed.	
Power to prohibit a person privately fostering a child if it considers the proposed foster parent or premises to be unsuitable or the arrangement to be prejudicial to the child’s welfare. A prohibition may be total and prevent the foster parent from fostering any child within its area or it may relate to a particular child or premises.	Article 110(2) and (3)
Power to cancel a prohibition, if it believes it is no longer justified.	Article 110(4)
Power to prohibit a person from privately fostering a child in addition to imposing requirements under Article 111. The prohibition will only have effect if the foster parent does not comply with a requirement or the time specified for complying with the requirement has expired.	Article 110(5) and (6)
Duty to give written notice of any prohibition to the person to whom it is to apply. The notice must inform that person of his right of appeal to a court against the prohibition.	Article 110(7)
Power to impose requirements on any person fostering a child privately. These may specify the number, age and sex of children who may be privately fostered, the standard of accommodation and equipment to be provided for them, the arrangements to be made for their health and safety and any other particular arrangements which should be made for their care.	Article 111(1) and (3)
Duty to give written notice of any requirement imposed on a private foster parent, and to advise the foster parent of his right of appeal to a court against the requirement.	Article 111(4)
Power to vary, remove or impose additional requirements.	Article 111(5)
Power to exempt a school which accommodates children from the requirement to give at least two weeks written notice to the Trust for the area in which each child	Article 114(4)

MAHT - STM - 097 - 4129

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

ordinarily resides that a child intends to remain in the school during the school holidays.

**Exemption from usual fostering limit**

Power to exempt foster parents from the usual fostering limit of not more than three children at any one time. This may be exceeded if the children concerned are all siblings with respect to each other.

Schedule 5  
Para 4(1)

Duty to have regard to certain considerations when considering exempting foster parents from the usual fostering limit.

Schedule 5  
Para 4(2)

Duty to advise a foster parent in writing if it grants an exemption from the usual fostering limit and of any conditions imposed and to name the children involved.

Schedule 5  
Para 4(3)

Power to vary or cancel an exemption for the usual fostering limit, and to impose, vary or cancel a condition to which the exemption is subject.

Schedule 5  
Para 4(4)

Duty to establish a procedure for considering representations, including complaints, about the discharge of its functions concerning exemptions from the usual fostering limit.

Schedule 5  
Para 6

Duty to keep a register of child minders and persons providing day care.

Article 118

Duty to register a child minder or a person providing day care if the application is properly made and the Trust is not otherwise entitled to refuse to register the applicant.

Article  
123(1)

Power to refuse to register intending child minders or day care providers on the grounds that the applicant, or any person looking after children on the same premises, is not a fit person to look after children under the age of twelve, or if any person living or employed at those premises is not a fit person to be in close proximity to such children.

Article 124

MAHT - STM - 097 - 4130

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<u><b>Duty or Power</b></u>	<u><b>Provision</b></u>
Power to refuse to register if Trust is satisfied that premises are not fit to be used for looking after children under 12.	Article 124(5)
Duty to impose reasonable requirements on persons seeking registration as child minders. These requirements include specifying the maximum number of children within specified age groups whom the child minder may look after; the safety of the premises and equipment; the keeping of records of children and staff, and the notification of changes of staff and anyone living at the premises. It has a power to vary, remove or impose additional requirements at any time.	Article 125
Duty to impose similar requirements on those providing day care.	Article 126
Duty to issue a certificate of registration to each person registered as a child minder or day care provider and, where necessary, issue amended or duplicate certificates. A fee (as may be determined by the Department of Health and Social Services and Public Safety) may be charged for duplicate certificates where the original has been lost or destroyed.	Article 127
Power to cancel, at any time, in specified circumstances the registration of a child minder or day care provider. There is a duty to notify in writing the registered person of the cancellation of their registration.	Article 128
Duty to have regard to the child’s religious persuasion, racial origin, cultural and linguistic background when considering the cancellation of a person’s registration as a child minder or a day care provider.	Article 128(6)
Power to apply to the court, in an emergency, to cancel the registration of a child minder or a day care provider or to vary, remove or impose requirements. The application may be made ex parte but must be supported by a written statement of the reasons for the application.	Article 129(1) and (3)

MAHT - STM - 097 - 4131

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<u><b>Duty or Power</b></u>	<u><b>Provision</b></u>
Duty, as soon as is reasonably practicable, to send the registered person notice of an order made under Article 129 and its terms and a copy of the statement which accompanied the application for the Order.	Article 129(4)
Power, at any reasonable time, to enter and inspect premises where child minding is being carried on or where day care is provided or where it has reasonably cause to believes that these activities are being carried on in contravention of the statutory requirements in the Children Order.	Article 130 (1) and (2)
Power to inspect the premises, the children looked after, the arrangements for their welfare and any records relating to them, including power to have access to and inspect any computer in use in connection with the records.	Article 130(3)
Duty to inspect at least annually, the premises on which child minding and day care is being carried on.	Article 130(4)
Duty to inform the registered child minder or day care provider in writing that an inspection is to be carried out.	Article 130(5)
Duty to give written notice to child minders and day care providers of an intention to refuse or cancel registration, or to amend a requirement of registration. The notice must inform the person concerned of his rights of appeal, which includes a right to be given an opportunity to object to the Trust's proposal.	Article 131(1), (2) and (3)
Duty, where it decides to take the action proposed in Article 131(1), (after the person has been given an opportunity to object) to give the person written notice of the Trust's decision.	Article 132(4)
Power to serve an enforcement notice on an unregistered child minder.	Article 131(5)

MAHT - STM - 097 - 4132

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

**Department of Health and Social Services' supervisory functions and responsibilities**

Duty to provide the Department of Health and Social Services and Public Safety, on request, with information relating to specified premises used for the care of children and to allow persons authorised by the Department of Health and Social Services and Public Safety to carry out inspections of premises and records. Article 149

Duty on Trusts to provide (as requested) information to the Department of Health and Social Services and Public Safety about the performance of its functions under the Children Order or in connection with the accommodation of children in residential care homes, nursing homes or private hospitals. Information must also be provided (on request) on children in relation to whom a Trust has exercised functions under the Order. Article 154(3)

Duty (similar to that in Article 174) in respect of a child accommodated for 3 months or more in a residential care home, nursing home or private hospital; and a power of inspection of such premises in connection with this duty. Article 175

Duty to take reasonable steps to ensure that the welfare of a child in any school which provides accommodation is being adequately safeguarded and promoted by the managers of the school. There is a duty on the Trust to notify the Department of Health and Social Services and Public Safety and the Department of Education if it is not satisfied that the child's welfare is being adequately safeguarded and promoted and power to enter and inspect the boarding accommodation, the children accommodated there and prescribed records. Article 176

Duty to take steps to ensure that the welfare of any child accommodated by an Education and Library Board for more than 3 months is adequately safeguarded and promoted. The Trust must also consider the extent to it should exercise any of its functions under the Children Order with respect to the child (this may mean the Article 177

MAHT - STM - 097 - 4133

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

provision of services or an application for a Court Order).

**Search Warrants**

Power to apply to the court for a warrant for a constable to accompany a person authorised by a Trust to enter and inspect specified premises.

Article 178

**Financial Assistance for Children**

Power to contribute towards the cost of accommodation and maintenance of a child where a residence order is made in favour of any person other than a parent of the child, or the spouse of a parent.

Schedule 1  
Para 17



MAHT - STM - 097 - 4134

## PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)

### RELEVANT ADDITIONAL PRIMARY LEGISLATION

#### THE EDUCATION (NI) ORDER 1996

Article 14 of the Education Order provides that where an HSS Trust 'in the course of exercising any of its functions in relation to a child who has not attained the lower limit of compulsory school age, forms the opinion that he has or probably has special educational needs' must:

- inform the child's parent and give the parent an opportunity to speak to an officer of the Trust about this;
- inform the appropriate Education and Library Board; and,
- notify the parent of any voluntary agency who is likely to be able to give advice and assistance in connection with any special educational needs.

An Education and Library Board may also request the help of a Trust in the exercise of any of its (the ELB's) functions in respect of the child.

The Trust is also obligated under Article 15 of the Order to comply with requests to help an ELB in making an assessment of the child's educational needs or a statement of social educational need under Article 16 of the Order.

#### **Attendance at statutory reviews of statemented children**

There is a requirement under the Education Order to review 'statemented' children every year. Education and Library Boards may invite Trust staff to these but under the Department of Education NI (DENI) Code of Practice on the Identification and Assessment of Special Education Needs (1996) must invite a representative of the Trust to the first annual review after a child's 14th birthday. This is because of the Education and Library Boards statutory duty under Section 5 of the Disabled Persons (NI) Act 1989 to seek an opinion from the HSS Trust as to whether a child with a statement is a disabled person and may require services from an HSS Trust when leaving school.

#### **THE PROTECTION OF CHILDREN AND VULNERABLE ADULTS (NORTHERN IRELAND) ORDER 2003**

The Trust is required to comply with the duties on child care organisations (which include bodies corporate i.e. Boards and Trusts) under this Order to protect children. The duties include the referral of individuals to the Department who:

MAHT - STM - 097 - 4135

## **PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

- are or have been employed by the Trust in child care positions where those individuals have been dismissed on the grounds of misconduct (whether or not in the course of their employment) which harmed a child or placed a child at risk of harm;
- have resigned, retired or been made redundant in circumstances where the Trust would have dismissed them, or would have considered dismissing them, on such grounds;
- have been transferred to a position within the Trust which is not a child care position on such grounds; or
- have been suspended or provisionally transferred a position which is not a child care position such a position but the Trust has not yet decided whether to dismiss them or to confirm the transfer.

The POCVA order also confers powers on a Board's Director of Social Services and a Trust's Executive Director of Social Work in certain circumstances to:

- apply to the High Court for an order to restore an individual to the list maintained by the Department of individuals who are considered unsuitable to work with children, where the individual has been removed from the list; and
- apply to the High Court for the restoration of a disqualification order imposed on an adult or juvenile to disqualify them from working with children where that order is no longer in force.

### **THE CHILDREN (NI) ORDER 1995 REGULATORY FRAMEWORK**

The Children (Northern Ireland Consequential Amendments) Order 1995

The Children's Evidence (Northern Ireland) Order 1995

The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996

The Children (1995 Order) (Commencement No.3) Order (Northern Ireland) 1996

MAHT - STM - 097 - 4136  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

The Children (1995 Order) Commencement No.4) Order (Northern Ireland) 2000

The Foster Placement (Children) Regulations (Northern Ireland) 1996

The Placement of Children with Parents etc Regulations (Northern Ireland) 1996

Contact with Children Regulations (Northern Ireland) 1996

Definition of Independent Visitors (Children) Regulations (Northern Ireland) 1996

The Review of Children's Cases Regulations (Northern Ireland) 1996

The Representations Procedure (Children) Regulations (Northern Ireland) 1996

The Children (Private Arrangements for Fostering) Regulations (Northern Ireland) 1996

The Disqualification for Caring for Children Regulations (Northern Ireland) 1996

The Children (Secure Accommodation) Regulations (Northern Ireland) 1996

The Emergency Protection Order (Transfer of Responsibilities) Regulations (Northern Ireland) 1996

The Refuges (Children's Homes and Foster Placements) Regulations (Northern Ireland) 1996

The Childminding and Day Care (Applications for Registration) Regulations (Northern Ireland) 1996

The Employment of Children Regulations (Northern Ireland) 1996

Day Care (Exempt Supervised Activities) Regulations (Northern Ireland) 1996

Guardian Ad-Litem (Panel) (Northern Ireland) 1996

MAHT - STM - 097 - 4137  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

Children (Public Performance) Regulations (Northern Ireland) 1996

The Children (Parental Responsibility Agreement) Regulations (Northern Ireland) 1996

Children (Reciprocal Enforcement of Prescribed Order etc,(England and Wales and (Northern Ireland)) ( Scotland ) Regulations 1996

The Children (Protection from Offenders) Miscellaneous Amendments (Northern Ireland) 1997

The Children (1995 Order) (Amendment) (Children's Services Planning) (Northern Ireland) 1998

Northern Ireland Act (1998)

Inspection of Premises, Children and Records (Children Accommodated in Schools) Regulations (Northern Ireland) 2000

The Regulation and Improvement Authority (Inspection of Premises, Children and Records) (Children Accommodated in Schools) Regulations (Northern Ireland) 2005

The Children's Homes Regulations (Northern Ireland) 2005

The Protection of Children and Vulnerable Adults (Definitions) Regulations (Northern Ireland) 2005

The Children (Leaving Care) Regulations (Northern Ireland) 2005

Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003

The Children (Prescribed Orders – Isle of Man and Guernsey) Regulations (Northern Ireland) 2006

The Children Order (Miscellaneous Amendments) Regulations (Northern Ireland) 2005

Children (Emergency Protection Order) Act (Northern Ireland) 2007

MAHT - STM - 097 - 4138  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**POLICY AND PROCEDURAL GUIDANCE, INCLUDING  
DEPARTMENTAL CIRCULARS**

Children Order Guidance and Regulations Volume 1 Court Orders and other Legal Issues (DHSS, 1996)

Children Order Guidance and Regulations Volume 2 Family Support, Childminding and Day Care (DHSS, 1996)

Children Order Guidance and Regulations Volume 3 Family Placements and Private Fostering (DHSS, 1996)

Children Order Guidance and Regulations Volume 4 Residential Care (DHSS, 1996)

Children Order Guidance and Regulations Volume 5 Children with a Disability (DHSS, 1996)

Children Order Guidance and Regulations Volume 7 Schools Accommodating Children (DHSSPS, May 2005)

Children Order Guidance and Regulations Volume 8 Leaving and After Care (DHSSPS, May 2005)

Circular HSS (CC) 1/02 Private Fostering – Including Children from Overseas (DHSSPS 2002)

Co-operating to Safeguard Children (DHSSPS, 2003)

Direct Payments Legislation & Guidance for Boards & Trusts (DHSSPS, April 2004)

Area Child Protection Committees' Regional Policy and Procedures (April, 2005)

Choosing to Protect, A Guide to Using the Protection of Children, Northern Ireland Service [POC (NI)] (DHSSPS, April 2005, revised February 2007)

Circular HSS (CC3/02) Role and Responsibilities of Directors for the Care and Protection of Children

Good practice in Child Minding (Checking identity)

MAHT - STM - 097 - 4139

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

Regional Guidance on Residence Orders

The Children Order Advisory Committee Best Practice Guide (2003)

Good Management Good Records (DHSSPS 2004)

Regional Guidance on Children who go Missing and Police Involvement in Children's Homes

Guidance on Homeless Young People

Guidance on Restraint and Seclusion in Health and Personal Social Services (DHSSPS, 2005)

Transfer of Children's Cases (2005)

Understanding the Needs of Children in Northern Ireland (UNOCINI)

Code of Practice on the Recruitment, Assessment, Approval, Management and Support of Foster Carers (DHSS, 1998)

Circular HSS (Gen1) 2/1999 (Children's Safeguards Review: Choosing with Care)

Inter-Agency Guidance on the Release of Persons Charged or Held in Connection with Schedule 1 Offences Against Children or Young Persons Under the Age of 17 - DHSS Circular - HSS 3/96

**PUBLICATIONS TO INFORM GOVERNANCE ARRANGEMENTS  
(COPIES AVAILABLE FROM THE DEPARTMENT)**

Caring for Children: A Study of Residential Care in Northern Ireland (SSI, 1995)

Children Matter: A Review of Residential Child Care Services in Northern Ireland (SSI, 1998)

Fostering in Northern Ireland – An Overview Report of an Inspection of Fostering Services (SSI, 1998)

Planning to Care: An Overview Report of Care Planning for Children Subject to Statutory Intervention in Northern Ireland. (SSI, 1999)

MAHT - STM - 097 - 4140  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

Promoting Independence – A Review of Leaving and After Care Services (SSI, 2000)

Secure Care: An Inspection of Secure Accommodation at Shamrock House and Linden House (SSI, 2002)

Our Children, Our Young People, Our Shared Responsibility (Overview Report of the Regional Child Protection Inspection) (SSI, 2006)

UK National Standards for Foster Care (1998)

Quality Living Standards for Services: Children Living in a Family Placement (SSI, 1995).

Quality Living Standards for Services: Children Living Away from Home (Care of children in children's homes) (SSI, 1995)

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**FUNCTIONS DELEGATED BY THE BOARD TO THE TRUST UNDER THE ADOPTION ORDER (NI) ORDER 1987**

<b><u>Duty or Power</u></b>	<b><u>Provision</u></b>
-----------------------------	-------------------------

<b>Boards are required to establish and maintain an adoption service within their areas.</b>	Article 3(1)(2)(3)
--	-----------------------

The Trust will be responsible for the duties detailed in Paragraphs (1) (2) and (3) of this Article: the establishment and maintenance of an Adoption Service. The Trust may be known as an Adoption Agency.

In fulfilling its duties under this Article and all other Articles the Trust will discharge its functions through appropriately qualified Social Work staff employed by the Trust and operating within a Professional Supervisory/Line Management structure.

<b>Power for Adoption Agency to apply jointly with parents for an Order freeing a child for adoption. The Order vests parental rights in the Agency.</b>	Article 17(1)(2)(3)
--	------------------------

<b>Power for Adoption Agency to apply for an Order, freeing a child for adoption, without parental agreement if child is in the care of the agency and has been, or is likely to be, placed for adoption.</b>	Article 18
---	------------

The Trust in its capacity as an Adoption Agency will be empowered to discharge the functions detailed in this Article in respect of a child who is in the Trust's care and who is or is likely to be, placed for adoption.

<b>Duty on the Adoption Agency to ensure the court records, any declaration by a former parent that he/she does not wish to be involved in future decisions concerning the adoption.</b>	Article19 (2)(3)(4)
--	------------------------

The Trust in its capacity as an Adoption Agency will be responsible for the duties detailed in Paragraphs (2) (3) and (4) of this article.



MAHT - STM - 097 - 4142

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

**Duty of Adoption Agency to report progress on adoption application to former parent.**

Article 21

Power of Agency to apply jointly with another Agency for a Court Order transferring parental rights duties from one Agency to the other.

The Trust will assume the authority to apply jointly with another Adoption Agency for a Court Order transferring parental rights and duties in respect of a child secured under Article 17(3) or Article 18(3) of the Order to transfer such rights and duties to another Adoption Agency and to have such rights and duties transferred to itself from another Agency.

**Requirement on Board to investigate and submit a report to the Court, where a notice of intention to apply for an Adoption Order is made and the child was not placed by an Adoption Agency. Duty of the Board to inform on receipt of the notice of intention, to another Board, if it is believed that the child is in the care of that Board.**

Article 22  
(2)(3)(4)

The Trust will be responsible for the duties detailed in Paragraphs (2) (3) and (4) of this Article.

**Provision that Board may advise a voluntary adoption society if a proposed adoption would be detrimental to child.**

Article 23

The Trust will have responsibility for the functions outlined in this Article.

**Provision for Adoption Agency to submit report on suitability of prospective adopters to the Court where child was placed by Agency and to make arrangements for its functions to be carried out by another Agency, if necessary.**

Article 24  
(1)(2)

The Trust in its capacity as an Adoption Agency will be empowered to execute the functions outlined in this Article.

MAHT - STM - 097 - 4143

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

<u><b>Duty or Power</b></u>	<u><b>Provision</b></u>
<p><b>Duty on Board where a Court refuses to grant an Adoption Order, to supervise or receive the child into its care, as ordered by the Court.</b></p> <p>The Trust will discharge the functions in this Article.</p>	<p>Article 27</p>
<p><b>Duty of Board to advise any other Boards in whose care the child is of receipt of notice under Article 29(2).</b></p> <p>The Trust will be responsible for the duties detailed in Paragraphs 5 of this Article.</p>	<p>Article 29(5)</p>
<p><b>Power of Adoption Agency to serve notice on a person with whom it has placed a child for adoption not to allow the child to remain with that person; duty to receive or nominate a person who may receive the child where an adoption application is refused or withdrawn.</b></p> <p>The Trust in its capacity as an Adoption Agency, will be empowered to execute the functions outlined in this Article.</p>	<p>Article 31 (1)(2)(3)</p>
<p><b>Power of Board to apply Article 31 where the child is not placed for adoption.</b></p> <p>The Trust in its capacity as an Adoption Agency, will be empowered to execute the functions outlined in this Article.</p>	<p>Article 32</p>
<p><b>Duty of Board to secure well-being of protected children; An Officer of Board authorised to inspect premises in which protected children are kept.</b></p> <p>The Trust will be responsible for the duties detailed in Paragraphs (2)(3) and (4) of this Article.</p>	<p>Article 34 (1)(2)</p>

**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**Duty or Power**

**Provision**

**Provision of Board to make complaint that protected child is being kept by unfit person or being kept in unsuitable surroundings so that the Court may make a Place of Safety Order in respect of child; power of Department of Health and Social Services and Public Safety to receive into care, child removed under Article 35; duty on Board to advise parent or guardian if child is removed under Article 35.**

Article 35  
(1)(2)(3)

The Trust will be responsible for the duties detailed in Paragraphs (2) (3) and (4) of this Article.

**Duty of Board to notify another Board if person with protected child in his custody changes his address to other Board's area.**

Article 36(1)

The Trust will be responsible for the duties detailed in this Paragraph of the Article.

**Duty of Adoption Agency to provide counselling for adopted persons who apply for a record of his birth.**

Article 54(1)

The Trust will be responsible for establishing counselling services for adopted persons under this Paragraph of the Article.

MAHT - STM - 097 - 4145  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

**RELEVANT PRIMARY LEGISLATION****The Adoption (Intercountry Aspects) (Northern Ireland) Act 2001**

This Act gave effect in the UK to the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption concluded at The Hague on 29 May 1993 (The Hague Convention). The Act established the Department as a Central Authority under the Hague Convention.

**REGULATORY FRAMEWORK**

The Adoption Agencies Regulations (Northern Ireland) 1989

The Adoption Allowance Regulations (Northern Ireland) 1996

The Adoption of Children from Overseas Regulations (Northern Ireland) 2002

The Intercountry Adoption (Hague Convention) Regulations (Northern Ireland) 2003

**POLICY AND PROCEDURAL GUIDANCE, INCLUDING DEPARTMENTAL CIRCULARS**

Guide to the Adoption (Northern Ireland) Order 1987 (DHSS, 1989)

Circular HSS (CC) 2/90 Adoption (Northern Ireland) Order 1987 Health Service Registration of Adopted Children (DHSS, 1990)

Circular HSS/CC 4/96 Adoption and Permanence. Effects of the Children (NI) Order 1995

Adoption Allowances Departmental Circular 1996

Permanency Planning for Children, Adoption - Achieving the Right Balance (DHSSPS, May 1999)

Implementing the Adoption (Intercountry Aspects) Act (Northern Ireland) 2001 – A Summary of the Regulations and Procedures (DHSSPS, June 2003)

MAHT - STM - 097 - 4146  
**PART 2 FAMILY AND CHILD CARE (INCLUDING Adoption Services)**

Adoption Regional Policies and Procedures (June 2006)

Boards' Regional Policy on Permanence (May 2007)

**PUBLICATIONS TO INFORM GOVERNANCE ARRANGEMENTS  
(COPIES AVAILABLE FROM THE DEPARTMENT)**

Adopting Best Care – Inspection of Statutory Adoption Services in Northern Ireland (Social Services Inspectorate, DHSSPS 2002)

## **PART 3 MENTAL HEALTH**

### **1. Principles and values**

The principles and values underpinning work in the field of mental health are to be found in Part 1 of the main document which also sets out in general terms the framework for the Scheme, accountability and operational arrangements.

### **2. Practice**

Practice within the Trust will adhere to relevant primary legislation and regulatory requirements and appropriate policies, procedures and best practice standards. The Trust's mental health policies and procedures will be agreed with the Board.

### **3. Staffing**

- a. Unbroken lines of professional accountability will be established in relation to the discharge of statutory functions under the Mental Health (NI) Order 1986. (The Mental Health Order).
- b. A social worker of more senior rank will offer formal and regular supervision to social work practitioners within the mental health programme of care, including those undertaking Approved Social Worker duties as part of the out of hours emergency service.
- c. The Trust will appoint a lead Approved Social Worker with responsibility for the discharge of statutory functions under The Mental Health Order.
- d. The Trust will ensure that an adequate number of Approved Social Workers are trained and are available to adequately discharge the statutory functions in respect of The Mental Health Order in line with the Board's commissioning strategy.

### **4. Quality assurance**

- a. The Trust will comply with all relevant guidance and the code of practice thereby ensuring adherence to both the spirit and the letter of The Mental Health Order.
- b. An executive member of the Trust Board will be a social worker who

### **PART 3 MENTAL HEALTH**

amongst his/her duties will be responsible for advising the Trust Board that systems processes and procedures are in place to effectively discharge statutory functions in relation to The Mental Health Order.

- c. An executive member of the Trust Board will be a qualified medical practitioner who amongst his/her duties will be responsible for advising the Trust Board that systems, processes and procedures are in place to effectively discharge statutory functions in relation to the Mental Health Order.
- d. A regular audit of this protocol will be carried out by a qualified and experienced mental health professional.
- e. The audit will include a review of professional practice in respect of:
  - a) statutory requirements;
  - b) relevant policies and procedures ;
  - c) standards;
  - d) multi-disciplinary and inter-agency working; and
  - e) the views of patients, service users and their carers.
- f. All audit reports will be made available to the Trust and to the Board.

#### **5. Monitoring**

The Trust will ensure that the monitoring of the discharge of statutory functions is an ongoing process.

Qualitative and quantitative measures will inform the monitoring process and these audit results and monitoring outcomes will be shared with the Board.

The Mental Health Commission and the Board will be informed of serious adverse incidents, untoward incidents and complaints where these relate to statutory provisions under the terms of The Mental Health Order.

The Board will also have a monitoring role. This will entail an analysis and evaluation of the information derived from the Trust's monitoring system and a planned programme of professional audit of selected

## PART 3 MENTAL HEALTH

statutory functions.

### 6. Collaborative arrangements

- a. The Trust will agree with other Trusts and with the Board appropriate arrangements for the transfer of patients with a mental disorder.
- b. The Trust will agree with the Board, other Trusts and agencies (including, if necessary, those outside the jurisdiction), common professional standards policies and procedures for services for people with a mental disorder.
- c. The Trust will agree with the Board a mechanism for reporting untoward and adverse incidents. The Board will receive a copy of the Trust's annual mental health services representations and complaints report.
- d. The Trust will agree with the Board, other Trusts and educational establishments, arrangements for training staff in the field of mental health.
- e. The Trust will maintain good communication on matters relevant to mental health with other Trusts and will collaborate with them as necessary.

### 7. Review

This scheme will be reviewed after 2 years and thereafter at any time at the request of either of the parties involved\*.

---

\* This may vary with the Review of Public Administration and the introduction of the Regional Health and Social Care Board.



## PART 3 MENTAL HEALTH

### THE MENTAL HEALTH (NI) ORDER 1986

#### **Duty or Power**

#### **Provision**

Application for detention for assessment may be made and the patient admitted to hospital for assessment on the grounds specified, namely the patient suffering from mental disorder of a nature or degree that warrants detention and failure to detain would create a substantial likelihood of serious physical harm to himself or other persons.

Article  
4(1) & (2)

#### **Body to which application to be made**

An application for assessment in the prescribed form shall be addressed to the Trust which manages the Receiving Hospital. The Receiving Hospital shall notify the Trust of origin of any patient so admitted as soon as practicable.

Article  
4(4)(b)

#### **Duty to arrange for a Social Worker to furnish report on patient's social circumstances**

Article  
5(6)

A Social Circumstances Report shall be provided to the Responsible Medical Officer by a Social Worker from the Trust within five working days wherever possible. In all cases a Social Circumstances Report shall be provided within fourteen days.

### **Application in Respect of a Patient Already in Hospital**

#### **Body to which medical report and/or application to be made**

Article  
7(1) &  
(2)

A Medical Practitioner on the staff of the hospital shall furnish a report, in the prescribed form to the Trust which manages the Receiving Hospital.

**PART 3 MENTAL HEALTH****Duty or Power****Provision****Body to which nurse delivers record of use of holding power**Article  
7(4)

The nurse exercising the holding power shall arrange for the delivery of the prescribed form which authorises this action to the Trust which manages the Receiving Hospital as soon as possible after it is made.

**Duty to copy documents to Mental Health Commission**Article  
7(7)

A copy of the prescribed form delivered to the Trust under 7(1) and (2) and 7(4) shall be sent immediately to the Mental Health Commission.

**Effect of Application for Assessment****Authority to convey patient to hospital.**Article  
8(1)

The Trust shall have the authority, if so requested by the applicant, to take the patient and convey him to the hospital specified in the application within the prescribed time limits. Social Workers and/or ambulance hospital staff may be involved in carrying this out. The PSNI may also need to be involved.

**Authority to detain for assessment.**Article  
8(2)(a)

The Trust which manages the Receiving Hospital shall have the authority to detain the patient in hospital by virtue of the application in Articles 4, 7 and 8.

**Duty to copy application etc to Mental Health Commission**Article  
8(2)(b)

The Trust which manages the Receiving Hospital shall immediately forward to the Mental Health Commission a copy of the application for admission for assessment and of the medical recommendation on which it is founded.

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

#### **Duty to inform guardian of admission.**

Article  
8(3)

If any patient who is subject to the guardianship of a person other than the Trust of patient origin is admitted to hospital for assessment it shall be the duty of the Trust to notify that person.

#### **The Assessment Period**

#### **Body to which report of medical examinations on admission and subsequently to be submitted.**

Articles  
9(3) & (6)  
& (8)

A Medical Practitioner carrying out an examination of a patient on admission for assessment, or a subsequent examination following the expiration of a period not exceeding seven days, shall send, in the prescribed form, a report of that examination to the Trust which manages the Receiving Hospital.

#### **Duty to copy reports to Mental Health Commission**

Article  
9(10)

The Trust which manages the Receiving Hospital shall immediately forward to the Mental Health Commission a copy of any medical report in the prescribed form supplied to the Trust by a Medical Practitioner in connection with the assessment period.

#### **Rectification of Application, etc**

#### **Consent to rectification of application etc.**

Article  
11(1)

The Trust which manages the Receiving Hospital shall have the authority to consent to any rectification of applications, recommendations and reports pursuant to an application for assessment within fourteen days of the date of admission, where it appears that they are in any respect defective. The amended application, recommendation or report shall then be deemed always to have had effect as if it had been originally correctly completed.

**PART 3 MENTAL HEALTH****Duty or Power****Provision**

**Right to revise medical recommendation or report where that recommendation or report is insufficient to warrant detention and to advise patient of the position.**

Article  
11(2)

**Body to which fresh medical recommendation or report should be furnished.**

The Trust which manages the Receiving Hospital shall have the right to advise an applicant of any insufficient medical recommendation or a report, and to receive, within fourteen days of the original date of admission, a fresh medical recommendation of a report, which shall then be deemed to have been always sufficient.

**Duty to inform MHC of amendments to application and to forward copies of revised medical recommendations or report to Mental Health Commission.**

Article  
11(3)

The Trust which manages the Receiving Hospital will immediately inform the Mental Health Commission of any amendment under 11(1) and shall immediately forward to the Mental Health Commission a copy of any fresh medical recommendation or report send to the Trust under 11(2)(a).

**Body to which examining doctor should report.**

Article  
12(1)

The Trust which manages the Receiving Hospital shall receive from a Medical Practitioner, so appointed by the Mental Health Commission, the prescribed form to authorise the detention for treatment of a patient who meets the clinical criteria for a period not exceeding six months from the date of admission.

**Duty to copy report to Mental Health Commission**

Article  
12(4)

The Trust which manages the Receiving Hospital shall

### **PART 3 MENTAL HEALTH**

#### **Duty or Power**

#### **Provision**

immediately forward to the Mental Health Commission a copy of any report furnished to the Trust by a Medical Practitioner in respect of a Detention for Treatment Order under 12(1).

**Duty to arrange for examination by two Medical Practitioners appointed by the Commission for the purpose of Part II of the Mental Health Order.**

Article  
13(3)

**Duty to furnish a report by Part II Medical Practitioners to the responsible authority.**

**Authority to further detain patient.**

The Trust which manages the Receiving Hospital shall arrange for examination by two Part II doctors, (one of whom must not be on the Hospital staff nor have previously given a medical opinion) and they will furnish their reports to that Trust, which shall then have the authority to further detain the patient.

**Duty to inform patient and nearest relative of date of examination.**

Article  
13(4)

The Trust which manages the Receiving Hospital, through the designated officer in the Hospital, shall inform the patient and the nearest relative at least fourteen days before of the examination by the Part II doctors.

**Body to which report by Responsible Medical Officer to be furnished.**

Article  
13(5)

**Authority to further detain patient.**

The Trust which manages the Receiving Hospital shall receive from a Responsible Medical Officer any report in the prescribed form which authorises the Trust renewal of detention of a patient for one year. The Hospital shall

## PART 3 MENTAL HEALTH

### Duty or Power

### Provision

notify the Trust of origin of any patient whose detention is renewed.

#### **Duty to inform patient and nearest relative of renewal of detention and to copy report to Mental Health Commission .**

Article  
13(6)

The Trust which manages the Receiving Hospital through a delegated officer in the Hospital shall inform the patient and his nearest relative of the renewal of detention.

### **Discharge from Detention**

#### **Power to make an Order discharging patient from detention.**

Article  
14(1)

The Trust shall have the power to make an Order discharging a patient from detention.

#### **Limitation exercisable by Responsible Board on Responsible Medical Officer's power to discharge patient from special accommodation.**

Article  
14(3)

The Trust which manages the Receiving Hospital shall be consulted by a Responsible Medical Officer prior to any discharge of a patient from special accommodation. Consent from the Trust must be obtained by the Responsible Medical Officer.

#### **Body to which nearest relative must inform of intention to discharge and Responsible Medical Officer's ability to thwart nearest relative's intention.**

Article  
14(4)

A nearest relative wishing to discharge a patient from detention must inform the Trust in writing at least seventy-two hours before any Order to discharge can have effect. A Responsible Medical Officer may, within the seventy-two hours, notify by report to the Trust his

## PART 3 MENTAL HEALTH

### Duty or Power

### Provision

views on the clinical state of the patient, which prevents the nearest relative's Discharge Order from taking force.

**Duty to inform nearest relative of Responsible Medical Officer's objection to discharge and to forward a copy to Mental Health Commission.**

Article  
14(7)

The Trust shall immediately inform the nearest relative of the Responsible Medical Officer's objection to discharge and shall immediately forward to the Mental Health Commission a copy of the report supplied by the Responsible Medical Officer.

**Duty to inform Mental Health Commission of discharge**

Article  
14(8)

The Trust shall immediately inform the Mental Health Commission of any discharge of a patient from detention under Article 14.

### **Leave of Absence from Hospital**

**Requirement on responsible Board or person authorised by Board to keep patient on leave from hospital in custody on direction of Responsible Medical Officer**

Article  
15(3)

The Trust which manages the Receiving Hospital shall have the duty to direct that the patient on leave of absence remains in the custody of any officer of the Trust or of any other person authorised in writing by the Trust. This shall be done on the direction of, and to the satisfaction of the Responsible Medical Officer.

**Duty to inform Mental Health Commission about details of leave of absence**

Article  
15(4)

The Trust shall inform the Mental Health Commission, through a delegated officer in the hospital, of all details

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

of periods of leave of absence or extensions of leave for a period of more than twenty eight days. The Mental Health Commission shall be informed within fourteen days of the commencement of the leave or the extension.

### **Correspondence of Detained Patients**

#### **Power to withhold correspondence**

Article  
16(1)

The Trust shall exercise the power, through a designated officer in the hospital to withhold any postal packet sent by a detained patient to a person who has notified in writing the Trust or the patient's Responsible Medical Officer that he does not wish to receive any correspondence from the patient.

#### **Exception to power to withhold correspondence addressed by patient to authority (and others) or vice versa exercising power to detain**

Article  
16(3)

The correspondence of detained patients shall not be withheld from being sent to, or received from any Trust, or other authorised bodies set out in Article 16(3).

#### **Duty to record withholding correspondence.**

Article  
16(5)

The Trust shall record through a designated officer in the Hospital, each occasion of the withholding of a postal packet or anything contained therein.

#### **Duty to notify patient and correspondent of withholding of correspondence.**

Article  
16(6)

The Trust shall inform through a designated officer in the Hospital the patient and any known sender of correspondence of the withholding of any correspondence. This shall be done in writing seven days of the withholding of the correspondence.



## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

#### **Review of Decision to Withhold Postal Packet**

**Mental Health Commission's power to direct that correspondence should not be withheld.**

Article  
17(2)

The Trust, and any of its officers so directed shall comply with any direction of the Mental Health Commission that a formerly withheld postal packet or anything contained therein shall be delivered.

#### **Guardianship Application Reception of Patients into Guardianship**

Guardianship Application shall be founded on and accompanied by two medical recommendations and a recommendation from an Approved Social Worker

Article  
18(3)

#### **Body to which application to be made.**

Article  
18(4)

Any Guardianship Application, in the prescribed form, shall be made to the Trust.

#### **Body which may be named as Guardian**

Article  
(5)

The Trust is amongst the bodies which may be named as Guardian in any application for Guardianship.

#### **Power to reject application**

Article  
18(6)(b)

A Guardianship Application in which a person other than the Trust is named as guardian shall not be valid unless it is accepted on behalf of that person by the Trust.

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

#### **Person Who May Make Guardianship Application**

##### **Person who may make application**

Article  
19(1)

Guardianship Application may be made by the nearest relative or an Approved Social Worker.

##### **Duty where nearest relative objects to application.**

Article  
19(5)

The Trust has a duty to ensure that no application for guardianship shall be made where a nearest relative has notified an Approved Social Worker or the Trust that he objects until the Approved Social Worker making the application has consulted another Approved Social Worker who is not the Approved Social Worker who gave the recommendation on which the application is founded ie a third Approved Social Worker

#### **Rectification of Guardianship Application, etc**

##### **Consent to Rectification of Applications etc**

Article  
21(1)

The Trust may consent to the amendment of any guardianship applications or recommendations by the person by whom it was signed within fourteen days of the completion of the form. Where any amendment is made the report shall have effect as if it has been originally made as so amended.

##### **Right to advise applicant of inadequacy of recommendation.**

Article  
21(2)

The Trust may, within fourteen days of the acceptance of a guardianship, notify in writing the applicant of any insufficiency in the recommendation on which the application is founded. Any fresh recommendation complying with the relevant provisions shall be furnished to the Trust and shall be deemed always to have been sufficient.

## PART 3 MENTAL HEALTH

### Duty or Power

### Provision

**Duty to inform Mental Health Commission of amendments to application and to forward copies of revised recommendations to Mental Health Commission.**

Article  
21(4)

The Trust shall inform the Mental Health Commission of any amendments of any report in respect of a guardianship application or recommendation and shall forward a copy of any fresh recommendations to the Commission as soon as it is accepted.

### **Effect of Guardianship Application**

**Powers on accepting application of body to which application is made.**

Article  
22(1)

The Trust shall have the power to require the patient to comply with the prescribed residence, attendance and access requirements as specified through the Trust or person designated as guardian.

**Duty to forward copy of application etc to Mental Health Commission.**

Article  
22(5)

The Trust shall immediately it is received send a copy of the application and the recommendations on which it is founded to the Mental Health Commission.

### **Renewal of Authority for Guardianship**

**Duty to nominate an Approved Social Worker to receive Responsible Medical Officer's report (in prescribed form) of examination on renewal of Guardianship.**

Article  
23(2)(a)

The Trust shall nominate an Approved Social Worker to receive a report in the prescribed form from a Responsible Medical Officer, which renews the Authority for Guardianship.

## PART 3 MENTAL HEALTH

### Duty or Power

### Provision

#### **Body to which Approved Social Worker's report recommending renewal should be furnished**

Article  
23(2)(b)

The nominated Approved Social Worker shall furnish to the Trust a report in the prescribed form to the effect that the authority for guardianship should be renewed.

#### **Renewal of Guardianship**

Article  
23(3)

The authority for renewal of Guardianship takes effect from the time of the reception by the Trust of the prescribed forms.

#### **Duty to inform patient nearest relative and guardian of renewal and forward copy of reports to Mental Health Commission**

Article  
23(4)

The Trust shall ensure that the patient, nearest relative, Guardian (if applicable) and Mental Health Commission are informed of the renewal. A copy of the reports at (2)(a) and (2)(b) shall be forwarded to the Commission.

### **Discharge of Patient from Guardianship**

#### **Body to which nearest relative should give notice of intention to discharge patient from Guardianship and Responsible Medical Officer's and Approved Social Worker's ability to thwart nearest relatives intention.**

Article  
24(4)

A nearest relative's application to the Trust for discharge of a patient from Guardianship shall give seventy-two hours notice in writing to the Trust but shall have no effect if during that time a Responsible Medical Officer and an authorised Social Worker furnish reports in writing to the Trust stating that the grounds for Guardianship still apply.

**PART 3 MENTAL HEALTH**

**Duty or Power**

**Provision**

**Duty to inform nearest relative of receipt of reports opposed to discharge and to forward copies to Mental Health Commission.**

Article  
24(7)

The Trust shall immediately inform the nearest relative of the reports at Article 24 (4) to discharge the patient from Guardianship. The Trust shall also immediately forward a copy of each report to the Mental Health Commission.

**Duty to inform Mental Health Commission of discharge.**

Article  
24(8)

The Trust shall immediately inform the Mental Health Commission where a patient is discharged from Guardianship. The Trust shall also notify any other Guardian apart from the Trust to this effect.

**Power to authorise Approved Social Worker to exercise discharge functions.**

Article  
24(9)

The Trust shall have the power to authorise an Approved Social Worker to discharge a patient from Guardianship.

**Duty to exercise functions of Guardians when private Guardian dies, relinquishes role or is incapacitated.**

Article  
25(1)&(2  
)

The Trust shall assume the exercise of functions of any Guardian (other than the Trust) who dies, relinquishes the role or is otherwise prevented from exercising the role.

**Power to apply to County Court to assume Guardian role.**

Article  
25(3)

The Trust shall apply to the County Court for the transfer of the Guardianship to the Trust or some other person approved by the Trust, where it appears that the original

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

Guardian has performed his function negligently, or in a manner contrary to the welfare of the patient.

### **Duty to notify Mental Health Commission of transfer of Guardianship.**

Article  
25(5)

The Trust shall immediately notify the Mental Health Commission of any transfer of Guardianship.

### **Regulations as to Guardianship**

#### **Application of Regulations**

Article  
26

The Trust and its relevant staff shall comply with all regulations made by the Department including the Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) Regulations (NI) 1986. These regulations set out general and specific duties placed on the Trust.

### **Provisions Relating to Patients Subject to Detention or Guardianship**

#### **Duty to Give Information to Patients and Nearest Relatives**

#### **Duty to advise patient detained or subject to Guardianship of relevant provisions or Order, their effect, and of his rights.**

Article  
27(1)(2)(3)  
& (5)

The Trust shall provide information orally and in writing to any patient detained for treatment or subject to Guardianship, relating to the provisions of the Order under which he is detained or subject to guardianship including his right to apply to The Mental Health Review Tribunal, the effect of detention or Guardianship and his right to make representation to MHC. The Trust shall also provide the nearest relative with a statement setting out his rights under the Order.

### **PART 3 MENTAL HEALTH**

#### **Duty or Power**

#### **Provision**

#### **Duty to advise nearest relative and Guardian of discharge from detention or Guardianship**

Article  
27(4)

The Trust shall advise if practicable giving seven days notice, the nearest relative and/or Guardian, of a patient's discharge from detention or from Guardianship.

#### **Power to arrange transfer of detained patient to another hospital**

Article  
28(1)

The Trust through a Responsible Medical Officer shall have the authority to transfer a detained patient from one hospital to another.

#### **Duty to admit patient pursuant to direction under Article 28(3).**

Article  
28(4)(b)

The Trust shall admit to a hospital being administered by it, any patient directed by the Department of Health, Social Services and Public Safety to be so admitted.

#### **Power to arrange transfer of patient from one Guardian to another and transfer of detained patient into Guardianship.**

Article  
28(5)

The Trust through a Responsible Medical Officer and an Approved Social Worker shall have the power to arrange for the transfer of a patient from one Guardian to another Guardian and from detention for treatment to Guardianship.

#### **Duty to inform nearest relative (and Guardian) of intention to exercise power under Article 28(5).**

Article  
28(9)

The Trust shall inform if practicable, in advance the nearest relative and the Guardian (where relevant) of a patient whom it is intended to transfer.

### PART 3 MENTAL HEALTH

#### Duty or Power

#### Provision

#### **Duty to notify Mental Health Commission of transfer.**

Article  
28(10)

The Trust shall notify the Mental Health Commission immediately of any transfer of a patient from one Guardian to another or from detention for treatment to Guardianship.

#### **Power to authorise person to take a detained patient absent without leave into custody and return him to hospital.**

Article  
29(1)

The Trust shall have the power to authorise in writing any person in addition to Approved Social Workers and hospital staff to take any patient who is absent without leave and return him to hospital.

#### **Power to authorise person to take patient, who is subject to Guardianship and has absented himself without leave from the place at which he is required by his Guardian to reside into custody and return him to that place.**

Article  
29(2)

The Trust shall have the power to authorise, in writing, any person in addition to Approved Social Workers to take a patient under Guardianship back to a place specified by their Guardian from which he is absent without leave.

#### **Body which any person wishing to assign his function as nearest relative to another person should notify on prescribed form.**

Article 35

The Trust of patient origin shall have the power to assign the functions of a nearest relative to another (suitable) person where it receives a request in the prescribed form from the existing nearest relative.



## PART 3 MENTAL HEALTH

### Duty or Power

### Provision

#### **Appointment by County Court of Acting Nearest Relative**

**Duty of responsible Board to function as patient's nearest relative following application to County Court by Approved Social Worker.**

Article 36

The Trust shall function as a patient's nearest relative when an application to appoint a nearest relative is brought by an Approved Social Worker to a County Court and the County Court makes an order to this effect.

#### **Approved Social Workers Duty to Apply for Admission for Assessment to Guardianship**

**Duty to direct Approved Social Worker to consider application on request of resident's nearest relative.**

Article  
40(4)

The Trust shall have the duty to direct an Approved Social Worker to consider an application for Assessment or a Guardianship when so required by a nearest relative of a patient residing in the Trust's area.

#### **Part 3 – Patients Concerned in Criminal Proceedings or Under Sentence**

##### **Remands to Hospital**

##### **Remand for Report on Accused's Mental Condition**

**Court power to remand into care of the Department of Health, Social Services and Public Safety.**

Article  
42(1)

The Trust shall have the duty to receive on remand into hospital for report on mental condition an accused person who is suffering from mental illness or severe mental impairment on the direction of the Crown Court or a Court of Summary Jurisdiction.

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

#### **Department rights to make representations to Court.**

Article  
42(4)

The Court shall give the Trust the opportunity to make representations to the Court concerning the remand to hospital of an accused person.

#### **Boards duty to admit**

Article  
42(9)(d)

The Trust shall admit in its hospital within 7 days from the date of the remand any accused person remanded under this Article for report on accused's mental condition.

### **Remand for Treatment**

#### **Court's power to remand into care of Department**

Article  
43(1)

The Trust shall have the duty to receive into its care, for admission into hospital for treatment, an accused person who is suffering from mental illness or severe mental impairment on the direction of the Crown Court or a court of Summary Jurisdiction.

#### **Department's right to make representations to court.**

Article  
43(3)

The Court shall give the Trust the opportunity to make representations to the court concerning the remand to hospital for treatment of an accused person.

### **Hospital and Guardianship Orders**

#### **Powers of Courts to Order Hospital Admission or Guardianship**

#### **Court's Power to remand into care of Department**

Article  
44(1)(a)

The Crown Court or a Court of Summary Jurisdiction may make a "Hospital Order" committing a convicted person to the care of the Trust for admission to hospital where that person suffers from mental illness or severe mental impairment of the required nature or degree.

## PART 3 MENTAL HEALTH

### Duty or Power

### Provision

**Court's power to order Guardianship by Board or by someone approved by Board.**

Articles  
44(1)(b)

The Crown Court or a Court of Summary Jurisdiction may make a "Guardianship Order" placing a convicted person under the Guardianship of the Trust or a person approved by the Trust as may be specified in the Order.

**Department's right to make representations to Court.**

Article  
44(5)

The Court shall give the Trust the opportunity to make representations to the Court concerning the making of a Hospital Order.

### Interim Hospital Orders

**Court's power to remand into care of Department**

Article  
45(1)

The Crown Court or a Court of Summary Jurisdiction may make an "Interim Hospital Order" committing an appropriately convicted person to the care of the Trust for admission to hospital where that person suffers from mental illness or severe mental impairment of the required nature or degree.

**Department's right to make representations to Court**

Article  
45(3)

The Court shall give the Trust the opportunity to make representations to the Court concerning the making of an Interim Hospital Order.

### **Effect of Hospital Orders, Guardianship Orders and Interim Hospital Orders**

**Duty of Department to give effect to Court hospital orders; duty of Trust managing hospital to admit**

Article  
46(1)

It shall be the duty of the Trust to receive into any hospital administered by it, a patient under a Hospital Order.

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

#### **Authority to conveyance to hospital.**

Article  
46(2)(a)

A Hospital Order shall give authority to a constable, an Approved Social Worker or any other person ordered by the Court to convey the patient to the hospital administered by the Trust.

#### **Authority for Trust to admit and detain**

Article  
46(2)(b)

A Hospital Order shall give authority to the Trust managing the relevant hospital to admit the patient and detain him in accordance with the provision of The Mental Health (NI) Order 1986.

#### **Guardianship powers conferred on Board or other person approved.**

Article  
46(5)

A Guardianship Order made by the Court shall confer on the Trust or a person named therein the same powers as a Guardianship Application made and accepted under Part II of The Mental Health (NI) Order 1986.

### **Interpretation of Part 3**

#### **Designation of places of safety**

Article  
6(2)

The Trust shall have the power to designate as "A Place of Safety" any hospital which it administers for the purpose of temporarily receiving a patient who is subject to a Hospital Order and awaiting a hospital place which will become available within 28 days of the Court's sitting.

#### **Part 5 – The Mental Health Review Tribunal for NI Duty on Board to Refer Cases to the Tribunal**

#### **Duty on responsible Authority to refer cases to Mental Health Review Tribunal**

Article 73

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

The Trust shall have the duty to refer to the Mental Health Review Tribunal any patient subject to detention in hospital or Guardianship under Part II, whose case has not been considered by the Tribunal for two years (one year if the patient is under 16 years of age).

### **Powers in Relation to Restricted Patients Subject to Restriction Directions**

#### **Duty on responsible Authority to transfer patient to prison etc**

Article  
79(3)

The Trust shall transfer a patient to prison (or other institution in which he might have been detained) where he is still liable to be detained, and where no notice for discharge by the Secretary of State has been given, nor recommendation for discharge by the Mental Health Review Tribunal has been made.

### **Part 8 – Management of Property and Affairs of Patients**

#### **Duty on Trusts/Boards to notify Office of Care and Protection**

Article 107

The Trust shall have the duty to notify the Office of Care and Protection in the form prescribed by the Office, of patients who are incapable of managing their property and affairs by reason of mental illness.

### **Part 9 – General Duty of Board**

#### **Appointment of Approved Social Workers by the Board**

#### **Power of Boards to appoint Approved Social Workers**

Article 115

The Trust shall have the power to appoint a sufficient number of Approved Social Workers to discharge the functions conferred on them by this Order. The Trust shall have regard to said matters as the Department of

## **PART 3 MENTAL HEALTH**

### **Duty or Power**

### **Provision**

Health, Social Services and Public Safety may direct.

### **Duty of Board to Inform Nearest Relative of Discharge of Patient**

**Duty of responsible Trust/Board to notify nearest relative of discharge**

Article  
117(1)

The Hospital Trust shall have the duty, to inform, where practicable the nearest relative of discharge and if practicable giving at least seven days notice.

### **Part 10 – Offences III Treatment of Patients Protection of Patients**

#### **Unlawful sexual intercourse**

Article  
123(1)(b)

Any person who is a member of the staff of the Trust who has unlawful sexual intercourse with a man or woman who is receiving treatment for a mental disorder or is guardian if a woman suffering from mental disorder shall be guilty of an offence.

### **Part II – Miscellaneous**

#### **Warrant to Search for and Remove Patients**

**Provision for Board/Trust officers to apply for warrant to search for and remove patients**

Article  
129(1) &  
(2)

An officer of the Trust may apply to a Justice of the Peace for a warrant to search for and remove patients. The warrant shall authorise a constable to enter premises, accompanied by a Medical Practitioner, where it is believed that a person suffering from mental disorder is either ill-treated or neglected or living alone and being unable to care for himself, or is liable to be taken under the Order to another place and that admission to the premises is being refused or likely to be refused.

**PART 3 MENTAL HEALTH****Duty or Power****Provision****Responsible Board to receive report from Responsible Medical Officer on patients transferred to NI**Article  
134(1)

The Trust shall receive from the Responsible Medical Officer a report in the prescribed form in respect of any patient received into hospital or guardianship in Northern Ireland by virtue of The Mental Health Act 1983 (Relevant Legislation in England and Wales) or the Mental Health (Scotland) Act 1984. The report shall state the form of mental disorder from which the patient is suffering and the patient shall then be treated for the purposes of this Order as suffering from such forms of mental disorder as may be stated in the report.

**Duty on Responsible Board to notify Mental Health Commission of above report**Article  
134(2)

The Trust shall immediately notify the Mental Health Commission of any patient received into a hospital administered by the Trust or Guardianship under this Article. Furthermore the Trust shall forward to the Mental Health Commission a copy of the report made by the Responsible Medical Officer to satisfy the requirements of Article 134(1).

## **PART 3 MENTAL HEALTH**

### **REGULATORY FRAMEWORK**

The Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed forms) Regulations (Northern Ireland) 1986 (amended 1992; 1994))

The Mental Health Review Tribunal Rules (Northern Ireland) Rules 1986

### **POLICY AND PROCEDURAL GUIDANCE, INCLUDING DEPARTMENTAL CIRCULARS**

Choosing to Protect. A Guide to using the Protection of Vulnerable Adults, Northern Ireland [POVA (NI)] Service (DHSSPS April 2005, revised February 2007)

Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (DHSSPS, 2003).

Safeguarding Vulnerable Adults – Regional policy and procedures

Protocol for Discharge from Hospital and Continuing Care of People with a Mental Disorder Discharge from Hospital who could Represent a Risk of Serious Physical Harm to Themselves or Others (DHSS, 2004)

Multiagency Procedures for the Assessment and Management of Sex Offenders (MASRAM) guidance

Monitoring of Untoward Events

Complaints Procedures

### **PUBLICATIONS TO INFORM GOVERNANCE ARRANGEMENTS (COPIES AVAILABLE FROM THE DEPARTMENT)**

Inspection of Statutory Social Services – Mental Health Hostels in NI SSI, 1991)

Inspection of Mental Health Day Care with Particular Reference to Preparation for Employment (SSI,1992)



## **PART 3 MENTAL HEALTH**

Inspection of Social Work in Mental Health Services – Overview Report (SSI, 2004)

Living with the Trauma of the “Troubles (SSI 1998)

Organisational Standards for Social Work in Hospitals (SSI, 1995)

Quality Standards – Approved Social Work (SSI, 2005)

## **PART 4 DISABILITY**

### **1. Principles and values**

The principles and values underpinning work in services for disabled people are to be found in Part 1 of the main document which also sets out in general terms the framework for the scheme, accountability and operational arrangements.

### **2. Practice**

Practice within the Trust will adhere to relevant primary legislation and regulatory requirements and appropriate policies, procedures and best practice standards. The Trust's policies and procedures for services to disabled people (including those with sensory impairment) will be agreed with the Board.

### **3. Staffing**

- a) In the discharge of statutory functions unbroken lines of professional accountability will be established.
- b) Formal and regular supervision by a professionally qualified worker of a more senior rank will be made available to all practitioners discharging statutory functions in respect of people with disabilities.
- c) All staff in the disability programme of care will receive training pertinent to the needs of disabled people.
- d) Staff who provide a service to disabled people whose needs or those of their children are related to child care or mental health issues will receive relevant training.

### **4. Quality Assurance**

- a) An executive member of the Trust Board will be a social worker who amongst other duties will be responsible for advising the Trust Board that systems, processes and procedures are in place for the effective discharge of statutory functions in respect of disabled people.
- b) An executive member of the Trust Board will be a qualified medical practitioner who amongst other duties will be responsible for

## PART 4 DISABILITY

advising the Trust Board that systems, processes and procedures are in place for the effective discharge of statutory functions in respect of disabled people.

- c) A regular audit of this protocol will be carried out by professionals with appropriate experience in the field of disability.
- d) The audit will include a review of professional practice in respect of:
  - i) statutory requirements;
  - ii) relevant policies and procedures;
  - iii) standards;
  - iv) staffing levels, qualifications and competencies;
  - v) the views of disabled people and their carers; and
  - vi) the views of other agencies and disciplines.
- e) All audit reports will be available to the Trust and the Board.

### 5. Monitoring

The Trust is committed to ensuring that the monitoring of the discharge of statutory functions is an ongoing process. Monitoring will be undertaken using both qualitative and quantitative measures, the results of which will be shared with the Board. The Board will also be informed of serious adverse incidents, untoward incidents and complaints where these relate to statutory functions. The Board will receive the Trust's annual complaints report relating to services for disabled people.

Carers and service users will be consulted regularly about current and future provision. Internal professional audits will take place through regular supervision and gathering of statistical information.

The Board will also have a monitoring role. This will entail an analysis and evaluation of the information derived from the Trust's monitoring system and a planned programme of professional audit of selected statutory functions.

## PART 4 DISABILITY

### 6. Collaborative arrangements

- a) The Trust will agree with other Trusts and Boards sound professional arrangements for the transfer of disabled people's cases.
- b) The Trust will agree with the Board and with other Trusts, common professional standards policies and procedures.
- c) The Trust will agree with the Board and other Trusts, arrangements for training staff in respect of the discharge of statutory functions.

### 6. Review

This scheme will be reviewed after 2 years and thereafter at any time at the request of either of the parties involved\*.

---

\* This may vary with the Review of Public Administration and the introduction of the Regional Health and Social Care Board.

## PART 4 DISABILITY

### FUNCTIONS DELEGATED BY THE BOARD TO THE TRUST UNDER THE DISABLED PERSONS (NI) ACT 1989

<u>Duty or Power</u>	<u>Provision</u>
<p><b>Duty on Board to permit authorised representative of disabled person to act as representative, accompany disabled person to meetings and inspect documents unless to do so would be likely to be harmful to interests of disabled person.</b></p> <p>Trust will fulfil the duties specified in this Section.</p>	<p>Section 2</p>
<p><b>Duty on Board, if requested by disabled person or his authorised representative specifying the needs of the disabled person and the services the Board intends to provide or alternatively state that disabled person has no needs requiring services.</b></p>	<p>Section 3</p>
<p><b>Duty on Board to give reasons for not providing any services.</b></p> <p>Trust will fulfil the duties specified in this Section.</p>	
<p><b>Duty on Board to consider representations of disabled person or his authorised representative where Board does not intend to provide services and inform the disabled person in writing of its decision.</b></p>	
<p><b>Duty on Board, where a disabled person or authorised representative, is unable to communicate by reason of physical or mental incapacity, to provide services as necessary to ensure incapacity does not prevent disabled person making representation.</b></p>	
<p><b>Duty on Board to decide, when requested by disabled person or his carer, whether needs of the disabled person call for the provision of services</b></p>	<p>Section 4</p>

## PART 4 DISABILITY

### Duty or Power

### Provision

**under Section 2 of the Chronically Sick and Disabled Persons (NI) Act 1978.**

The Trust will respond to requests from disabled people or their authorised representatives, or from any other sources, to be provided with services in accordance with Section 2 of the Chronically Sick and Disabled Persons (NI) Act 1978. Such a request will be treated as referral for a full comprehensive assessment of need.

**Deals with all children who are subject to a statement of Special Education needs under The Education (NI) Order 1985. The Board is required to appoint an “Appropriate Officer” to give an opinion on whether child is disabled person**

Section 5  
(1) and (2)

The Trust will identify an Appropriate Officer who will give his opinion as to whether the child is or is not a disabled person. The child must be resident within the geographic area of the Trust.

**Duty of “Appropriate Officer” to make arrangements for assessment of needs of disabled school leavers**

Section 5  
(5)

The Trust will ensure that the Appropriate Officer makes arrangements with the Education and Library Board to secure an exchange of information which ensures that disabled children aged between 14-19 and their parents are notified, that they have the right to full comprehensive assessment of need co-ordinated by an appropriately trained and professional officer of the Trust.

**Duty on Board where person to be discharged after more than six months inpatient treatment for mental disorder, to notify Board in whose area**

Section 7

## PART 4 DISABILITY

### Duty or Power

### Provision

**person is likely to reside after discharge. Duty if person is under 19 to notify Education and Library Board.**

**Duty on Board, where person discharged after six months inpatient treatment for mental disorder, to undertake an assessment of needs in respect of Health Services or Personal Social Services.**

The Trust will fulfil the duties specified in this Section.

**Duty of Boards to take into account ability of carers to continue caring.** Section 8 (1)

The Trust Board will take into account the ability of informal carers to continue to care when making an assessment of needs of the disabled person.

**Requirement for Boards to publish information about services available.** Section 1 (2)(a)

The Trust will provide information on the range of services and facilities available for people with a physical disability. The information will be presented in different forms suitable for people with special needs and will be updated from time to time.

**Requirement for Boards to ensure that any person who uses services is informed of the availability of other relevant services.** Section 1 (2)(b)

The Trust will make available information about relevant services provided by other Government departments, voluntary groups and public bodies.

**Provision of certain social welfare services.** Section 2

The Trust will ensure that people with a disability

## PART 4 DISABILITY

### Duty or Power

### Provision

within the meaning of The Act, will have the right to be assessed for the provision of Social Services as listed in this section.

**Separation of younger from older patients in hospitals.** Section 12 (1)  
(a) and (b)

The Trust will ensure that younger patients who are in hospital for the purpose of long-term care will not be treated with elderly patients.

### **Functions Delegated by the Board to the Trust under The Carers And Direct Payments Act (Northern Ireland) 2002**

#### **Rights of Carers to an assessment.**

Duty to carry out an assessment of the carer's ability to provide and to continue to provide care for a person cared for where the Trust is satisfied that the person cared for is someone for whom it may provide personal social services. Section 1(a);  
1(b); 2(a);  
2(b)(i)(ii)

Where the Trust carries out an assessment of the needs of a person for personal social services and the carer of the person requests the Trust, before it makes a decision as to whether the person's needs call for the provision of any personal social services, to carry out an assessment of the carer's ability to provide and continue to provide care for the person, a duty to carry out such an assessment and take the results of that assessment into account in deciding what, if any, personal social services to provide to that person.

Subject to any directions given by the Department of Health, Social Services and Public Safety to the Trust under Article 17 of the 1972 Order (in the case of a Board) or Paragraph 6 of Schedule 3 to the Health and Personal Social Services (Northern Ireland) Order Section 1(4)



**PART 4 DISABILITY****Duty or Power****Provision**

1991 (NI 1) (in the case of a Trust), power to carry out an assessment under Section 1 of the Act in such manner, and such form, as the Trust considers appropriate.

For the purposes of an assessment under Section 1 of the Act, power to take into account, so far as the Trust considers it to be material, any other assessment made under section 1 or Article 18A of the Children Order.

Section 1(5)

**Services for Carers**

Where the Trust carries out an assessment of a carer, duty to consider the assessment and decide whether the carer has needs in relation to the care which he provides or intends to provide and if so, whether they could be satisfied (wholly or partly) by services which the Trust may provide; and if they could be so satisfied, whether or not to provide services to the carer.

Section 2(1)(a);  
2(1)(b); 2(1)(c)

Power to determine whether or not the services referred to are those that the Trust sees fit to provide and whether or not in the Trust's view they will help the carer care for the person cared for. Services may take the form of physical help or other forms of support.

Section 2(2)(a);  
2 (2)(b)

Power to provide a service which although provided to the carer, may take the form of a service delivered to the person cared for if it is one which, if provided to him instead of to the carer, could fall within personal social services and both the carer and the person cared for agree that it is to be so delivered. However, if a service is delivered to the person cared for it may not, except in prescribed circumstances, include anything of an intimate nature.

Section 2(3)

**PART 4 DISABILITY****Duty or Power****Provision**

Power to make in respect of any services provided under section 2 of the Act, such charges (if any) as the Trust may determine; and to recover as a debt due to the Trust any sum falling to be paid to the Trust.

Section 2 (5)

Where the Trust is already providing services under Section 2 to the carer, or is providing personal social services to the person cared for (but not both) and proposes to provide another service to the person who is not receiving any service, if the new service, or any service already being provided, is one which could be provided either under section 2 of or by way of personal social services, power to decide whether the service is to be provided and if so whether it is to be provided under section 2, or by way of personal social services.

Section 2 (7)(a);  
2 (7)(b).

Where the Trust is not providing services to the carer under Section 2 or to the person cared for (by way of personal social services), but proposes to provide services to each of them following an assessment under Section 1(1) and under the Health and Personal Social Services Order (NI) 1972; or if the Trust is providing services both to the carer (under Section 2) and the new service is one which could be provided either under Section 2, or by way of personal social services, power to decide whether or not the service is, or is in future, to be provided under Section 2, or by way of personal social services and therefore whether it is, or is in future, to be provided to the carer or to the person cared for.

Section 2  
(8)(a); 2(8)(b);  
(9).

Duty to make the decision as to whether the service is to be provided under Section 2, or by way of personal social services (and therefore whether it is, or is in future, to be provided to the carer or to the person cared for) without regard for the means of the carer or the person cared for.

Section 2 (10)

## PART 4 DISABILITY

### Duty or Power

### Provision

#### **Assessments and services for children who are carers**

Where a child provides or intends to provide a substantial amount of care on a regular basis for a person aged 18 or over and the child requests the Trust to carry out an assessment for the purposes of determining whether he is a child in need for the purposes of Part IV of the Children Order and the Trust is satisfied that the person cared for is someone for whom it may provide personal social services, duty under Article 17A (1) of the Children Order to carry out such an assessment and, taking the results of that assessment into account, to determine whether the child is a child in need for the purposes of Part IV of the Children Order.

Section 4 which inserts Article 17A into the Children (NI) Order 1995

Subject to any directions given by the Department to the Trust under (Article 17 of the Health and Personal Social Services (Northern Ireland) Order 1972 (in the case of a Board); or paragraph 6 of Schedule 3 to the Health and Personal Social Services (Northern Ireland) Order 1991 (NI 1) in the case of a Trust, power to a carry out an assessment under Article 17A of the Children Order in such manner and such form as the Trust considers appropriate.

#### **Assessments: carers of disabled children**

Where the carer of a disabled child who has parental responsibility for the child requests the Trust to carry out an assessment of the carer's ability to provide and to continue to provide care for the child; and the Trust is satisfied that the child and his family are persons for whom it may provide services under Article 18 of the Children Order, duty under Article 18A (1 ) of the Children Order to carry out such an assessment; and take the results of that assessment into account when

Section 5 which inserts Article 18A into the Children (NI) Order 1995

## PART 4 DISABILITY

### Duty or Power

### Provision

deciding what, if any, services to provide under Article 18 of the Children Order.

Where a Trust carries out an assessment of the needs of a disabled child for the purposes of Part 1V of the Children Order or section 2 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (c. 53); and the carer of the child requests the Trust, before it makes a decision as to whether the needs of that child call for the provision of any services, to carry out an assessment of the carer's ability to provide and to continue to provide care for that child, duty under Article 18A (2) of the Children Order to carry out such an assessment; and take the results of that assessment into account in deciding what, if any, services to provide.

Section 5 2 (a)  
(b) (i) (ii) and  
Article 18A of  
the Children (NI)  
Order 1995

Subject to any directions given by the Department to the Trust under (Article 17 of The Health and Personal Social Services (Northern Ireland) Order 1972 (in the case of a Board); or paragraph 6 of Schedule 3 to the Health and Personal Social Services (Northern Ireland) Order 1991 in the case of a Trust, power to a carry out an assessment under Article 18A of the Children Order in such manner and such form as the Trust considers appropriate.

Section 5 2 (a)  
(b) (i) (ii) and  
Article 18A of  
The Children  
(NI) Order 1995

For the purposes of an assessment under Article 18A, power to take into account, so far as the Trust considers it to be material, any other assessment made under Article 18.

Section 5 2 (a)  
(b) (i) (ii) and  
Article 18A of  
The Children  
(NI) Order 1995

### **Information for carers**

Duty to take such steps as are reasonably practicable to ensure that information is generally available in the Trust's area concerning the right of a carer to request an assessment under Section 1(1) or (2) of the Act

Section 7 (1)(a);  
(1)(b)

## PART 4 DISABILITY

### Duty or Power

### Provision

and that those in the Trust's area who might benefit from such an assessment receive the information relevant to them.

Where it appears to a Trust that an adult is cared for by a carer and the adult is a person for whom the Trust may provide personal social services duty to notify the carer that he may be entitled to request an assessment under Section 1(1) of the Act.

Section 7 (2)  
(a); (2) (b)

Where a Trust proposes to carry out an assessment under the Health and Social Services (NI) Order 1972 Order of the needs of a person for personal social services and it appears to the Trust that that person is cared for by a carer, duty to notify the carer that he may be entitled to request an assessment under Section 1(2) of the Act.

Section 7 (3)  
(a); (3) (b)

### **Information regarding assessments and services for children who are carers and information regarding assessment of carers of disabled children**

Duty (under Article 18D (1) of the Children Order) to take such steps as are reasonably practicable to ensure that information is generally available in the Trust's area concerning the right of a person to request an assessment under Article 17A or 18A of the Children Order and that those in the Trust's area who might benefit from such an assessment receive the information relevant to them.

Section 7(4)  
which inserts  
Article 18D into  
The Children  
(NI) Order 1995

Where it appears to a Trust that a child provides or intends to provide a substantial amount of care on a regular basis for a person aged 18 or over and the person cared for is someone for whom it may provide personal social services, duty to notify the child that he may be entitled to request an assessment under

Section 7(4)  
which inserts  
Article 18D into  
The Children  
(NI) Order 1995

**PART 4 DISABILITY****Duty or Power****Provision**

Article 17A(1) of the Children Order.

Where it appears to a Trust that a disabled child is cared for by a carer who has parental responsibility for the child and the disabled child and his family are persons for whom the authority may provide services under Article 18 of the Children Order, duty to notify the carer that he may be entitled to request an assessment under Article 18A (1) of the Children Order.

Section 7(4)  
which inserts  
Article 18D into  
The Children  
(NI) Order 1995

Where a Trust proposes to carry out an assessment of the needs of a disabled child for the purpose of this Part or Section 2 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (c. 53) and it appears to the Trust that that child is cared for by a carer, duty to notify the carer that he may be entitled to request an assessment under Article 18A(2) of the Children Order.

Section 7(4)  
which inserts  
Article 18D into  
The Children  
(NI) Order 1995

## **PART 4 DISABILITY**

### **REGULATORY FRAMEWORK**

The Carers (Services) and Direct Payments Regulations (NI) 2003

### **POLICY AND PROCEDURAL GUIDANCE, INCLUDING DEPARTMENTAL CIRCULARS**

Less Disabling. Equity for Disabled People in the DHSS. Access to Services (DHSS, 1999).

Valuing Carers (DHSSPS, 2001)

Guidance 'Carers and Direct Payments Act (NI) 2002 (DHSSPS, 2003)

HSS (ECCU) 1/2004 – Direct Payments – Model Agreement

HSS (ECCU) 1/2005 – Guidance on Accounting and Monitoring

Requirements for Payments made under the Carers and Direct Payments (Northern Ireland) 2002

Direct Payments 'Legislation and Guidance for Boards and Trusts' DHSSPS 2004

Guide for Service Users – A Guide to Receiving Direct Payments (DHSSPS, 2005)

HSS (ECCU) 4/2006 – Implementation of the Carers Strategy

HSS (ECCU) 5/2006 – Allocation of Direct Payments Development Fund

HSS (ECCU) 1/2007 – Direct Payments - Training of Personal Assistants

HPSS (EPCC) 1/2007 – Enhancing Primary and Community Care - Services Closer to Home

HPSS (EPCC) 2/2007 – Intermediate Care

Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (DHSSPS, 2003).

## **PART 4 DISABILITY**

Choosing to Protect. A Guide to using the Protection of Vulnerable Adults, Northern Ireland [POVA (NI)] Service (DHSSPS April 2005, revised February 2007)

### **PUBLICATIONS TO INFORM GOVERNANCE ARRANGEMENTS (COPIES AVAILABLE FROM THE DEPARTMENT)**

People First: Community Care in Northern Ireland in the 1990s (DHSS, 1992)

Consumer Involvement – Changing Attitudes (SSI, 1997)

From Dependence to Independence – Agenda for Action (SSI, 2003)

From Dependence to Independence – Standards for SW Services for Young Disabled Adults, Key Standards and Criteria. (SSI, 2003)

Inspection of Day Services for Adults with a Mental Handicap/Learning Difficulties in Northern Ireland.(SSI, 1992)

Organisational Standards for Social Work in Hospitals (SSI, 1995)

Quality Standards – Consumer Involvement in Community Care Services (2003)

Review of Health and Social Services for People Aged 18 to 65 with a Visual Impairment. (SSI,1999)



## **PART 5 GENERAL WELFARE**

### **PART 5 GENERAL SOCIAL WELFARE PROVISION FOR PEOPLE IN NEED**

#### **1. Principles and values**

The principles and values underpinning work with people in need are to be found in Part 1 of the main document which also sets out in general terms the framework for the scheme, accountability and operational arrangements. This protocol refers to the discharge of statutory functions in respect of the general social welfare of people in need under the Health and Personal Social Services (NI) Order 1972. It has particular relevance for work with elderly people.

#### **2. Practice**

Practice within the Trust will adhere to relevant primary legislation and regulatory requirements and appropriate policies, procedures and best practice standards. The Trust's policies and procedures for people in need will be agreed with the Board.

#### **3. Staffing**

- a) In the discharge of statutory functions pursuant to the Health and Personal Social Services (NI) Order 1972 unbroken lines of professional accountability will be established.
- b) The professional head of the programme will always be an appropriately qualified professional in the area of care of the elderly.
- c) Formal and regular supervision by a professionally qualified worker of a more senior rank will be made available to all practitioners discharging statutory functions in respect of people with disabilities.
- d) All staff, professionally qualified or otherwise, will receive training relevant to the needs of people in need of welfare services.

## **PART 5 GENERAL WELFARE**

### **4. Quality Assurance**

- a) An executive member of the Trust Board will be a social worker who amongst his/her duties will be responsible for advising the Trust Board that systems, processes and procedures are in place for the effective discharge of statutory functions in respect of people in need.
- b) An executive member of the Trust Board will be a qualified medical practitioner who amongst their duties will be responsible for advising the Trust Board that systems, processes and procedures are in place for the effective discharge of statutory functions in respect of people in need.
- c) A regular audit of this protocol will be carried out by professionals with appropriate experience in the field of the provision of welfare services for people in need.
- d) The audit will include a review of professional practice in respect of:-
  - a) statutory requirements;
  - b) relevant policies and procedures;
  - c) standards;
  - d) staffing levels, qualifications and competences;
  - e) the views of people in need and their carers; and
  - f) the views of other agencies and disciplines.
- e) All audit reports will be available to the Trust and the Board.

### **5. Monitoring**

The Trust is committed to ensuring that the monitoring of the discharge of statutory functions is a continuing process. Monitoring will be undertaken using both qualitative and quantitative measures, the results of which will be shared with the Board. The Board will also be informed of serious adverse incidents untoward incidents and complaints where these relate to statutory functions and will receive the Trust's annual complaints report relating to people in need.

## PART 5 GENERAL WELFARE

The Board will also monitor the discharge of statutory functions. This will include an analysis and evaluation of the information derived from the Trust's monitoring systems and a planned programme a professional audit of selected statutory functions.

### 6. Collaborative Arrangements

- a) The Trust will agree with other Trusts and Boards sound professional arrangements for the transfer of responsibility for people who are receiving social welfare services which are statutorily prescribed.
- b) The Trust will agree with the Board and other Trusts common professional standards, policies and procedures.
- c) The Trust will agree with the Board a definition of untoward incidents and a mechanism for reporting these and the result of any investigations to the Board.
- d) The Trust will agree with the Board, other Trusts and educational establishments, arrangements for training staffing in respect of the provision of social welfare services statutorily prescribed.
- e) The Trust will maintain good communication on matters relevant to the provision of general social welfare services, with Trusts and other providers and will collaborate with them as necessary.

### 7. Review

This scheme will be reviewed after 2 years and thereafter at any time at the request of either of the parties involved\*.

---

\* This may vary with the Review of Public Administration and the introduction of the Regional Health and Social Care Board.

## PART 5 GENERAL WELFARE

### FUNCTIONS DELEGATED BY THE BOARD TO THE TRUST UNDER HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972

#### Duty or Power

#### Provision

#### **Arrangements for provision of health services by other bodies or persons**

Article 14A

The Trust may make arrangements for the provision by any other body or person of any of the health services on such terms and conditions as may be agreed.

The Trust may make available assistance to any body or person providing health services by:-

- a) permitting the body or person to use premises belonging to the Trust;
- b) making available vehicles, equipment, goods or materials; and
- c) making available the services of staff.

#### **Provision of general Social Welfare Services**

Article 15

1. The Trust shall make available advice, guidance and assistance as it considers necessary to persons in need. This will include the provision of residential and other accommodation as well as a range of domiciliary services such as home help, laundry facilities day care and respite care.
2. The Trust may also make available in exceptional circumstances, the provision of cash, having ascertained that no other form of financial assistance is available to a person in his time of need.

**PART 5 GENERAL WELFARE****Duty or Power****Provision**

3. Where under paragraph (1) the Trust makes arrangements or provides or secures the provision of facilities for the engagement of persons in need (whether under a contract of service or otherwise) in suitable work, the Trust may assist such persons in disposing of the produce of their work.
4. The Trust may recover in respect of any assistance, help or facilities under this Article such charges (if any) as the Trust considers appropriate.
5. Article 15 so far as it related to the provision of accommodation, is subject to Articles 36, 36A and 99.

Arrangements under 15(1) may include arrangements for the provision by any other body or person of any of the personal social services on such terms and conditions as may be agreed.

**Arrangements for provision of Personal Social Services**

Article 15 1(A)  
& 15 1(B)

The Trust may make available assistance to any body or person providing Personal Social Services by:

- a) permitting the body or person to use premises belonging to the Trust;
- b) making available vehicles, equipment, goods or materials; and
- c) making available the services of staff.

**PART 5 GENERAL WELFARE****Duty or Power****Provision****(1) Provision of accommodation in premises maintained by voluntary organisations, etc**

Article 36

The Trust may make arrangements with any person or body registered under the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 to provide accommodation in a residential care home or nursing home

**(2) The provision of residential accommodation where nursing care is provided**

The Trust must make such arrangements with the voluntary organisation, or other person, managing the premises who is registered under the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003

**(3) Arrangements for payment of other parties for accommodation and for recovery of refunds from persons from whom the accommodation is provided**

The Trust will make payments to other parties for the provision of accommodation according to pre-determined agreements, and will recover from each person for whom accommodation is provided any refunds for which he is liable.

**(4)-(8) Liability of persons for whom accommodation is provided, to contribute to the cost of that accommodation**

The Trust will ensure that contributions for the cost of care provided for persons in need will be recovered according to that person's ability to pay.

**PART 5 GENERAL WELFARE****Duty or Power****Provision**

The Trust will ensure that ability to pay is assessed according to regulations determined by the Department.

The Trust may negotiate special arrangements for assessed contributions for the first 8 weeks of placement.

**Arrangements for removal to suitable premises of persons**

Article 37

The Trust will be responsible for the duties detailed in this Section and will execute its functions in accordance with the specifications outlined in Schedule 6 to the Order.

The Trust will delegate its responsibilities under this Article to an appropriately qualified Social Worker employed by the Trust operating within a Professional Supervisory/Line Management structure.

In consultation with a Medical Practitioner providing primary medical services to the individual involved and a Medical Officer appointed by the Trust and having obtained a Certificate from the Medical Officer that removal is necessary, the Social Worker will notify the Trust in writing of the need to effect an individual's removal under this Article.

In such circumstances the Trust, acting through a Senior Professional Officer employed by the Trust having served on the nearest relative of the individual involved three clear days notice of its intention to do so may apply to a Court of Summary Jurisdiction for an Order under Article 37.

If the Court concurs with such an application, the Court may order the removal of an individual by an

## **PART 5 GENERAL WELFARE**

### **Duty or Power**

appropriately qualified Social Worker employed by the Trust to a suitable placement located within, or within a convenient distance of the geographical area for which the Trust has responsibility. Should an application to revoke such an Order be made, three clear days notice must be given to the relevant Social Worker of the Trust.

Where the premises in which a person is maintained under such an Order are premises which are neither hospital accommodation secured by the Trust nor accommodation provided by the Trust, the cost of maintenance will be borne by the relevant Trust.

The Trust will be entitled to recover any maintenance expenses in respect of an individual incurred under such an Order from the individual maintained or from another person who, for the purposes of this Order, is liable to maintain that person.

### **Protection for property of persons**

The Trust will be empowered under this Article to make arrangements for the securing of the property of a person admitted to hospital or other accommodation by the Trust under Article 37 of the Order.

In discharging its responsibilities under this Article, the Trust acting through a relevant appropriately qualified Social Worker employed by the Trust, will satisfy itself that there is danger of loss or damage to a person who is the subject of a removal under Article 37 of the Order as a result of that person's temporary or permanent inability to protect or deal with the property, and that other suitable arrangements have not been, or are not being made.

### **Provision**

Article 38



**PART 5 GENERAL WELFARE****Duty or Power****Provision**

An appropriately qualified Social Worker employed by the Trust and operating within a Professional Supervisory/Line Management structure, may be authorised by the Trust to enter the premises of a person removed under Article 37 of the Order at all reasonable times, to deal with any property and to make necessary arrangements to secure it.

**Removal to suitable premises of person in need of care and protection.**

Schedule 6  
(refers to  
Articles)  
37&38(1)(b)

In exercising its functions under Schedule 6 to this Order, the Trust shall act in accordance with regulations and directions.

**Burial or cremation**

Article 39

The Trust will be responsible for the duties detailed in this Article.

**Assistance to voluntary organisations**

Article 71(2)

The Trust will be responsible for the duties detailed in this Article.

**Charges in respect of certain accommodation for persons in need**

Article 99

The Trust will be responsible for duties detailed in this section and will execute its functions in accordance with the specifications outlined.

**Recovery of cost of accommodation for persons in need**

Article 101

The Trust will be responsible for the duties detailed in this section and will execute its functions in accordance with the specifications outlined.

**PART 5 GENERAL WELFARE**

**Duty or Power**

**Provision**

**Recovery of costs when assets have been transferred to avoid charges**

Article 101A

The Trust will be responsible for the duties detailed in this section.

**PART 5 GENERAL WELFARE****POLICY AND PROCEDURAL GUIDANCE, INCLUDING  
DEPARTMENTAL CIRCULARS**

People First: Community Care in Northern Ireland in the 1990s Guidance Documents

HPSSR (3) 1/93 – Community Care – Choice of Residential and Nursing Home Accommodation

HSS (OP1) 1/93 – Withdrawal or Change in the Provision of Services

HSS (ECCU) 1/2004 – Direct Payments – Model Agreement

HSS (ECCU) 1/2005 – Guidance on Accounting and Monitoring Requirements for Payments made under the Carers and Direct Payments (Northern Ireland) 2002

HSS (ECCU) 2/2005 – Intermediate Care

HSS (ECCU) 1/2006 – Payments for Nursing Care in Nursing Homes

HSS (ECCU) 2/2006 – Charges for Residential Accommodation

HSS (ECCU) 3/2006 – Care Assessment and Placement Guidance (Replaces HPSSR (3) 1/93)

HSS (ECCU) 4/2006 – Implementation of the Carers Strategy

HSS (ECCU) 5/2006 – Allocation of Direct Payments Development Fund

HSS (ECCU) 1/2007 – Direct Payments - Training of Personal Assistants

HSS (ECCU) 2/2007 – Charges for Residential Accommodation

HPSS (EPCC) 1/2007 – Enhancing Primary and Community Care - Services Closer to Home

HPSS (EPCC) 2/2007 – Intermediate Care

Guidance on Complaints in Residential Nursing Home Circular, HSC (SQSD) 31/2007.

## **PART 5 GENERAL WELFARE**

Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (DHSSPS, 2003).

Choosing to Protect. A Guide to using the Protection of Vulnerable Adults, Northern Ireland [POVA (NI)] Service (DHSSPS April 2005, revised February 2007)

### **PUBLICATIONS TO INFORM GOVERNANCE ARRANGEMENTS (COPIES AVAILABLE FROM THE DEPARTMENT)**

From Hospital to Home (SSI, 1997)

Inspection of Day Care Services for Dementia Sufferers and their Carers in Northern Ireland (SSI, 1993)

Review of Care in the Community (SSI,2000)

Multi-Disciplinary Inspection of Assessment of Care Management Arrangements (SSI, 1995)

Quality Standards – Assessment and Care Management. (SSI,1999)

Promoting Partnerships in Caring – Inspection of Social Care Support Services for Carers of Older People, (SSI, 2007)

**PART 5 GENERAL WELFARE****APPENDIX A****CIRCULAR: HSS (STATUTORY FUNCTIONS) 1/2006****DHSSPS CIRCULAR****RESPONSIBILITIES, ACCOUNTABILITY AND AUTHORITY OF THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY, HEALTH AND SOCIAL SERVICES BOARDS AND HEALTH AND SOCIAL SERVICES TRUSTS IN THE DISCHARGE OF RELEVANT<sup>3</sup> PERSONAL SOCIAL SERVICES FUNCTIONS TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN****1 INTRODUCTION**

- 1.1 Family and Child Care services occupy a unique position in the social services by virtue of the range of statutory powers and duties which direct and inform the provision of services.
- 1.2 The purpose of this guidance is to reclarify the respective roles, responsibilities, accountability and authority of the Department of Health, Social Services and Public Safety (the Department) and Health and Social Services Boards (Boards) and Health and Social Care Trusts (Trusts) with particular reference to the discharge of their statutory functions to safeguard and promote the welfare of children.
- 1.3 Since the commencement in November 1996 of The Children (Northern Ireland) Order 1995<sup>4</sup> (The Children Order), the need for greater clarity has been demonstrated by cases arising in the courts from time to time. In responding to a directive from the Judiciary to explain why a Trust had not discharged its duty to provide appropriate care for a child, some Trusts have sought, on legal advice, to involve both the Board and Department. Trusts have also sought to justify breaches in the discharge of their statutory functions by claiming that they had not been allocated sufficient resources to enable them to discharge these. None of these cases proceeded to final hearing. There has consequently

---

<sup>3</sup> Commonly referred to as "statutory functions."

<sup>4</sup> S.I. 1995/955 (N.I.2)

## PART 5 GENERAL WELFARE

not therefore been a judicial interpretation of the respective roles and responsibilities of the Department, Boards and Trusts in relation to relevant statutory functions.

- 1.4 The Review of Health and Social Services in the case of David and Samuel Briggs (DHSSPS, 2003) highlighted particular differences in the perception and understanding of the respective roles and responsibilities of the Department, Boards and Trusts. The Review contained a recommendation that the Department should 'reclarify the roles of the Board and the Trust in terms of commissioning, managing and delivering the service'.
- 1.5 This circular seeks to explain and address these matters within both the legislative framework and the arrangements governing the structures for the delivery of services.

## 2 LEGISLATIVE AND STRUCTURAL BACKGROUND

### The Department

- 2.1 The Department's powers derive from the Health and Personal Social Services (Northern Ireland) Order 1972<sup>5</sup> (the 1972 HPSS Order) and subsequent amending legislation. Article 4 of the 1972 HPSS Order imposes on the Department (then, the Ministry of Health and Social Services) the duty to:-
- provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness;
  - provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland; and
  - to discharge its duty as to secure the efficient coordination of health and personal social services.
- 2.2 On 1 January 1974, the Ministry of Health and Social Services became known as the Department of Health and Social Services.

---

<sup>5</sup> S.I.1972/1265 (N.I.14)

## PART 5 GENERAL WELFARE

On 1 December 1999, the public safety functions of the Department of the Environment were transferred to the renamed Department of Health, Social Services and Public Safety (DHSSPS)<sup>6</sup>.

### Health and Social Services Boards

2.3 On 1 September 1972, Boards were established under Article 16 of the 1972 HPSS Order. The Health and Personal Social Services (Establishment and Determination of Areas of Health and Social Services Boards) Order (Northern Ireland) 1972<sup>7</sup> determined the geographical area of each Board and specified its administrative Districts.

2.4 Article 17 of the 1972 HPSS Order specified the key functions of the Boards in respect of health and personal social services. These included, inter alia:

- the exercise on behalf of the then Ministry of Health and Social Services, such functions (including functions imposed under an order of any court) with respect to the administration of such health and personal social services as the Ministry may direct; and
- the exercise on behalf of the then Ministry of Home Affairs such functions (including functions imposed under an order of any court) with respect to the administration of such personal social services under The Children and Young Persons Act (Northern Ireland) 1968 (The Children and Young Persons Act) and the Adoption Act (Northern Ireland) 1967 (the Adoption Act) as the Ministry may direct

in accordance with regulations and directions. Article 17 (2) of the 1972 HPSS Order also provides that where a function is conferred on a Board by any other legislation, that function shall be deemed to be a function which the Department has directed a Board to exercise on its behalf under Article 17 (1).

---

<sup>6</sup> See S.R. 1999 No. 481 and I.1999/283 (N.I.1)

<sup>7</sup> S.O. 1972 No. 217

## PART 5 GENERAL WELFARE

- 2.5 The Functions of Health and Social Services Boards (No. 1) Direction (Northern Ireland) 1973 (The No. 1 Direction) specified the functions under the 1972 HPSS Order to be exercised by Boards on behalf of the then Ministry of Health and Social Services subject to the conditions contained in the Direction.
- 2.6 The Functions of Health and Social Services Boards (No. 2) Direction (Northern Ireland) 1973 (the No 2 Direction) specified functions of the then Ministry of Home Affairs under Articles 72 and 73 of the 1972 HPSS Order relating to personal social services under the Children and Young Person's Act and the Adoption Act which were to be exercised by Boards on behalf of the Ministry of Home Affairs subject to the conditions contained in the Direction.
- 2.7 A number of functions under the Children and Young Person's Act, including those relating to training schools, attendance centres and remand homes were reserved to the Secretary of State in accordance with the provisions of the Northern Ireland (Modification of Enactments – No 1) Order 1973 (the 1973 Order) made under the Northern Ireland Constitution Act 1973. These remained the responsibility of the Northern Ireland Office.
- 2.8 Additional functions under the Children and Young Person's Act, including Fit Person's Orders, in so far as they related to the treatment of children and young persons found guilty of offences were also reserved in the 1973 Order to the Secretary of State. Operational difficulties that this presented to Boards were overcome by a subsequent agency arrangement made under section 11 of the Northern Ireland Constitution Act 1973, whereby the Department undertook these functions on behalf of the Secretary of State. The Functions of Health and Social Services Boards (No 1) Direction (Northern Ireland) 1974 provided for the local discharge of these functions by Boards.
- 2.9 By virtue of the Departments (Transfer of Functions) Order (Northern Ireland) 1973<sup>8</sup>, all functions under the Adoption Act and all remaining functions under the Children and Young Persons Act transferred on 1 January 1974 to the Department from the Ministry of Home Affairs<sup>9</sup> subject to the provisions of the 1973 Order as

---

<sup>8</sup> SR & O 1973 No 504



## PART 5 GENERAL WELFARE

referred to in paragraph 2.7. The No. 2 Direction (see paragraph 2.6) remained the applicable instrument of delegation for these functions.

- 2.10 With the introduction of the Adoption (Northern Ireland Order) 1987 (the Adoption Order) certain functions were conferred directly on Boards. Article 17 (1) of the 1972 HPSS Order was amended by that Order so that those functions under the Adoption Order are functions which the Board must exercise in accordance with regulations made by, and directions given by the Department.

### **The community care reforms**

- 2.11 During the early 1990s, the changes introduced by the White Papers "Caring for People" and 'Working for Patients', (DoH, 1989) respectively set out proposals for improving community care services and health services in England and Wales. The equivalent Northern Ireland policy document, "People First" (DHSS, 1990) introduced for the first time a division between the purchasing and provider roles within health and personal social services in Northern Ireland.
- 2.12 The role of Boards as co-ordinators, purchasers and quality controllers was strengthened relative to their primary role, at that time, as service providers. Management at local level was also strengthened through the appointment of Unit General Managers. In the early 1990s this internal reorganisation changed the administrative structure from districts to General Units of Management, and reconfigured the geographical areas of the former administrative districts.
- 2.13 Under the People First policy reforms, Boards as commissioners and purchasers of services, were responsible for:
- assessing the health and social care needs of their resident population;
  - strategic planning to meet need; and

---

<sup>9</sup> See S.I. 1973/2162 (C.64)

## PART 5 GENERAL WELFARE

- the development of purchasing plans.
- 2.14 People First required Boards to promote a mixed economy of care and a range of providers to maximise user choice and ensure the economic, effective and efficient delivery of services.
- 2.15 The Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991 HPSS Order) gave effect to these changes and enabled health services bodies to enter into arrangements (HSS contracts) for the provision of goods or services to or by them.

### Health and Social Services Trusts

- 2.16 Central to the reforms in England and Wales was the concept that hospitals and community health providers were to be given the option to become self-governing Trusts.
- 2.17 As health and personal social services in Northern Ireland, however, are integrated under the 1972 HPSS Order, account had to be taken of the Boards' responsibilities for the discharge of certain functions in relation to the personal social services. Under the 1972 HPSS Order, these included services delivered under the Children and Young Person's Act and the Adoption Order. The 1991 HPSS Order empowered the Department to establish bodies, to be known as Health and Social Services Trusts. The first of these were established in shadow form in 1993 as corporate bodies, managerially and administratively independent of Boards. Further primary legislation was required to enable newly established Trusts to discharge the personal social services functions on behalf of their respective Boards.
- 2.18 The Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order) provides for certain functions of Boards to be exercisable on behalf of Boards by Health and Social Services Trusts. These functions were prescribed for the purposes of the 1994 HPSS Order in The Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 (The Exercise of Functions Regulations) and are known as "relevant functions." The schedule to the regulations, which defined the relevant functions, is set out in full at Annex A. It includes functions under the Adoption Order and the Children and Young Person's

## PART 5 GENERAL WELFARE

Act and was subsequently amended in 1996 to include functions under the Children Order.

### **3 THE LEGAL RELATIONSHIP BETWEEN BOARDS AND TRUSTS IN RELATION TO CHILDREN'S SOCIAL SERVICES AND THE DISCHARGE OF RELEVANT FUNCTIONS**

- 3.1 Under the 1994 HPSS Order, Boards may, by instrument in writing under seal ("an authorisation") provide for such relevant functions of the Board as are specified to be exercised by a Trust on behalf of the Board. Authorisations require the approval of the Department. The 1994 HPSS Order requires each Trust to submit to the Board or approval a Scheme for the exercise by the Trust of specified relevant functions. The Board must then submit the scheme for the approval of the Department.
- 3.2 Schemes, known as "Schemes for the Delegation of Statutory Functions" were developed by Trusts in co-operation with the relevant Board, which subsequently approved each Scheme and submitted it to the Department for approval. As part of the approval process, the Department's role was to ensure that proper provision had been made for the exercise of the relevant functions to be delegated to Trusts and that Boards had appropriate arrangements in place to assure themselves that Trusts were exercising relevant functions effectively.

#### **The Children (Northern Ireland) Order 1995**

- 3.3 Prior to the commencement of the Children Order in November 1996, the Department amended the Exercise of Functions Regulations<sup>10</sup> to prescribe as relevant functions all functions under the Children Order. The Department subsequently approved all schemes to enable the Trusts to discharge specified relevant functions under the Children Order and the Adoption Order.
- 3.4 Boards continued to exercise functions under Articles 80 – 87 and 96 – 103 of the Children Order, which deal with the registration and inspection of children's homes and under Article 176 of the Order which provides for the inspection of schools accommodating

---

<sup>10</sup> SR 1996 No. 439

## PART 5 GENERAL WELFARE

children. The arrangements and standards for the discharge of these functions had to be equivalent to those of the Trusts and were quality assured by the Department. The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, has now transferred the above registration and inspection functions from Boards to the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority, now known as the Regulation and Quality Improvement Authority (RQIA).

- 3.5 In 1998, the Department amended the Children Order to add to the duties of Boards in the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998<sup>11</sup>. This requires each Board to review the services provided in its area under Part IV of the Children Order and prepare and review plans in light of the review of services.

### 4 ACCOUNTABILITY

#### Legal accountability

- 4.1 The State is ultimately the parent of all children, in accordance with the common law principle of 'parens patriae'. Generally, the State exercises its powers to safeguard and promote the welfare of children through statutory agencies, named as the responsible authorities in primary legislation. Legislation specifies, in broad terms, what the State considers is required to safeguard and promote the welfare of children and provides the legal authority for responsible authorities to discharge statutory functions on behalf of the State. There are circumstances in which the State names the appropriate Government Department in legislation as the responsible authority. In these situations the Department is responsible in law for the exercise of the statutory functions unless it has delegated the functions to another statutory body.
- 4.2 In primary legislation, where Boards are named as the responsible authorities for the exercise of the functions, these functions are deemed to be a function which the Department has directed the Board to exercise under Article 17 (1) of the 1972 HPSS Order. Where a Board delegates relevant functions to a Trust in

---

<sup>11</sup> SR 1998 No. 261

## **PART 5 GENERAL WELFARE**

accordance with the provisions of the 1994 HPSS Order, under Article 3(7) of that Order the Trust:

“...shall be liable in respect of any liabilities (including any liability in tort) in the exercise of these functions in all respects as if it were acting as a principal and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the HSS Trust in its own name”.

- 4.3 The Children Order, Article 2(3), confirms that “where a function is exercisable by a Health and Social Services Trust by virtue of an authorisation for the time being in operation under Article 3(1) of the Health and Personal Social Services (Northern Ireland) Order 1994, references to an authority are, to the extent that that function is exercisable by that Trust, references to that Trust”. Trusts, therefore, are responsible in law for the discharge of all relevant functions delegated to them by Boards.

### **Accountability for Implementing the Schemes**

- 4.4 Whilst Trusts are responsible in law for the discharge of statutory functions, they are also accountable to Boards and to the Department for the implementation of the Schemes and the proper discharge of those relevant functions delegated to them. There is therefore a clear line of accountability from provider Trusts, through commissioning Boards to the Department. A delegating Board is able to hold a Trust to account for how it is discharging relevant functions on its behalf. A Board may, with the approval of the Department, revoke an authorisation to a Trust to exercise relevant functions, should circumstances warrant such action.

## **5 ROLES AND RESPONSIBILITIES**

### **The Department of Health, Social Services and Public Safety**

- 5.1 The Department has a responsibility to safeguard and promote the welfare of children. Its main role is to provide the legislative and strategic policy direction to enable its agents and significant others, such as the independent sector to achieve its objectives for children. In discharging its responsibilities the Department

## PART 5 GENERAL WELFARE

undertakes a wide range of functions. These include establishing regional priorities, setting targets and providing resources to meet those priorities in the form of a Public Service Agreement. The Department also monitors delivery against these targets and ensures value for money for the citizen. The Department also has a duty to ensure the quality and good governance of the social services and to liaise with other Government Departments and relevant non HPSS bodies, for example education services and the family and criminal justice systems to assist the achievement of its objectives.

- 5.2 The State is the parent of all children. Under the 1994 HPSS Order, the Department has power to direct Boards to execute authorisations in such terms as it may direct. The Department is also responsible for approving the schemes for the delegation of relevant functions and any subsequent proposed changes to them. Under the 1991 HPSS Order a Trust must comply with any directions given to it by the Department about the exercise of the Trust's functions. The Department is also responsible for ensuring that there are satisfactory arrangements in place for the exercise of statutory functions by Boards and Trusts and that Boards have established mechanisms to assure and determine that these functions are being properly exercised and to agreed standards. Under Article 152 of the Children Order, the Department may cause local or other inquiries to be held in any cases where it appears to the Department to be advisable to do so in connection with the functions of an authority in so far as those functions relate to children
- 5.3 Since the enactment of the Adoption (Intercountry Aspects) Act (Northern Ireland) 2001<sup>12</sup>, (the Adoption Intercountry Aspects Act) intercountry adoption is the only area of children's services for which the Department is legally responsible and accountable for the discharge of specified statutory functions. The Adoption Intercountry Aspects Act gave effect to the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption concluded at the Hague on 29 May 1993. Under this Act, the Department must exercise all the statutory functions of a Central Authority under the Convention. The Department must also ensure that in each adoption there is compliance with the

---

<sup>12</sup> 2001c.11 (N.I.)

## PART 5 GENERAL WELFARE

Intercountry Adoption (Hague Convention) Regulations (Northern Ireland) 2003<sup>13</sup> in the case of Convention adoptions and the Adoption of Children from Overseas Regulations (Northern Ireland) 2002<sup>14</sup> in the case of non Convention adoptions.

### Health & Social Services Boards

- 5.4 Boards are responsible for commissioning services to meet the needs of their populations. Boards receive allocations from the Department at the start of each financial year on a capitation basis. They are required to spend these monies to secure the delivery of health and personal social services in line with the schemes for the delegation of statutory functions, Departmental priorities and agreed plans as set out in the Priorities for Action and Health and Wellbeing Investment Plans. They have a strategic planning and coordinating role, including that of Children's Services Planning as set out in paragraphs 2.12 and 3.5.
- 5.5 Boards are also responsible for agreeing the Schemes for the delegation of relevant functions with Trusts and following approval by the Department these functions are then delegated to Trusts by way of a written authorisation sealed by the Boards. Under the terms of the schemes the Boards, as commissioners and purchasers purchasers of services:
- prescribe professional and other quality standards to provide a baseline for the provision of services in accordance with statutory requirements;
  - approve policies and procedures in respect of relevant functions;
  - monitor, evaluate and inspect services to ensure that they are provided in accordance with prescribed policies and standards and within agreed and approved procedures; and

---

<sup>13</sup> SR 2003 No.16

<sup>14</sup> SR 2002 No 144

## PART 5 GENERAL WELFARE

- must satisfy themselves as to the arrangements that Trusts have in place to quality assure the services and satisfy accountability requirements.
- 5.6 Following the delegation of relevant functions, Boards are responsible for ensuring that the Schemes are properly implemented and that they are reviewed at least bi-annually. The Boards also have a role in quality assuring the discharge of those relevant functions which they have delegated to Trusts.
- 5.7 Under the Schemes, Boards are required to agree the Trusts' monitoring arrangements, as well as the information that will be provided and at what intervals. They have the authority to monitor, evaluate and inspect services directly and to require Trusts to provide them with information on any matter related to the discharge of relevant functions. The Board must specify areas of service in which it intends to have a direct monitoring role, taking account of the information already provided by the Trusts in order to avoid unnecessary duplication.
- 5.8 Boards are also required under the Schemes to receive from Trusts reports of untoward incidents, including serious complaints. Boards have a responsibility to keep the Department informed of the outcome of their quality assurance arrangements in respect of Trusts' discharge of relevant functions, or if there is an unresolved dispute, to bring it to the attention of the Department.

### Health & Social Care Trusts

- 5.9 Trusts are accountable to Boards for the quantity, quality and efficiency of the service they provide. Boards agree contracts with Trusts at the start of each financial year. In their delivery plans, Trusts are required to describe how they will deliver services in an efficient manner. Their performance and expenditure are monitored by Boards and the Department. Trusts are responsible for the exercise of all of the relevant functions delegated to them by the Boards. They have the legal authority and are responsible in law for the discharge of these functions in accordance with the approved schemes and for ensuring that the standards required



## **PART 5 GENERAL WELFARE**

under the authority of the Schemes are met.

- 5.10 Trusts are also responsible for evidencing compliance with the schemes through their monitoring and reporting arrangements, in accordance with the format and frequency agreed with the Boards.
- 5.11 As separate legal entities accountable for the discharge of these functions, Trust must create sound organisational arrangements to ensure that professional practice in the discharge of relevant functions is of a high standard and that staff are appropriately qualified, supported and trained to ensure competency in the discharge of the functions. Trusts must also ensure that there is clear and appropriate managerial and professional accountability.
- 5.12 Trusts also have a responsibility to assist the Boards and Department, as appropriate, in the discharge of functions which have not been delegated to them, and for which they are not responsible in law. For example, Trusts have a responsibility to contribute to the strategic partnerships which Boards operate within the wider HPSS and other non HPSS bodies, which impact on the discharge of relevant functions by Trusts.

## **6 WORKING RELATIONSHIPS**

- 6.1 This circular sets out the roles, responsibilities and accountability of the Department, Boards and Trusts in relation to the discharge of relevant functions relating to children's services. Partnership is a fundamental principle, however, in safeguarding and promoting the welfare of children. Other agencies are required to assist Boards and Trusts with the discharge of certain functions, in so far as this is compatible with their bodies' own statutory duties and obligations (Article 46 of the Children Order) and in the investigation of matters under Article 66 of the Children Order, unless to do so would be unreasonable in all of the circumstances of the case. Boards and Trusts must therefore give priority to developing and maintaining good working relationships with all agencies involved with children in a 'working together' approach, which is in the best interests of children and their families.

**PART 5 GENERAL WELFARE**

## ANNEX A

**The Schedule to the Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994****Relevant functions of Health and Social Services Boards**

<b>Statutory Provision</b>	<b>Relevant functions of a Health and Social Services Board</b>
Children and Young Persons Act (Northern Ireland) 1968	All functions.
Health and Personal Social Services (Northern Ireland) Order 1972	Functions under Articles 14A, 15, 36, 37, 38, 29, 71(2), 99, 101, 101A and Schedule 6.
Chronically Sick and Disabled Persons (Northern Ireland) Act 1978	Functions under sections 1(2), 2 and 12(1).
Mental Health (Northern Ireland) Order 1986	All functions except that of designating a hospital under Article 46(1) for the purposes of Article 46(2)(a), and those under Articles 28(3), 42(9)(a), 46(3)(a), 86(2), 90(2), 108(2), 112, 113, 114, 116, 118, 121(1), 123(1)(a), 129(7) and 133(4).
Adoption (Northern Ireland) Order 1987	All functions.
Disabled Persons (Northern Ireland) Act 1989	All functions.
Children (Northern Ireland) Order 1995	All functions.
Carers and Direct Payments Act (Northern Ireland) 2002	All functions.

**Appendix 1****Reporting Arrangements – Delegation of Statutory Functions****Introduction**

The Annual Report on the Discharge of Delegated Statutory Functions is arguably the single most important report, which Trust Social Services prepare each year.

It is the process by which the Trust can:

1. assure both the commissioner and the Department as to the Trust's compliance with these statutory duties;
2. ensure that the Trust Board is fully briefed on its corporate roles and responsibilities;
3. highlight the required remedial action necessary to improve performance;
4. identify new trends, gaps or issues;
5. facilitate learning within and between Trusts through the further development of performance management and benchmarking techniques.

**Objectives**

Although there has been a duty on Trusts to produce such a report for more than a decade, the reports have varied considerably in focus, content, length and detail. There is now a need to produce a more consistent and standardised report which it is further recognised will over time have a different balance, relying less on narrative and more on performance management and statistical data.

To achieve greater consistency, the Working Group are proposing a more standardised approach which would ensure that the final report is shorter but more tightly focused. Central to this would be that the report concentrates on the discharge of statutory functions and is not used as a year end audit of social services activity. Nor should there be duplicative reporting of matters that have been raised in other documents such as the Corporate Parenting Reports.

## ***Appendix 1***

Increasingly, the trend will be to develop harder data which can be used for performance management or benchmarking purposes. To this end the Working Group believe that much greater attention will need to be paid to improving information systems to quickly secure relevant information and facilitate the development of a performance management approach in social services.

### **Content of the Report**

The report will have 3 sections:-

- a. Narrative
- b. Quantitative Data
- c. Performance Management

### ***Narrative***

The written report should

- a. contain a general statement of Controls Assurance from the Director setting out the Trust's performance in-year against the Discharge of Statutory Functions and confirming that this information has been shared with the Trust Board;
- b. report by exception highlighting those areas where the Trust has not met standards and where remedial action is now required to improve performance;
- c. provide a progress report in relation to remedial action highlighted in the previous year's report;
- d. set out the systems, processes, audits and evaluations undertaken internally or externally during the year which shape the Director's conclusion about Trust performance;
- e. highlight which, if any, of the areas requiring further improvement have been included in the Trust's corporate register;
- f. report on the Trust's compliance in relation to other statutory agencies such as NISCC, RQIA;
- g. provide an analysis of any financial issues which mean that the Trust believes they cannot adequately discharge statutory functions;

## ***Appendix 1***

h. identify emerging trends and issues.

### ***Quantitative Data***

All Trusts should be required to use the same template when reporting on quantitative data. A review has been undertaken by senior information officers within Board and Trusts to identify the data which is readily available and is perceived to be reliable. This should be the basis of the first report.

Required information which currently can only be collected manually and is therefore liable to high degrees of inconsistency and unreliability, have been identified. The intention would be to highlight these shortcomings so that work could be undertaken centrally to facilitate the collection of this data in future years.

### ***Performance Management***

The annual report provides an evaluation at a moment in time. As such it is recognised that it is difficult in the report to create a context whereby key information can be measured over time and benchmarked against others. The working group believe that there is a fundamental need to develop a set of performance indicators for social services in the area of statutory functions. It is also recognised that such performance indicators need to be relevant to the work undertaken by staff and the service as experienced by users.

As this is a significant cultural change the intention is to develop a small number of performance indicators in year 1 which would be added to year on year. These key performance indicators would be used to measure improvement over time.

### **Achieving Consistency**

These proposals have been made in order to provide a more consistent approach to reporting. The working group believe that there is a need for the Social Care Governance Officers in each Trust to meet regularly to work towards a more consistent formatting. There would also be merit in one of the current Board Directors, or in due course, a senior officer from the Authority, chairing this group in order to ensure that the report developed by Trust officers is consistent with the Board's expectations as to what it needs to receive in order to fulfil its objectives.

**Appendix 1****STATUTORY FUNCTION REPORT (ANNUAL REPORT)****SUMMARY OF REQUIREMENTS**

In an attempt to distil the current position, attached is the agreed summary of requirements, which has been colour coded in the following way:

- Green** - Available and generally of high reliability;
- Amber** - Robust systems are not in place in all areas. OR the requirement is unclear and could be addressed differently;
- Red** - Not widely collected AND the requirement is unclear and could be addressed differently.

Regardless of which status any requirement is assigned to there is now a need for detailed specifications to be developed. These will need to include Definitions and Guidance notes and will therefore address many of the issues that are within the **Amber** and **Red** categories. Clear specifications will also begin the process of agreeing and designing mechanisms to collect and collate missing data.

**General**

- Named officer responsible for professional social work
- Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work
- Supervision arrangements for social workers
- Staff training
- Audits/reviews
- Summary of difficulties or issues in regard to the ability to discharge delegated statutory functions (proposed)

**Mental Health (NI) Order 1986**

- Number of applications for assessment by nearest relative and by ASW
- ASW response times
- Volume of Social Circumstance Reports

**Appendix 1**

- Guardianship (volume and new applications/extant)
- Number/training of ASWs
- Numbers referred to Tribunal

**Children (NI) Order 1995**

- volume and reasons for referral to childcare teams
- unallocated cases
- number of children unable to access any service
- numbers awaiting Family Centre placements
- numbers awaiting specialist CAMHS and waiting times
- number of young people (under 18) in:
  - learning Disability Hospitals (Adult Wards)
  - learning Disability Residential Care
  - mental Health Hospitals (Adult Wards)
  - mental Health Residential Care
- number of looked after children (LAC)
- number of LAC – subject of Care Orders – voluntary
- number of planned placement moves for LAC
- number of unplanned placement moves for LAC
- number of foster placements requested (by category)
- number of foster placements found (by category)
- any shortfalls in respect of performance against National Foster Care standards
- analysis of educational attainment of LAC
- number of LAC at year end by placement type
- number of LAC with special educational needs
- number of LAC suspended/expelled from school
- number of young people in Lakewood or Glenmona awaiting non-secure accommodation and waiting times
- number of children awaiting foster placement and length of time (by category)
- number of children awaiting placement in statutory homes and time
- change in number of approved foster parents
- qualifications of foster parents
- info on number of siblings accommodated/not accommodated together and reasons
- Nos. of reviews of LAC outside required timescales and reasons
- number and reasons for discharge of LAC
- analysis of length of time looked after by Trust (by category)

**Appendix 1**

- leaving and aftercare service (numbers and services)
- information on volume and reasons for admissions to secure accommodation
- volume and waiting time of young people for secure accommodation
- number of complaints, nature and outcomes
- How is information provided to publicise information (including complaints)
- number of private fostering arrangements and any issues
- number of childminders, new registrations, de-registrations, outstanding applications
- inspections of childminders and any issues
- numbers of children in hospital, residential care home, nursing home or private hospital for 3 months or more
- number of children accommodated by ELB for 3 months or more (by category)

**Adoption (NI) Order 1987**

- number of prospective domestic adopters awaiting assessment
- number of prospective inter-county adopters awaiting assessment
- number of children freed for adoption awaiting an adoptive family placement
- number of LAC placed for adoption/subject of an Adoption Order
- details of recruitment, assessment, training, support for prospective adopters
- details of post-adoption support
- delays prior to application coming to court
- audit of adherence to Permanency Planning for Children
- recruitment of prospective adopters for specific children with special needs
- analysis of adoption placement breakdowns

**Chronically Sick and Disabled Persons (NI) Act 1978**

- details of patients < 65 in hospital for long term (> 3 months) care who are being treated in hospital accommodation for > 65



**Appendix 1****Disabled Persons (NI) Act 1989**

- number of requests from disabled people or their carers to be provided with services under the Chronically Sick and Disabled Persons (NI) Act
- number of assessments of need
- types of need that could not be met
- number of children deemed to be disabled
- number of assessments of disabled children ceasing f/t education
- number of organisations of disabled people consulted

**Health and Personal Social Services (NI) Order 1972**

- number of Article 15 (HPSS Order) payments
- number of people in residential or nursing care
- details of grant assistance to voluntary or community organisations for the provision of services

**Adoption (Inter-County Aspects) Act (NI) 2001**

- number of inter-county applications and outcomes
- details of Trust's adherence to statutory regs

**Children (Leaving Care) Act (NI) 2002**

- number of young people allocated a personal adviser; awaiting a personal adviser and details re frequency of contact
- number of children with a Pathway Plan
- number of children who meet criteria but do not have a Pathway Plan

***Appendix 1*****Carers and Direct Payments Act 2002**

- numbers of carers receiving carers assessments
- numbers of care packages delivered to carers
- numbers of young carers assessed and packages provided
- numbers of carers of disabled children assessed and packages provided
- numbers of people receiving Direct Payments
- numbers of carers receiving Direct Payments

***Appendix 2*****Monitoring Arrangements – Delegation of Statutory Functions**

A significant and justifiable criticism of the Discharge of Statutory Functions Reporting process is that it does not provide timely information for the Trust, Board or Department. The Working Group has sought to develop a process whereby reporting on the discharging of statutory functions becomes an integral part of service management. This should ensure that the Trust Director is better supported to identify for all parties emerging issues which require remedial action.

The following schedule of work is presented to guide Trust action in this area. It recognises the need for the Trust to complete their annual report no later than May of each year and for the Trust Director of Social Work to receive 2 reports in July and November from the Social Care Governance officer updating him/her on performance against the Delegation of Statutory Functions.

**Appendix 2**

**Reporting Period 06/07**

<b>April 2006</b>	<b>May 2006</b>	<b>June 2006</b>	<b>July 2006</b>	<b>Aug 2006</b>	<b>Sep 2006</b>	<b>Oct 2006</b>	<b>Nov 2006</b>	<b>Dec 2006</b>	<b>Jan 2007</b>	<b>Feb 2007</b>	<b>Mar 2007</b>
Commence Activity			Monitor for trends (Report exceptions)			Monitor for trends (Report exceptions)					Final monitoring report to Trust Board

**Reporting Period 07/08**

<b>April 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>July 2007</b>	<b>Aug 2007</b>	<b>Sep 2007</b>	<b>Oct 2007</b>	<b>Nov 2007</b>	<b>Dec 2007</b>	<b>Jan 2008</b>	<b>Feb 2008</b>	<b>Mar 2008</b>
Commence activity  Approved report from 06/07 to Area Board		Approved report from 06/07 to DHSSPS from Area Board	Monitor for trends (Report exceptions)			Monitor for trends (Report exceptions)					Final monitoring report to Trust Board

**Reporting Period 08/09**

<b>April 2008</b>	<b>May 2008</b>	<b>June 2008</b>	<b>July 2008</b>	<b>Aug 2008</b>	<b>Sep 2008</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Dec 2008</b>	<b>Jan 2009</b>	<b>Feb 2009</b>	<b>Mar 2009</b>
Commence activity  Approved report from 07/08 to HSSA		Approved report from 07/08 to DHSSPS from HSSA	Monitor for trends (Report exceptions)			Monitor for trends (Report exceptions)					Final monitoring report to HSSA



## The Scheme of Delegated Directed Statutory Functions

1. The Trust notes the content of the circulars:

- **Circular (OSS) 01/2022:** Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care and Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions);
- **Circular (OSS) 02/2022:** Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight
- **Circular (OSS) 03/2022:** Role and Responsibilities of the DOH Deputy Secretary/Chief Social Work Officer, Director of Social Care and Children's Directorate, and Executive Directors of Health and Social Care Trusts for Children in Need, Children in Need of Protection and Looked After Children.

2. The Trust will put in place the professional oversight and governance arrangements to comply with the legislation as set out in the Establishment Order (The Health and Social Care Trusts (Establishment) (Amendment) Order (Northern Ireland) 2022)

3. The Trust will provide the Department of Health via the Social Care Children's Directorate with any requested performance management data, monitoring and quality assurance data and reports as requested.

Signed \_\_\_\_\_

Chief Executive \_\_\_\_\_

Date \_\_\_\_\_

Dr Cathy Jack  
Chief Executive  
Belfast Health and Social Care Trust  
Trust Headquarters  
A Floor, Belfast City Hospital  
Lisburn Road  
Belfast BT9 7AB

11-10-01

**REPORT FOR ASSOCIATION OF  
DIRECTORS OF SOCIAL SERVICES**

**REGARDING:  
DELEGATED STATUTORY FUNCTIONS**

## 1) INTRODUCTION

This report seeks to address the following remit which was endorsed by the ADSS at their meeting on 6 August 2001:

'To produce a report for the consideration of the ADSS, which sets out:

- A comprehensive and up-to-date list of legislation and key Departmental policies and guidance for Trusts to use when updating their current schemes (for the exercise of delegated statutory functions);
- Detailed proposals for a framework for future Annual Reports from Trusts to Boards in respect of the discharge of delegated statutory functions, together with proposals as to how these reports can be linked in with other monitoring activities'.

## 2) REVISED LIST OF LEGISLATION AND KEY DEPARTMENTAL POLICIES AND GUIDANCE

- i The list set out in Appendix 1 of Annex A has been produced through a process of:
  - Updating the list set out in an existing Trust scheme produced in 1996 by cross-referencing with an equivalent list produced, for a different purpose, by the SSI in September 2000;
  - Sharing this revised list for comment within the Social Services Directorate of one of the Boards;
  - Sharing the further revised list for comment with the Department's Planning and Performance Management Directorate;
  - Sharing the further revised list with Brangam and Bagnall Solicitors; and
  - Sharing the final revised list with each of the 4 Boards through their Social Service Directorates.
- ii No primary legislation containing delegated statutory functions has been implemented since the introduction of the Health & Personal Social Services (NI) Order 1994 and existing schemes do not therefore need to be updated in this respect.
- iii A number of statutory rules and regulations have been introduced since the production of the current Trust schemes that are in respect of primary legislation containing delegated statutory functions that predate these schemes. These rules and regulations have been incorporated into Appendix 1 of Annex A.

- iv A wide range of primary legislation and associated rules and regulations have been implemented since the current Trust Schemes were produced which, whilst not containing delegated statutory functions still have implications for the HPSS. These details has been included in Appendix 1 of Annex A as part of the broader legislative context with in which statutory functions must be discharged;
- v A substantial number of Departmental Circulars and Guidance have been produced in respect of delegated statutory functions since the current Trust Schemes were devised and these are also included in the revised list.
- vi Annex A also sets out guidance as to:
  - The scope of statutory functions to be addressed by Trusts when revising and updating schemes for the exercise of delegated statutory functions;
  - The framework to be adopted by Trusts when revising schemes;
  - Arrangements for the revision of specific schemes, including a reference to the fact that each Board may also wish to issue guidance to their local Trusts as to which Board area-specific policies and guidance shall be referenced in the Trusts' schemes - an issue not addressed by the group that produced this report.

### 3) **PROPOSED FRAMEWORK FOR FUTURE ANNUAL TRUST REPORTS ON THE DISCHARGE OF DELEGATED STATUTORY FUNCTIONS:**

- i The proposals set out in Annex B have been produced after consideration of:
  - Examples of Annual Reports currently being produced by Trusts;
  - Various reports commissioned by Boards in respect of the discharge of these functions;
  - The need to ensure a closer link between the structure and content of Annual Reports and those of the schemes for the exercise of delegated statutory functions.
- ii The proposed framework aims to:
  - Ensure consistency of approach in order to facilitate the making of comparisons between Trusts;
  - Enhance the quality, relevance and usefulness of Annual Reports by identifying the priority areas to be monitored through this process and then setting specific information requirements in respect of each of these areas;
  - Facilitate additional or amended information requirements being added in the future



#### 4 NEXT STEPS

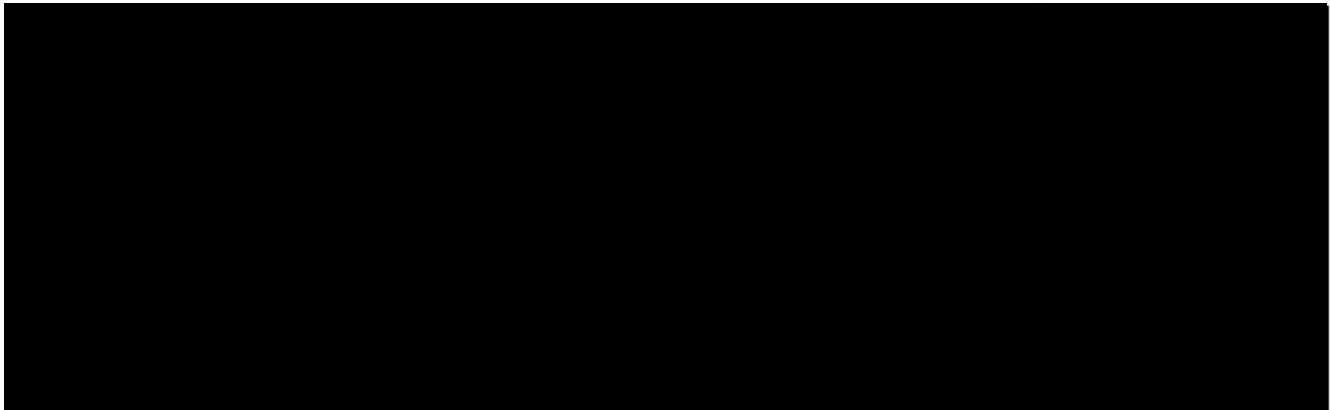
The ADSS are asked to endorse in principle the proposals set out in this report and to raise these for discussion with both the Trusts and the Department with a view to:

- The process being agreed in principle<sup>1</sup> and the specific proposals being finalised and endorsed by these key stakeholders and given the priority this work requires; and
- An implementation plan being formulated and agreed.

**Annex A**

**Draft: 25.10.01**

**A Framework For Trusts Revising &  
Updating Schemes For The  
Exercise Of Delegated Statutory Functions.**



## 1) INTRODUCTION

- 1.1 The Health and Personal Social Services (NI) Order 1994 enabled Health and Social Services Trusts to carry out or discharge certain statutory functions delegated by Health and Social Services Boards. The Order retrospectively amended the relevant legislation in order to make this possible.
- 1.2 Each Trust has to submit a scheme for the approval of the relevant Board for the exercise of these statutory functions. Each Board forwards each scheme for the approval of the Department (Article 3.1, Health and Personal Social Services (NI) Order 1994).
- 1.3 Guidance issued by the Management Executive in October 1993 confirmed that Boards continue to carry a strategic residual responsibility for the functions involved, that they hold responsibility for ensuring that the schemes reflected sound and effective working procedures and that they should ensure that the schemes were adhered to by the Trusts.
- 1.4 Statutory functions delegated by Trusts to third parties to discharge on their behalf remain the statutory responsibility of Trusts and Boards.
- 1.5 Article 4(6) of the Health & Personal Social Services (NI) Order 1994 states that “an HSS Trust may at any time, and shall if so requested by a Health & Social Services Board..., submit a new scheme under this Article to the Board...”
- 1.6 This paper should be read in conjunction with the Health & Social Services Trusts (exercise of functions (NI) 1994) regulations together with departmental advice and guidance in respect of delegated statutory functions.

## 2) DEFINITION AND PURPOSE OF BOARD MONITORING OF STATUTORY FUNCTIONS DELEGATED TO TRUSTS.

### 2.1 Definition

Monitoring the delegation of statutory function involves Boards obtaining objective, accurate, timely and specific information about the extent to which a Trust is fulfilling the legal duties delegated to them by a Board.

### 2.2 Purposes

To:

monitor compliance by Trusts with the requirements for the discharge of delegated statutory functions and; enable Boards to identify any corrective action necessary through the commissioning process.

## 3) THE SCOPE OF STATUTORY FUNCTIONS TO BE ADDRESSED BY TRUSTS WHEN REVISING & UPDATING SCHEMES FOR THE EXERCISE OF DELEGATED STATUTORY FUNCTIONS.

3.1 Personal social services are planned and delivered in the context of a complex and changing set of primary legislation. Whilst not all of these contain functions which are delegated to Trusts under the Health & Social Services Trusts (Exercise of functions) Regulations (NI), they all help set the legal parameters within which Boards and Trusts must operate.

3.2 Statutes are interpreted and supported by an array of statutory and non-statutory rules and regulations (eg adoption), codes of practice and guidance documents (eg Mental Health/Learning Disability) and policies and procedures documents which elaborate on statutory issues. In fulfilling their mission to delegate and monitor statutory functions Boards can reasonably be expected to follow up on all such matters as if they were law.

3.3 Although the majority of statutory functions concern the social work profession, some relate to the medical and nursing professions while a significant number are administrative in nature and as such, are corporate Trust responsibilities.

3.4 Trusts shall ensure that their revision and updating of their schemes is based on and incorporates the list set out in Appendix 1 (attached).

3.5 Of the primary legislation listed in appendix 1, those in bold contain functions which are delegated to Trusts under the Health and Social Services Trusts (Exercise of Functions) Regulations (NI) 1994, as amended. Revised and updated Trust Schemes shall set out the statutory functions duties and powers (and associated procedures and guidance) arising from each of the relevant articles of this legislation.

3.6 Trusts shall discharge all responsibilities delegated to them by Boards that arise from statutory rules and orders.

3.7 Current circulars, guidance and directions from the DHSS&PS (NI) (including those listed above) relating to legislation containing statutory responsibilities delegated by Boards to Trusts shall be observed by Trusts in the implementation of statutory functions.

#### 4) **FRAMEWORK FOR SCHEMES**

1. Each scheme shall have a separate section for each of the 6 areas set out in Appendix 1, together with an introductory section regarding general provision which shall be set out:

- The legal position regarding the delegation of statutory functions from Boards to Trusts;
- The respective roles of the Trust, Board and Department in respect of the production, endorsement, implementation and monitoring of the scheme;
- Key public service values, principles and standards for care delivery which underpin the work of Health & Personal Social Services;
- The assignment at senior management level for responsibility for the discharge of statutory functions by the Trust;
- A commitment to collaboration between Board and Trust including in respect of specific statutory responsibilities;
- A commitment to collaboration with other Trusts in the same Board area in respect of specific statutory responsibilities as necessary;
- A commitment to collaboration with other Trusts outside the Board area and with other Boards, as appropriate;
- The process by which the scheme will next be reviewed and a timetable for doing so.

4.2 Each section addressing that various areas set out in Appendix 1 shall itemise the relevant guidance produced by the local Board as well as the primary legislation, statutory rules and orders and departmental circulars and evidence.

## 5) ARRANGEMENTS FOR REVISION OF SPECIFIC SCHEMES

- 5.1 The arrangements for the revision and updating of specific schemes will be agreed between the relevant Board and Trust, within the framework set out in this paper.
- 5.2 This framework will itself need to be periodically revised by Boards on a regional basis.
- 5.3 Each Board may also wish to issue guidance to their local Trusts as to which Board - specific policies and guidance shall be referenced in the Trusts' schemes and also the arrangements by which within a Trust may propose amendments to these and those amended documents be incorporated into the relevant Trust scheme.
- 5.4 Individual Boards may also wish Trusts to include in their schemes details of specific legislation where there are no delegated statutory functions but where the Trust is still required by the Board to undertake certain functions.

12

## Appendix 1

Trusts shall ensure that their revision and updating of their schemes is based on and incorporates the matters listed below:

## 1. General Social Welfare

1.1 Primary Legislation

- **Health and Personal Social Services (NI) Order 1972;**
- Registered Homes (NI) Order 1992;
- Health and Personal Social Services (NI) Order 1991;
- Human Rights Act 1998
- Northern Ireland Act 1998
- Immigration and Asylum Act 1999
- Health and Personal Social Services Act (NI) 2001

1.2 Statutory Rules and Orders

- The Residential Care Homes Regulations (NI) 1993 No. 91;
- The Nursing Homes (NI) 1993 No. 92;
- Health and Personal Social Services (Assessment of Resources) Regulations (NI) 1993 and subsequent amendments thereto;
- Residential Accommodation (Other Premises, Persons Ordinarily Resident and Exemptions) Regulations (NI) 1993.

1.3 Guidance and Directions from DHSS and PS

- **People First:**
  - Community Care in Northern Ireland in the 1990s: HMSO 1990;
  - Care Management: Guidance and Assessment and provision of Community Care (DHSS&PS)1991;
  - Guidance on Arms Length Inspection Units (DHSS&PS) 1991;
  - Guidance on Commissioning and Purchasing (DHSS&PS) 1991;
  - Preferred Rights Cases HPSS (R) 3 5/43.
- Quality Strategy for the Health and Personal Social Services in Northern Ireland. HPSS(ME) 3 May 1991;
- Charter for Patients and Clients. HMSO 1992;
- Charging for Residential and Nursing Home Care (Guidelines issued by the HPSS Management Executive). October 1992;
- Charging for Residential Accommodation HPSS(R)3 2/93: 21 April 1993;
- Guidance on Standards for Residential Homes for Elderly People (Department of Health, 1990);
- Heating for Elderly Persons in Winter HSS(OS5) 1/81;
- Social Services Procedures Manual: Residential Homes for the Elderly - Arrangements for Health Care Circular Letter HSS5(OS)3/78;
- Old Persons Home Concessionary Broadcast Receiving Licence (NI) HSS(OS5) 2/78;
- Residential Homes for the Elderly - Arrangements for Health Care HSS5(OS)3/78;
- Special Broadcast Receiving Licence for Old Person's Homes HSS(OS5) 4/75;

## Appendix 1

- Registration and Inspection of Residential Care Homes and Nursing Homes and Registration of Homes for Persons in Need HSS(OS5) 2/75;
- Care Management and Assessment (Managers' Guide) (HMSO, 1991);
- Care Management and Assessment (Practitioners' Guide) (HMSO, 1991);
- Care Management and assessment (Summary of Practice Guidance) (HMSO, 1991);
- Assessment Systems and Community Care (HMSO, 1991)
- Homes are for Living In; HMSO, 1989.
- Boards Powers to make Residential Care and Nursing Home Accommodation Arrangements for People with Preserved Rights and Other Cases. HPSS(R)3 5/93: 27 May 1993;
- Improving Inspections HSS(EC) 1/94: 30 September 1994;
- Charter for Community Services (DHSS&PS) July 1995;
- Guidance on Carers Assessments (CCCD) 2/96;
- Guidance on Abuse of Vulnerable Adults (CCCD) 3/96;
- Regional Strategy for Health and Social Well-being 1997-2002 (DHSS&PS) July 1996;
- Well into 2000. A Positive Agenda for Health and Well-being (DHSS&PS) December 1997;
- Well into 2000 and the Regional Strategy, Accountability and Monitoring (DHSS&PS) June 1998;
- Health and Personal Social Services Management Plan 1999-2002 (DHSS&PS) September 1998;
- Discharge of Hospital Patients ECCU 1/98:6 November 1998;
- Equality Scheme; DHSS & PS: March 2001;
- Priorities for Action 2001/02 - Circular HPSS (PPM) 2/2001



## Appendix 1

## 2. Disability

2.1 Primary Legislation

- **Chronically Sick and Disabled Persons (NI) Act 1978;**
- **Disabled Persons (NI) Act 1989;**
- Personal Social Services (Direct Payments) (NI) Order 1996;
- Disability Discrimination Act 1995.

2.2 Statutory Rules and Orders

- The HPSS (Assessment of Resources) Regulations (NI) 1993 and subsequent amendments;
- The Residential Accommodation (other premises, persons ordinarily resident and exemptions) regulations (NI) 1993.
- Personal Social Services (Direct Payments) Regulations (NI) 1997;
- Personal Social Services (Direct Payments) (Amendment) Regulations (NI) 2000.

2.3 Guidance and Directions from DHSS&PS

- Disabled Persons (NI) Act 1989. A Guide to Good Practice;
- Charging for Residential Care NHR-633.92 (January 1993);
- People First: Community Care in NI for the 1990's; HMSO 1990;
- Working for Patients; HMSO 1989;
- Education of Children with Special Educational Needs - Duties of Health and Social Services Boards 1987: Circular HSS (Mental Handicap) 2/87
- Stairlifts and Vertical Personal Passenger Homelifts for Severely Disabled Persons HSS (OS5A) 9/78;
- The Chronically Sick and Disabled Persons (NI) Act 1978 HSS (OS5A) 8/78;
- Telephones for the Handicapped and elderly HSS (OS5A) 5/78;
- Personal Social Services (Direct Payments) (NI) Order 1996; guidance for Boards and Trust ECCU January 2000.

## Appendix 1

## 3. Mental Health

3.1 Primary Legislation**Mental Health (NI) Order 1986.**3.2 Statutory Rules and Orders

- Mental Health (Nurses, Guardianship, consent to treatment and prescribed Forms);
- Regulations (NI) 1986;
- Mental Health Review Tribunal (NI) Rules 1986;
- Rules of the Supreme Court.

3.3 Guidance and Directions from DHSS&PS

- Mental Health (NI) Order 1986. A Guide. DHSS&PS 1986;
- Mental Health (NI) Order 1986. A Code of Practice:Belfast HMSO 1992;
- Mental Health (NI) Order 1986. Appointment of Approved Social Workers Direction (NI) 1994. A2226/93;
- Guidance on the Discharge from Hospital (or Prison) and the Continuing Care in the Community or Mentally Disordered People who are thought could represent a future risk to themselves or others (CCCD) letter 2/96;
- Mental Health (NI) Order 1986. Appointment of Approved Social Workers Direction (NI) 1994 (CCCD) 6/96;
- Mental Health (NI) Order 1986. Amendments by Criminal Justice (NI) Order 1996;
- Guidance on Sex Offences Act 1997, (CCCD) letter 8/97;
- Transfer of Responsibility for Conditional Discharged Patients Moving Between Jurisdictions HSS (DMHU) 2/98;
- Mental Health Review Tribunal - Reports for Hearings and Implementations of Decisions HSS (DMHU) 3/98;
- Northern Ireland Child and Adolescent Mental Health Services: A Policy Statement, (CCCD 1999);
- Implementation of the Bloomfield and SSI Reports on the Victims of the Troubles. HSS (DMHU) 4/98;
- Review of Policy for People with a Learning Disability DHSS & PS 1995.

## Appendix 1

## 4. Children

## 4.1 Primary Legislation

- **The Adoption (Northern Ireland) Order 1987 (SI 1987/2203 (NI 22));**
- **The Children (Northern Ireland) Order 1995 (SI 1995/755 (NI2));**
- **Matrimonial Causes (NI) Order 1978;**
- **Domestic Proceedings (NI) Order 1980;**
- The Children (Northern Ireland Consequential Amendments) Order 1995 (SI 1995/756);
- The Family Home and Domestic Violence Order 1998 ( as amended by Article 5 of the Criminal Justice (NI) Order 1991);
- Children's Evidence (NI) Order 1995;
- Criminal Justice (Children) (NI) Order;
- The Sex Offenders Act 1997;
- Judicature (NI) Act 1978;
- **Children and Young Person's Act (NI) 1968;**
- Police and Criminal Evidence (NI) Order 1989;
- Criminal Injuries (Compensation) (NI) Order 1977 (as amended by Article 5 of the Criminal Justice (NI) Order 1991;
- The Adoption (Intercountry Aspects) Act (NI) 2001 (c. 11).

4.2 Subordinate Legislation

- The Adoption Agencies Regulations (Northern Ireland) 1989 (SR 253);
- The Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 (SR NO. 64);
- The Northern Ireland Guardian Ad Litem Agency (Establishment and Constitution) Order (Northern Ireland) 1995 (SR No. 397);
- The Adopted Persons (Birth Records) Regulations (Northern Ireland) 1995 (SR No. 484);
- The Adopted Persons (Contact Register) (Fees) Regulations (Northern Ireland) 1995 (SR No. 485);
- The Guardians Ad Litem (Panel) Regulations (Northern Ireland) 1996 (SR No. 128);
- Definition of Independent Visitors (Children) Regulations (Northern Ireland) 1996 (SR No. 434);
- The Emergency Protection Order (Transfer of Responsibilities) Regulations (Northern Ireland) 1996 (SR No. 434);
- The Adoption Allowance Regulations (Northern Ireland) 1996 (SR No. 439);
- The Health and Social Services Trusts (Exercise of Functions) (Amendment) Regulations (Northern Ireland) 1996 (SR No. 439);
- Contact with Children Regulations (Northern Ireland) 1996 (SR No. 444);
- The Representations Procedure (Children) Regulations (Northern Ireland) 1996 (SR No. 451);
- Health and Personal Social Services (Assessment of Resources) Regulations (NI) 1993 and subsequent amendments;

## Appendix 1

- The Children (Private Arrangements for Fostering) Regulations (Northern Ireland) 1996 (SR No. 452);
- Education and Libraries (NI) Order 1986;
- The Arrangements for Placement of Children (General) Regulations (Northern Ireland) 1996 (SR No. 453);
- The Children (Parental Responsibility Agreement) Regulations (Northern Ireland) 1996 (SR No. 455);
- Children (1995 Order) (Amendment) (Children's Services Planning) Order (NI) 1998;
- The Review of Children's Cases Regulations (Northern Ireland) 1996 (SR No. 461);
- The Placement of Children with Parents etc. Regulations (Northern Ireland) 1996 (SR No. 463);
- The Foster Placement (Children) Regulation (Northern Ireland) 1996 (SR No. 467);
- The Child Minding and Day Care (Applications for Registration) Regulations (Northern Ireland) 1996 (SR No. 468);
- The Employment of Children Regulations (Northern Ireland) 1996 (SR No. 478);
- The Disqualification for Caring for Children Regulations (Northern Ireland) 1996 (SR No. 478);
- The Children's Homes Regulations (Northern Ireland) 1996 (SR No. 479);
- The Refuges (Children's Homes and Foster Placements) Regulations (Northern Ireland) 1996 (SR No. 480);
- Children (Public Performances) Regulations (Northern Ireland) 1996 (SR No. 481);
- The Children (Secure Accommodation) Regulations (Northern Ireland) 1996 (SR No. 487);
- The Health and Social Services Trusts (Established Orders) (Amendment) Order (Northern Ireland) 1996 (SR No. 528);
- The Children (Prescribed Orders - Isle of Man and Guernsey) Regulations (Northern Ireland) 1996 (SR No. 528);
- The Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998 (SR No. 261);
- The Criminal Investigations and Procedures (NI) Act 1996;
- The Inspection of Premises, Children and Records (Schools Providing Accommodation) Regulations (NI) 1996;
- Children (Admissibility Of Hearsay Evidence) Order (NI) 1996;
- Health and Personal Social Services (Assessment of Resources) Regulations (NI) 1993 and subsequent amendments;
- Inspection of Premises, Children and Records (Children Accommodated in Schools) Regulations (NI) 2000 (S.R No. 179).

## Appendix 1

- 4.3 Guidance and DHSS&PS Regulations
- The Children (NI) Order 1995: Regulations and Guidance Volume 1: Court Orders and Other Legal Issues ISBN - 0337 -37080X;
  - The Children (NI) Order 1995: Regulations and Guidance Volume 2: Family Support, Child Minding and Day Care ISBN - 0337 - 370818;
  - The Children (NI) Order 1995: Regulations and Guidance Volume 3: Family Placements and Private Fostering ISBN - 0337 - 370834;
  - The Children (NI) Order 1995 Regulations and Guidance Volume 4: Residential Care ISBN - 0337 - 370834;
  - The Children (NI) Order 1995: Regulations and Guidance Volume 5: Children with a Disability ISBN - 0337 - 370842;
  - The Children (NI) Order 1995: Regulations and Guidance Volume 6: Co-operating to Safeguard Children ISBN - 0337 - 370850;
  - The Children (NI) Order 1995: Regulations and Guidance Volume 7: Sections Accommodating Children ISBN-0337-23669;
  - An Introduction to the Children (NI) Order 1995;
  - SSI Quality Living Standards for Services : Children Who Live Away From Home;
  - SSI Code of Practice on the recruitment, assessment, approval, training, management and support of foster carers;
  - Protocol for joint investigations by Social Workers and Police Officers of alleged and suspected cases of child abuse;
  - Police and Criminal Evidence (NI) Order 1989: Guidelines from Central Services Agency August 1990 GB/JB/9;
  - Adoption (NI) Order 1987: Implementation Circular HSS (CC) 4/94;
  - Guide To The Adoption Allowance Regulations (Northern Ireland) 1996;
  - A Guide to the Adoption (NI) Order 1987 (DHSS (NI) 1988);
  - Surrogacy Cases etc. P21,22;
  - Working with Child Sexual Abuse - Guidelines for Trainers and Managers in Social Services Departments (DOH, 1991);
  - Protecting Children - A Guide for Social Workers Undertaking A Comprehensive Assessment (HMSO, 1988);
  - The Sex Offenders Act 1997 - Introductory Guide for Northern Ireland;
  - Interagency Guidance on the Release of Persons Arranged or Held in Connection with Schedule 1 Offenders Against Children or Young Persons Under the Age of 17
  - Circular HSS (DMHU 1/97 - Guidance for the Health & Personal Social Services Implementation of the of the Notification Requirements of the Sex Offenders Act;
  - Procedures for the Assessment and Management of Risk of Sex Offenders Against Children;
  - N.I. Manual of Inter-Agency Guidance.
  - Inspection and Monitoring of Residential Childcare Services - Circular HSS(CC) 1/98
  - Checking Background of Staff Employed in Residential Childcare Settings Including Staff Supplied by Employment Agencies - circular HSS(CC) 1/00

## Appendix 1

- Registration and Inspection of Childminders Advice and Good Practice - Circular HSS (CC) 3/99
  - Standards in Day Care Services: Modern Apprenticeships in Childcare - Circular HSS (CC) 2/99
  - Children Services Planning Guidance (July 1998)
  - A guide to using the Pre-Employment Consultancy Service (April 2001);
  - Revised appendix 3 of volume 6 of the Children (NI) Order Regulations Guidance - "Co-operating To Guide Children" - Armed services arrangements for child protection HSS (CC) 1/99;
  - Payment of fees for Registration and Annual Review of Registration of Registered Children's Homes Determination (NI) 1999 HSS (CC) 4/99;
  - Guide to the Adoption (NI) Order 1987, HSS (CC) 3/89;
  - Adoption Law and Procedures - Effects of the Children (NI) Order 1995 HSS (CC) 4/96;
  - A guide to inter-country adoption practice and procedures/The inter-country adoption procedures (1 March 1999);
  - Permanency Planning for Children: Adoption: Achieving The Right Balance (May 1999).
5. Personnel and Training
- 5.1 Primary Legislation
- Health and Personal Social Services (NI) Order 1972;
  - Health and Personal Social Services (NI) Order 1991.
  - Fair Employment (NI) Act 1976;
  - Fair Employment (NI) Act 1989;
  - Sex Discrimination (NI) Order 1976;
  - Sex Discrimination (NI) Order 1988;
  - Race Relations (NI) Order 1997;
  - Rehabilitation of Offenders (Exceptions) Order (NI) 1979
- 5.2 Guidance and Direction from DHSS&PS
- Qualifications: Appointment of Social Worker Posts. HSS (SSI) 1/94;
  - Residential Social Work (Child Care): Team Leader Qualification: HSS (SSI) 2/94;
  - PSS Training Strategy: Securing the Objectives HSS (SSI) 7/95;
  - Directors' of Social Services Boards;
  - Executive Directors' of Social Services of HSS Trusts;
  - 'Making The Right Choice - a guide to using the pre-employment consultancy service' (May 1996).
6. Complaints Procedures
- 6.1 Primary Legislation
- The Commissioner for Complaints (Amendment) (NI) Order 1997;
  - The Commissioner for complaints (1997 Amendment Order) (Commencement) Order (NI) 1997.

## Appendix 1

- 6.2 Guidance and Directions from DHSS&PS
- The Health and Personal Social Services Procedures Directions (Northern Ireland) 19 March 1996;
  - The Miscellaneous complaints Procedures Directions (NI) 26 March 1996;
  - “Complaints - Listening... Acting.... Im” - Guidance an implementation of the HPSS complaints Procedure (HSSE, March 1996);
  - Guidance on Handling HPSS Complaints: Hospital and Commencing Health and Social Services (Planning and Performance Management Directorate, DHSSPS, April 2000)

Annex B

**DRAFT FRAMEWORK FOR TRUST ANNUAL REPORTS**  
**REGARDING DISCHARGE OF DELEGATED STATUTORY**  
**FUNCTIONS**

1) Report to consist of:

1.1 **Executive summary**, highlighting:

- Any significant changes in the Trust's performance since the previous Annual Report; and
- Any areas where statutory functions are not being discharged effectively, the reasons why, the implication for clients and the remedial actions undertaken and/or planned.

1.2 **Main body of report**, providing a summary of Trust performance against the requirements set out in the Trust's Scheme for the Exercise of Delegated Statutory functions (including degree of compliance with relevant Departmental Circulars and Guidance and Board - specific policy and procedures) in respect of each of the following areas:

- General Social Welfare;
- Disability;
- Mental Health;
- Children;

Each of the above sections to set out the following (with particular reference to any significant changes from the position outlined in the previous Annual Report):

- Resourcing levels;
- Activity levels;
- Policy and procedures;
- Standard statements;
- Staffing levels, qualifications and competencies;
- Views of clients and carers;
- Views of other disciplines and agencies;



- Any areas where statutory functions are not being discharged effectively, the reasons why, the implications for clients and remedial action undertaken and/or planned;
- A statement that the delegated statutory functions are being discharged effectively unless otherwise stated.

1.3 **Appendices** setting out Trust performance in respect of specific articles from specific legislation:

- Appendix 1: Monitoring Information Requirements - General;
- Appendix 2: Mental Health (NI) Order 1986;
- Appendix 3: Children (NI) Order 1996;
- Appendix 4: Adoption (NI) Order;
- Appendix 5: Chronically Sick & Disabled Persons (NI) Act 1978;
- Appendix 6: Disabled Persons (NI) Act 1989;
- Appendix 7: Health & Personal Social Services (NI) Order 1972;
- Appendix 8: Children and Young Persons Act (NI) 1968.

in respect of each such relevant article, the Trust shall, as required by the Board:

- report only on any exceptions to the functions being discharged effectively;
- provide specific information for the Annual Report.

2) **Process**

- Each Trust Annual Report shall be presented to the Trust Board for endorsement before then being forwarded to the Board Director of Social Services who will share the report with relevant colleagues, discuss key issues arising with the Trust and then table the report for the formal consideration of the Board.
- Should the Trust at any stage become aware of a significant breach or shortfall in their discharge of delegated statutory functions this must be brought to the immediate attention of the Board irrespective of whether or not Trust performance in respect of this specific issue is included in the Annual Report monitoring information requirements.

3) **Timescales**

- Trusts to provide the relevant Board with the Annual Report within 4 months of the end of the financial year to which the report refers, so as to ensure the reports contents help inform key deliberations in the commissioning cycle.

## Appendix 1

**MONITORING INFORMATION REQUIREMENTS: GENERAL**

**Trust to provide following information in respect of the discharge of statutory functions arising from each of the following:**

The Mental Health (NI) Order 1987  
 Children (NI) Order 1995  
 Adoption (NI) Order 1986  
 Chronically Sick & Disabled Persons (NI) Act 1978  
 Disabled Persons (NI) Act 1989  
 Health & Personal Social Services (NI) Order 1972  
 Children & Young Person's Act (NI) 1968

**1. ACCOUNTABILITY**

Arrangements extant in Trust to ensure identification of personnel with accountability for the submission of information -- named officer viz. Director with responsibility for Professional Social Work

**2. STAFFING**

Statement re current arrangements to ensure professional accountability of Social Services Staff through each Programme of Care to the Executive Director on Trust Board with responsibility for Professional Social Work

**3. SUPERVISION**

Proportion of Social Work/Social Services Staff receiving formal and regular supervision by a professionally qualified Social Worker of a more senior rank

**TRAINING**

- (a) number of staff undertaking related training and training completed
- (b) percentage of professionally qualified Social Work Staff at PQ Level and Advanced Level at year end and details of training undertaken
- (c) percentage of professionally qualified staff in respect of whom formal training needs analyses have been completed during the year

**5. AUDIT**

Comment re audits carried out with reference to Professional Social Work practice in statutory work.

- 6. RESPONSE TIMES** Record of response times where specific targets are set out in legislation or accompanying guidance (e.g ASWs)

**NORTH AND WEST BELFAST HEALTH AND SOCIAL  
SERVICES TRUST**

**The Discharge of Statutory Functions Report  
2004 - 2005**

**28th October 2005**



**CONTENTS**

	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>Physical Health and Disability Programme of Care</b>	<b>5</b>
<b>Older People's Services</b>	<b>24</b>
<b>Mental Health Programme of Care</b>	<b>60</b>
<b>Learning Disability Programme of Care</b>	<b>87</b>
<b>Family and Children's Services</b>	<b>121</b>

## INTRODUCTION

- North and West Belfast Health and Social Services Trust provides a comprehensive range of community-based health and social care services covering a population of approximately 145,000 people. The Trust also manages specialist services for people with a learning disability at Muckamore Abbey Hospital; in addition, the Trust provides social care services at the two acute hospitals within North and West Belfast, the Royal Group of Hospitals and the Mater Infirmorum Hospital.
- The report provides a comprehensive overview and commentary on the Trust's discharge of its delegated statutory responsibilities in accordance with the provisions of the Health and Personal Social Services (Northern Ireland) Order 1993. The discharge of these responsibilities is mediated through five Programmes of Care: Physical Health and Disability; Older Peoples Services; Mental Health; Learning Disability and Services for Children.
- The Director of Social Work is accountable for the efficient discharge of statutory functions. The Director regularly meets with colleagues from other Trusts to ensure consistency and effective inter-Trust collaboration in the discharge of delegated statutory functions. There is also a monthly Social Work leads forum which oversees each Programme of Care's discharge of Statutory Functions.
- During the year 2004-2005 activity levels continue to reflect the substantial demand for personal services within the Trust area. In the unique challenges of North and West Belfast, with their colleagues across the Trust's multi-professional /multi-disciplinary service spectrum, Social Work and Social Care staff provide a qualitative and enabling range of services in partnership with users, their families and community. I would like to take this opportunity to acknowledge the professionalism and dedication shown by staff in their work with and on behalf of the population of North and West Belfast.
- This year's report reflects the further amendments and improvements agreed by the EHSSB and the respective community Trusts integrating both quantitative and qualitative themes in a standardised format. It is complemented in respect of children's services by the Trust's Corporate Parenting reporting process
- 4 ■ The Trust's Social Work Forum continues to provide a vehicle for the consolidation and development of professional Social Work across the Trust. The Forum process offers a mechanism for the professional social work staff group within the Trust to reflect upon and contribute to the debate regarding the future direction of social work within the Trust. Staff have embraced this enthusiastically as evidenced by high numbers in attendance and significant interest in professional issues.

Within this framework the Trust is pursuing the pro-active participation of social work staff to its responses to the opportunities and challenges of the ongoing change context.

The Forum will facilitate the consolidation and further development of the profile and integration of social work within the Trust in the light of the new requirements of NISCC for registration of the Social Work and Social Care workforce and adherence to NISCC code of practice.



---

Ms. Bernie McNally  
Director of Social Work for Family & Childcare & Mental Health Services



## **STATUTORY FUNCTIONS REPORT 2004 - 2005**

### **PHYSICAL HEALTH & DISABILITY PROGRAMME OF CARE**

#### **INTRODUCTION**

#### **1 BACKGROUND**

- 1.1 The local Health Action Zone profiled the health status of the Trust's population in July 2002. The results, drawing on a variety of independent sources, concluded that the health status of the population is 31% poorer than the Northern Ireland Region as a whole.
- 1.2 In numerical terms it is estimated that around 18,000 residents in North and West Belfast have a functional physical or sensory disability.
- 1.3 In meeting this challenge the Programme directly provides or purchases services for: chronically sick and disabled people; sensory impaired users; carers; and the families of disabled people.
- 1.4 This provision is mediated through a number of service deliver channels: community based social care provision; care management; hospital based services; day support centres; grant aid to the community sector; and commissioning arrangements with independent providers.

#### **UPDATE ON 2003-2004 STATUTORY FUNCTIONS REPORT**

##### **1.5 Community Care Packages**

- In response to the ongoing demand for community care packages the Programme prioritised avoiding delayed discharges. This target was achieved with the assistance of the addition Priority for Action monies (100k) in 2003-2004. Unfortunately the addition did not allow for the tackling of the significant wait list for packages, for users living at home.

##### **1.6 Children with a Disability**

- As proposed, cost pressure requests for children with complex needs were forwarded to the Commissioner. During the financial year, the two requests forwarded were fully met by the Commissioner.
- During 2005-2006 the Trust proposes to establish a working group to report on service models, in relation to its provision for children with complex medical needs.

##### **1.7 Mental Health Services for Deaf People**

- Notwithstanding the enhancement of Regional Services, there is no progress to report on the Programme's recommendation that localised specialised services should be commissioned for this user group

#### **1.8 Direct Payments**

- The Programme increased its usage of Direct Payments from 4 users to 8 users, with a corresponding increase in hours allocated for direct payments provision. The Trust also established a working group to further profile and encourage this source of provision.

#### **1.9 Supporting People (Capital Development)**

- The Programme are in consultation with providers (Oaklee Housing and Leonard Cheshire) in relation to a supported housing development in the Springfield Road area. The development, which will have 10 dwellings, is due to be completed in October 2006.

#### **1.10 Supporting People (Floating Support)**

- The Trust was allocated monies by the Supporting Partnership Board for the development of floating support for physically disabled people. The Programme has developed proposals, to be delivered through the community independent sector.

#### **1.11 Community Brain Injury Team**

- The Trust was unsuccessful in trying to recruit a Coordinator/Clinical Psychologist for the Team. The post will be re-advertised.

#### **1.12 Neo-Natal Social Worker Service (RJM'S)**

- The Trust has forwarded a bid, through the Royal Group of Hospitals bidding process, for the recruitment of a full-time social work post. In the meantime, the Trust is providing (unfunded) coverage of 8 hours per week.

#### **1.13 Regional Inspection of Services for Disabled Children in Hospital: Royal Group of Hospitals**

- The Trust agreed an Action Plan, and has commenced the implementation of same, to take forward the recommendations of the Inspection Report.

#### **1.14 Transitions Project**

- The project, provided by the Cedar Foundation, commenced in August 2004. The contract stipulates that the service should accommodate 20 young people at any given time, with capacity to track a further 10 young people who have left the core service.

#### **1.15 Services for Carers**

- The Trust issued a draft Carers Strategy for public consultation in December 2004. The draft strategy was forwarded to 302 key

individuals and organisations. The consultation process ended in March 2004.

- The Trust also provided 4 training sessions for front line staff in respect of completing Carers Assessments. Annual training sessions will be provided to existing and new staff.

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

- The Trust, in its response to the EHSSB (draft) Strategy for Services for Physically Disabled People have asked that, intermediate care schemes, which have been a success in services for older people, should be extended to under 65 year olds.

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

- The Programme audited the number of users who fell within this category. As previously suggested, it was found that a significant number of such users were in receipt of either residential or community care. In this context it was noted that for the majority of the users, the primary issue was alcohol abuse, with attendant secondary physical ailments.

## **2. STATUTORY FRAMEWORK**

### **2.1** The delivery of services within the Physical Health and Disability Programme of Care are primarily prescribed by statute:

- ⇒ Chronically Sick and Disabled Persons Act 1978
- ⇒ Disabled Persons Act (NI) 1989
- ⇒ Children (NI) Order 1995
- ⇒ HPSS Order 1972 & 1991
- ⇒ Education and Libraries (NI) Order 1986
- ⇒ Human Rights Act 1998
- ⇒ Northern Ireland Act (Sect 75) 1998
- ⇒ Carers and Direct Payments (NI) Act 2002
- ⇒ Criminal Evidence (N.I.) Order 1999
- ⇒ HPSS (Quality, Improvement, and Regulation) (N.I.) Order 2003
- ⇒ Freedom of Information Act 2000
- ⇒ Housing Support Services (N.I.) Order 2003

### 3 QUALITY ASSURANCE

#### 3.1 Core Social Work Standards

##### A) Professional Accountability Line

- The Executive Director of Social Work has ultimate professional responsibility for social work staff in other Programmes of Care. In addition, the Director responsible for Programme (the Director of Social Care and Physical Disability) is a professionally qualified, and NISCC Registered social worker.

##### B) Significant Risk Cases

- i) The Programme has a written Referral and Allocation procedure. This procedure details the screening obligations of both social work staff and team managers. The procedure specifically highlights that all cases suggesting immediate risk must be brought to the attention of team managers. Further, the procedure mandates that all urgent referrals must be responded to within 24 hours.
- ii) A written Recording Procedure covers all aspects of the recording process from the point of referral to closure. Requirements to record decision making is also specified by the Programmes Supervision Procedure. Staff received training in respect of both of these procedures: both will formally be reviewed in September 2005.

In responding to significant risk cases, staff have received training in respect of the ACPC New Policy and Procedures. In addition the Trust on a rolling basis, provides for awareness training in respect of the EHSSB Vulnerable Adult Policy, and the Joint Protocol arrangements, for investigating suspected abuse of vulnerable adults. The Programme has two staff trained to Achieving Best Evidence level, in respect of investigating alleged abuse of vulnerable adults.

The Trust has an Interface Policy setting out arrangements between Programmes of Care in relation to investigation of child protection cases. In summary the procedures mandates, the Family and Child Care POC to carry on out investigations.

##### C) Looked After Children

- The Programme would rarely have to invoke the Looked After Children Procedures. Nevertheless, management in the community based social work teams, most of whom have recent Family and Child Care POC experience, are aware of the L.A.C. requirements.

**D) Supervision of Staff**

- A Supervision Procedure is extant; it explicitly states that supervision for all grades must occur, at least monthly. The procedure also includes guidance on the purpose of supervision, and stipulates for recording within the supervisory process. The procedure will be reviewed and re-issued in September 2005.

**E) Risk Assessment Protocol**

- The Programme does not have a specific protocol. However, analyses of risk, whether in respect of children or vulnerable adults, complies with Brearley Model. For example, at case conference, all risks are enumerated, and protection plans are implemented against these risks.

**F) Unmet Need**

- The Programme does not have a written procedure for recording or managing unmet needs. However, there are reporting mechanisms extant in relation: waiting lists for community care packages, monthly returns from the community bases teams, and the Programmes Risk Register. In terms of the management of unmet need, managers have received guidance on monitoring such cases by way of ensuring that any significant risk developments are immediately responded to.
- The Programme will ask the Trust to consider the drafting on unmet needs policy, covering all Programmes of Care.

**G) Annual Audit**

- In order to measure compliancy against extant Trust, Board, and DHSS&PS Policies and Procedures, the Programme has initiated an annual file audit of professional practice. The first audit was completed in February 2005.
- Overall, the audit signified a high level of compliance and good professional practice.
- A number of files indicated practice issues for individual social work staff. These included concerns about poor recording, and unfocused case intervention. These concerns were addressed with the individual staff concerned, and will be monitored by the respective team managers.
- The audit also noted that some managers needed to tighten up on the focus (and recording) within the supervision process.
- The next audit, which will include reviewing: individual case files; social workers composite files; and managers supervision files, is scheduled for February 2006.

### 3.2 Untoward Incidents

- The Programme is aware of and compliant with the interim guidance (Circular PPM 06/04) for the reports of Serious Adverse Incidents. Risk awareness training was provided to a number of nominated staff during the financial year.
- A designated APSW reviews and analyses all Adverse Incidents. None of the incidents listed below were categorized as Serious Adverse Incidents. The APSW's review of the incidents did not reveal any significant trends or issues.

### Adverse Incidents

The Programme recorded 9 Adverse Incidents from April 2004 – March 2005. The breakdown is as follows:

⇒ Burn or Scald	1
⇒ Collision with Objects	2
⇒ Fall from a Height, Bed or Chair	2
⇒ Fall on the Same Level/Slip/Trip	2
⇒ Struck by a Moving Object	1
⇒ Body Part Trapped	1

- In response to the anticipated finalised Departmental guidance on the reporting of Serious Adverse Incidents, the Trust will draft and issue a Serious Adverse Incident Policy and Procedure.

### 3.3 Social Care Governance

- The Trust has published strategies in respect of Clinical and Social Care Governance; and Risk Management respectively.
- Staff have received training both at an awareness level; and specialist training for a smaller number of staff.
- The Directorate has also established a multi-disciplinary Clinical and Social Care Governance Committee for Physical Health and Disability. The Committee's Action Plan has identified the following priorities:
  - ⇒ Evaluation of complaints and compliments.
  - ⇒ Maintaining and learning from Risk Registers.
  - ⇒ Audit, research, and development.
  - ⇒ Learning from Adverse Incidents.
- The Committee meets on a quarterly basis; sub groups are extant in relation to the Action Plan priorities highlighted above.
- The most recent review of Physical Health and Disability's Risk Register (February 2005), identified the following as the most serious risks:

- ⇒ An inability to respond adequately to referrals from the neonatal ward at the Royal Belfast Hospital for Sick Children – the Trust does not have contract coverage to meet the demand in this Ward.
- ⇒ Risk to quality of life, and loss or harm, of users attendant upon a waiting list for domiciliary care.
- ⇒ Risk of loss or harm to users delayed in hospital due to insufficient funds in the community care budget (residential and domiciliary).
- ⇒ Risk to service quality, due to Regional difficulties relating to the training and recruitment of rehabilitation officers (visual impairment).
- ⇒ Risk to service and financial targets attendant upon addressing the residential needs of chronic alcohol users.
- As part of the risk management process the Programme has identified current controls for managing these risks on a short term basis. Proposed actions which would fully address the risks have also been enumerated in the Risk Register.

### 3.4 Feedback From Users

- The Trust, during the year 2004-2005 issued a users involvement strategy. The strategy defined user involvement as consisting of three overlapping processes: information dissemination; consultation; and user participation.
- During this financial year the Programme surveyed users, at Beech Hall Day Centre and Woodlands Day Centre, in relation to the quality of provision. The responses to the surveys, whilst generally favourable, identified areas for improvement – action plans have been drafted to address the areas identified.
- The Programme, as Trust lead for carers co-ordination issues, also facilitated a public consultation exercise in respect of the Trust's draft Carers Strategy.
- During the next financial year, the Programme will take lead responsibility for issuing a questionnaire to carers, by way of further improving service delivery for this user group.
- The Programme currently facilitates two users groups at its respective day centres. In addition, the Programme seeks to enhance user experience by supporting 13 recreational and social clubs, self-managed by physically disabled / sensory impaired people.
- In 2005-2006, the Programme will also progress the restructuring of its Programme wide Focus Group. It is intended to both recruit new users on to the group, and increase the remit of the group to include involvement in service planning.
- At an individual case level, professional practice in the Programme places a high emphasis in fully involving users in the planning and delivery of services. This emphasis is also evidenced by the

Programme's continuing expansion of Direct Payments, as a key means of increasing user participation.

- The Programme received 5 complaints over the financial year in question. The breakdown by category was as follows:
 

⇒ Treatment and care	2
⇒ Staff and attitude	1
⇒ Communication or information to users	2
- 60% of the complaints were responded to in the stipulated 20 day time frame. All the complaints were resolved locally. As a consequence of one of the complaints a procedural change was required within the Programme.

## **Trust Commentary on Discharge of Statutory Functions and Emerging Issues**

### **4.1 Community Care**

- The anticipated financial situation in 2005-2006, combined with the continuing incremented increase in demand, will put significant pressure on the Programmes Community Care capacity. In response, the Trust will continue to prioritise the discharge of patients from hospital, however, given the final situation and, the quite limited turnover in the use of care packages in the Programme, the Trust cannot guarantee that it will meet the Priorities For Action targets in respect of hospital discharges.

### **4.2 Children with a Disability**

- An expansion of respite/social access provision is required to meet demand. The gap in provision refers to pre-school, and after-school clinical services. The Trust would welcome a focus in this area in the forthcoming EHSSB Children Services Plan.
- The Trust, in consultation with the Commission, will also take forward recommendations to be made in the pending Social Services Inspectorate Report on services for disabled children in the community.

### **4.3 Supporting People: Floating Support**

- With the agreement of the Supporting People Partnership Board, the Programme has agreed four Floating Support schemes to commence in 2005-2006. The providers are: Headway, who will concentrate on brain injury users; Upper Springfield Development Trust, who will focus on disabled people in Greater West Belfast; the Blind Centre, who will provide a support worker for visually impaired people; and NIDYA, who will address the housing and attendant needs of young deaf people aged 16-25 years.



#### 4.4 Rehabilitation Services: Visual Impairment

- An increase in referrals, and difficulties experienced in recruiting Rehabilitation Officers, has resulted in an average response time of 4 months for new referrals.
- In response, the Programme successfully applied for inclusion in the Service Improvement Initiative Programme run by the DHSSPS Service Improvement Unit. The Programme will also seek to address both the quality and efficiency of provision, by involving the Sensory Support Team in a PCIS pilot programme within the Trust.
- The SSI is due to publish its report on adult services for adults with a sensory loss, in the forthcoming financial year. The Trust, in consultation with the Commissioner, looks forward to progressing the recommendations of the Inspectorates report.

#### 4.5 EHSSB – Strategy for Adults with a Disability

- The Trust, in co-operation with the EHSSB, will seek to advance service development opportunities arising out of the pending publication of the Strategy. The Trust is particularly keen to expand rehabilitation services for physically disabled people, along the lines of those extant in respect of Older People Services.

#### 4.6 Brain Injury Services

- With the planned opening of the Regional Acquired Brain Injury Unit at Musgrave Park Hospital, early in 2006, the Trust would welcome stakeholder discussions in relation to interface protocols in order to ensure continuity between the acute sector and community based teams.

#### 4.7 Direct Payments

- During the next financial year, the Programme will increase the availability of hours from the current 126 hours per week to 250 hours per week. To fund this increase the Programme will reduce the contracted hours to the select list of providers. It is unlikely that the Programme will be able to further expand direct payments usage, in the absence of new monies, as it would not be viable to further reduce contracted hours of these providers.
- As per the recommendation of the DHSSPS Review of Direct Payments, the Trust, in the new financial year, will have 3 staff trained, to provide Direct Payments training to the personnel throughout all Programmes of Care.

#### 4.8 Carers Strategy

- Early in the next financial year, the Trust will publish its Carers Strategy. This publication will be accompanied by a detailed 3 year Action Plan. At the point of publication, the Trust will also widely distribute an information leaflet on carers legal right to an assessment of need.
- The Physical Health and Disability POC will maintain the co-ordinating responsibility in the Trust for the progression of the Carers Strategy.

**4.9 Services for People with Chronic Alcohol Problems.**

- The in-year audit, previously referred to, also highlighted the lack of specialist or integrated provision, to meet the care and clinical needs of people with chronic alcohol problems. For example, the Programme does not have the means to adequately address the clinical needs of an increasing number of users with a Korsokoffs diagnosis.

**4.10 Day Support Centres**

- As part of the Trust overall Capital Utilisation Strategy (Phase 3), the Programme is to review both the location and functions of its two day centres. At present they provide generic services in respect of the: rehabilitation; respite; and social access needs of users. The proposed review will consider alternative models of provision, including a centre specialising in the rehabilitation needs of users.

**4.11 Community Development**

- The Trust is to establish a Community Development Investing For Health Project Team/Board, during the next financial year. The remit of the initiative includes: bringing greater coherence at a planning and delivery level, amongst the statutory stakeholders. The Programme will be represented on the Project Team along with colleagues from: other POC'S; Investing For Health Team; the HAZ Team; and the L.H.S.C.G.
-

**DISABLED CHILDREN****Table 1 – General Service Provision**

Nos of children known to services	95
Specify services and activity levels delivered to this population in 2004 / 2005.	Crossroads: 10 Childrens Home Care Service: 16 Phab Nursery: 6 174 Trust: 14 Ardmonagh: 3 Sense: 3 Transitions Project: 13 NIDYA: 21 West Belfast Festival: 56 Tullymore Afterschools: 2 Oscailt: 17 Summer Scheme: 17 Sponsored Day Care: 8
Unmet Need	
1) Nos of children unable to access any service following assessment	Ardmonagh: 1 Crossroads: 4 Childrens Home Care Service: 4
2) Nos of children unable to access the indicated service level following assessment	

**Respite Provision**

Name of Unit	No of Children/Young People	Overnights per Year
Foster Parents	1	14
Childrens Hospice	2	
Forest Lodge	1	45
R.V.H.	1	26

**DISABLED CHILDREN****Domiciliary Provision**

Name of Service	No of Children/Young People	Sessions per Year
Crossroads	10	1536.50 hours
Childrens Home Care Service	16	832 sessions
Phab Nursery	6	480 sessions
174 Trust	14	728 sessions (1456 hours)
Ardmonagh	3	483 sessions
Tullymore Afterschools	2	132 sessions
Summer Scheme	17	51 weekly sessions
Sense	2	172 sessions
West Belfast Festival	56	174 hours
Oscailt	17	35 hours
Transitions Project	13	676 sessions
Sponsored Day Care	8	978 hours
NIDYA	21	48 sessions
RNIB Summer Scheme	1	20 days
RNID Saturday Club	20	800 sessions
RNIB Summer Scheme (Multiple Disability)	5	25 sessions

**Table 2 – Mental Health (NI) Order 1986**

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	0
	Applications by relatives leading to admission for assessment	0
Article 18	Reception into Guardianship	0
	Renewal of Guardianship	0
	Discharge from Guardianship	0
	No. of Guardianships in force	1
Article 73 (i)	Mental Health Review Tribunal Referrals	0

**DISABLED CHILDREN****Table 3 – Disabled Persons (NI) Act 1989**

		Numbers in Year
Section 4	Assessment and Care Planning	95
Section 8	Taking into account ability of carers	95

**Table 4 – Carers and Direct Payments Act (NI) 2002**

	Number by service type
Referrals for Direct Payment	2
Payments made	2
Carers Assessments	39

**Table 5 – Disabled Children placed in Adult Services**

	Numbers in Year
Hospital	0
Residential care	0
Nursing Care	0
Respite	1
Day Services (Domiciliary POC)	1

**PHYSICAL HEALTH AND DISABILITY (ADULTS)**

Table 1 – General Service Provision

<p>Nos of people known to Hospital social work services</p>	<p>R.V.H. 4,042 new referrals 3,953 closures RBHSC: 680 new referrals 625 closures RJMS: 442 new referrals 408 closures EDRU: 864 new referrals 862 closures Mater: 2,750 new referrals 2,874 closures</p>
<p>Nos of people known to Community services</p>	<p>PH&amp;D: 693  SST: 643 new referrals; 623 closures; 275 open cases at 31/03/05  Care Management: 252</p>
<p>Specify services and activity levels delivered to this population in 2003 / 2004.</p>	<p>M.S. Dalriada: 307 days Chilled Meals: 26 users Home Help: 162 users Crossroads: 10878.5 hours  Community Care Packages at 31/03/05: Residential: 47 Domiciliary Care: 99</p>
<p>Unmet Need</p>	
<p>1. Nos of people unable to access any service following assessment</p> <p>2. Nos of people unable to access the indicated service level following assessment</p>	<p style="text-align: center;">33</p> <p style="text-align: center;">4</p>

Table 2 – Accommodation/Respite

	Private		Voluntary		Statutory		Total	
	Users	Nights	Users	Nights	Users	Nights	Users	Nights
Supported Living			7	2,555			7	2,555
Nursing Home Placements	41	51,465	1	365			42	51,872
Residential Home Placements	4	1,460	10	3,650	2	473	16	5,585

	Users	Sessions	Users	Sessions	Users	Sessions	Users	Sessions
Respite	30	664 days						
Domiciliary	187							

Table 3 – The Disabled Persons (NI) Act (1989)

		Numbers in Year
Section 4	Assessments and Care Plans	1,336

Table 4 – Carers Recognition and Services Act (1997)

	Number undertaken
Carers Assessments	48

Table 5 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	11
Payments made	5

Table 6 – Vulnerable Adults Policy

	No. of referrals	25
	Details of outcomes as follows	
	No further action following assessment	-
	Investigations	
	- Social services	23
	- PSNI	-
	- Joint	2
	Confirmed abuse	
	- Physical	3
	- Sexual	-
	- Emotional	20
	- Financial	2
	Protection Plans	2
	Cases closed	1
	Multi-disciplinary Case Conference	71



**Staffing: Physical Health and Disability**

**Table 3.1:**

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1 (1.00)	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	0	0	0	0	0	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	3 (3.00)	3 (3.00)	0	0	3	
Care Managers	5 (4.50)	5 (4.50)	0	0	5 (1xNursing)	

**Table 3.2: Social Work**

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 56 (48.20)  Sen Pract 0 (0.00)  Sen SW 11 (10.50)	0 (0.00)	SW  0 (0.00)  Sen Pract 0 (0.00)
SW Qualification Profile	Qualified 67  Unqualified 0	Qualified 0  Unqualified 0	Qualified 0  Unqualified 0
Date of Qualification (years)	0-2 9  2-5	0-2 0  2-5	0-2 0  2-5

	4	0	0
	5+	5+	5+
	43	0	0
<b>Vacant Posts (W.T.E)</b>			

**Table 3.3: Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	7	52
PQ1 (Only PQ1 Completed)	9	33
PQ2-6 (Selection of Credits but not full award)	1	7
PQ Award (Full)	2	12
Registered Advanced Award	1	4
Advanced Award Credits	0	0
Advanced Award (Full)	0	2
Practice Teachers Award	1	7

Approved Social Worker (ASW)	0	0

**Please identify any recruitment and / or retention issues.**

- There has been a change of 4 staff in past year.
- Social Workers working with deaf community need B.S.L. Level 2; it takes 3-4 years to develop good skills – staff then move on. There is no recognition for this qualification.
- Ongoing recruitment difficulty with recruiting Rehabilitation Workers.

**Action or proposed action to address above.**

- Ongoing training in B.S.L.  
 Skills mix in Sensory Support Team to ensure effective service delivery.

**THE DISCHARGE OF STATUTORY  
FUNCTIONS**

**SERVICES TO OLDER PEOPLE**

**2004-2005**

## 1. INTRODUCTION

The Trust continues to provide social care to 7605 older people. This number has not significantly varied from previous years although demand for service provision in some areas continues to increase. There is some variance across the Trust with areas of higher demand when comparisons are made across the Social Work and Care Management Teams. The population of older people continues to be effected by deprivation factors. While the population has not changed, it is significant to note that 14 wards out of 27 in North and West Belfast have a higher percentage of 60 plus when compared with the Northern Ireland average of 17.5%. This figure is significant in some areas where population shifts of younger people have occurred, thus reducing the availability of carers to offer supports.

The focus of the Trust's Programme of Care for Older People remains the continued provision and development of services, which enable older people to remain living in their own homes as independently as possible. The following areas were highlighted as key areas to be implemented for 2004/05 and progress continued to be made to meet the targets set for achieving the action planned.

### 1.1. Programmes progress in meeting 2003/04's Action Plan

- Carers Strategy

This has remained a high priority with preparation and planning throughout the year for the launch of the Carer's Strategy. Staff from the Programme are represented on the steering group and staff training continues on completion of carer's assessments and awareness of carers needs in conjunction with the Trust's Carers Co-ordinator. The Programme also commenced its response to the Department's Inspection of Social Services to Carers of Older

People. It is expected the recommendations will have a significant impact on the direction and development of the Trust's Services for Carers of Older People. The Programme continued to support the Family Carer's Training Scheme managed by Extra Care and carers were identified who participated in the training programme. The Programme is currently awaiting an evaluation of this.

The Programme has continued to develop carer support across a wide range of services including education and training groups which continue to develop in conjunction with staff from the Programme and Voluntary Groups to meet the needs of carers. Support for carers has also been provided by way of carer's grants. The provision of alternative therapies for carers continued to be requested and there were 116 alternative therapy sessions provided to carers. Social work staff within the Programme have continued to ensure carers are aware of the availability of Carers Assessments and are made aware of their right to assessment.

- Direct Payments

Staff have had difficulty in increasing the uptake of Direct Payments. There remain only two people in the Programme in receipt of payments. Staff report that older people within the Trust area are reluctant to apply. This may be due to the lack of the necessary organisation skills and stress in managing this. No progress has been made on the introduction of a central carers register, although staff in local areas are familiar with and can identify carers. The development with PCIS will assist with information needs re carers.

- Carer/User Views

Progress continues to be made ensuring carer/user views are incorporated in all care planning and agreement on interventions care supports offered.

- Information

Following the Joint Strategic Planning Conference held between the Trust's Older Peoples Services and VSB a strategy was agreed on provision of information and education on a wide range of issues to both individuals and Older People's Groups within the Trust. The partnership between the Trust and VSB has led to the Trust funding two community liaison officers to support and develop Older People's Groups. Social work staff also worked jointly with PSNI on the provision of information to Older People's Groups.

- Capture Unmet Need

Mechanisms exist to provide information on waiting lists for services. There is more work to be completed on collating and processing unmet needs identified in Carers Assessments.

- Compliance with Standards

Staff from the Programme responded to the Draft Standards on Residential Day Care and Domiciliary Care issued by HISRA. This provided an opportunity to benchmark current services against expected standards. As a result information was disseminated to staff and workshops organised with Day Care staff in preparation for the implementation of the standards.

- Registration and Regulation

Throughout the year considerable preparation was undertaken by the Social Work Leads to ensure information was disseminated to staff and preparations were made to meet the registration deadline. A registration record system was established.

- Quality Assurance Independent Sector

To ensure the Programme was able to monitor and ensure its contract compliance with the Independent sector, a Quality Assurance, Care Manager was appointed. This has enabled the Programme to assist with and monitor standards and contract compliance issues.

- Advocacy

The Advocacy Project in conjunction with Bryson House commenced and two advocates were appointed to work with residents in the Trust's Statutory Residential Homes and the Independent Sector. To date considerable progress has been made and an evaluation of scheme will be completed.

- Work Force Issues

The Programme was able to recruit professional staff to permanent posts with no difficulty in recruitment and there are no turnover problems among social work staff. Reliance on agency staff was considerably reduced in the Residential homes with the development of Trust's own bank staff. To address the recruitment difficulties previously experienced with social work assistant grade, the criteria was expanded which allowed a wider range of applicants to apply resolving the previous years recruitment difficulties. Staff were also proactive in recruitment, setting up information days for potential applicants to promote the social work assistant role as a career opportunity. A working group was

commenced to begin the recruitment of Home Care Workers for the pilot Home Care Domiciliary Service.

- Residential Review

The Residential Review commenced with the establishment of a Project Team to complete the Assessment of Need for the replacement of one of the Trust's Statutory Homes.

- Day Care

The review of Day Care commenced with a review of existing facilities as part of the outline business case for Day Care Services for Older People and Estates Review of current buildings.

- Mental Health Services for Older People

The specialist services continued to develop within existing resources with further development of multi-disciplinary Memory Clinics. A joint audit with the Mater Hospital examined discharge arrangements and standards. The recommendations of the KPMG audit continued to be implemented and an audit of young people with dementia who receive services from the teams was completed and published.

- User Representation

The Programme in conjunction with Voluntary Service Bureau moved from the provision of a befriending and driving scheme to supporting and developing older persons groups. Two Community Liaison officers were appointed, culminating a major conference held in March 2005 to launch the Trust's community development strategy and user involvement for older people. Significant short and long term goals were developed.

Other initiatives such as the Actively Ageing Well Project continue to progress and considerable work took place around community development and supports for older people. The Programme continue to support 70 voluntary groups providing a range of social care to older people including day care, respite care, support for carers, social outings, lunch clubs, transport and volunteering. Staff from the Programme monitor and support these groups. Users continued to be involved in service delivery via participating in reviews, care planning etc. Effects continue to be involved examining ways that service users can be more involved in the planning of older peoples services.

- Equality and Human Rights



Training for all staff in equality and Human Rights continued. All new staff attend training as part of their induction process. Any proposed change in service delivery continues to be informed by and screened against the requirements under Equality and Human Rights legislation.

## 2. **STATUTORY FRAMEWORK**

The Programme for Older People's Services discharges statutory functions in respect of a range of legislation.

- Health and Personal Social Services Orders (1972, 1991 and 1994)
- Chronically Sick and Disabled Persons Order (1978)
- Data Protection Act 1984
- Disabled Persons (NI) Act 1989
- The Registered Homes (NI) Order 1992
- The Mental Health Order 1986
- Carers and Direct Payments Act 2002
- The Housing Support Services (NI) Order 2003
- Northern Ireland Act (Section 75) 1998
- Human Rights Act 1998
- Criminal Evidence Order 1999
- HPSS (Quality, Improvement and Regulation) NI Order 2003
- Freedom of Information Act 2000

## 3. **QUALITY ASSURANCE**

### 3.1. **Core Social Work Standards**

- 3.1.1. A clear line of accountability continues to exist from the Executive Director of Social Work, the Director of Children and Mental health Services who has professional responsibility for social work staff in all Programmes of Care. The Social Work lead in the Programme meets regularly with the Director and other Social Work Leads as part of the Social Work Leads Forum. This forum provides a focus for exchange of information across the Programmes and to examine professional social work issues and developments within the Trust. Within the Programme considerable work was completed on the development of the Senior Practitioner role and the implications for practice within the Programme.

Within the teams social work tasks are clearly defined. The Programme has several multi-disciplinary teams and clear lines of professional accountability continue to exist through to delegated senior social workers who undertake professional supervision of social work staff

and ensure the discharge of statutory social work functions.

**3.1.2. (1) Protocol for Screening and Risk Assessment of all Referrals**

Compliance is achieved by:

- Duty Social Work System
- Procedures in place for allocation
- Senior Social Worker available for consultation at all times.
- Senior Social Worker allocates all referrals
- Care Management Protocols in place re screening and risk assessment of all referrals
- No initial waiting list for referrals – system for visiting all referrals and assessing urgency.
- Waiting times audited monthly

Within the Programme in order to ensure all staff are aware of risk management, training for all social workers and social work assistants on Risk Management is ongoing. All social work assistants received a days training on Risk Assessment and Risk Awareness and Guidance on managing risks. The outcome of the training raised issues for the social work assistant role in identifying risks and transfer of cases to social work assistants when a professional social work response is required.

The audit of response times for the social work teams is illustrated as follows.

	<b>No. of Referrals</b>	<b>Within 24 hours</b>	<b>Within 1 week</b>	<b>Within 2 weeks</b>	<b>Within 3 weeks</b>
<b>Beech Hall</b>	381	62%	36%	1%	1%
<b>Shankill</b>	281	65%	33%	-	2%
<b>Everton</b>	600	35%	59%	5%	1%

Within the Mental Health Teams for Older People waiting lists have had to be established because of the demand for specialist assessment, treatments and supports.

However clear protocols exist on referrals and procedures are in place to respond to emergency referrals. A one-point referral system in consultation with the Consultant Psychiatrist of Old Age has been introduced to centralise all referrals both to the community teams and Consultant. Joint weekly allocation meetings have been introduced.

- Last year's response to the Statutory Functions Report detailed lengthy response times for a small number of care management referrals as a concern. This year the care management response times were as follows:

No. of Referrals		
1026	< 1 week	93%
46	1 to < 3 weeks	4%
8	3 to < 5 weeks	1%
25	5+ weeks	2%

Initial screening was carried out for 1036 care management referrals during the reporting period. While 290 of all care managed referrals waited 5 weeks or more for the referral to be dealt with, they had been screened for risks at the referral stage with regard to requirement for an immediate response. These referrals already had some degree of service in place and were awaiting further assessments with regard to increased packages of care or other service increase.

**3.1.2. 1. Compliance with standards**

- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (DHSS&PS, 2003)
- Standards for the Inspection of Mental Health Social Work (SS1, 2004)
- Quality Standards for Approved Social Work (SS1, 2005)

Compliance Achieved by:

**Adherence to**

- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, DHSS&PS and PSNI
- North and West Belfast Health & Social Services Trust Draft Operational Policy on Protection of Vulnerable Adults, May 2004
- Eastern Board Policy and procedures for Protection of Vulnerable Adults 1997
- Establishment of Trust/PSNI Liaison group, which meets on a regular basis to examine protocols,

procedures and other areas of joint interest with regard to Vulnerable Adults.

- Trust Representative on Board's Vulnerable Adult Group
- Programme Representative on Regional Vulnerable Adult Training Sub Group
- Clear Procedures with regard to Designated Officers identified for Mater Hospital, Royal and Knockbracken Hospital sites.
- Care Manager Co-ordinator holds Designated Officer status for all Care Managed Cases
- Collation of Vulnerable Adult Information monthly
- Procedures for Reporting Vulnerable Adult issues to Mental Health Commission and Inspection and Regulation Authority
- Six monthly statistical returns to Board

In delivering services to vulnerable older people the introduction of the Joint Protocols has had a major impact on staff working in Older Peoples Services. A training programme has continued to be rolled out and during 2004/05 training was delivered in the following areas:

	No. of Staff Trained
Basic Awareness	40
Joint Protocol	3
Joint Protocol/Achieving Best Evidence Awareness raising	12

This year ~~no staff completed the~~ Achieving Best Evidence training, which has been expanded to 8 days training. Within the Programme, two social work staff are trained in Achieving Best Evidence and throughout the year have been used across the Programme when a specialist interviewer is required. The Programme will continue to review its requirements for training needs with regard to specialist interviewers.

The Programme continued to provide support to the Independent Sector to assist with training staff in Vulnerable Adults.

The Trust's procedures are audited with regard to reporting to outside agencies. However because of the scope of the roll out programme needed for training in the new Joint Protocols, no audit has been completed with regard to their implementation. It is proposed that an audit will be completed in respect of the protocols, especially in relation to the records and information on

the Joint Protocol Forms, which are held for Trust and PSNI records.

The senior group within the Programme monitor at senior staff team meetings any issues with regard to the operation of the policy.

**Compliance with the Approved Social Work quality standards is achieved via the Trust's Operational Guide for the Discharge of Statutory Functions under the Mental Health Order.**

The Programme has increased its number of approved social workers from five to six. All the Approved Social Workers work as a Senior Social Worker or Senior Practitioner with the exception of a newly qualified ASW. The introduction of the Senior Practitioner grade has ensured considerable expertise exists in the delivery of a social work service to older people with mental health problems. These staff meet regularly as part of the Trust's Approved Social Work Forum. The forum gives an opportunity to discuss professional and practice issues. The Programme links in with the Joint Mater Hospital/Trust Mental Health Audit Group. Regular audits to include audits of standards required under the policies and procedures have taken place. An audit was completed on Social Circumstances Report to ensure social work staff were completing these within the time specified by the legislative framework. The outcome of this audit led to the introduction of clear communication protocols with regard to requests for reports. An audit of discharge arrangements from hospital was completed. This highlighted that social work staff within the Programme were responsive within specified time frames, ensuring appropriate discharge arrangements were co-ordinated and services were in place. The Operations Manager Adult Mental Health Services co-ordinates and audits all Risk Assessment forms completed by social work staff on application for admission for assessment. This includes information on older people. The Operations Manager liaises with the Operations Manager Older Peoples Services with regard to any issues concerning Approved Social Work admissions for assessment in respect of older people. Approved Social Work staff within the Programme have their names maintained on the Trust register to ensure they comply with the standards on number of admissions undertaken. Protocols exist for Approved Social Worker response times and all Approved Social Workers respond within one hour. This is monitored regularly and the

Approved Social Work daytime rota ensures availability of social work staff from within the Programme.

Approved Social Work training requirements are regularly monitored with regard to re-approval and they participate in in-house training and other relevant training. Approved Social Work staff from the Programme participated in training for the PSNI with regard to mental health issues and the social work role.

3.1.3. Standard C is not applicable to Older People's Services.

3.1.4. The Programme is compliant with this standard and professional social work staff are expected to have monthly formal recorded supervision. The Programme has introduced a supervision procedure for use in fieldwork services, which clearly sets out the aims, supervisory process and expected standards. Supervision records have also been standardised. Newly qualified social workers receive supervision fortnightly to comply with PQ requirements.

Standards with regard to non-professional staff have also been set. This standardised approach is also driven by the planned developments within the Trust with regard to development and training, participation in the Investors In People and the introduction of the knowledge and Skills Framework.

The Programme will examine the current supervisory practices across Residential and Day Care Services in preparation for the introduction of the new regulatory standards from the Regulation and Improvement Authority with regard to supervision of staff. The new supervision standards will be audited by the Assistant Principal Social Worker (Fieldwork Services) in the coming year. An Awareness/Training programme for staff (both qualified and unqualified) will be arranged to ensure every staff member has a copy of the supervision standards.

3.1.5. Risk assessment and risk management processes in place in the Programme have been subject scrutiny throughout the year. The Programme continues to place an emphasis on risk management of cases across the fieldwork, residential and day care. The Programme continues to be compliant with a risk assessments process evidenced and well established within Residential Services and this is monitored and scrutinised by the Regulation and Improvement Authority. The social

work recording process currently in operation for fieldwork staff continues to identify and record risks together with management plans and social work inputs. The Programme has introduced a more formalised framework for risk assessment, which is based on the Brearly model. This will be piloted in the coming year. In order to ensure compliance with this standard the Programme placed a particular emphasis on risk assessment and risk management. Training was organised on risk assessment and risk awareness and this was targeted at the social work assistants within the Programme. It is recognised the importance of training this group of staff in risk awareness and management, as they are dealing with a large number of older people and need to be aware of risks and the necessity to report to their Senior Social Worker with a view to transfer when a professional social work response is required.

Senior social work staff are part of the Trust's Health Promotion Consortium and they promote and develop training for social work staff, together with home helps and wardens to ensure staff are trained in general risk awareness and prevention, in particular those vulnerable older people with whom they are in contact.

The Programme this year has placed a particular emphasis on risk assessment and risk management in institutional care. The necessity of this has been highlighted through the Trust's Risk Management and Adverse Incident reporting procedures. Ongoing work continues to ensure there are clear risk assessments in place.

All complex care managed cases have a risk assessment completed, which is forwarded to Providers as per the Care Managed Protocols and Procedures.

3.1.6. The Programme remains compliant with this standard, which is evidenced, in the current systems for identifying and recording unmet need. At the end of the reporting period the Programme was able to report the following unmet need.

- At the 31 March 2005 there were 83 older people living at home awaiting new or increased domiciliary packages. This number continues to rise with the increased demand for people to remain at home. Turnover has had to be directed towards PFA targets and hospital discharges. However there remains a review system in place to ensure there are no

unacceptable levels of risk. The introduction of the choice protocol has helped reduce the institutional care waiting list.

- The waiting list for EMI Residential and Nursing Care continues to grow. A worrying trend is the lack of available placements within the Trust. Demand for EMI nursing beds has meant an increase in people awaiting a move from EMI Residential beds, which results in delayed admissions to residential care. Occupancy rates in the Trust's EMI Residential Homes remains at 100%.
- There are no waiting lists for Home Help, Day Care, Meals Services or Statutory Residential places.
- The demand for a night sitting service continues with 8 people awaiting a service. In particular the demand for this service in respect of people with dementia continues to be highlighted as an area of unmet need. The numbers waiting does not reflect the demand as the turnover is slow and the lack of this service can often result in the breakdown of the caring arrangement resulting in admission to institutional care.
- The new specialist dementia home care service has had a waiting list since the scheme commenced. At the end of the reporting period there were 14 waiting for service.
- The Programme continues to audit unmet need highlighted Carers Assessments and to collate this information. The Department initiated as part of its Inspection of Social Services to Carers of Older People, a questionnaire to carers within the Trust. It is expected that this will highlight unmet need.
- In response to the waiting list for carers training, the new Extra Care Carers Training Scheme commenced and this scheme currently meets the need for carers training. Presently there is no waiting list for carers to be offered alternative therapies. Carers grants were made payable to assist with carers breaks, assistance with travel, holidays etc. Continued awareness of availability of these services following the launch of the Trust's Carers Strategy may result in increased demands with waiting lists having to be established.



- The referral rate to the Mental Health Teams for Older People continues to increase especially referrals from GP's and waiting lists for assessment have had to be established. There is also a waiting list for domiciliary reviews in respect of those older people who do not attend clinics. The aim of the teams is to ensure a review takes place of all those known cases to monitor their mental health needs.
- In response to identified need in the previous year the Programme was able to progress the implementation of its Community Rehabilitation scheme to meet the rehabilitation needs of older people. The outcome of the scheme was audited with significant outcomes reported. The scheme has not reached full capacity and there is no waiting list.
- An audit of younger people with dementia was completed and published. This highlighted the needs for services, which are currently provided within older peoples services.
- The planned additional nursing beds, which became operational while helping with some delayed discharges made little impact on the waiting list. In particular demand for EMI Residential and Nursing beds continues to rise.
- With the exception of those elderly people waiting in hospital for Homes of choice the Programme has been able to meet its PFA targets with regard to community care.

## **CORE SOCIAL WORK STANDARDS – STANDARD B (1)**

### **SCREENING AND RISK ASSESSMENT OF ALL REFERRALS**

Screening procedure in place in all Fieldwork offices

One point referral system in place for Mental Health Teams for Older People – screening procedures in place

Procedures in place for screening all care managed cases

#### **Training**

Training for all Social Work and Social Work Assistants and Care Managers in place

Induction Programmes for all Social Workers, Social Work Assistants and Care Managers to include screening and risk assessment procedures

**Operation of Policies audited by**

Weekly team meetings Mental Health Teams for Older People

Daily allocation of referrals (Fieldwork Offices)

Senior Social Worker allocates all referrals and available for consultation

Duty Referral systems in place

All referral waiting times audited by Senior Social Workers, Care Manager Co-ordinator

Care Management Protocols in place re screening and risk assessment of all referrals.

No waiting list for referrals – system in place to visit and assess urgent referrals

Supervision systems in place – monitors time response to all social work referrals as well as appropriate Professional response

**CORE SOCIAL WORK STANDARDS - STANDARD B (II)**

**QUALITY STANDARD FOR APPROVED SOCIAL WORK**

Trust Operational Guidelines for the Discharge of Statutory functions under the Mental Health (NI) Order 1986 in place. Adherence to the DHSS & PS Approved Social Work Quality Standards

Protocols re discharge arrangements in respect of mental disordered people who could represent a risk to themselves and others

**Training**

Updated training regularly provided to Assistant Social Workers to ensure re-approval standards met.

- Training supports via Approved Social Work forum
- Identified professional Senior Social Workers provides Professional Support with regard to Approved Social Worker role
- Approved Social Worker training standards
- Mentor/Practice support programme in place for newly qualified Approved Social Worker

### Operational Policies Audited from

Risk Assessment returned to Operations Manager for all Approved Social Worker admissions. Copied to Operations Manager, Older Peoples Services (shared with Consultant, GP and Medical Staff) Trust's Training unit for training of Approved Social Workers)

- Joint audits with Mater Hospital and Trust's Mental Health Audit Group
- Audit completed on completion of Social Circumstances Report
- Audit of discharge arrangements from hospital
- Register of admissions completed by Approved Social Worker
- Audit of response times
- Guardianship renewals, applications monitored and audited through Chief Executives Office

## CORE SOCIAL WORK STANDARDS - STANDARD B (II)

### PROTOCOL FOR JOINT INVESTIGATION OF ALLEGED AND SUSPECTED CASES OF ABUSE OF VULNERABLE ADULTS

Vulnerable Adult Policy in Place. (Board and trust Policy together with Regional Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults. R&I Unit (EHSSB) Joint Protocol

#### Ongoing Training

An ongoing training programme is in place for:

- Basic Vulnerable Adult Awareness Training
- Joint Protocol
- Joint Protocol/Achieving Best Evidence Awareness Raising
- Achieving Best Evidence

### The following staff receive training

Care staff and Social Work Assistants

- Basic Awareness – Care Staff and Social Work Assistants, staff from multi-disciplinary teams, home help staff, staff from Independent Providers, Care Managers, Care Manager Assistants and Domiciliary Care Staff
- Joint Protocol – all Senior Social Workers, Social Workers, Managers of

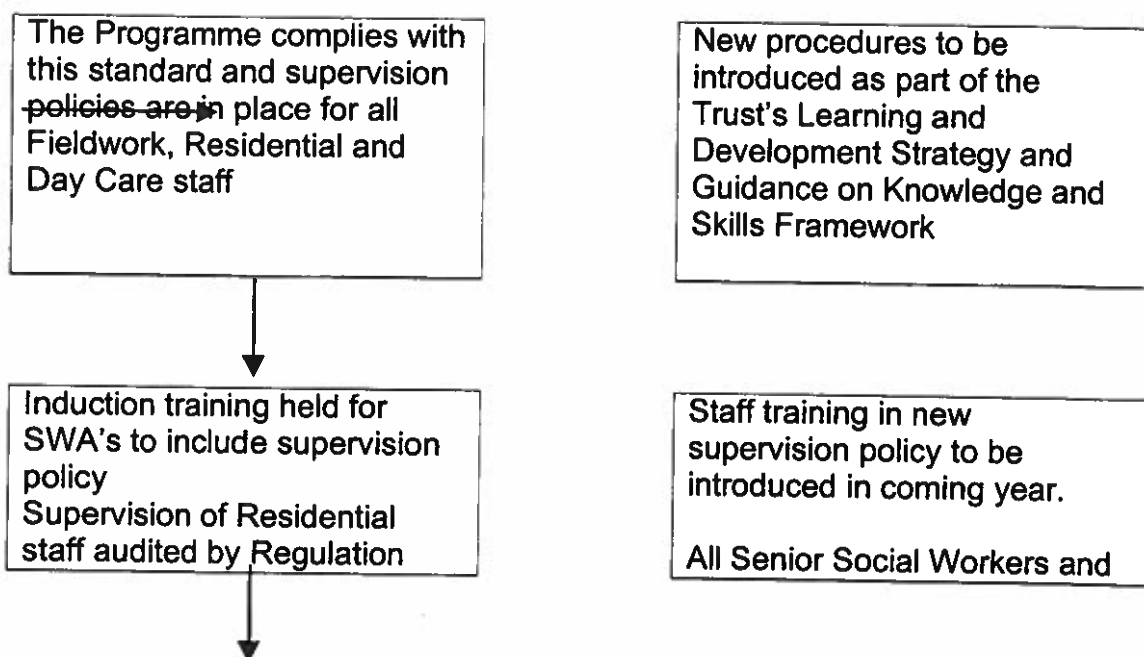
- Residential and Day Care, Care Managers, Team Leaders of Multi-disciplinary teams
- Joint Protocol/A.B.E. Awareness – Senior Social Workers, Social Workers
  - A.B.E. – Senior Social Workers, Social Workers

- Operation of the Policy is Audited from**
- Vulnerable Adult Returns – both to Trust and Board and Mental Health Commission
  - Untoward Incident Returns – to Trust Headquarters
  - Meetings with PSNI
  - Records of time scales for Joint Agency Consultation
  - Records of Strategy Meetings – collated centrally – forwarded to Social Work lead – copied to P.S.N.I.
  - Inspection Process – R&I – audit via Untoward Incident Returns
  - Trust Representative on Boards Vulnerable Adult Group

**CORE SOCIAL WORK STANDARDS - STANDARD D**

**SUPERVISION**

The Trust is ensuring that all social workers (including residential social workers) have at least monthly professional supervision sessions which are formal and recorded



and Improvement Authority via staff interviews

Managers to receive training on Knowledge and Skills Framework.

APSW Fieldwork and Residential to Carry out audit of supervision of Social Work staff and Residential staffs' supervision

New standardised Quality Assurance mechanisms to be introduced by Senior Social Work Group

**CORE SOCIAL WORK STANDARDS – STANDARD E  
RISK ASSESSMENT AND RISK MANAGEMENT**

Trust's Clinical and Social Care Governance Strategy in place.

Adverse Incident Reporting Procedures in place.

Residential Procedures – Risk assessment and Risk Management guidelines and procedures in place.

Policy, Guidelines and Procedures in place for Residential Services on completion of Risk Assessments.

- The following staff receive training**
- Social Work staff
  - Care Management Staff
  - Social Work Assistants
  - Residential Staff
  - Day Care staff
  - Neighbourhood Wardens
  - Home Help staff
  - Domiciliary Care Staff

### **Operation of Policies and Procedures is Audited from**

- Adverse Incidents Reported and systems in place to audit
- Initial assessments by Social Workers to include risks – to be audited
- Risk assessments completed for complex Social Work cases
- Risk assessments completed for complex care managed cases
- Reports to Regulation and Improvement Authority, Mental Health Commission and Eastern Board
- Older People's Services Governance Group – audit of incidents
- Risk Assessments completed for
- Vulnerable Adults Procedures (current system to be audited)
- Audit of Risk Assessments (Residential Services) by Regulation and Improvement Authority
- All Risk Assessments in respect of applications for assessment under Mental Health Order completed and audited.
- Risk Assessments carried out on all clients in receipt of IDSS and audited by Scheme Manager
- Audit of social work files by Senior Social Workers to ensure recording of risks

## **CORE SOCIAL WORK STANDARDS – STANDARD F**

### **UNMET NEED**

Trusts have in place systems to identify and record unmet need in relation to Statutory Functions

The Programme complies with this standard by the following:

- Trust 6 monthly Departmental returns in relation to unmet need
- Compliance with PFA targets
- Fieldwork procedures in place for referral information to include waiting lists
- Criteria in place for domiciliary services
- Choice protocol in place for Institutional Care
- Procedure for waiting lists for assessment of referrals to Mental Health Teams for Older People
- Procedures for completion of Carer's assessments to capture unmet need
- Systems in place to report and review delayed discharges

Training for all Social Work Staff and Care Management staff on completion of Carers Assessment and identifying unmet need

Audit of Carers Service for Older People commenced – action plan in respect of recommendations will be completed

Audit of younger people with dementia completed

Audit of care management waiting lists ongoing

Audit of Carers Assessments (unmet need) to be completed

Audit of rehabilitation services to be completed

### 3.2. **Reporting of Untoward Incidents as per DHSSPS Interim Guidance 2004.**

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the currency of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy sets out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/054.

Staff from the Programme participate in the on-going training programme on the above policies, which have been developed in accordance with the Trust's Risk Management strategy.

Clear reporting mechanisms exist within the Programme and the Trust's Datix information system continues to provide detailed management information, which is used to develop action plans and incidents are reviewed at the Programme's Governance Group. The analysis of incidents provides direct linkages to the Programmes Risk Register.

From April 2004 to March 2005 the Programme reported 583 incidents. This was an increase of 60 incidents from the previous year. Untoward incidents in Residential services

accounted for the majority of incidents. The table below highlights the most common incidents reported:

- Fall on the same level/slip/trip  
176
- Fall from a height, bed or chair  
129
- Assault by patient/client by patient/client 71
- Assault on staff by patient/client 46
- Absconding 26

Of the 583 incidents 187 were reported to the Regulation and Improvement Authority, 3 reported to the Eastern Health & Social Services Board and 1 reported to the Mental Health Commission.

<b>ELDERLY INCIDENTS REPORTED TO RIU 1.4.04 – 31.3.05</b>		
ABSCON	Absconding	18
ABUSE	Alcohol, drug or solvent abuse	1
ALARM	False Fire Alarm	1
ASTPTP	Assault by patient/client on another patient/client	54
ASTSTP	Assault on staff by patient/client	36
ASTVIS	Assault on Visitor by patient/client	1
BREATH	Breathing Difficulties	1
CHABEH	Challenging behaviour	4
CHOK	Choking or swallowing difficulties	1
COMMFA	Communications failure	1
DEATHN	Death of patient (natural causes)	1
FALLHE	Fall from a height, bed or chair	12
FALLSA	Fall on the same level/slip/trip	31
MEDDOS	Medication dosage mistakes	2
MEDI	Medication errors	3
MEDLOS	Loss of medication	1
NEAR	Near Miss	1
PATHAN	Patient lifting and handling	1
RTA	Road traffic accident	1
SEIZUR	Seizure or epileptic	1
SELHAN	Self harm (hanging)	1
SELHAO	Self harm (other)	1
SEXUAL	Sexually inappropriate behaviour	2
STRST	Struck by a stationery object	2
SUICTH	Suicide threat	1
THEFT	Theft or attempted theft	1
UNEX	Unexplained injury	6
VERABU	Verbal abuse	1
<b>TOTAL</b>		<b>187</b>



As a result of the high level of falls reported, the Programme set up a multi-disciplinary Project Team to examine falls prevention within Residential Services. As a result a successful application was made to the Service Improvement Unit and a project was initiated.

Assaults on residents by other residents and by residents on staff were also high and the vast majority of these occurred in the Trust's two EMI Units. The Programme in conjunction with the two Consultant Psychiatrists of Old Age and the multi-disciplinary teams offered supports and advice with regard to the management and reduction of such incidents. The Consultants visit the Trust's EMI Homes on a weekly basis and undertake mental health reviews of individual residents. Many of the incidents reported are of a minor nature due to individual confused residents misinterpreting situations. However some of the incidents were more serious resulting in injuries to residents and staff. All of the incidents, regardless of the severity are reported to the Regulation and Improvement Authority.

- Another trend reflected in the nature of the untoward incidents and highlighted by the Regulation and Improvement Authority is the increase in older people with functional mental health problems admitted to residential homes. There were some serious incidents, including self-harm. As a result the Programme has had to respond to individual residents needs, from increasing staffing levels on a one to one ratio on occasions, to a programme of training on awareness of mental health needs. The increasing number of older people admitted to the Trust's residential homes with mental health needs has had an impact on other frail elderly residents. There is an increased demand for placement in residential care for older people with complex mental health needs and this has resulted in increased levels of untoward incidents.
- One particular untoward incident highlighted serious concerns with a vulnerable adult attending for day care in an EMI Residential Unit. Joint Protocols were initiated as a result. This incident resulted in a complaint and the Trust established an investigating panel and a major investigation was undertaken to examine procedures and protocols and action taken. As a result a report was prepared and the complaint was investigated. A root cause analysis exercise was undertaken and a list of recommendations was made with a detailed action plan to be put in place. A further training schedule commenced on staff awareness around reporting untoward incidents. This is to be continued throughout the Programme.

The Programme analyses on a monthly basis via its Governance Groups all untoward incidents and any ongoing worrying issues and trends are included in the Programmes Risk Register.

### 3.3. SOCIAL CARE GOVERNANCE

Considerable progress within the Programme has been made with regard to consolidation of the governance arrangements. The local Governance groups established within the Programme continue to report to the Programmes Governance Group and analyse trends of incidents etc. This considers all aspects of governance within the Programme from monitoring of untoward incidents, complaints, quality issues, audit and maintenance of the Risk Register and action plans. These groups are multi-disciplinary and all professions within social care are represented. In order to ensure ownership of the Risk Register a group is to be set up within the Programme to ensure all first line managers are involved in the monitoring, review and identification of risks, which should be included in the register. All first line managers received training on risk management and risk assessors were identified who can undertake training on risk awareness for all staff. The Trust has produced a training video, which is available to all staff within the Programme.

The most serious risks highlighted in the Programme's Risk Register are as follows:

- Risk of staff injury through manual handling
- Risk and safety and well being of staff using Trust transport
- Risk of harm to staff working alone
- Risk to staff/clients through absenteeism
- Risk of harm to clients through mal-administration of medicine
- Risks to clients/staff due to poor working environment
- Risk of harm to clients who have been assessed and are not receiving adequate services
- Risk of injury to clients through falls in residential care

The Programme has a process via its Governance Group to examine the Risk Register against key indicators. With regard to some of the areas listed on the register an exercise was completed to examine the rate of incidence against event based indicators and tasks that need to be completed to reduce the risks. The Service Improvement Project on falls prevention was as a direct result of risks indicated on the Programme's Risk Register. This process was also applied to risk of staff injury through manual handling. Event based indicators and tasks have been identified and the Programme continues to make

progress on attempting to reduce risks with identified action plans. All levels of staff in the Programme feed into this process.

### 3.4. FEEDBACK FROM SERVICE USERS

The Trust Board endorsed a User Involvement Strategy, which sets out a plan to enhance user involvement within the Trust and to give guidance and information about involvement issues, in February 2005. The Programme continues to promote and develop user and carer involvement and feedback in all aspects of service delivery and planning. User views are routinely sought and recorded in the delivery of all services.

The following are methods used to ensure user/carer involvement.

- Within Residential Services, residents participate in reviews and sign their care plan. Users are involved in the residential quality group, which has been developed to include their participation. Friends of Groups for the homes and day centres promote user views on services offered.
- Users continue to be involved in the review of their domiciliary packages and they have an opportunity to sign their care plans, which are left in their home.
- Users continue to be asked to sign their reviews with regard to service satisfaction for home help and domiciliary care managed packages.
- User and carer groups are surveyed with regard to satisfaction. Groups vary from education and support groups for carers to anxiety management groups for older people with anxiety related problem.
- The Department commenced an audit of carer's views within the Trust as part of its audit of Services for Carers of Older People. The Trust will carry out any recommendations as a result of this audit.
- The Trust received funding for an Advocacy scheme in partnership with Bryson House and the service commenced in October 2004 providing a service to two of the Trust's Residential Homes and the Independent sector nursing homes. This service will be audited with regard to possible expansion.
- The Programme receives feedback from its users via its funding of and support to approximately 70 voluntary groups

who provide a range of social care activities to older people. Users are very active in many of these groups and organise the committees, applications for grant aid etc.

- The Programme gives particular emphasis to the views of its users via comments from the Regulation and Improvement Authority. A large focus of the inspection process, which takes place, is to seek the view of users.
- The Programme of Care is represented on the EHSSB Domiciliary Accreditation Project Board/Team. Part of the process in monitoring the performance of the Trust's Domiciliary Care Providers is to seek feedback from users and carers.
- A new development in the Programme this year has been to begin the process of establishing a Consortium of key stakeholders involved in older people's issues. This was launched at the Programmes conference with VSB and will take into account the existing Senior Citizens Fora within North & West Belfast.

And the Programme will continue to use this forum to promote user feedback.

- The Trust issued its User Involvement Strategy in February 2005. The Programme via its Governance Group continues to ensure that it remains user focused and is developing action plans aimed at enhancing and increasing user involvement within the Programme to ensure that the Trust complies with its legislative obligation towards older people.

The Trust sees complaints management as an integral part of feedback from service users. They are important part of the clinical and social care governance and risk management structures and a system is in place for recording, reporting and monitoring of all complaints and enquiries about the services provided by the Programme. A policy is in place on the Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims which sets out the framework and operational arrangements to facilitate the in-depth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

During the period 1.4.04 – 31.3.05 the Programme received a total of 9 complaints. This continued the reduction from last year.

Complaints received related to:

3.10* Communication or information to patients	2
3.19* Patients property and expenses	1

3.22 * Professional Assessment	1
3.23* Staff attitude or behaviour	7
3.27* Treatment and care quality	2
3.28* Treatment and care quantity	16

(9 complainants in respect of 16 areas)

\* (Categories used by DHSS & PS)

The following were the complaints by outcome

ASSES	Further Assessment/Further Input	3
EXGRA	Ex-gratia Payment	1
NFA	No Further action required	3
POLICY	Review of Policy required	1
STAFF	Personnel Issue	1
TOTAL		9

All complaints were acknowledged within two working days. 88% of complaints received had a response time of 20 days and the average response time was 13 days. One complaint is still ongoing. This complaint resulted in a major review of policy, procedures and highlighted training issues for staff. The Chief Executive established a review panel comprising three Directors to review the complaint and associated issues of concern. The Programme carried out a detailed investigation and response to the complaint, which involved liaison with both the Eastern Board and the Department. A detailed action plan as a result was devised with a view to sharing this with the complainant. The family were kept regularly informed of the developments by the Director. The Programme regularly reviews its complaints received with a view to examining information on lessons to be learned from these complaints and implementing best practice. Actions and improvements continue to be put in place as a result of complaints. One of the outcomes of a complaint was that revised guidelines would be issued to staff on the management of review meetings at day care centres for older people with mental health problems.

All complaints continue to be monitored by the Chief Executives Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and for public viewing.

#### 4. EMERGING ISSUES AND TRENDS

The following are the significant emerging issues and trends identified by the Programme.

- Domiciliary Care – the waiting list for domiciliary care is continuing to grow with continued pressure on community services to meet this demand. Work has commenced with the establishment of a Steering Group to oversee the review of domiciliary care, which will focus on the modernisation of the existing Home Help service with a view to creating a more responsive and flexible service. Home Help staff will be offered a new contract of guaranteed hours and will be trained for care for elderly people with more complex needs. It is hoped this will reduce the pressure on the current care management domiciliary waiting lists.
- The emphasis on the development of future Supporting People schemes for the community continues to be a priority.
- All of the current providers of domiciliary care are working at full capacity. This market requires ongoing monitoring until the regulatory authority is fully established and processes in place for inspection.
- Intermediate Care – the Programme's Intermediate Care Schemes continue to progress and expand as resources become available. These schemes will be targeted at the acute sector discharge and support older people discharged from hospital offering alternative services in the community. Future developments in respect of the Community Rehabilitation Scheme will be to commence an external evaluation of the scheme. One of the anticipated trends with the success of these schemes is that fewer older people will require a care managed response and may return home with a reduced domiciliary care package.
- The Trust, in partnership with the Royal Group of Hospitals, The Mater Hospital, the local Health & Social Care Group and the Eastern Health & Social Services Board has, as part of the Local Health Economy, began to address the modernisation agenda by focussing on-
  - Avoiding hospital admissions
  - Ensuring quicker hospital throughput by facilitating earlier discharge.

Social Care staff have submitted a proposal for a Rehabilitation Service Network which has three main components –

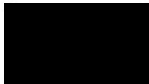

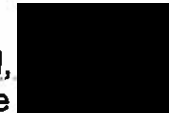

- a) A Consultant Geriatrician led service for 30 places mainly in a domiciliary care setting where a mix of rehabilitative services and domiciliary care would be provided.
- b) A transitional Step-Down facility within an Elderly Persons Home. This service would compliment the rehabilitation service as well as supporting people, discharged from hospital, who are waiting for domiciliary care packages to be arranged.
- c) Changes to the structure of the Trust's Intermediate Care Services with a view to coordinating and streamlining services on

a multi-disciplinary basis and by the appointment of an Intermediate Care Coordinator.

These proposals represent a significant challenge for Trust staff and if successfully implemented (and resourced) should provide a more seamless service for older people crossing the interface between primary and secondary care.

- The future of Statutory Residential Care has emerged as a major issue in the context of the overall market and the actual demand for this form of care. Several new independent sector developments in the Housing with Care and Supporting People field have impacted on statutory provision. Assessments of need for individual Trust homes will have to be commenced to determine future requirements. Early indications suggest there will need to be re-provision through a partnership model with an independent provider. The Programme will continue to seek opportunities under the Supporting People initiatives and other opportunities to develop intermediate care and respite schemes to reduce demands for domiciliary care packages.
- The trend in shortage of EMI nursing beds has continued and this has placed considerable pressure on domiciliary waiting lists and demand from carers for increased services to support older people with dementia in the community. This has been a particular trend especially in West Belfast with a large shortfall in availability of EMI nursing beds. Dependency levels within EMI Residential have also impacted on this. The Programme will continue to keep dependency levels within its EMI Residential Units under review in close consultation with the Consultant Psychiatrists of Old Age. While turnover in residential homes has increased with residents staying shorter periods before they need to move to nursing care, there has been a continuous trend in demand for residential beds for older people with functional mental illness and cognitive impairment. The necessity to balance the institutional market to ensure there are sufficient beds within the Trust area has become a priority, especially as 23% (203) of people are placed in homes outside the Trust's area.
- A continuing issue is the provision of community nursing supports to nursing homes providing care to those older people with complex nursing needs. This includes the provision of specialist equipment and specialist advice. Additional resources and staff capacity will be required to provide these supports.
- The Primary and Community infrastructure outline Business Case; Estates Review included Day Care Provision for Older Peoples Services. Developments will continue as provision of Day Care Services remains an essential element in maintaining and supporting people to remain at home, impacting on the demand for residential and nursing care. The trend is for day care to respond to


the increasing number of more dependent older people with complex needs including increased physical dependency, dementia and mental health needs. The Review of Day Care will continue to give priority to providing a service, which supports older people with complex needs and their carers. The developments will be targeted within specialist facilities to meet the day care needs of dementia sufferers and those older people requiring rehabilitative services to assist them remain at home.

- The introduction of the Care Standards and Regulation requirements in respect of Domiciliary, Day Care and Residential provision will be an ongoing issue to ensure these services meet the regulatory standards. 
- The continued development of the specialist mental health services for older people remains an ongoing issue with continued demands for early stage support services and development of a medical assessment unit to complement existing specialist domiciliary care service for dementia sufferers. This would require expansion to meet demands as the waiting list for this service continues to grow.
- The implementation of the Carers Strategy remains a priority. There has been an increase of carers availing of services such as alternative therapies, carer's breaks and respite. It is expected that the uptake of other carer's services will increase, especially the carers training. The Programme recognises the difficulties within the current socio economic environment of encouraging the uptake of Direct Payments for Older People. Positive steps to encourage uptake via a further staff training programme is expected to increase requests. The increased awareness of rights of carers for assessments is expected to significantly increase social work caseloads and the current carers budget may not be able to provide for services requested as demands increase. 
- The continued progress of the Health and Well Being Centres will have a significant impact on how services continue to be developed and delivered to older people. It is expected that there will be a continued drive towards better integration of the multi-disciplinary professionals, including social work delivering specialist services.
- Following the preparatory work to meet the requirements of social work staff to register with the Northern Ireland Social Care Council, the Programme will have to undertake a major drive with social care staff in readiness for the next requirements of staff to register. In conjunction with the introduction of the Skills and Knowledge Framework this will have a significant impact on the necessity to increase staffs' supervisory, training and development of skills in order to ensure these staff meet the expected standards of care in the delivery of quality services to older people. Ongoing training and support will also require to be provided to those social work   




staff who will have registered with regard to their continued professional and evidence based practice and requirements for re-registration.

- Following the success of the Programme partnerships with VSB to support and develop older persons groups, the progression of the development plans has become a priority. With the engagement of Belfast Healthy Cities (through an Investing for Health proposal) to assist in establishing a Healthy Ageing Consortium, which would further develop the work of the current partnership. This will have implications for encouraging key stakeholders in older peoples issues.

 The implementation of the Freedom of Information Act will increase significantly the requests for information. Resources will continue to have to be made available to respond to these requests and this will require further training for staff and demands on staffs' time to respond appropriately and within expected time frames.

- The progression of the Governance Agenda through the Programmes Governance Group to identify existing good practice, service improvements and improve the quality and safety of patient and staff care will require the necessity of ongoing training for staff on Risk Management. This will have significant implications for the Programme because of the large numbers of staff to be trained.
- A major development and trend within the Programme is to progress the Active Ageing Will Initiative in conjunction with the Government strategies on healthy ageing. The Programme will continue to work closely with Age Concern in its Active Ageing Well Initiative, to examine initiatives to improve the health and well being of the Trust's older population.

**OLDER PEOPLE'S SERVICES****Table 1 – General Service Provision**

Nos of people known to services	7605 (clients will have multiple services reflected in activity levels below)
Specify services and activity levels delivered to this population in 2004 / 2005.	<p>3509 Home Help Clients  682 Community Meals  61 in receipt of IDSS  254 Neighbourhood Warden Schemes  321 in receipt of Day Care Services (Statutory)  338 in receipt of Day Care Services (voluntary)  189 Residential (Statutory)  691 clients with Domiciliary Care Managed Packages  899 Nursing/Residential clients Care Managed  29 Preserved rights clients Care Managed  70 Self funding Care Managed clients (10 self funding in Statutory Homes)  <u>Intermediate Care Schemes</u>  ) 75 Early Discharge/Fractures Scheme  247 ) 150 Step up/Step Down  ) Community Rehab  315 in receipt of services from specialist Mental Health Teams for Older People</p>
Unmet Need	
1. Nos of people unable to access any service following assessment	<p>3 waiting Day Care Services  14 waiting for Specialist Domiciliary Dementia Scheme  8 waiting Dementia Sitting Service  12 waiting Night Sitting Service  29 waiting institutional placements (includes 20 waiting in nursing home choice) + 12 waiting EMI nursing care  25 waiting Care Managed Domiciliary Services</p>
2. Nos of people unable to access the indicated service level following assessment	<p>58 clients unable to access additional services Care Managed    16 Mental Health Teams waiting lists for first assessment</p>

**Table 2 – Accommodation/Respite**

	Private		Voluntary		Statutory		Total	
	Users	Nights	Users	Nights	Users	Nights	Users	Nights
Supported Living								
Nursing Home Placements	580	211,700	170	62,050	-	-	750	273,750
Residential Home Placements	72	26,280	77	28,105	182+7 assessment beds*	68,796	338	123,181

	Private		Voluntary		Statutory		Total	
	Users	Sessions	Users	Sessions	Users	Sessions	Users	Session
Respite	182 (Instit.)	2,555 days			148 users	255**		
Domiciliary								
Intensive Domiciliary					61	143,000 sessions per year (111,500 hours per year)		
Day Care Nursing/ Residential	Day Care (Instit.) 18 users	1,008 days			36 users	994 days (7,952 hours)		

\* Additional 30 people admitted to Bruce House Assessment Centre for assessment  
 \*\* Sessions counted in respite periods – not days

**Table 3 Mental Health (NI) Order 1986**

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	11
	Applications by relatives leading to admission for assessment	3
Article 18	Reception into Guardianship	1
	Renewal of Guardianship	2
	Discharge from Guardianship	1
	Guardianships in force	3
Article 73 (i)	Mental Health Review Tribunal Referrals	1
Article 107	Notification to office of Care and Protection	8

**Table 4 – Vulnerable Adults Policy**

	No. of referrals	31
	Details of outcomes as follows	
	No further action following assessment	16
	Investigations	
	- Social services	9
	- PSNI	3
	- Joint	3
	Confirmed abuse	
	- Physical	3
	- Sexual	3
	- Emotional	1
	- Financial	2
	Protection Plans	11
	Cases closed	7

**Staffing: Primary Care and Older People**

**Table 5.1:**

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1 (1.00)	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	2 (2.00)	2 (2.00)	0	0	2	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	3 (3.00)	3 (3.00)	0	0	3	
Care Managers	6 (6.00)	6 (6.00)	0	1	5 (2xNursing)	

**Table 5.2: Social Work**

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 10 (9.00)  Sen Pract 4 (3.50)  Sen SW 7 (7.00)	5 (5.00)	SW  Sen Pract
SW Qualification Profile	Qualified 21  Unqualified 0	Qualified 4  Unqualified 1	Qualified 0  Unqualified 0

Date of Qualification (years)	0-2 4	0-2 0	0-2 0
	2-5 1	2-5 0	2-5 0
	5+ 16	5+ 4 (1xNursing)	5+ 0
<b>Vacant Posts (W.T.E)</b>			

5 x Day Centre Managers (4 qualified + 5 years and 1 unqualified).

**Table 5.3: Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	6	22
PQ1 (Only PQ1 Completed)	5	11
PQ2-6 (Selection of Credits but not full award)	0	4
PQ Award (Full)	2	5
Registered Advanced Award	0	0
Advanced Award Credits	0	0
Advanced Award (Full)	0	0

Practice Teachers Award	0	3
Approved Social Worker (ASW)	1	5

**Please identify any recruitment and / or retention issues.**

While the previous years difficulties with recruitment of Social Work Assistants has been resolved there is a higher turnover now in Social Work Assistant staff leaving to complete further professional development

**Action or proposed action to address above.**

## **MENTAL HEALTH PROGRAMME OF CARE**

### **INTRODUCTION**

#### **1.0 BACKGROUND**

The Trust has been pursuing a strategy for the provision of an integrated, locally based mental health service in North and West Belfast. It aims to support people with mental health difficulties to live as independently as possible and without stigma in the community.

The Trust is also responsible on behalf of the EHSSB for the commissioning of medical consultancy, acute and continuing care hospital services mainly from the Mater Hospital Trust and South and East Belfast Health and Social Services Trust.

Statutory functions are discharged within the framework of a multidisciplinary community service. The Trust works closely with the Department of Psychiatry at the Mater Hospital and Knockbracken Healthcare Park in promoting continuity of care and seamlessness of service.

#### **1.1 ACTION PLAN 2003 - 2004**

##### **Better management of mental health crisis**

The Home Based Treatment Team with Emergency Response has been operational since June 2005. It provides a service between 9am and 9pm 7



days per week. These hours will be extended further as funding permits. Since operation the service has responded to 142 referrals and it is anticipated that the service will facilitate not only a reduction in hospital admissions but also earlier discharge of patients from inpatient units.

A single point of access and emergency clinics were established in July 2004 to provide improved response to mental health emergencies and to enhance support to primary care in their management of these cases. A review of the service was conducted in March 2005 and the service was evaluated highly by GP's and an appropriate use of in-patient beds was noted.

The Trust provides a 24-hour Approved Social Worker (ASW) service through an in-house 9am-5pm rota with all adult programmes participating and Emergency Duty Team (EDT) providing this service out of hours. EDT staff are employed by the Trust and supervision for this ASW role is provided by the Trust's Mental Health Programme.

### **Enhanced support for primary care and improved access to secondary community mental health services**

Community Mental Health Teams have been sub-divided into secondary/primary teams. Extended hours of operation have been implemented as part of the Home based Treatment service and will be extended to other areas of service as funding permits.

The Trust secured funding in June 2004 for Lenadoon Counselling Project and ICPD from the Health and Social Care Group to continue this service which was originally funded by BRO. An external evaluation of this service highlighted its value as a resource for primary care.

### **Support for Young Carers.**

A support service for young people who have caring responsibilities has been piloted since November 2004 with initial funding through BRO. The Trust is hopeful that successful evaluation of this first year will support a further two years of funding to establish this service.

### **Provide local services to support Victims/Survivors of Troubles related Trauma**

The Trauma Team became operational in January 2005 and it aims to improve the accessibility and quality of treatment for residents of North and West Belfast who have been affected by "troubles" related trauma. The team is currently accommodated in temporary accommodation at the 174 Trust but hope to move in the New Year to the Lower School, Everton Complex that is presently being renovated.

## **Support for individuals who may be suicidal**

A Task Group for the Prevention of Suicide and Self-Harm, chaired by the Director of Child and Mental Health Services has been established. The group is facilitated by the Health Action Zone and will be informed by five working groups that have been set up – Vulnerable Young People, Schools, Self Harm, Family Support and Communications.

ASIST training continues to be rolled out to staff from statutory, voluntary and community sectors. In year 2004-2005 approx. 300 individuals have participated in the training in North and West Belfast.

## **Effective support to individuals resistant to engagement with mental health services**

An Options Paper for Assertive Outreach Service has been produced and is being considered in the context of the Resettlement & Rehabilitation Strategy. It is planned to employ dedicated staff for such a service when funding permits.

## **Development of Resettlement & Rehabilitation Strategy**

A review of the mental health assessment & rehabilitation supported accommodation unit has been completed, resulting in a modified focus for this unit in relation to admission criteria, assessment and care planning encompassing a recovery model of care.

An assessment of need of all North and West Belfast patients in Knockbracken Healthcare Park with regard to their resettlement requirements has been completed in June 2005 and a report is currently being developed.

## **User and Carer Involvement**

Users and carers continue to be involved in all aspects of planning and service delivery in the mental health programme. A proposal is currently being prepared for the Trust Executive Management Board for enhanced user and carer involvement in the recruitment and selection process.

## **2.0 STATUTORY FRAMEWORK**

The Mental Health Programme discharges statutory functions in respect of a range of legislation:

- Mental Health (NI) Order 1986
- Health and Personal Social Services Orders (1976) and (1994)

- Registered Homes (NI) Order 1992
- Chronically Sick and Disabled Persons Order (1978)
- Disabled Persons Order (NI) 1989
- Sex Offenders Act 1997
- Housing Support Services (NI) Order 2003
- Carers & Direct Payments
- Children (NI) Order 1995

### **3.0 QUALITY ASSURANCE SECTION**

#### **3.1 Core Social Work Standards**

##### **3.1A An unbroken line of professional accountability should exist from social workers discharging statutory functions to the Director of Social Work on the Trust Board.**

A clear line of accountability extends from social work grade to Senior Social Worker, through the Operations Manager for Mental Health to the Director of Social Work.

##### **3.1B(1) The Trust should have a protocol for the screening and risk assessment of all referrals.**

The Programme's guidelines on referrals and mental health assessment process states that referrals received by the Community Mental Health Teams are screened daily and allocated according to urgency, GP alignment and appropriate discipline. Time scales for response are set according to the urgency of the referral as per Patient's Charter Standards

An initial assessment is completed on all referrals, and a comprehensive assessment is completed on those referrals assessed as appropriate for mental health intervention. Mental Health Risk Assessment Records are completed after consultation with the Team Leader. The risk assessment is countersigned by the Team Leader, a care plan agreed and recorded. Consideration is also given to the need for multi disciplinary review as appropriate.

Risk assessments are completed by ASW's in respect of all assessments for compulsory admission under the Mental Health (NI) Order 1986. The Operations Manager for Mental Health quality assures these assessments.

In order to comply with this standard the Programme has placed a particular emphasis on training staff in the use of risk assessments and risk management.

This policy is due for review in 2006.

**3.11B(II) Where a significant risk has been identified, that you are complying with the standards set out in the policy and procedures in the following documents concerning action, decision-making and recording:**

- **Co-operating to Safeguard Children 2003, The ACPC's Policies and Procedures 2005, Protocol for joint investigation by social workers and police officers of alleged and suspected cases of child abuse in N.I. Draft standards for the inspection of child protection services 2003:**

Mental Health staff have been made aware of these documents and the Trust has developed operational policies and procedures in relation to the managing of child care concerns by community mental health staff. These have been reviewed in 2005 to ensure staff take cognisance of the needs of all children within the family context and do not focus on the needs of the adults only or child protection concerns. Community professional staff, including all disciplines attend child protection training and will be expected to attend the Trust ACPC regional policies and procedures awareness training. Training has also been conducted for family and childcare social workers on mental health issues within the family and further multi disciplinary, inter-programme training on mental health and childcare is planned.

- **Standards for the Inspection of Mental Health Social Work- June 2004**  
The Trust completed an audit against the recommendations of the Inspection Report in August 2004 and repeated this exercise in March 2005, and complies with all 7 standards set.  
The Trust endorsed all the recommendations made by the Inspection and has cooperated fully with DHSSPS and EHSSB initiatives for inter-Trust working.

- **Quality Standards for Approved Social Work 2005:**  
An operational guide for Statutory Functions under the Mental Health Order is provided to all ASWs. This is updated annually. The Trust complies with the requirement for re-approval training and in addition, one-day refresher training is provided to all ASWs annually. Practice issues and operational matters, including those relating to issues of risk are discussed at the Trust ASW forum that meets 6 weekly.

- **Protocol for joint investigation of alleged and suspected cases of abuse of vulnerable adults 2003**  
The Programme complies with the Vulnerable Adults Policy. Staff from all disciplines attend vulnerable adults' awareness training. Three social workers have undertaken "Achieving Best Evidence" training and two social workers are currently trained as designated officers but it is hoped that all community team leaders whatever discipline will soon be trained in this role.

**3.1C The Trust is ensuring that Looked After Children regulations are adhered to in terms of care planning, monthly visits by social workers, reviews and recording:**

Not applicable to Mental Health Programme.

**3.1D The Trust should ensure that all social workers (including residential social workers) have at least monthly professional supervision sessions, which are formal and recorded.**

Formal supervision and consultation arrangements are obligatory for all staff. Social workers receive supervision from the Mental Health Team Leaders at least every 6 weeks. Professional supervision is provided by the Senior Social Worker at least quarterly or more often if required. From the experience of the programme, this is a realistic time frame for supervision within a multi-disciplinary context. In addition, social workers attend a bi-monthly social work forum. There is in place a system for random audit of case files to be conducted on a multi-disciplinary basis

**3.1E Trusts have in place risk assessment and risk management protocols in the area of statutory functions:**

Risk assessment and risk management protocols, based on the Brearley Model, are in place. These are reviewed on a regular basis and have been recently streamlined to avoid duplicating areas of recording.

**3.1F Trusts have in place systems to identify and record unmet need in relation to statutory functions.**

The Trust complies with the current reporting mechanisms required by the Trust and the Board on recording unmet need. The Mental Health Programme has recently developed a universal care plan for all its services and it includes a section for the recording of unmet need and how these are being managed in the interim. Staff have received training on careplans and carers' assessments and the importance of recording unmet need. It is planned that a specific tool for recording unmet need for planning purposes, both within the hospital and the community will be piloted in the Autumn. Training on applying this tool will be part of the implementation process.

**3.2 Reporting of Untoward Incidents as per DHSSPS Interim Guidance 2004**

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the currency of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy set out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/054.

A comprehensive and on-going training programme on the above policies has been developed in accordance with the Trust's Risk Management strategy.

The last year has seen an increased emphasis placed on the importance of incident reporting as a critical element in the Risk Management / Governance

process and also as an evidence base and catalyst for service improvement and change.

All local Governance Groups have established incident review sub-groups which analyse trends of incidents and provide direct linkages to the Directorate/Service area risk registers.

A Cross Directorate Incident Review Group has been established with a remit to review existing policy and procedures, establish incident trigger lists, clarify Directorate roles and responsibilities and improve communications up and down the organisation with regard to incidents.

In March 2005 the Trust embarked on a pilot project to electronically report incidents in an attempt to increase reporting and improve the quality of information.

During the year a total of 65 adverse events/incidents and near misses were reported within the Mental Health Programme of Care. The table below highlights the location/type of incidents reported:

Service

	Accidents	Health & Safety	Professional	Near miss	Security	other
CMHT	2	0	5	1	3	1
Day Care	2	0	2	0	3	2
Supported Housing	2	1	35	1	1	0
Other	1	0	1	0	2	0
<b>Total</b>	<b>7</b>	<b>1</b>	<b>43</b>	<b>2</b>	<b>9</b>	<b>3</b>

**Of these 65 incidents 20 were reported to the Mental Health Commission, breakdown as follows:-**

Alcohol, drug or solvent abuse	2
Allegations	1
Assault on patient/client by others	1
Death of patient	2
Near miss	1
Self harm minor (cut/bruise)	2
Self harm (hanging)	1
Self harm other	9
Verbal abuse	1
Total	20

## Feedback from Service Users

The Trust sees complaints management as an integral part of our clinical and social care governance and risk management structures and has in place a system for recording, reporting and monitoring of all complaints and enquiries about the services it provides.

The Trust policy for Reporting Complaints will be reviewed on receipt of the outcome of the Regional Review of HPSS Complaints Procedures by the DHSSPS.

In addition, the Trust endorsed a Policy on the Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims in March 2005 which sets out the framework and operational arrangements to facilitate the indepth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

A comprehensive and on-going training programme on this policy has been developed in accordance with the Trust's Risk Management strategy. Complaints Awareness is an integral part of the Trust's Induction Programme and Customer Care Strategy.

In 2004/5 there were 3 complaints regarding the Mental Health Programme. This is a reduction of 3 (50%) from the previous year.

The table below highlights the type of issues raised in complaints received;

communication/ information	1
confidentiality	1
Professional Assessment	1
Staff attitude/ behaviour	1
Other	1
<b>Total</b>	<b>5</b>

The average response time for handling complaints within the programme was within timescales.

The outcome of complaints received within the Programme are as follows:

Further assessment /input	1
NFA required	1
Review of policy	1
<b>Total</b>	<b>3</b>



All complaints continue to be monitored by the Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and internet site for public viewing.

### **3.2 Social Care Governance**

The Mental Health Programme risk register highlights the following risks as the most serious in relation to statutory functions:

- Risk of failure to identify individuals at risk due to suicidal and self-harm behaviour
- Risk of harm to individuals due to failure to provide services appropriate to their needs
- Risk of providing ineffective services due to failure to recognise the impact of the troubles upon users and staff.
- Risk of harm/poor practice due to failure to learn lessons
- Patient at risk of harm due to being unwilling to access services as a result of stigma
- Risk of ineffective services and potential harm to clients due to inability to recruit suitable levels of staffing.

A clinical and social care governance sub-group for monitoring the risk register is currently reviewing the risks to also incorporate those related to Mater Hospital In-Patient services.

### **3.4 Feedback from Service Users**

A User Involvement Strategy, which sets out a plan to enhance service user involvement within the Trust and to give guidance and information about involvement issues was endorsed by the Trust Board in February 2005.

The Mental Health Programme of Care have worked closely with the Clinical and Social Care Governance Co-ordinator and Community Development Unit with regard to the development of models of user and carer involvement in service planning and delivery.

The Trust continues to support the development of a user- led group, LAMP (life after mental health problems) and a carers group. New Way advocates provides an advocacy service to users in contact with both hospital and community services. The importance of their role has been further enhanced through the development of a joint protocol and issuing all advocates with Trust photographic ID. The carer advocacy service continues to grow and develop, providing education, information and support to carers.

Representatives from LAMP and the carers group actively participate on all aspects of planning and service delivery within the Mental Health Service.

## 4.0 Emerging Trends or Issues

### Direct Payments

There have been no applications/requests for Direct Payments in mental health services, However the Programme recognises that this service model requires promotion within the Programme. To this end the Operations Manager and Coordinator for Care Management & Resettlement are fully involved in a Trust wide working group which will take this forward. Systems and processes are being rationalised in preparation for an intensive training schedule to be delivered to staff at 'awareness' and 'assessment' levels throughout the Trust within the next year.

### Role of Appropriate Adult (PACE Legislation)

In 2004/05 there were 10 referrals to CMHTs to act as an 'appropriate adult' under PACE. These cases involved approximately 40 hours. This is proving to be an increasing demand on CMHT resources. The Trust would be keen to participate in any Board initiative which would review this activity and plan a way forward.

### Future user/carer involvement

In the last 10 years mental health services have encouraged and supported user/carer involvement in all aspects of service development and delivery and the Trusts achievements in this area have been endorsed by our user/carer partners eg LAMP, New Way Advocates, Praxis and CAUSE. User/carer involvement and advocacy is also fully endorsed by EHSSB Mental Health Strategy (June 2004) and the Bamford Review (June 2005).

However, the Trust's success has emphasised the intrinsic part our users/carers will play in shaping and informing our future model of service. To this end the Programme is conducting a consultation process to inform what further developments are required to ensure enhancement of their capacity to enable them to participate fully in future strategic development.

### Young Carers Project

This purpose of this project is to raise awareness of needs of young carers, and provide practical help, support and information to those young people who have caring responsibilities for people with mental health problems. The original proposal to BRO involved 3 year funding, however the project was allocated funding for 1 year with subsequent funding for years 2 & 3 depending on positive evaluation of year 1. The project has been operational since November 2004, therefore year 1 will be completed in November 2005. The Trust is completing the evaluation of year 1 and is hopeful that funding for years 2 & 3 will be secured.

**Trauma Resource Centre**

The Trust received 3 year BRO funding to develop a Trauma Resource Centre in North and West Belfast. A multidisciplinary team consisting of a Psychologist, 3 Therapists, Physiotherapist, Occupational Therapist, Manager and 2 Administrative staff has been established and commenced work in May 2005.

The aim of the project is to improve the accessibility and quality of treatment for those individuals, children and families resident in North and West Belfast who have been affected by Troubles-related trauma. The project also seeks to support and co-ordinate the activities of statutory, voluntary and community partners providing services to people affected by the conflict.

The Trauma Resource Centre provides services for adults but has good links with the Family Trauma Centre who hold a weekly outreach clinic in North and West Belfast.

From May to August the team received 178 referrals from GP's (94), Primary Care teams (47) Psychiatry (33) and self referrals (4).

The team is using the CORE method of evaluation and have submitted proposals to undertake research on the work of the centre.

The Trauma Resource Centre is being launched in November 2005. The team will be moving to Everton Complex in January 2006 when building work is completed on the site.

**Rehabilitation/Resettlement of Patients at Knockbracken Healthcare Park**

For many years government policy has emphasised the need to resettle patients from psychiatric hospitals to community environments. There is also a small group of patients whose illness is of such severity that they pose a higher degree of risk to themselves or others. There is a need to determine how the needs of these patients can be most appropriately managed. The Trust has undertaken an assessment of need of all North and West Belfast patients in Knockbracken Healthcare Park. In partnership with the Mater Hospital Trust, the Trust is reviewing resources needed both for those requiring hospital care and those patients suitable for resettlement. It is clear that there are a number of patients who could be resettled now if community resources were available to meet their needs. It will require significant investment in community resources to enable this to happen.

**Early Intervention Team (EIT)**

In the period April 04 - March 05 EIT received 16 new referrals. Total caseload on the 31st March was 48 and during 2004/05 7 clients aged 17yrs of age were represented on the caseload.

The number of clients referred to the EIT at age 17yrs is increasing and is indicative of the incidence of psychotic illness within adolescence. It is

anticipated that the demand for this service will increase as practitioners improve their skills in recognizing first episode of psychotic illness and therefore will identify increasing numbers of young people suffering from this condition. Therefore the range of services available will need to increase to meet the diverse needs of this client group. Future development of the EIT service should include medical and psychology input, to further enhance the work of the team.

### **Interface between Mental Health and Children Services**

Although there has always been a good working relationship between the mental health and family and childcare programme of care, the Trust is keen to integrate our approach to families where one of the parents may have a significant mental health problem. Training has been provided to Family and Childcare social work staff on "mental illness and the impact on the family" and further joint training with mental health staff is planned. The Trust has developed joint policies to ensure that the holistic needs of the entire family are considered.

### **CAMHS Services**

The Trust has participated fully in ongoing discussions with the EHSSB and the other hospital and community Trusts in the development of a coherent CAMHS Strategy through the auspices of the Greater Belfast CAMHS Group and related activities.

The Trust has shared its draft proposals for a local Tier 2 Service Model with the EHSSB. The Trust has consistently addressed its concerns with the EHSSB and the Department with regard to the accessibility of specialist CAMHS services.

The Trust intends to progress the refinement of its draft Tier 2 Service Model and to further engage with key stakeholders, including its local community with regard to the elements of same.

Pivotal to this process will be the securing of a resource base to meet the interim commitments to staff training essential to the recruitment and retention of a skilled staff base and a resolution of secure funding structure within which the Trust can plan for evolutionary and sustainable service development.

Key themes informing the Trust's draft model are:-

- A central referrals point.
- Supports for Tier 1 staff within a targeted training framework.
- Management of interfaces across the respective Tiers and adult services.
- Development of mechanisms to engage users; parents / carers and the local community in service planning and developments.

The Trust has established an Embryonic Therapeutic Support Service to provide dedicated initial assessment and ongoing consultation supports to the Trust's residential units.

The Trust has pursued opportunities to secure specialist CAMHS training for two nursing staff as part of its longer-term strategy to secure its CAMHS skills base.

### **Community Well-Being Mental Health Manager Post**

A new appointment was made in August 2004. The mental health promotion manager is an ASIST trainer and works with the community trainers to deliver the ASIST workshops. The mental health promotion manager chairs the Change of Mind mental health promotion group who undertake the responsibility for the effective use of mental health promotion money from the EHSSB. She also co ordinates a range of mental health promotion requests for attendance at health fairs, schools etc including disability groups, travellers and ethnic minorities.

### **Expert Patient Programme**

Funding was secured through BRO for the development of an expert patient programme for those living with long-term anxiety. This programme, which will be delivered by trained volunteer tutors, has been widely used in England and Scotland. The programme consists of 6 sessions delivered over a six-week period focusing on self-management and lifestyle changes.

### **Suicide Task Group**

12<sup>th</sup> April 2005 was the first meeting of the Suicide Task Group. 5 working groups were developed from this and each group report back regularly to the task group on emerging ideas and issues. The five working groups are

1. Vulnerable Young People
2. Schools
3. Supporting families bereaved through suicide
4. Self harm
5. Communications

All groups have identified the need for a mapping exercise, which will demonstrate the number of groups and services available working in the area of mental health as well as identifying gaps and funding issues.

The task group will develop a report which will be presented at the Regional Taskforce and hopefully will influence the development of a regional strategy.

### **Partnership with the Community**

The enthusiasm of the community and voluntary sector in promoting good mental health in their areas requires focus and transparency. The Change of Mind mental health promotion group is engaged in developing proposals around the mental health promotion monies involving participation from a wide range of organisations. The proposals need to be within the context of the Investing for Health Strategy and the Promoting Mental Health Strategy and Action Plan.

Short term funding of many groups is a repetitive stress for them and the challenge is to generate an environment, which allows good practice to be supported, and includes evaluation and feedback systems.

The Trust is in discussion with the community representatives on how we might support and strengthen community resources and programmes, which reflect local need. The development of neighbourhood response teams to provide a 24hour first response service for those at risk of suicide or those who have been bereaved which is supported by a direct link to mental health services, is one such proposal.

#### Self Harm Service Improvement Project

This project aims to develop services following discharge, for those who self harm who have attended A&E in the Mater Hospital. It is a one year project but it is hoped that the lessons learnt can be incorporated into mainstream services.

#### **Developing services for clients with Korsacovs**

In conducting the review of continuing care population the needs of those suffering from Korsacovs syndrome was highlighted as a priority. This client group is represented on caseloads in all adult programmes of care. An audit was also conducted between mental health and physical health & disability care management caseloads, which evidenced that a total 38 people (7 in continuing care) were being provided with intensive packages of care in the community. This area of service development has been highlighted as a priority for 2005/06. A Trust-wide working group will be established to further investigate the future needs of this client group.

DISABLED CHILDREN

Table 1 – General Service Provision

Nos of children known to services	The Mental Health Programme is an adult service but there are 7 (age 17) known to Early Intervention Team.
Specify services and activity levels delivered to this population in 2004 / 2005.	
Unmet Need	
1. Nos of children unable to access any service following assessment  2. Nos of children unable to access the indicated service level following assessment	

DISABLED CHILDREN

Domiciliary Provision

Name of Service	No of Children/Young People	Sessions per Year

Table 2 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to	11 (5)

	admission for assessment	assessments for 1 individual)
	Applications by relatives leading to admission for assessment	Not known
Article 18	Reception into Guardianship	0
	Renewal of Guardianship	0
	Discharge from Guardianship	0
	No. of Guardianships in force	0
Article 73 (i)	Mental Health Review Tribunal Referrals	

Table 3 – Disabled Persons (NI) Act 1989

		Numbers in Year
Section 4	Assessment and Care Planning	
Section 8	Taking into account ability of carers	

DISABLED CHILDREN

Table 4 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	
Payments made	

Table 5 – Disabled Children placed in Adult Services

	Numbers in Year
Hospital	6 (2 -15 year old and 4-17 year old) In addition a baby under 1year old accompanied her mother twice during admission.
Residential care	
Nursing Care	
Respite	
Day Services	



MENTAL HEALTH SERVICES (ADULTS)Table 1 – General Service Provision

Nos of people known to services	1445 = CMHT caseload No., of referrals = 1830
Specify services and activity levels delivered to this population in 2004 / 2005.	<p><b>Day Care</b> 16226 attendances = 80% outturn for year 2004/05 Total number of clients on register = 148</p> <p><b>Supported Housing</b> 603 Antrim Road – 2782 occupied bed days =85% outturn Other units; Trust provided = 14 places Vol.,sector = 36 places</p> <p>(details provided below)</p> <p><b>CMHT SW Caseload</b> 31/3/04=361</p> <p><b>Early Interventions Team</b> Number of referrals = 16 Under 17 years = 7 Caseload at 31/3/05 = 48</p> <p><b>CBT Service</b> Caseload = 72</p> <p><b>Addiction Services</b> Face to face = 2927 Number of referrals = 1012 Clinic Sessions = 513</p>
Unmet Need	
<p>1. Nos of people unable to access any service following assessment</p> <p>2. Nos of people unable to access the indicated service level following assessment</p>	<p>CBT Waiting List = 87 ( the Trust is presently recruiting a CBT therapist for 6 months to address the waiting list).</p> <p>Addiction waiting list = 65</p>

**Table 2 – Accommodation/Respite**

	private		voluntary		statutory		total	
	users	nights	users	nights	users	nights	users	nights
Supported living	0	0	39	14600	19	2292	49	16892
Nursing home placements	6	2190	1	365	0	0	7	2555
Residential home placements	2	730	11	4015	0	0	13	4745

**Table 2 –Includes 6 individuals with former preserved rights**

	users	session	users	session	users	session	users	session
Respite	0	0	0	0	0	0	0	0
Domiciliary	20	7436 hours						

The above information on domiciliary care is recorded as total hours delivered to the stated number of clients.

**SUPPORTED LIVING**

There have been a number of developments in recent years in the field of mental health supported living. This is an area of service which has been of considerable benefit to service users as it has offered them greater independence, choice and flexibility with regard to housing options. It has increased the opportunity for continuity of care for service users as they can move through the range of options depending on their assessed needs and abilities. This continues to be an area of service development and it is hoped that as opportunities arise further schemes will be developed. The Mental Health Programme has in partnership with Oaklee and Clanmill Housing Associations set up three developments, two shared houses and one-supported flats. A number of the voluntary mental health organisations have also undertaken such partnership developments; please find details as follows;

**STATUTORY DEVELOPMENTS**

Parkville Court 6 flats in partnership with Oaklee Housing Association (H/A)

13 Hughenden Avenue 5 bed shared house in partnership with Clanmill H/A

1 Evelyn Gardens 3 bed shared house in partnership with Oaklee H/A

The support is offered to each service user according to their assessed needs, this is funded by the Northern Ireland Housing Executive through Supporting People.

#### VOLUNTARY DEVELOPMENTS

Threshold - Clearwater Flats 6 flats in partnership with Oaklee H/A

Rethink – Skegoneill Avenue 5 bed shared house

N.I.A.M.H – Rock Cottage 2 bed in partnership with Oaklee H/A

Daisy Hill Court 4 flats in partnership with Oaklee H/A

Conway Walk 2 - 2 bed flats in partnership with Habinteg

Praxis – Upper Suffolk 12 flats in partnership with Open Door H/A

Falls Road 3 Flats in partnership with Open Door H/A

The support is offered to each service user according to their assessed needs, this is funded by the Northern Ireland Housing Executive through Supporting People.

In 2003 a number of residential units deregistered to become supported living environments, the funding arrangements for these schemes became the responsibility of the Housing Executive and the Trust, with the care being funded by the trust and the domiciliary needs being funded by the Housing Executive. These providers became registered domiciliary providers with the Trust, this applied to the following units;

Statutory – 603 Antrim Road

Threshold – Clearwater House, Dunbarton House and Glencarn House

N.I.A.M.H – Alitigaron Court

Rethink – Fortwilliam Haven

#### ADULTS

Table 3 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	129 (this figure represents assessments by all Trust ASW's including Assessments for N&WB completed by the EDT)
	Applications by relatives leading to admission for assessment	15
Article 18	Reception into Guardianship	0
	Renewal of Guardianship	0

	Discharge from Guardianship	0
	No. of Guardianships in force	0
Article 73 (i)	Mental Health Review Tribunal Referrals	2
Article 107	Notification to Office of Care and Protection	0

Table 4 – ASW Standards (Revised 2004)

standards 1-6	Details of compliance to be supplied
1.1	The Trust continues to develop an ASW database, which will be update annually. This includes the information required for comprehensive workforce planning.
1.2	Arrangements are in place through the Training Department to facilitate social workers from mental health services for adults and younger people, learning disabililty and psychiatry of old age to attain the ASW status. At present there are no social workers from family and childcare ASW trained. This issue continues to be discussed with that programme of care.
1.3	The Trust is endeavouring to ensure that, normally, all social workers have ASW status on appointment or within three years.
1.4	Systems are in place for consultation, referral between programmes and joint working to ensure that the needs of service users who have mental disorders are met.
1.5	Through the daytime ASW rota and the EDT team after hours, the Trust has adequate arrangements to provide 24 hour cover.
2.1 – 2.9	The Trust complies with its responsibilities within this standards as selection for ASW training is organised through the training unit and support and supervision for candidates is provided by senior practitioners and SSW who are ASW trained. Senior practitioners also act as practice assessors and candidates attend the Trust ASW forum to discuss cases and review practice issues. Funding is provided via the ASW training budget to provide easement in candidates workload
3.1	Newly qualified ASW 's are supervised by the senior social worker. They are shadowed by an experienced ASW for at lease two assessments and are required to evidence the requirement for 2 assessments per year for re-approval.
4.1 and 4.2	Re-approval training is organised through the EHSSB re-approval group. The Trust monitors this to ensure that all ASW's are re-approved every 3 years. In addition, the Trust provides 1 day annual training for all ASWs which concentrates on core aspects of ASW practice, training needs and current theory and research

4.3	The Trust complies with this standard and systems are in place to ensure effective monitoring
4.4	The Trust maintains an ASW register that is updated annually and forwarded to the Mental Health Commission
5.1	The Trust complies with this standard. Supervision and support to ASW's is provided through formal professional supervision within each programme of care and via ASW Forum. The Trust also provides group supervision to the EDT on monthly basis.
5.2	ASW leaflet is currently being re-drafted. Leaflet 'Information on Your Rights' was devised in partnership with users and has been in circulation this year. The Trust is currently working with carer groups to devise a similar leaflet for carers.
5.3 and 5.4	The Trust adheres to these timescales.
5.5	An operational guide for the discharge of statutory functions under the Mental Health Order is provided to all ASW's. This is reviewed annually.
5.6 and 5.7	ASW Risk Assessments are forwarded to RMO and relevant teams within 5 working days of the assessment. The Trust has in place a protocol with the Mater Trust to ensure speedy referral of SCRs to be completed within timescales. This will be reviewed in 2005/06
5.8	ASW Risk Assessments are monitored by the Operational Manager for Mental Health, and SCR's are audited randomly by SSW and team managers.
5.9	The Trust commissions a Language Interpreting Service, and interpreters for the deaf are available on request.
5.10	This is achieved through the annual monitoring, and recording, of risk assessment reports and supervision with the senior social worker.
5.11	An ASW forum meets bi-monthly, attendance is recorded and monitored.

5.12	In addition to re-approval training on a 3 yearly basis, the Trust also provides an annual 1 day training for all ASWs at which current practice issues are discussed and research/good practice examples are shared. The Trust will continue to further promote the continued professional development of ASW's.
5.13	The Trust currently reports ASW activity and supervision arrangements to EHSSB, as part of the annual Statutory Functions Report.
6.1	LAMP and carers group are involved in the planning and delivery of all services. They provide feedback on ASW services through The Mental Health Focus group, when advocating on behalf of clients and at operational and strategic management meetings.
6.2	LAMP in partnership with the programme drafted the ASW Information Leaflet and 'Information on Your Rights' leaflet for patients. Carers are currently involved with the Trust in devising a similar leaflet. However other forms of communication media need to be considered.

Table 5 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	0
Payments made	

Table 6 – Vulnerable Adults Policy

	No. of referrals	3
	Details of outcomes as follows	
	No further action following assessment	0
	Investigations	
	– Social services	2
	– PSNI	0
	– Joint	1
	Confirmed abuse	
	– Physical	1
	– Sexual	

	- Emotional - Financial	
	Protection Plans	3
	Cases closed	3

**Staffing: Mental Health Services**

Table 4.1:

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	1 (1.00)	1 (1.00)	0	0	1	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	3 (3.00)	3 (3.00)	0	0	3	
Care Managers	0	0	0	0	0	

Table 4.2: Social Work

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 8 (7.50)  Sen Pract 3 (3.00)  Sen SW 1 (1.00)	0 (0.00)	SW  0 (0.00)  Sen Pract 0 (0.00)
SW Qualification Profile	Qualified 12  Unqualified	Qualified 0  Unqualified	Qualified 0  Unqualified





	0	0	0
Date of Qualification (years)	0-2 1	0-2 0	0-2 0
	2-5 4	2-5 0	2-5 0
	5+ 7	5+ 0	5+ 0
Vacant Posts (W.T.E)		Residential Unit managers post was vacant in March 2005 but has recently been filled.	

1 x Day Care Centre Manager (+5 years qualified)  
(Social Work trained)

**Table 4.3 Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	3	20
PQ1 (Only PQ1 Completed)	2	13 ✓
PQ2-6 (Selection of Credits but not full award)	3	5
PQ Award (Full)	0	6
Registered Advanced Award	0	1
Advanced Award Credits	0	0
Advanced Award (Full)	0	0

Practice Teachers Award	1	7
Approved Social Worker (ASW)	3	7

**Please identify any recruitment and / or retention issues.**

There have been some difficulties in the past recruiting SWs with post qualifying experience, however that has eased.  
 In December 2004 ASWs involved in daily rota achieved Senior Practitioner grade, within a job description which enhanced their role and responsibilities. Currently the mental health programme has 3 senior practitioner grades.

**Action or proposed action to address above.**

Mental Health programme is in discussion with Training dept to plan ahead for the management of new social work graduates due to qualify in 2007. The programme will develop innovative ways to ensure that new recruits are assured their protective year in practice while fully contributing to the work of the programme and benefiting fully from their experience

**STATUTORY FUNCTIONS REPORT 2004/05**  
**LEARNING DISABILITY PROGRAMME**

**1. INTRODUCTION**

The programme continues to provide a range of social care services to adults and children with a learning disability against a backdrop of continuing economic and environmental need.

The follow issues were highlighted in the 2003/04 Report.

**1.1 Services for people who have offending histories, or those who are at risk of offending.**

The Trust highlighted this as a general concern and in relation to a number of individual patients in Muckamore.

With regard to the above issue we have continued to make representation to both the Board and Department about patients in the existing forensic ward in Muckamore whose treatment is complete but cannot be discharged due to the lack of appropriate community provision. A continuation of this situation will have a serious impact upon the operation of the new Forensic Service, which is due to open in 2006.

The Trust is working with the Probation Service to introduce the Home Office Adapted Sex Offenders Programme. This will cover people in the community and in Hospital.

- 1.2 The Trust highlighted the implication of decisions of Mental Health Review Tribunal to Board and Department in respect of patients with complex needs and offending histories. With regard to the proposal for a supported living package for those Forensic patients from North & West Belfast in Muckamore Abbey Hospital whose period of treatment has finished, the EHSSB has indicated that funding is not available and asked the Trust to submit a proposal for only one such patient. We have been working with a number of housing and care providers, exploring options and have submitted an outline proposal to the Board.

- 1.3 The Trust produced an action plan in response to the SSI Report on the inspection of services of children with a disability.

The Trust has been working on the implementation of this action plan.

- 1.4 The 2003/04 report noted that the Trust was developing a business case to plan the re-provision of childrens' assessment and treatment services off site from Muckamore Abbey Hospital.

The work was submitted to the Department in December 2004. The Department, EHSSB and North & West Belfast Health & Social Services Trust has raised a number of queries, which are being responded to.

The revised business case will be submitted to the Department by November 2005.

- 1.5 Young people with a learning disability leaving care

The Trust drew attention to the relatively small but significant numbers of young people with a learning disability coming from the looked after/ care system. We highlighted the need for joint planning with the Family and Child Care Programme and housing providers.

We welcome the introduction of the Children (Leaving Care) Regulation Northern Ireland 2005 which places a statutory responsibility upon Trusts in this area of work. We note that attention is drawn to the particular needs of young people with disability leaving care.

The Trust has examples of support plans which respond to specific requirements of individuals. For example, the development of a supported living service for two young women in conjunction with an existing Trust residential service in co-operation with the Northern Ireland Housing Executive's scheme. A direct payment for a young man in co-operation with his ex-foster-carers provides another

example. These packages are almost invariably complex and high cost.

This matter will be referred to again in Section 4.

#### 1.6 Move from residential care to supported living

It is important to highlight the development of supported living which resulted in former Trust statutory residential facilities now being beyond the scope of Health & Personal Social Services Regulation & Improvement Authority (with the exception of respite service).

In partial response to this the Trust has contracted with Bryson House to provide an independent advocacy service. This service continues and now is accessible to all service users including North & West patients in Muckamore Abbey Hospital.

## 1.7 Therapeutic Services

The programme outlined its plans to develop specialist therapy services. The service comprises a multi-disciplinary team, led by a Consultant Psychologist, a Psychotherapist, a Social Worker and a Speech & Language Therapist.

Unfortunately we have so far been unable to recruit a Psychotherapist further recruitment is planned for November 2005. Despite this, the Team became operational during 2004/05. The service has been working with individuals and with small groups. Areas of work include past abuse, assertiveness and bullying and consist of individual counselling and ongoing group activity.

## 1.8 Vulnerable Adults Policy

In 2003/04 the Programme drew attention to its requirements under the Vulnerable Adults Policy, in particular the Joint Protocol and Achieving Best Evidence. We continue to work to these procedures. Difficulties continue with the PSNI who tend to prioritise work with Children. This continues to be raised through the Police/Social Services Vulnerable Adults Liaison Forum. The Trust will continue to highlight the difficulties that delays or uncertainty about procedures for people with a Learning Disability.

## 1.9 Carers Strategy

The Trust's Carers Strategy remains an operational priority for the Programme and 04/05 saw the payment of twenty-one Carers' Grants for purposes as varied as paying for driving lessons for carers, short breaks, purchase of items to improve comfort for back pain sufferers and alternative therapies. Thirty-two Carers also availed of alternative therapies through this scheme. The grants are an extremely proactive and welcome development. Two "Time for Me" days were organised for carers in the Programme and were very well received. The Trust's Carers Co-ordinator liaises regularly with the Operations Manager who hold the carers' budget. Social Workers continue to make carers aware of the strategy and right to assessment.

## 1.10 Partnerships

The Programme continues to develop partnerships with local voluntary organisations who support users and carers, notably Upper Springfield Development Trust.

### 1.11 Direct Payments

The Programme has 3 current and 1 suspended (iro hospital patient) direct payments. Staff report reluctance on the part of some carers to apply because of administrative expectations, however we have 19 requests for payments which are currently being assessed. A Cross Programme Working Group to develop policies and procedures is attempting to provide guidelines for staff. Direct Payments, whilst potentially providing carers and users with the opportunity to creatively plan their own packages of care, can be administratively burdensome. The impact on existing services of high numbers of direct payments is being monitored.

### 1.12 User and Carer Involvement

We continue to place high value on user and carer involvement in service planning. This is evidenced by :-

- Day Care Users Forum.
- User and Carer involvement in the development of a strategy for Day Services.
- Autism Advisory Group for carers of Children with Autistic Spectrum Disorder.

### 1.13 Unmet Need

A proforma has been developed to collate levels of unmet need with other monthly statistics (e.g. "waiting" for day care, a direct payment, carer assessment etc.). The Programme plans to address issues through Clinical & Social Care Governance Group and senior management as appropriate.

### 1.14 Registration

✓ In the past year a considerable amount of work was undertaken by Social Work Leads Forum to ensure the registration of the first tranche of social care staff (those in a designated Social Work post). In all but one (long term sick leave) case the registration deadline was met. Four staff have signified that they wish to retain their registration with "NMC" and have provided documentary evidence of the same.

### 1.15 Day Services Review

A review of Day Services is ongoing and the Programme has seconded a Manager to facilitate the development of a strategy and consultation with users/carers. We intend to continue to improve on our existing high standards in day services, but in a way which reflects the needs and demands of our users and the recommendations outlined in Equal Lives.

### 1.16 Specialist Childrens Unit

The Programme is delighted to have overseen the development and operationalisation of a specialist childrens unit at Willow Lodge. Three children live there, one permanent and two on a shared care basis and are formally "looked after children". Learning Disability Services worked closely with Family & Child Care and parents in planning the service and continue to do so now.

### 1.17 Floating Support

Funding has been achieved via the supporting people partnership board and staff have been recruited, to provide a directly managed housing support service in year, focusing on the needs of people with a learning disability with no family or network of support who live alone and receive minimal support from other services.



## **2. STATUTORY FRAMEWORK**

The Learning Disability Programme of Care discharges Statutory Functions under the following legislation:

- Health & Personal Social Services Order (1972 and revised 1994)
- Chronically Sick and Disabled Persons Act (1973)
- Disabled Persons Act (1989)
- Children (NI) Order (1995)
- Mental Health (NI) Order (1986)
- Registered Homes Order (1992)
- Carers and Direct Payments Act (NI) (2002)
- Northern Ireland Act (Section 75) (1998)
- Human Rights Act
- Protection of Children & Vulnerable Adults Order

### 3. QUALITY ASSURANCE SECTION

#### 3.1 The Six Standards

- A) An unbroken line of professional accountability should exist from social workers discharging statutory functions to the Director of Social Work on the Trust Board – Report by exception only.**

The Learning Disability Programme of Care continues to comply with this standard. The Trust's Director of Social Work remains accountable for the discharge of statutory functions in relation to children and vulnerable adults. There is a clear professional line from the Director of Social Work to Operations Manager (Social Work), to the Senior Social Workers and fieldwork teams and now also to one specialist children's home. Responsibilities of the Director are appropriately delegated via Social Work Leads Forum which in turn ensures the discharge of statutory functions in their respective programmes of care. The Programme delivers children's and adult services through professionally qualified staff in field work and Muckamore Abbey Hospital. Also via daytime opportunities and residential and respite services.

The programme works to a multi-disciplinary ethos and there are good working relationships between professionals. Community Learning Disability Teams are directly managed along professional lines with 3 Community Learning Disability Social Work Teams and 1 Community Learning Disability Nursing Team. Professional supervision is provided to all social work staff by Senior Social Workers on a monthly basis. All Social Workers within the Programme comply with professional standards and have registered with NISCC, or have received confirmation of registration (copies held by Operations Manager (Social Work)). The Programme fully accepts and complies with NISCC's code of practice.

- B) (i) The Trust should have a protocol for the screening and risk assessment of all referrals. Please report on the monitoring mechanism used to ensure adherence to the protocol.**
- (ii) Where a significant risk has been identified, that you are complying with the standards set out in the policy and procedures in the following documents concerning action, decision-making and recording:**

The Trust has an operational guide for the discharge of statutory functions in respect of those deemed to be at risk of physical harm to self or others and this guide is reviewed, and if necessary, revised annually by the Programme of Care in conjunction with the Mental Health Programme of Care. Protocols exist for response to an

assessment of risk for children's cases, vulnerable adults and forensic offenders/patients (both within and without Muckamore Abbey Hospital). If it is obvious at the point of referral that there may be risk to the service user, or others, these protocols are employed at an early stage, in other cases, such action would follow appropriate assessment which flows from casework, or from more specific concerns relayed to staff. In the case of Child Protection or Mental Health Order and Vulnerable Adult work, standards and practice are monitored via:

- Allocation and Scrutiny of referrals by Senior Social Workers
- Staff Supervision
- Strategy Meeting
- Case Conference
- Scrutiny of forms and risk assessment
- Statistical returns
- Approved Social Work Forum
- Informal Duty System
- ASW Risk Assessments and ASW Standards
- Applications to MASRAM Committee as and when appropriate

The Programme of Care adheres as appropriate to standards outlined in Co-operating to Safeguard Children. The Programme of Care is compliant with Quality Standards and protocols listed in Standard Bii and has representation at a senior level on the Trust Child Protection Panel, Joint Strategic Planning Group and liaises appropriately with Family and Child Care Programme in relation to child protection and care issues and with Mental Health Programme of Care in relation to Approved Social Work standards and practice. The Programme of Care is represented at Operations Manager Level at PSNI/Social Services Liaison Forum (Vulnerable Adults). The Programme of care is compliant with the Trust Recording Policy.

The Programme complies with Health and Safety Regulations and Departmental Standards in Residential and Supported Living and our Respite facilities, regulated by HSSRIA.

The Trust has now operationalised regional child protection procedures and has appropriate referral and allocation policies (Trust Policies).

Urgent referrals (particularly Child Protection, Vulnerable Adults and Mental Health) are dealt with within above and different standards developed for other work regarding non urgent casework and support.

The Programme is compliant with ASW Standards as indicated below.

<b>standards 1-6</b>	<b>Details of compliance to be supplied</b>
1.1	The Trust ASW continues to develop a database which will update annually the information required for comprehensive workforce planning.
1.2	Arrangements are in place through the Training Department to facilitate social workers from mental health services for adults and younger people, learning disability and psychiatry of old age to attain the ASW status. At present there are no social workers from family and childcare ASW trained. This issue continues to be discussed with that programme of care.
1.3	The Trust is endeavouring to ensure that, normally, adequate numbers of social workers have ASW status on appointment or within three years – Learning Disability.
1.4	Systems are in place for consultation, referral between programmes and joint working to ensure that the needs of service users who have mental disorders are met.
1.5	Through the daytime ASW rota and the EDT team after hours, the Trust has adequate arrangements to provide 24 hour cover.
2.1 – 2.9	The Trust complies with its responsibilities within these standards as selection for ASW training is organised through the training unit and support and supervision for candidates is provided by senior practitioners and SSWs who are ASW trained. Senior practitioners also act as practice assessors and candidates attend the Trust ASW forum to discuss cases and review practice issues. Funding is provided via the ASW training budget to provide easement in candidates workload
3.1	Newly qualified ASW 's are supervised by the senior social workers. They are shadowed by an experienced ASW for at least two assessments and are required to evidence the requirement for 2 assessments per year for re-approval.
4.1 and 4.2	Re-approval training is organised through the EHSSB re-approval group. The Trust monitors this to ensure that all ASW's are re-approved every 3 years. In addition, the Trust provides 1 day annual training for all ASWs which concentrates on core aspects of ASW practice, training needs and current theory and research

4.3	The Trust complies with this standard and systems are in place to ensure effective monitoring
4.4	The Trust maintains an ASW register that is updated annually and forwarded to the Mental Health Commission
5.1	The Trust complies with this standard. Supervision and support to ASW's is provided through formal professional supervision within each programme of care and via ASW Forum. The Trust also provides group supervision to the EDT on monthly basis.
5.2	ASW leaflet is currently being re-drafted. Leaflet 'Information on Your Rights' was devised in partnership with users and has been in circulation this year. The Trust is currently working with carer groups to devise a similar leaflet for carers.
5.3 and 5.4	The Trust adheres to these timescales.
5.5	An operational guide for the discharge of statutory functions under the Mental Health Order is provided to all ASW's. This is reviewed annually.
5.6 and 5.7	ASW Risk Assessments are forwarded to RMO and relevant teams within 5 working days of the assessment. The Trust has in place a protocol with the Mater Trust to ensure speedy referral of SCRs to be completed within timescales. This will be reviewed in 2005/06 and standard extended to Muckamore Abbey Hospital.
5.8	ASW Risk Assessments are monitored by the Operational Manager for Mental Health, and SCR's are audited randomly by SSW and team managers.
5.9	The Trust commissions a Language Interpreting Service, and interpreters for the deaf are available on request.
5.10	This is achieved through the annual monitoring, and recording, of risk assessment reports and supervision with the senior social worker.
5.11	An ASW forum meets bi-monthly, attendance is recorded and monitored.

5.12	<p>In addition to re-approval training on a 3 yearly basis, the Trust also provides an annual 1 day training for all ASWs at which current practice issues are discussed and research/good practice examples are shared. The Trust will continue to further promote the continued professional development of ASW's.</p>
5.13	<p>The Trust currently reports ASW activity and supervision arrangements as part of the criminal statutory functions report.</p>
6.1	<p>The Programme is committed to carer and user involvement and is in the process of implementing a user involvement strategy through governance structure. We are concerned to use our extensive existing consultation methods to assist with compliance.</p>
6.2	<p>The Programme provides a significant amount of information in accessible formats using signs and symbols. Training has been provided for staff in the use of an IT system which facilitates the process. We will continue to make improvements in this area.</p>

- C) The Trust is ensuring that Looked After Children regulations are adhered to in terms of care planning, monthly visits by social workers, reviews and recording. Compliance rated with the regulations should be reported.**

All Looked After Children known to Learning Disability Programme of Care receive at least monthly visits from a qualified Social Worker and six months ("LAC") review. Planning is an ongoing process for all of these children, but the longer term accommodation and placement requirements are both complex and costly – and it should be noted, not readily available.

It is not yet clear exactly how disabled children will benefit from the Leaving Care Regulations and we are concerned to ensure that the needs of children with complex behavioural and emotional needs who remain extremely vulnerable, are addressed.

Notwithstanding the difficulties outlined, we continue to begin planning for adult services at least two and in some cases three years in advance of the date for leaving care, when we are aware of their needs. There are a very limited number of providers of such adult services, and, where available, they have significant ongoing revenue costs, which may not be secured until close to the young person's date for leaving care. The lack of both services and identified resource impacts on our ability to plan effectively and in a timely manner.

- D) The Trust is ensuring that all social workers (including residential social workers) have at least monthly professional supervision sessions, which are formal and recorded.**

The Learning Disability Programme of Care is compliant with the above standard as outlined in the Trusts supervision and recording policy.

- E) Trusts have in place risk assessment and risk management protocols in the area of statutory functions. Until the Departments Regional Assessment Framework is in place Trusts should use the Brearley Model to carry out risk assessments.**

As outlined earlier, the Programme of Care adheres to the Trust's Operational Guide for Discharge of Statutory Functions and uses the principles of the Brearley Model within the above protocol and within assessment generally.

- F) Trusts have in place systems to identify and record unmet need in relation to Statutory Functions**

Unmet need is primarily recorded on an in house proforma and is comprised of unmet need i.e. in carers assessments, care

management referrals, waiting lists and as of this year Senior Social Workers are asked to provide information along with monthly statistics on unmet need.

At times it has been necessary to create and manage day care waiting lists with the involvement of Operations Managers.

Significant issues within this data will be raised with Learning Disability Governance Group for consideration and prioritisation and appropriate action agreed.





## Quality Assurance Section – Proforma Core Social Work Standards

In order to assist with the clarity and consistency of information in this section the following proforma should be completed for each standard by Programme of Care

Standard Bi  
Screening and Risk Assessment

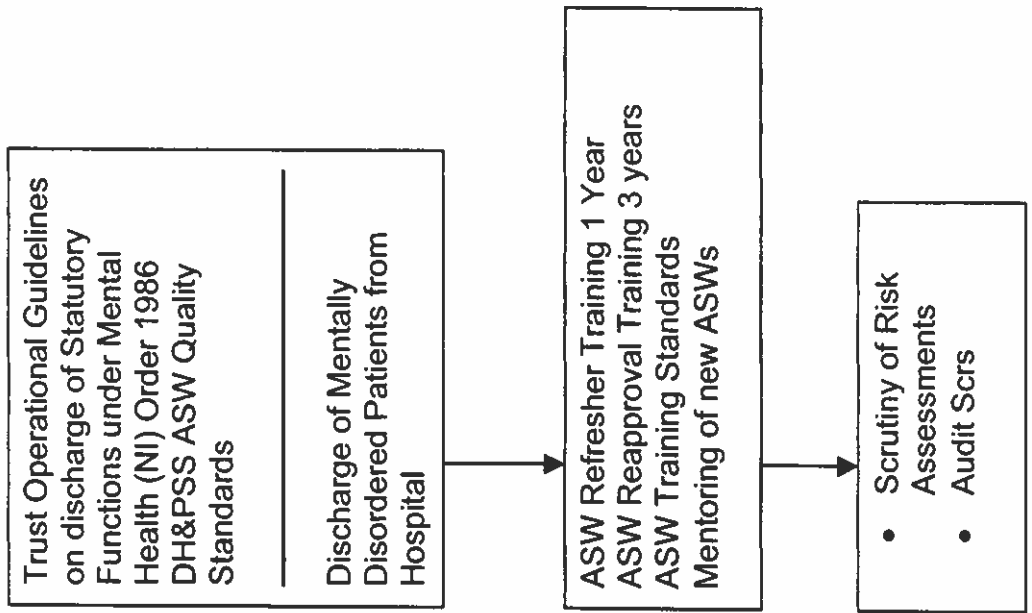
Does the Trust have a Policy  
(e.g. Risk Assessment &  
Screening)

Yes

Training required will vary by standard but should include where appropriate awareness of policy and specific required knowledge and skills.

# Quality Assurance Section Core Social Work Standards

## Standard Bii Risk Management



# Core Social Work Standards

Standard C  
"LAC Policy & Procedures

Adherence to LAC Regulations  
Care Planning  
Monthly Visiting  
Review  
Recording  
Vol of Childrens Regulations

Staff Training

Training to be developed and delivered in year (05/06)

X

### Core Standards

#### Standard D "Supervision"

All Social Workers have at least monthly professional supervision sessions formal and recorded

Programme of Care complies with this standard and supervision are in place for all fieldwork and residential staff and those in designated Social Work posts also non Social Work staff as appropriate

Training on policy at induction

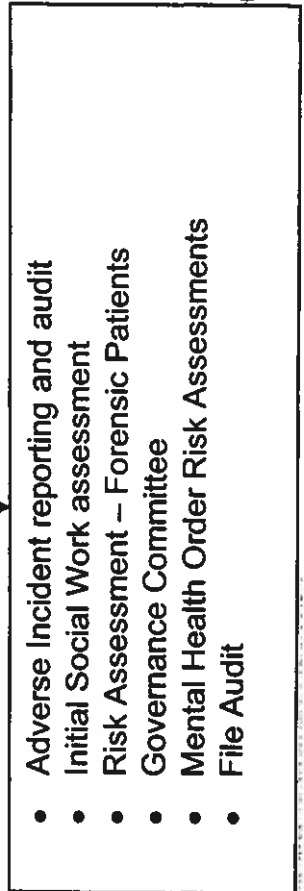
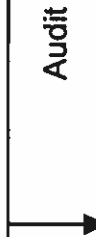
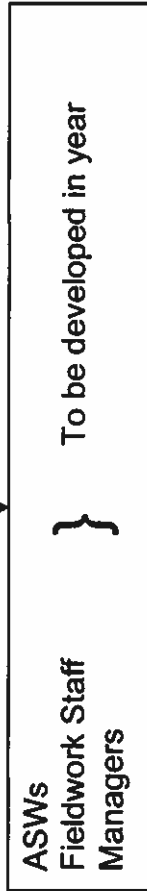
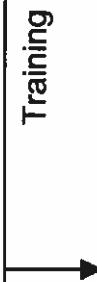
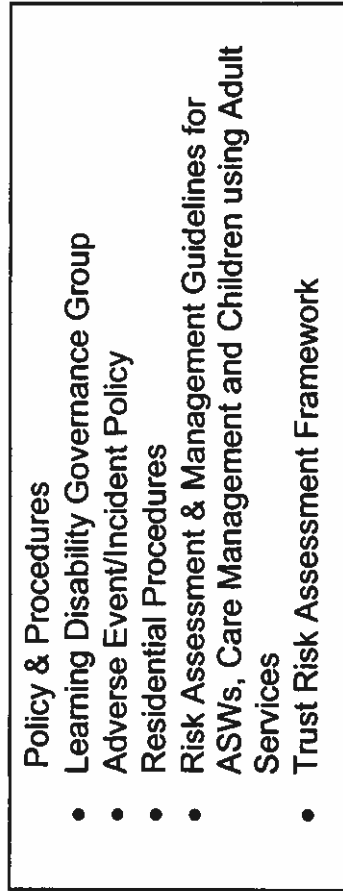
New procedures as part of KSF and development of policy and procedures

All Managers to receive training on KSF as it rolls out



Quality Assurance Section  
Core Social Work Standards

Standard E  
Risk Assessment and Risk Management Protocols



**Quality Assurance Section  
Core Social Work Standards**

**Standard F  
Unmet Need**

- Departmental Returns
- Management of Waiting Lists (Day Care) (Direct Payments)
- Criteria for Domiciliary Service
- Systems in place to record and report delayed discharge
- New Unmet Need proforma

Training to be developed and delivered in year



### 3.2 Reporting of Untoward Incidents (DHPSS Interim Guidance)

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the currency of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy set out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/054.

A comprehensive and on-going training programme on the above policies has been developed in accordance with the Trust's Risk Management strategy.

The last year has seen an increased emphasis placed on the importance of incident reporting as a critical element in Governance process and also as an evidence base and catalyst for service improvement and change.

Clear reporting mechanisms are in place and information produced using the DATIX system to inform Managers of the volume, nature and frequency of incidents. Senior Management Teams review and ensure appropriate outcomes. The Programme's Governance Group review this information and have working sub-groups on incidents and risk registers. The Assistant Director assures all incident reports. A significant contribution to the management of physical aggression has been made by the Physical Interventions and Behaviour Management Policies and training strategy.

A Cross Directorate Incident Review Group has been established with a remit to review existing policy and procedures, establish incident trigger lists, clarify Directorate roles and responsibilities and improve communications up and down the organisation with regard to incidents.

In March 2005 the Trust embarked on a pilot project to electronically report incidents in an attempt to increase reporting and improve the quality of information.

From April 2004 to March 2005, there were 569 adverse events/incidents and near misses reported within the Learning Disability Programme of Care. The table below highlights the most common incidents reported:

Assault by patient/client on another patient/client	51
---	----



Assault on staff by patient/client	119
Challenging behaviour	170
Fall on same level/slip/trip	70

Incidents were reported to external bodies as follows:-

Body	No. of Incidents
Regulation and Improvement Authority	1
Mental Health Commission	2
Eastern Health & Social Services Board	3
PSNI	15

### 3.3 Clinical & Social Care Governance

This is the second operational year of the Programme's Governance Group and progress has been made on establishing working sub-groups with active remits in the following areas:

- Complaints and compliments
- Learning from incidents
- Audit, research and evidence-based practice
- Maintaining and learning from the Risk Register

Action plans have been developed and the Programme is organising a number of learning days to share information on these issues.

The following risks were adjudged the most serious in the programme risk register.

#### **Children who are admitted to adult wards in Muckamore Abbey Hospital**

**Response:** Risks are being managed by Clinical Teams and risk assessments developed for each child.

- ✍ The implementation of LAC procedures for all children who are admitted.

The Trust has on-going discussion with Boards about the provision of adolescent services.

Staff or client and staff sustaining an injury during an episode of challenging behaviour.

**Response:** Last year the Programme of Care introduced policies and procedures in relation to physical interventions and restrictive practices; accredited training for all staff and information sessions for service users and parents/carers; introduction of behaviour support service to assist staff in supporting the most challenging service users. Processes are now in place for on-going review and amendment of practice updates on staff training and accreditation which will allow us to improve practice and standards.

**Potentially high risk patients being discharged by the Mental Health Review Tribunal.**

**Response:** The Trust has highlighted this issue both as a general and specific issue with both Board and Department. Individual risk assessments, based for example on MASRAM are carried out, and detailed planning is carried out in response to each individual case. The Trust is currently working with other Learning Disability Hospitals in Northern Ireland and the Royal College of Psychiatry to produce a position paper on categories of mental handicap. This will help to inform the Mental Health Tribunals.

### 3.4 Feedback from Service Users

The Trust Board endorsed a User Involvement Strategy in February of this year and the Programme is continuing to develop user and carer involvement in relation to service delivery and planning. The following forums facilitate user and carer involvement:

- (Day) Centre based User Groups
- (Day) Centre based Carer Groups
- Day Care Users Council
- Involvement of users and carers in the Review of Day Care, includes several "User Consultants".
- Partnership with Upper Springfield Development Trust (and its Users)
- Day Time Opportunities Task Force (Multi Agency)
- Patients Focus Group at Muckamore Abbey Hospital
- Autism Advisory Group

As part of the user feed back process, complaints are managed and monitored and lessons learnt fed through to Senior Managers.

Compliments on service are shared with the Learning Disability Governance Group and staff are acknowledged for their good practice by the Director of Learning Disability Services.

The Programme sees the continued development of a person centred approach to services as vital to ensuring that service user involvement is central to service delivery.

The Programme has 3 formal service user groups, a Day Time Service Group, Residential and Supported Living Group and a Parents Carers Group. These meet quarterly with appropriate Trust staff.

The Programme is committed in principle to involving service users in the selection process for staff. We are working with colleagues in Human Resources on this issue.

The Programme continues to support the Sky's the Limit Drama Group. The group perform in a wide variety of settings, their work attempts to raise awareness on issues of disability.

We provide support to and are involved with the Upper Springfield Trust's Action on Disability Programme. This project seeks to offer opportunities to people with disabilities in aspects of community development.

Community Learning Disability Nurses have been involved with the Health Action Zone 'Hype' project, and the Programme will continue to explore opportunities under the Health Action Zone.

The Programme continues to offer support to the NØW group. NØW, a registered charity and a company limited by guarantee, is a voluntary group which seeks to explore opportunities for accredited training and work for adults with a learning disability.

The Trust sees complaints management as an integral part of our clinical and social care governance structure and has in place a system for recording, reporting and monitoring of all complaints and enquiries about the services it provides.

The Trust policy for Reporting Complaints will be reviewed on receipt of the outcome of the Regional Review of HPSS Complaints Procedures by the DHSSPS.

In addition, the Trust endorsed a Policy on the Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims in March 2005 which sets out the framework and operational arrangements to facilitate the in depth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

A comprehensive and on-going training programme on this policy has been developed in accordance with the Trust's Risk Management strategy. Complaints Awareness is an integral part of the Trust's Induction Programme and Customer Care Strategy

From April 2004 to March 2005, 7 complaints were received from individuals within the Learning Disability Programme of Care (Community Services). The table below highlights the type of complaints received;

Complaints received related to:

3.19 Patients property and expenses	1
3.21 Policy and commercial decisions	1
3.22 Professional assessment	1
3.23 Staff attitude or behaviour	1
3.27 Treatment and care quality	1
3.28 Treatment and care quantity	4
3.99 Other	1
TOTAL	10

Analysis of complaints by outcome:

Further assessment/input	4
Ex-gratia payment	1
No further action required	2
TOTAL	7

Note: 7 complaints related to 10 areas.

The average response time for handling complaints within the programme was 16 working days.

All complaints continue to be monitored by the Chief Executive's Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and internet site for public viewing.

#### **4. TRUST COMMENTARY (EMERGING ISSUES & TRENDS)**

The following have been identified by the Programme as significant emerging issues and trends within the context of delegated statutory functions.

- 4.1 The Programme has embarked on a radical review of day services and is developing a strategy for development and improvement within day services. A Manager has been seconded and is co-ordinating the development of a strategy, user and carer involvement and consultation and communication with our own staff. It is clear that this is a major strategic development and has a high priority for the Programme.
- 4.2 Our Care Management service continues to co-ordinate the assessment and determination of residential and domiciliary care packages for people with learning disability. The ongoing increase in awareness of and application for direct payments is impacting on this small team significantly. Last year the Programme noted its welcome of the extension of legislation to children and concern about the lack of additional resources in both staff and finance. The existing number of pending referrals could potentially create extreme cost pressures for this Programme of Care.
- 4.3 Decisions by the Mental Health Review Tribunal to discharge patients with complex needs and often with offending histories is of serious concern to the Programme of Care in the light of the suspension of delayed discharge monies and the resettlement process. No progress can be made to develop appropriate and adequate specialist services without a significant injection of finance and commitment to safe services.
- 4.4 The Programme is concerned that we have two young people on adult wards in Muckamore Abbey Hospital, who are also looked after children. Neither of these young people have new placements and they cannot return home. Outline plans are being drafted and will be shared with the Board.
- 4.5 The continued emergence of young people with a learning disability from statutory residential and foster care is noted by the Programme. The Programme is working with Family and Child Care colleagues to look at identifying such children/young people earlier in order to facilitate better planning and to gain access to after care/leaving care services.

Young people on adult wards in Muckamore Abbey Hospital is also a significant issue and both the hospital and community teams wish to

highlight the inappropriateness of the situation and the need for the development of appropriate assessment and treatment services for this group.

- 4.6 The Programme is pleased to report significant progress in relation to Trench Park Respite and Supported Living services. The respite unit is now operational and providing much needed and wanted services in West Belfast, including domiciliary respite services. HPSSRIA have complemented the Trust on the design of furnishings of the facility and the vision of planning. An ongoing issue remains the lack of provision of respite care for those between the ages of 16-18, leading to the placement of young people in adult services. Whilst all such situations are properly risk assessed and carefully managed, the Programme remains concerned that this is not a long term solution.

Development of supported living and particularly supporting people schemes in the community will be required both in order to facilitate resettlement from Muckamore Abbey Hospital and to meet the accommodation and support needs of vulnerable adults in the community. The Trust has already expressed to the Board and to the Department, its view about the detrimental effect that the cessation of funding for resettlement and delayed discharge has had on the lives of people who need to leave Muckamore Abbey Hospital.

- 4.7 NISCC – significant work was undertaken to ensure that all relevant staff met the requirements of the Northern Ireland social Care Council. Registration of those in designated Social Work posts is complete and preparations being made for registration of the rest of the social care work force. Continued professional development supervision and training now require to be more robust and evidence based, both for NISCC and KSF and will create increased demands, particularly on first line Managers.

- 4.8 Day Care Standards – the Programme is committed to ensuring that our services meet the regulatory standards developed by the Department. The Trust has been involved in piloting the new standards.

- 4.9 We continue to place a high priority on the development and implementation of the Carers Strategy. Carers are now regularly availing of carers breaks, grants and alternative therapies. Next year we intend to develop further support and training for carers and are working closely with the Trust's Carers Co-ordinator to achieve this.

## LEARNING DISABILITY (CHILDREN)

Table 1 – General Service Provision

Nos of children known to services	200
Specify services and activity levels delivered to this population in 2004 / 2005.	Social Work Respite Services Behaviour Support Summer Schemes (targeted) Domiciliary Provision After Schools
Unmet Need	
1. Nos of children unable to access any service following assessment  2. Nos of children unable to access the indicated service level following assessment	

Respite Provision

Name of Unit	No of Children/Young People	Overnights per Year
Forest Lodge		
Lindsay House		
Breakaway Scheme	15	
Conicar	2	

## LEARNING DISABILITY (CHILDREN)

Domiciliary Provision

Name of Service	No of Children/Young People	Sessions per Year
Rogers Community Care	3	782
Quality Care Services	1	150
Ardmonagh F.C	6	4345
PHAB Day Care	3	654
CCA	1	821
Parkanuar College	1	22
Harmony Trust	1	15
Safari Day Care	2	276
Camphill Community	1	207

Table 2 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	2
	Applications by relatives leading to admission for assessment	0
Article 18	Reception into Guardianship	-
	Renewal of Guardianship	-
	Discharge from Guardianship	-
	No. of Guardianships in force	-
Article 73 (i)	Mental Health Review Tribunal Referrals	0

Table 3 – Disabled Persons (NI) Act 1989

		Numbers in Year
Section 4	Assessment and Care Planning	4
Section 8	Taking into account ability of carers	7

LEARNING DISABILITY (CHILDREN)

Table 4 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	
Payments made	

Table 5 – Disabled Children placed in Adult Services

	Numbers in Year
Hospital	2
Residential care	0
Nursing Care	1
Respite	4
Day Services	0



LEARNING DISABILITY (ADULTS)

Table 1 – General Service Provision

Nos of people known to services	678
Specify services and activity levels delivered to this population in 2004 / 2005.	Social Work Service Approved Social Workers Care Management Day Services Supported Living Respite (Statutory & Voluntary) Behaviour Support Therapeutic Services Community Support Workers
Unmet Need	
1. Nos of people unable to access any service following assessment  2. Number of people unable to access the indicated service level following assessment	Waiting for Day Care Waiting for Learning Disability Assessment Waiting for Crossroads Waiting for Residential Waiting for Supported Living Waiting for Respite

Table 2 – Accommodation/Respite Delivered During 2004 / 2005

	Private		Voluntary		Statutory		Total	
	Users	Nights	Users	Nights	Users	Nights	Users	Nights
Supported Living			20	X365	70	25,550	90	32,760
Nursing Home Placements	19	X365					19	6,916
Residential Home Placements			22	X365			22	8,000

	Users	Sessions	Users	Sessions	Users	Sessions	Users	Sessio
Respite			20		70			
Domiciliary								

LEARNING DISABILITY (ADULTS)Table 3 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	17
	Applications by relatives leading to admission for assessment	Not Known
Article 18	Reception into Guardianship	1
	Renewal of Guardianship	10
	Transfer into Guardianship	1
	Discharge from Guardianship	2
	No. of Guardianships in force	11
Article 73 (i)	Mental Health Review Tribunal Referrals	4
Article 107	Notification to Office of Care and Protection	0

Table 4 – Disabled Persons (NI) Act 1989

Section 8 (i)	Carer's Assessment	7
---------------	--------------------	---

Table 5 – ASW Standards (Revised 2004)

Standards 1-6	Details of compliance to be supplied	
---------------	--------------------------------------	--

Table 6 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	21
Payments made	2

LEARNING DISABILITY (ADULTS)

Table 7 – Vulnerable Adults Policy

	No. of referrals	38
	Details of outcomes as follows	
	No further action following assessment	5
	Investigations	
	– Social services	23
	– PSNI	1
	– Joint	14
	Confirmed abuse	
	– Physical	11
	– Sexual	19
	– Emotional	3
	– Financial	0
	Protection Plans	30
	Cases closed	0

### Staffing: Learning Disability

Table 2.1:

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1 (1.00)	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	2 (2.00)	2 (2.00)	0	0	2 (1 x Nursing)	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	2 (1.95)	2 (1.95)	0	0	2	
Care Managers	1 (0.73)	1 (0.73)	0	0	1	

Table 2.2: Social Work

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 13 (10.55)  Sen Pract 6 (6.00)  Sen SW 3 (3.00)	5 (5.00)	SW  2 (2.00)  Sen Pract 0 (0.00)
SW Qualification Profile	Qualified 22  Unqualified 0	Qualified 2  Unqualified 0	Qualified 2  Unqualified 0
Date of Qualification (years)	0-2 2  2-5 0  5+	0-2 0  2-5 0  5+	0-2 2  2-5 0  5+

	20	5(1xNursing)	0
<b>Vacant Posts (W.T.E)</b>			

**3 Heads of Residential Units have a nursing qualification held for more than 5 years.**

**Table 2.3: Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	3	22
PQ1 (Only PQ1 Completed)	1	11
PQ2-6 (Selection of Credits but not full award)	0	6
PQ Award (Full)	0	8
Registered Advanced Award	0	0
Advanced Award Credits	0	0
Advanced Award (Full)	0	0
Practice Teachers Award	0	5

Approved Social Worker (ASW)	0	9

21 October 2005

## FAMILY AND CHILD CARE PROGRAMME

### SECTION 1

#### Introduction

The Action Plan identified in the Trust's previous report incorporated the following elements:

- **Care Leavers**

Preparations for the pending implementation of the Leaving Care Act have continued. The Family and Child Care Programme has progressed the refinement of its information base in respect of the overall levels of potential service users by sub-categorisation across the range of entitlement status. Within this context the Programme has sought to confirm the resource position, to profile the range of projected needs against possible financial liabilities, to identify those key areas where available provision will be unable to meet needs arising out of the Trust's enhanced statutory remit and to specify priorities for service development.

Areas of particular significance in this regard include:-

- A continuum of appropriate, supported accommodation options.
- Peripatetic support services with sufficient flexibility to respond to individualised needs of vulnerable young people.
- Dedicated psychiatric and related services provision.

- The Trust has been engaged with the EHSSB, the Department, the NIHE and provider organisations in ongoing discussions with regard to the Supporting People agenda and the potential impact upon the range and stability of accommodation provision attendant upon the Trust's assuming responsibility for this area.

The Trust continues to pursue the adequacy of the available resource base to meet the additional responsibilities arising from the Act. In this regard, the Trust was particularly concerned about: the non-availability at the end of the reporting period of draft policy and procedures to inform the operationalising of the Act; lack of clarity in relation to the essential criteria for the Personal Advisor posts; the remit of this post; and a funding formula to facilitate appointments.

The Trust has established a Trust-wide multi-sectoral Implementation Group to take forward the operationalising of the legislation.

The following key priorities are being addressed.

- Resolution of mechanisms to facilitate management of income payments to 16 and 17 year old care leavers.
- Ongoing consultation with the EHSSB and the Department in respect of the Supporting People agenda, the overarching funding situation and in particular, the impact of the proposed changes to Supporting People on the Trust's financial liabilities for eligible young people.
- Stabilising of current accommodation provision and scoping of potential initiatives with voluntary and community sector re: same.
- Clarification of draft policy and procedures to facilitate a comprehensive appraisal of key service requirements and to refine priorities for future investment.
- Paralleling this theme, a review of the Programme's organisational structure to optimise and maximise the potential skills-base to respond to the responsibilities attendant upon the Act with a particular focus on the areas of skills mix and complement of the Trust's dedicated After Care Team.
- Clarification of the remit of and funding base for Personal Advisors and their practice interface with other Programme staff.
- Consolidation and further development of the multi-agency network to enhance the range and seamlessness of provision.
- In partnership with voluntary and community sector groups, to promote users' involvement and participation in strategic and operational processes in respect of service delivery.

- To promote host communities' potential to contribute to formal and informal services / supports to/ assimilation of care leavers and the After Care population.
- At this point the Trust are extremely concerned that the proposed savings of DSD which amount to approximately £2m regionally are at risk of reducing the service provision to young care leavers rather the enhancing the service

- **CAMHS Services**

The Trust has participated fully in ongoing discussions with the EHSSB and the other hospital and community Trusts in the development of a coherent CAMHS Strategy through the auspices of the Greater Belfast CAMHS Group and related activities.

The Trust has shared its draft proposals for a local Tier 2 Service Model with the EHSSB.

The Trust has consistently addressed its concerns with the EHSSB and the Department with regard to the accessibility of specialist CAMHS services.

The Trust intends to progress the refinement of its draft Tier 2 Service Model and to further engage with key stakeholders, including its local community, with regard to the elements of same.

Pivotal to this process will be the securing of a resource base to meet the interim commitments to staff training essential to the recruitment and retention of a skilled staff base and a resolution of a secure funding structure within which the Trust can plan for evolutionary and sustainable service development.

Key themes informing the Trust's draft model are:-

- A central referrals point.
- Supports for Tier 1 staff within a targeted training framework.
- Management of interfaces across the respective Tiers and adult services.
- Development of mechanisms to engage users / parents / carers and the local community in service planning and developments.

The Trust has established a Therapeutic Support Service to provide dedicated initial assessment and ongoing consultation / supports to the Trust's residential units.



The Trust has pursued opportunities to secure specialist CAMHS training for two nursing staff as part of its longer-term strategy to develop its CAMHS skills base.

- **Children in Need / Child Protection**

The Trust has participated in a Departmental working group in relation to a regional assessment model.

Within the reporting period, the Trust has continued to integrate the key elements of the Laming Report including: the implementation of draft Supervision and Assessment Policies and Procedures for Children's Social Services staff; the development of a Trust-wide Children's Services Planning process; the establishment of a Trust-wide multi-professional group to take forward corporate policies and procedures in relation to Children's Services; multi-professional child protection training; community based child protection training; and the development of service initiatives in relation to Autistic Spectrum Disorder and ADHD.

At a strategic level, the Trust's Child Protection and Domestic Violence Fora have sought to consolidate multi-agency / multi-professional partnerships including community representation.

The Programme is seeking to consolidate and develop mechanisms to enhance its links with community representatives and groups across the continuum of provision particularly in relation to Early Years, community-based adolescent provision and Family Support services.

Under the auspices of the Health Action Zone Council, the BELB and the Trust have developed a bid to the Integrated Development Fund. The bid is built upon an integrated approach to the promotion of enhanced educational and life outcomes for children within the Shankill and West Belfast areas through integrated service delivery approaches centred on local school communities.

The bid is seeking to act as a catalyst for a re-configuration of universal and targeted primary provision across the continuum of need which is predicated on local accessibility, user and community participation within integrated service delivery processes.

- **Early Years**

The Trust remains concerned that the area of funding for the community Early Years' sector is unresolved. In the Trust's view the development of a coherent strategic approach to the delivery of Early Years services within an appropriate funding framework is imperative.

The Trust is fully discharging its statutory functions in relation to Early Years services.

The Trust's current Article 20 Report provides a comprehensive overview of issues impacting on Early Years provision within the Trust.

- **Looked After Children**

At the end of the reporting period the Trust, in partnership with Glenmona Resource Centre and with the support of the EHSSB, was about to operationalise an Intensive Support Pilot Project on the Glenmona site.

The development of Intensive Support provision is, in the Trust's view, central to the implementation of the Children Matter Strategy.

The Trust has completed business cases in respect of 444 Antrim Road and the refurbishment of Somerton Road.

Central to the Trust's overarching Looked After Children's Strategy has been the retention and development of its residential staff base; the promotion of qualitative progress in relation to the educational attainments and health of its residential population; and the integration of its residential units within the local communities.

The Trust, within its evolving Tier 2 draft CAMHS Strategy, has established a therapeutic initial screening and assessment service to its residential units incorporating clinical psychology, nursing and social work inputs. [Therapeutic Support Service].

With regard to its foster carers' base, the Trust has focused upon the maintenance of its placement resource. The Trust is continuing to address the assessment, registration and post placement supports for kinship placements within a secure funding framework.

The Trust has participated fully in the process of the development of a regional fostering strategy.

Implications for adoption practice arising out of judicial decision-making in respect of Human Rights related themes will continue to inform future practice in this area.

The Trust promotes adoption as an option, where appropriate, within its child-centred permanency/ care planning framework for Looked After Children.

## **Staffing**

The Family and Child Care Programme has continued to address the challenging recruitment and retention environment. Although the Programme has achieved relative success in its recruitment and retention strategy, the staffing profile reflects ongoing difficulties in this regard.

As previously addressed with the EHSSB and the Department, an area of particular concern is the concentration of inexperienced staff in fieldwork and residential services. At the end of the reporting period approximately 40% of the Programme's staff group were under two years' qualified

In relation to residential care, as of 31 March 2005 83% of the whole residential staff group was professionally qualified. This situation, while relative positive in comparative terms, reflects the particular pressures in this sector.

The long-term vacancies profile [i.e. positions vacant on and from 31 December 2004] indicates 1 wte Senior Practitioner grade and 4.4. wte vacancies at Social Work level at 31.03.05.

As of the 31 March 2005 the Programme had the following vacancies: 3.4 Social Workers wte; 1 Senior Practitioner.

The Trust's strategy has continued to emphasise flexible and innovative recruitment approaches building upon the Trust's profile in general and practice teaching base in particular.

Retention incorporates a robust commitment to professional support, supervision and training within a learning organisational culture.

The Programme has consolidated its Senior Practitioner base across fieldwork and residential services.

The Programme is engaged in a Principal Practitioner Project which is seeking to develop and evaluate the potentiality of this grade within a practice career structure.

### **Training**

The Trust's Social Services' Training Unit has provided a comprehensive training programme across the reporting period including: assessment; risk management; communicating with children; multi-disciplinary child protection training; and supervision. The Programme is currently developing a Mental Health training initiative in partnership with the Mental Health Programme.

The Programme has continued to promote staffs' engagement in post-qualifying training.

### **Standards**

The Programme is engaged in a process of benchmarking across the continuum of services standards and is seeking to develop an action plan to inform compliance priorities.

### **Governance**

The Programme is seeking to consolidate and further develop its governance processes within the context of the Trust's overarching governance framework.

Over the reporting period, the Programme has focussed upon: operationalising of draft Trust Children's Services Policies and Procedures; completion of a number of audits in relation to child protection; the baselining of practice against draft standards in child protection, fostering and residential care; the progressing of staff group's social care registration; the maintenance and review of the Programme's Risk Register; and the ongoing profiling and promotion of governance - related themes within the Programme's practice culture through mechanisms such as the Trust's Social Work Forum.

### **Service to children and families Out of Hours are provided through the Board's Emergency Duty Team.**

The Team has a range of expertise and experience in relation to the discharge of Statutory Functions in respect of children and families.

The Team's practice is monitored through a supervision process which utilises the Trust's Children's Social Services Supervision Policy and Procedures.

The Team has operationalised local protocols for the management of the referral and information process to Trust fieldwork offices and an 'Alert System' for the notification by Trust staff to the Team of situations / matters of concern in relation to cases which might arise Out of Hours.

Accountability for the Team is informed by the cross-Trust agreement for the period 01 April 2002 – 31 March 2005.

Reporting mechanisms in relation to the Team's discharge of Statutory Functions in respect of family and children in North and West Belfast are through the Team Manager, Principal Social Worker, Director of Children and Mental Health Services / Director of Social Work.

The Team has access to a dedicated training budget, it accesses Children's Services training through the respective Trusts' Training Team.

## **SECTION 2**

### **The Statutory framework against which the Family & Childcare Programme is Reporting:**

The Statutory basis of the legislation relating to Childcare is to be found in the following:

- The Children (Northern Ireland) Order 1995
- Health and Personal Social Services (Northern Ireland) Order 1972, 1991 and 1994
- Judicative Act (Wardship) 1978
- Education and Libraries (Northern Ireland) Order 1986
- Adoption (Northern Ireland) Order 1987 (Separate Scheme)
- Mental Health (Northern Ireland) Order 1986 (Separate Scheme)
- Sex Offenders Act 1997
- Carers and Direct Payments Act (Northern Ireland) 2002
- Human Rights Act 1998
- Disabled Persons Act (Northern Ireland) 1989
- Chronically Sick and Disabled Person Act 1978
- Northern Ireland Act (Section 75) 1998
- Register Homes Order (Northern Ireland) 1989
- Housing Support Services (Northern Ireland) 2003
- Co-operating to Safeguard Children 2003
- Protection of Children and Vulnerable Adults Act 2003
- Data Protection Regulations
- Freedom of Information Act 2000
- Public Interest Disclosure (NI) Order 1998

The Programme is also preparing for the following proposed legislative developments:

- The Children (Leaving Care) Act (Northern Ireland) 2002

In addition service delivery is informed by: the range of departmental strategic plans and initiatives in respect of health and Social Care incorporating Priorities for Action, New Targeting Social Need, Investment for Health and ongoing Case Management and inspectorial processes and recommendations.

### SECTION 3

#### Quality Assurance

#### 1. The Six Standards ]

- [A] **An unbroken line of professional accountability should exist from social workers discharging statutory functions to the Director of Social Work on the Trust Board – Report by exception only.**

The Trust complies with this standard.

The Director of Social Work Children & Mental Health Services has operational and professional accountability for staff in the Family & Child Care Programme.

- [B] [I] **The Trust should have a protocol for the screening and risk assessment of all referrals. Please report on the monitoring mechanism used to ensure adherence to the protocol.**

The Programme adheres to the procedures detailed in the regional Child Protection Policy and Procedures and the Trust's Children's Services Referral and Allocation Policy and Procedures in relation to the screening and initial assessment of referrals.

The respective team leaders are responsible for the operational management of the referral system.

The individual Assistant Principal Social Workers exercise overarching managerial responsibility.

At an operational level monitoring mechanisms include: -

- Confirmation of appropriate search of database.
- Ensuring that, where appropriate, multi-agency / multi-professional checks have been completed.
- Initiation of Child Protection procedural response where warranted.

Managerial monitoring processes involve: -

- A sampling of the referral system on a six monthly basis by the respective Assistant Principal Social Worker incorporating key tasks as outlined above.
- The Referral and Allocation System was the subject of a number of audits during the reporting period. The audit outcomes were positive across the continuum of the process.
- The Trust has subsequently reported to the Board on a monthly basis with regard to allocations.

Training on risk assessment is an integral element of the Programme's Training Strategy.

**[B][III] Where a significant risk has been identified, that you are complying with the standards set out in the policy and procedures in the following documents concerning action, decision-making and recording.**

The Family and Child Care Programme is compliant with the standards detailed in the Policy and Procedures in the following documents: -

- Co-operating to Safeguard Children [DHSS&PS, 2003].
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and Suspected Cases of Child Abuse in Northern Ireland.

In relation to the Draft Standards from the Inspection of Child Protection Services [SSI, 2003] the Trust is progressing work to further enhance its compliance across the continuum of standards.

With regard to the A.C.P.C.'s Policies and Procedures [2005], in light of issues related to volumes and the availability of secretarial supports for case conferences, the Trust has not achieved full compliance with the

timescales for distribution of case conference minutes as specified at 6.71.

- [C] The Trust is ensuring that Looked After Children regulations are adhered to in terms of care planning, monthly visits by social workers, reviews and recording. Compliance rated with the regulations should be reported**

The Family and Child Care Programme is compliant with the regulations in respect of Looked After Children in relation to monthly visits by social workers, reviews and recording.

As a result of pressures associated with volumes and administrative staffing, the Trust is experiencing difficulties in meeting the timescales for circulation of the minutes of Reviews as specified at 8.7 Policy and Procedures Volume 2 Looked After Children.

As previously addressed with the EHSSB, the Trust is not in a position to facilitate the chairing of all reviews at Assistant Principal Social Worker level. The respective Assistant Principal Social Workers do, however, chair at least one review in respect of each child per year.

The Trust's practice in relation to the management of Looked After Children is informed by the Handbook of Policy and Procedures Volume 2, Looked After Children.

The reviewing Officers at Assistant Principal Social Worker and Principal Social Worker levels respectively quality assure the Review System in respect of Looked After Children.

The Reviewing Officer role incorporates: -

- An overview of the quality of Looked After Children documentation.
- A monitoring of the details of statutory visits.
- An appraisal of the quality of completed documentation.
- An evaluation of the Care Planning process.
- The residential inspection system facilitates a parallel monitoring for those children in residential care.

The Programme's Permanency Panel affords a framework within which the effectiveness of Care Planning can be reviewed.

- [D] The Trust is ensuring that all social workers [including residential social workers] have at least monthly professional supervision sessions, which are formal and recorded.**



The Trust is ensuring that all social workers [including residential social workers] have at least monthly supervision sessions which are formally recorded.

During the reporting period the Trust had a Draft Children's Services Supervision Policy and Procedures in place to inform supervision.

The draft policy incorporated a mechanism at Assistant Principal Social Worker and Principal levels to facilitate monitoring and reporting in relation to the delivery of supervision.

This process has demonstrated compliance with the elements of the policy and procedures.

Supervision of residential staff has been addressed and reported upon positively within the residential inspection process.

Training on supervision for staff is an integral element of the Programme's Training Strategy.

**[E] Trusts have in place risk assessment and risk management protocols in the area of statutory functions. Until the Department's Regional Assessment Framework is in place, Trusts should use the Brearley Model to carry out risk assessment.**

The Trust has Policy and Procedures informing practice in relation to: -

- Risk Assessment and Risk Management
- Draft Children's Services
- Referral and Assessment Policy and Procedures
- Regional and Child Protection Policy and Procedures informing the prioritising and ongoing management of young people requiring secure care
- Trust's Serious Adverse Incident Policy and Procedures
- Investigation of Adverse Events/Incidents/Near Misses and Claims
- Regional Draft Leaving Care Policy and Procedures

All the above are characterised by clear reporting and reviewing processes at professional and organisational levels.

Training is provided for Programme staff in these areas.

The Trust has established reporting mechanisms through the professional / managerial line to the Director of Social Worker onto the Chief Executive and Trust Board in respect of the discharge of statutory functions in relation to children.

**[F] Trusts have in place systems to identify and record unmet need in relation to Statutory Functions.**

The Trust utilises the processes at [e] above to identify and record unmet need in relation to statutory functions.

The Corporate Parenting Reporting system provides a key mechanism for the collation of information and commentary in relation to unmet need.

The Trust completes the Departmental Return in relation to unmet need as required.

**2. Reporting of Untoward Incidents as per DHSSPS Interim Guidance 2004**

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the current of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy set out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/04.

A comprehensive and on-going training programme on the above policies has been developed in accordance with the Trust's Risk Management strategy.

The last year has seen an increased emphasis placed on the importance of incident reporting as a critical element in the Risk Management / Governance process and also as an evidence base and catalyst for service improvement and change.

A Cross Directorate Incident Review Group has been established with a remit to review existing policy and procedures, establish incident trigger lists, clarify Directorate roles and responsibilities and improve communications up and down the organisation with regard to incidents.

In March 2005 the Trust embarked on a pilot project to electronically report incidents in an attempt to increase reporting and improve the quality of information.

During the year 636 adverse events/incidents and near misses were reported within the Family and Child Care Programme of Care.

- Table A: Highlights the types of Incident reported.
- Tables B & C: Highlights the number and nature of incidents emerging from the Programme reported to external bodies.

**Family & Childcare Incidents by Category and Type 1/4/04-31/3/05**

	Accidents	Health & Safety	Incidents Professional	Near Miss	Other types	Security Incident	Total
Absconding	0	0	269	0	0	0	0 269
Alcohol, drug or solvent abuse	0	0	63	0	0	0	0 63
False Fire Alarm	0	1	0	0	0	0	0 1
Allegations	0	0	12	0	0	0	0 12
Arson	0	0	0	0	0	2	2 0
Assault on patient/client by others	0	0	16	0	0	0	0 16
Assault by patient/client on another patient/client	0	0	27	0	0	0	0 27
Assault on staff by patient/client	0	0	49	0	0	0	0 49
Assault on Visitor by patient/client	0	0	2	0	0	0	0 2
Attitude	0	0	3	0	0	0	0 3
Break-in or attempted break-in	0	0	0	0	0	7	7 0
Car crime	0	0	0	0	0	5	5 0
Challenging behaviour	0	0	64	0	0	0	0 64
Civil disturbance or rioting	0	0	0	0	0	1	1 0
Collided with	5	0	0	0	0	0	5 0
Control/restraint	0	0	2	0	0	0	0 2
Other crime	0	0	0	0	0	1	1 0
Death of patient (natural causes)	0	0	1	0	0	0	0 1
Fall from a height, bed or chair	1	0	0	0	0	0	0 1
Fall on the same level/slip/trip	8	0	0	0	0	0	0 8
Actual fire	0	1	0	0	0	0	0 1
Refusal of medication	0	0	1	0	0	0	0 1
Near Miss	0	0	0	4	0	0	0 4
Other incident (please specify)	0	0	0	0	10	0	0 10
Road traffic accident	0	0	0	0	2	0	0 2

Incidents reported to EHSSB 1/4/04-31/03/05

Seizure or epileptic	0	0	0	1	0	0	0	0	0	1	0	1
Self harm minor (cut/bruise)	0	0	0	3	0	0	0	0	0	0	0	3
Self harm (hanging)	1	0	0	3	0	0	0	0	0	0	0	3
Asphyxiation	1	0	0	5	0	0	0	0	0	0	0	5
Death of patient (natural causes)	1	0	0	14	0	0	0	0	0	0	0	14
Sexually inappropriate behaviour	0	0	0	1	0	0	0	0	0	0	0	1
Suicide threat	0	0	0	0	0	0	0	0	0	0	0	0
Theft or attempted theft	0	0	0	0	0	0	0	0	0	18	0	18
Threats or threatening behaviour	0	0	0	0	0	0	0	0	0	8	0	8
Body part trapped	2	0	0	0	0	0	0	0	0	0	0	2
Unexplained injury	0	0	0	0	0	0	0	0	1	0	0	1
Vandalism	0	0	0	0	0	0	0	0	0	11	0	11
Verbal abuse	0	0	0	0	0	0	0	0	0	12	0	12
Totals:	16	2	4	536	13	4	0	0	65	636	13	636

**Incidents reported to DHSSPS 1/04/04-31/3/05**

Absconding	1
Death of patient (natural causes)	1
Totals:	2







The Programme's Adverse Events Reporting profile evidences the predominance of episodes within the residential units reflecting the unique nature and challenges of that sector.

With regard to abscondings, the Trust has continued to refine its Draft Policy and Procedures in discussion with the PSNI.

In relation to the incidence of aggressive and challenging behaviours, as part of its overarching residential strategy, the Programme has sought to: maintain workforce stability; to develop therapeutic assessment and support services to the residential units; to enhance the staffs' skill base in relation to challenging behaviours; and to access a range of community-based initiatives to promote more positive attitudinal and behavioural responses.

Incidents of violence and intimidatory behaviours to staff, destruction to staff and Trust property and issues arising from the complexity / profile of specific situations have been the other principal Adverse Events Reporting categories across other Programme settings.

Through its Governance framework, the Programme has progressed an appraisal of thresholds for the triggering and reporting of Adverse Events with a particular focus on the key practice learning for dissemination across the Programme. This work is seeking to enhance a Programme-wide practice culture underpinned by pro-active, shared learning within a "no blame" ethos.

### **3. Social Care Governance**

The Family and Child Care Programme has identified the following most significant risks in relation to its statutory functions from its Risk Register.

- **The maintenance of staffing base.**

This remains a critical challenge for the Programme [please see attached Appendix 2]. The Programme has continued to experience relative success in recruiting and maintaining its professional staff base.

Programme initiatives have centred on: a strong profiling of the Programme across universities and colleges linked to practice training opportunities; profiling of the Trust's record in relation to training and its commitment to the post-qualifying framework / appraisal; and an emphasis on induction and innovative practice as reflected in the Principal Practitioner Project and related initiatives.

- **Access to Child and Adolescent Mental Health Services**

The Trust has participated fully in the range of discussions and fora with the EHSSB with regard to the development of an integrated CAMHS Services embracing all four tiers.

Difficulties in accessing specialist CAMHS provision for vulnerable young people presenting across the continuum of emotional / behavioural / mental health difficulties have given rise to significant concerns for the Trust with regard to its discharge of statutory functions.

Within this context, the Trust has pursued the development of a community-based, locally accessible Tier 2 CAMHS Service. A draft service delivery model has been presented to the EHSSB and the Trust is presently taking forward a consultation exercise with key stakeholders.

[Please see pages 5-7]

- **Services to meet the needs of vulnerable young people with a profile indicative of potential self-harming behaviours.**

In the context of the current situation with regard to CAMHS services, the Programme is seeking to respond to the area of vulnerable young people at risk of self-harming and suicidal ideation.

This is a particularly complex and challenging area which necessitates a coherent, integrated multi-agency / multi professional response in partnership with the local community and support groups.

Within the context of the Trust's overarching suicide prevention strategy, the Programme has sought to: -

- Develop its staff group's knowledge base of mental health issues through a dedicated training initiative.
- Profile emotional / mental health vulnerability indicators / predisposition within its initial assessment processes.
- Develop therapeutic assessment services to its residential population. [Trust's Therapeutic Support Service] with a particular focus on predisposing risk factors in relation to mental health / self harm ideation.
- Consolidate and further promote its links with the Young People's Centre / Child and Family Clinic.
- Manage interfaces with adult services through the operationalising of Trusts-wide protocols / joint training opportunities.

- Pro-actively engaged with the local community in promoting positive mental health well being.
- **Somerton Road Children's Home**

The risks to vulnerable children of sharing bedroom accommodation will not be resolved until such times as the necessary refurbishment work has been completed.

- **Risk Arising From Unmet Needs**

The Programme has detailed through its Corporate Parenting Reporting processes and parallel reporting systems the impact on its ability to discharge its statutory functions of those circumstances in which a primary service resource is not available.

The areas of particular concern in this regard include: placement availability, in particular Secure Accommodation; accessibility of specialist CAMHS' services; issues arising from the interface between Juvenile Justice and care in relation to the management of young people with chronic, serious, occasionally violent, offending profiles; the enhancement of statutory responsibilities attendant upon the implementation of the Leaving Care Legislation in the context of significant funding constraints; and the potential funding crisis in the community Early Years sector with its consequences for Family Support provision.

#### **4. Feedback from Service Users**

The Trust sees complaints management as an integral part of its clinical and social care governance and risk management structures and has in place a system for recording, reporting and monitoring of all complaints and enquiries about the services it provides.

The Trust policy for Reporting Complaints will be reviewed on receipt of the outcome of the Regional Review of HPSS Complaints Procedures by the DHSSPS.

In addition, the Trust endorsed a Policy on the Investigation of Adverse Events / Incidents, Near Misses, Complaints and Claims in March 2005 which sets out the framework and operational arrangements to facilitate the in-depth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

A comprehensive and on-going training programme on this policy has been developed in accordance with the Trust's Risk Management

strategy. Complaints Awareness is an integral part of the Trust's Induction Programme and Customer Care Strategy.

All complaints continue to be monitored by the Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and internet site for public viewing.

A User Involvement Strategy, which sets out a plan to enhance service user involvement within the Trust and to give guidance and information about involvement issues was endorsed by the Trust Board in February 2005.

During the reporting period complaints were received from 22 individuals in relation to services provided by the Family and Child Care Programme of Care Programme.

[Please see Table D]

The Family and Child Care Programme of Care has sought to consolidate and enhance its engagement with and participation of service users and local communities at both individual delivery and strategic levels.

Initiatives include: -

- Engagement of VOYPIC to provide an advocacy service to the Trust's residential Units.
- Consultation with young people / participation of service user representative in the development of the Intensive Support Unit Project.
- Delivery of Services to the Travelling Community by multi-disciplinary Team incorporating a strong user involvement ethos.
- Consultation with young people in relation to the design and outlay of residential provision.
- Consultation with parents/carers in relation to the development of the Trust's ADHD Project and the Trust's Autistic Spectrum Service developments.
- Engagement with users and community representatives across the continuum of Early Years Services.
- Community representation on the Trust's Child Protection Panel and Domestic Violence Forum.

- The ongoing commitment to user involvement across the continuum of individual service delivery.

The Programme is seeking to consolidate and develop practice in the area of user consultation and involvement. This is complex and challenging in light of the Programme's primary statutory responsibilities to promote children's welfare and the enduring societal perception of an intrusive and policing agency role in this area.

The Programme considers the following as key elements of this process: -

- [a] Review of its present communications strategy with a view to enhancing and broadening its mechanisms for promoting the quality of its information dissemination.
- [b] Benchmarking current practice against relevant standards to identify priority areas for user focus.
- [c] Seeking to integrate the current practice position with regard to user involvement with its individual casework emphasis to a strategic approach incorporating user feedback on service performance and user participation, to inform delivery processes and future development of provision.
- [d] Specifically with regard to Looked After Children to consolidate and enhance independent advocacy and to further promote children's participation in consultation / decision-making with regard to both individual and strategic issues.
- [e] Explore mechanisms to engage marginalized groups in user processes.

**TABLE D**

**FAMILY & CHILD CARE COMPLAINTS 1 APRIL 2004 – 31 MARCH 2005**

**1. Numbers of Complaints Received**

During the year 29 complaints were received from 22 individuals:

Wilson: 21 Complaints from 14 individuals  
 PS: 8 Complaints from 8 individuals

**2. Number of Complaints Investigated under Children Order**

8 Complaints were considered under the Problem Solving Stage of the Children Order Representation and Complaints Procedure.

No complaints were considered under Stage 1 of the Procedure.

**3. Source of Complaints Received**

Complaint were received from:

MP	1
Solicitor	1
Parent	11
Relative	1
Foster Parent	2
Young Person/Child	4
Member of Public	2

**4. Service area from which the complaint arose**

With the exception of one complaint that arose from the Learning Disability Services area all complaints were received from the Family & Child Care Programme.

**5. Number responded two in timescales**

Problem Solving – 4 were outside the timescale [28 days]  
 Wilson – 4 were outside the timescale [20 days]

**6. Subjects of Complaints**

Wilson complaints subject:

Access to records [unavailability]	1
Communication or information to patients	3
Professional Assessment	2
Staff Attitude or behaviour	8
Treatment and care quality	2
Treatment and care quality	2
Other	3

Problem Solving Subjects:

Accommodation	4
Management of Child's Case	3
Denial of Service	1

**7. Outcome**

The outcome of complaints received have been categorised as follows:-

Problem Solving:

Further Assessment/Further Input	4
No Further Action Required	3
Change of Service	1

Wilson

Further Assessment/Further Input	7
No Further Action Required	5
Review of Policy Required	1
Ex gratia payment made	1

## **SECTION 4**

### **Emerging Issues**

The following are key areas of emerging significance in relation to the Programme's discharge of its Statutory Functions.

#### **1. Domestic Violence**

- The pending implementation of the Regional Domestic Violence Strategy and action plan.

Of pivotal significance in relation to the effectiveness of the strategy will be the provision of an adequate resource base to facilitate implementation.

- The piloting of the Domestic Violence Risk Assessment Model.

The Programme will pilot the model with a view to its implementation if positively evaluated.

#### **2. Early Years Services**

The outstanding issue of the availability of funding for community-based Early Years services attendant upon the ending of short-term funding streams remains unresolved.

#### **3. Family Support**

The Impact of the Children Act, 2004 on the strategic direction of Family Support provision within the context of the evolving regional Family Support initiatives.

Of particular significance in this regard will be: the development of more integrated planning and service delivery processes both within and across agencies; the promotion of preventive / early interventive provision and the role of statutory Social Services in the direct delivery of same; and the focus on outcomes as opposed to outputs in the measuring of service effectiveness.

#### **4. The Implementation of the Leaving Care Legislation**

In the context of the unresolved issues relating to the resource base to facilitate implementation, the major practice and service delivery



challenges attendant upon the operationalising of the legislation. Such challenges will include: the establishment of the Personal Advisor role; the Trust's assumption of responsibilities for financial maintenance in relation to eligible and relevant young people; the impact on the stability of the accommodation sector of the transfer of financial responsibility for housing costs of eligible and relevant young people to the Trust; the need to create flexible, peripatetic services in consultation with Care Leavers / young people in aftercare settings; and, following implementation, the potential for resource-intensive litigious proceedings re service entitlement.

## **5. Young People at Risk**

- Within a number of localities, the likely enhanced demands upon the Trust to 'manage' the perceived escalation in anti-social behaviours within a political and societal vacuum resultant from the impasse in policing and the substantial levels of residual community conflict.

It is imperative that a coherent, resourced multi-agency strategy is developed to address the interfaces across Youth Justice, Probation and Social Services incorporating strong community and voluntary sector participation.

- The Trust has highlighted its ongoing concerns with regard to the accessibility of CAMHS provision. The Trust's promotion of a community-based, multi-agency, multi-professional response to mental health promotion and early accessibility to services for vulnerable young people will necessitate an adequate resource base within a coherent Board-wide strategy to maximise accessibility to specialist services when warranted.

## **6. Child Protection**

- Issues arising from the implementation of the Regional Child Protection Policy and Procedures.
- The integration of Case management Review recommendations into a coherent practice and service delivery framework which enhances best practice.
- The proposed implementation of a Regional Assessment framework. It is imperative that a meaningful and responsive consultation process informs the implementation of a framework. Within that context, the areas of thresholds for referral and initiation of child protection procedures, the exercise of a proportionate professional discretion in assessment and case planning; and the availability of appropriate levels of information and administration supports will be essential.

A comprehensive training schedule will be required to facilitate implementation.

## **7. Fostering**

- Issues arising from the implementation schedule in relation to the regional Fostering strategy, in particular; the evolution of a professional dimension to the fostering role; payments for skills; and proposals in relation to recruitment.

## **8. Adoption**

- With regard to adoption the consolidation and expansion of the skills base with a particular focus on practice themes linked to the evolving implications of Human Rights judgements by the Courts.

## **9. Staffing**

- There are likely to be significant challenges for the Programme in recruiting and retaining staff across fieldwork and residential services.
- The implications of the ongoing Agenda for Change process.
- The need to continue the Programme's preparations for the implementation of the assessed year in practice.
- The outcome of the Trust's Principal Practitioner Project in the development of a practice career grade.

## **10. Governance**

The following will be key elements of the evolving Governance agenda for the Programme.

- A focus on users' involvement and participation at both operational and strategic levels within the Programme.
- Service Standards/Quality Agenda

Responding to the range of service standards which have been and are scheduled to be introduced on an ongoing basis. There will be significant resource demands arising from the processes of benchmarking, prioritising action plans and delivery within a practice context in which service volumes, demands and complexities of the social work remit are escalating.

- **HPSSRA**

Responding to the significant organisational and programme specific demands of the establishment of HPSSRA.

- **Community**

Consolidation and enhancement the Programme's engagement with community representatives and organisations in the development and review of service delivery mechanisms and contributions to the local community.

## **11. Societal Context**

The particular issues related to community conflict within North & West Belfast will continue to give rise to major challenges in the delivery of statutory functions at a time of political and social uncertainty and opportunity.

With this context the Programme will be preparing for the restructuring of service delivery processes arising from the establishment of Health and Well-being Centres.

## **12. Review of Organisational arrangements:**

The outcome of the pending Review of local administration and the importance of the maintaining stability of service delivery will be issues of key significance.

## **13. Carers' Agenda**

The emerging implications for the Programme of the evolving impact of requests for assessments of need and attendant services under the auspices of the Carers' legislation within the limited resources available. Within this context, the issue of Direct Payments is likely to become a significant theme for the Programme.

## Appendix 1

## CHILD &amp; FAMILY SERVICES

Table 1 – The Adoption Order [NI] 1987

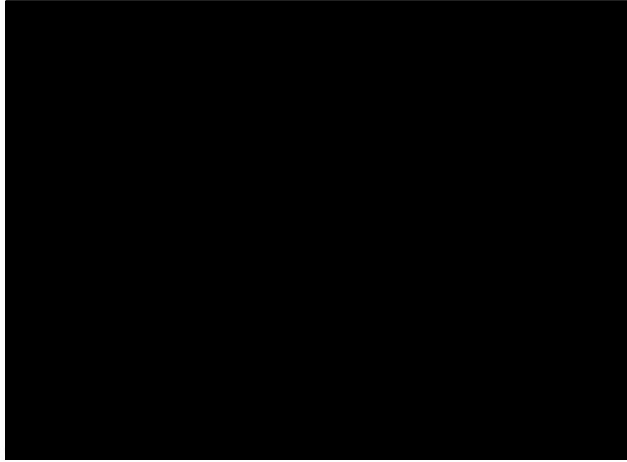
Adoption Orders Under Article 12	8
Freeing Orders Article 17 [with agreement]	-
Article 18 [without agreement]	5
Interim Orders Article 26	-
Application from persons domiciled outside NI	-
No. of placement made by parents with relatives	-
No. adopted by parents [i.e. step parents]	3
No. of children on the Adopted Register	15
No. on Register of approved prospective adopters	6

Table 2 – The Adoption [Inter-Country Aspects] Act [NI] 2001

No. of children adopted within the Bead area as a result of an inter-country adoption	-
How many post placement care plans have fallen outside the stipulated time	-

The number of children on the Adoption Register relates to those children in respect of whom the Trust was pursuing adoption as the care plan within the reporting period.

With regard to a staffing return in relation to the Family and Child Care Programme, please see return forwarded to the EHSSB in August 2005





Belfast Health and  
Social Care Trust

**HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

**For Year end March 20 2**

## REPORTING TEMPLATE INDEX

### SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

### SECTION 2 – EXECUTIVE SUMMARY

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

### SECTION 3 – GENERAL NARRATIVE & DATA

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

### DATA RETURNS

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

## CONTENTS SHEET

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



## 1.0 INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bernie McNally  
Executive Director of Social Work

May 2012

## EXECUTIVE SUMMARY

### 2 GENERAL

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

#### 2.1 Statement of Controls Assurance

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

**Reference to RQIA should be included.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) User Involvement:**

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

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

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

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

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

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

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

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



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

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

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

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

**Conclusion:**

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

enabling and inclusive practice culture are reflected in the Trust's Belfast Vision document and have informed its reform and modernisation processes.

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

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

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

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

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

Miss Bernie Mc Nally  
Executive Director of Social Work  
May 2012

### 3. GENERAL NARRATIVE

To be completed for each Programme of Care.

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

3.2	<p><b>Supervision arrangements for social workers</b></p> <p>There were no social workers within the Service Area undergoing their Assessed year in Employment as at the end of the reporting period.</p> <p>The Belfast Trust has two distinct supervision policies outlining the standards and requirements to assure the provision of formal and regular supervision for all social workers and social care staff. The Trust undertook an audit of social work supervision in December 2011. Findings of the audit have highlighted that professional supervision within the Service Area is provided in accordance with Trust procedures. It has also highlighted areas for improvement as follows</p> <ul style="list-style-type: none"> <li>• Required frequency of supervision meetings 100</li> <li>• Evidence of planning sessions 100</li> <li>• Evidence of reflection and discussion 100</li> <li>• Evidence of signatures by both parties 100</li> <li>• Evidence of record retained in file 100</li> <li>• Evidence of a written contract in place within timescales 50</li> <li>• Evidence that professional development is being addressed 90</li> <li>• Evidence of a personal contribution plan and personal development plan in place 70</li> <li>• Evidence of support for PRTL 90</li> </ul> <p><b>Structure</b></p> <p>In light of recent changes to the Senior Team and internal movement of other staff, the Service Area's professional social work structure has been reviewed to ensure continuity of the unbroken line of professional accountability.</p> <p>The structure assures that all social work staff regardless of where they work will have clear reporting professional lines and regular and formal supervision.</p> <p>In reference to last year's report, a senior social work practitioner (Band 7) with the appropriate knowledge and skills for the discharge of statutory functions in relation to the MHO has now been appointed to the Community Mental Health Team for Older People.</p> <p>In the last six months the Service Area provided workshops on social care governance for the social care workforce. The workshops sought to earth an appreciation of governance responsibilities at an individual practitioner and Team/facility level, to make explicit the linkages with the corporate assurance arrangements and to promote local and self auditing processes.</p> <p>Some services have proceeded to review and improve the way they</p>
-----	--

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

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

#### **Direct Payments Audit**

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

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

#### **Adult Safeguarding Audit**

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

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

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

#### **Service Review**

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

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

The responsibility for the management of long term protection cases transferred from the Gateway Team will lie with the mainstream Teams,

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

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

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

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

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

**Standard 15** Management of complaints

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

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

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

Assessment and Support Planning – **A**

Security, Health and Safety – **B**

Safeguarding and Protection from Abuse - **B**

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

Client Involvement and Empowerment – **B**

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

**Level B** – Service can evidence good practice. The service takes a proactive approach, goes beyond statutory requirements, meaningfully engages with clients and engages in partnership working at a service level, has staff that are confident to take the initiative, challenges its own performance and demonstrates a commitment to continuous improvement.



	<p><b>Level A</b> – Denotes excellence and a provider that is striving to be a leader in their field. The provider takes a strategic approach and is a learning organisation in terms of engaging with clients and partnership working. It is able to demonstrate vision, leadership and creativity that influences practice beyond the boundaries of the service.</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>Unscheduled Care/ safe and effective discharge from hospital</b>                      The Trust's integrated care Teams and hospital social workers have been at the centre of major reform and face significant challenges in discharging their statutory functions.</p> <p>Ensuring safe and effective discharge from hospital, with care packages in place in a timely and co-ordinated way.</p> <p>A number of factors that affect this are as follows</p> <ul style="list-style-type: none"> <li>• Increasing numbers of frail older people being discharged within 48 hour timescales</li> <li>• Lack of timely response from Domiciliary Care providers due to capacity</li> <li>• Delay in notification/planning for</li> </ul>	<p>Work has commenced in the hospitals to transfer resource from the BCH to the RVH to match the increase in volume of work due to the temporary closure of Belfast City Hospital A E</p> <p>There is a need to extend and enhance the menu of community services available to support hospital discharges.</p> <ul style="list-style-type: none"> <li>• Further re-balancing and re-configuring the social work compliment in hospitals to meet changing pressures and facilitate rapid assessment in hospital</li> <li>• Increasing hours of social work to include evening and weekends</li> <li>• Implementation of the Reablement Model</li> <li>• Development of a single point of referral from hospital to community for all complex discharges</li> </ul>	<p>Risks of poor hospital discharge is on the Service Area's risk register – moderate.</p> <p>All incidents of poor hospital discharge are reported and analysed</p>

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

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

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

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

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

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



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

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

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

presentations and discussions.

### **Documentation**

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

### **Restrictive Practice**

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

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

### **RQIA Inspections**

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

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

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

### **Best Practice examples**

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

**HUMAN RIGHTS**

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

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

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

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



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

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

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

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

**DATA RETURN 1 a****Older Peoples Service Area  
Primary and Social Care Directorate**

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

**DATA RETURN 1b – Hospital****Older Peoples Service Area  
Primary and Social Care Directorate**

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

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

**Hospitals included in this return**

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

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

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

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

**18 – 65+ age group only**

1.1 - 7839

1.2 – 7839

1.3 - 1238

**DATA RETURN 2****Older Peoples Service Area  
Primary and Social Care Directorate**

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

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

**DATA RETURN 3****Older Peoples Service Area  
Primary and Social Care Directorate**

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

**DATA RETURN 4****Older Peoples Service Area  
Primary and Social Care Directorate**

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

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

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

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

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

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

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**

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

**7SOCIAL WORK STAFF**

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

**DATA RETURN 8**

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

**8 Assessed Year in Employment**

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

## DATA RETURN 9

Older People Service Area  
Primary and Social Care Directorate

<b>9The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115</b>

<b>Admission for Assessment Process Article 4 and 5</b>						
9.1	Total Number of Assessments made by ASWs under the MHO	32				
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	32				
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"><b>Daytime Rota</b></th> <th style="width: 50%;"><b>EDT</b></th> </tr> </thead> <tbody> <tr> <td>Over 65 -           22</td> <td>Over 65 -           10</td> </tr> </tbody> </table>	<b>Daytime Rota</b>	<b>EDT</b>	Over 65 -           22	Over 65 -           10	
<b>Daytime Rota</b>	<b>EDT</b>					
Over 65 -           22	Over 65 -           10					
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	7				
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	9				
<b>Form 5s</b>						
9.2	Total Number of Form 5s/5as completed)					
9.2a	Of these, how many resulted in an application being made					
	<p><b>Commentary – provide explanation as to Forms not resulting in application</b></p> <p><b>The information returns in respect of Form 5s is not categorised by age.</b></p>					
<b>ASW Applicant reports</b>						
9.3	Number of ASW Applicant reports completed	20				
9.3.a	How many of these were completed within 5 working days	20				
<b>Social Circumstances Reports (Article 5.6)</b>						
9.4	Total number of Reports completed	2				
9.4.a	Number of completed reports which were completed within 14 days	2				
<b>Mental Health Review Tribunal</b>						
9.5	Number of referrals to MHRT in relation to detained patients	0				
9.5.a	Number of MHRT hearings	0				
9.5.b	Number of patients regraded by timescales	0				
	a. 6 weeks before MHRT hearing	0				
	b. 6 weeks before MHRT hearing	0				
<b>Guardianships Article 18</b>						
9.6	Number of Guardianships in place in Trust at year end	2				
9.6.a	New Applications for Guardianship during year	1				
9.6.b	How many of these were transfers from detention	0				
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0				



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

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. 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	0
9.11	Of the Total shown at 9.8 how many have their treatment required as	
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	0
	<b>Commentary</b>	M

### 3. GENERAL NARRATIVE

To be completed for each Programme of Care.

<p><b>Physical and Sensory Disability Service Area Primary and Social Care Directorate</b></p>
--

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

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

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

of compliance.

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

#### **Direct Payments Audits**

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

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

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

#### **Service User Audits**

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

#### **Carers**

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

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

#### **Serious Adverse Incidents**

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

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

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

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

All contracts are monitored by staff at managerial level. The Service Manager meets with all commissioned providers at least annually to ensure value for money and qualitative service delivery.

**RQIA**

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

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

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

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

**NISCC**

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

The Service Area is compliant with NISCC Induction Standards.

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

**PHA**

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

**DHSSPSNI**

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

**PSNI**

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

Following the Joint Agency audit, the Service Area will participate in the Regional Working Group to develop revised Joint Protocol arrangements

	<p>to ensure compliance with the requisite practice standards.</p> <p><b>MARAC</b> The Service Area has participated in local MARAC panels as appropriate.</p> <p><b>Judicial Reviews</b> Following the PF Judicial Review the Service Area has identified the number of current service users in receipt of Direct Payments who do not have capacity to consent. In the interim, pending the publication of DHSSPSNI guidance, the Service Area has not progressed any new Direct Payment arrangements. A waiting list has been established in respect of same until further direction is received.</p> <p>The Service Area has used a number of mechanisms to share the learning from this Review including training and reflective workshops provided to consider the challenges of implementing service provision and the sharing of the outcomes with the Service Area's Direct Payments Working Group.</p> <p><b>Investors in People</b> The Service Area is participating in the Trust's IIP re-accreditation preparations.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b></p> <p><b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p><b>NISCC</b> The Service Area is compliant with the Trust's professional Registration and Verification Policy as required by NISCC.</p> <p>The Service Area is compliant with NISCC Induction Standards.</p> <p>The Service Area facilitates staff to access training and other learning opportunities so that they are able to complete their PRTL re-registration requirements as required by NISCC.</p> <p><b>RQIA</b> The Service Area continues to ensure its compliance with the Day Care Standards. All four day centres have been inspected in this reporting period. All were commended on their performance and upgraded to leading with no recommendations.</p> <p>The Sensory Support team completed the RQIA Review of Sensory</p>



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

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

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

#### **PHA**

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

#### **DHSSPS**

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

#### **PSNI**

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

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

#### **MARAC**

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

#### **Judicial Reviews**

Following the judicial review in relation to PF and the use of direct payments the Service Area has identified the number of Service users in receipt of Direct Payments who do not have capacity to consent. Remedial action is in place however the Service Area has considered appropriate mechanisms to share the learning of this review. There have been training and reflective workshops provided to consider the challenges of implementing service provision. The Service Area also has a Direct Payment Working Group and the learning from the judicial review has been shared at this forum.

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

not been accessed at the point of discharge.

### **Physical Health and Disability Teams**

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

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

### **Sensory Support Service**

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

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

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

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

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

### **Community Brain Injury Teams**

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

### **Vulnerable Adults**

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

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

### **Day Care**

Many of the service users who are accessing day care provision have

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

### **Direct Payments**

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

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

### **Respite**

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

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

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

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

### **Carers**

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

### **Non Compliance**

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

Individual case situations are subject to robust risk assessment review

	<p>processes.</p> <p><b>Community Emergency Response Team (CERT)</b>          CERT has continued to engage in training exercises during this reporting year and has noticed an increase in activity due to security alerts. These episodes directly impact on core business due to staff redeployment. The Service Area is pursuing appropriate levels of funding to meet service delivery and related workforce requirements arising from this area.</p> <p><b>Workforce, Recruitment and Staffing Issues</b>          The Service Area has found this reporting period challenging in light of the impact of workforce management processes on recruitment arrangements. In relation to administration staffing, the Service Area has secured funding to fill permanent vacancies. However, logistical issues have continued to impact on recruitment timelines.</p> <p><b>NISAT</b>          The implementation of NISAT for both Physical Disability Teams and the Sensory Support Service has necessitated additional training and support for social work staff. There are challenges for staff who do not have access to PARIS as NISAT cannot be appropriately shared with other relevant professionals as required.</p> <p>In addition staff who have serious sight loss have difficulty completing the NISAT in its current format.</p> <p>The Community Brain Injury Team and Day Support services plan to implement NISAT later this year.</p> <p><b>Implementation of CIS</b>          While the Service Area recognises the significant potential benefits of CIS implementation, the implementation process will be challenging and demanding from logistical, organisational and professional perspectives.</p> <p><b>Finance</b>          This has been a particularly challenging reporting period as a consequence of the overarching financial context which has compounded historical underfunding of specialist community, residential, nursing and respite disability placements for adults with physical and sensory disabilities.</p> <p>The increasing demand for services from individuals with complex health needs and carers has given rise to substantial pressures on existing resources.</p>
<p><b>3.6</b></p>	<p><b>Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b></p>

	<p><b>Investors in People</b></p> <p>The Service Area is participating in the Trust's IIP re-accreditation processes. The Service Area has established an IIP Working Group to co-ordinate preparations for the assessment. It is envisaged that this will be a substantive area of work over the next reporting year.</p> <p><b>Community Care</b></p> <p>The Service Area continues to prioritise cases on the basis of need and in line with commissioning priorities specifically hospital discharges, palliative care and vulnerable adults cases.</p> <p>The Service Area continues to review its referral criteria and waiting lists to utilise support packages and identify those service users and carers most in need.</p> <p>There is an ongoing review of existing care packages and the adoption of reablement strategies as part of a service reform and modernisation process to maximise available capacity and resources to deliver efficient and effective person centred services which secure positive outcomes for service users.</p> <p>During the forthcoming reporting year the Service Area will focus its modernisation agenda on community Care Management Teams, Day Care and the Sensory Support Service.</p> <p>The Service Area continues to develop systems to streamline service delivery processes in respect of hospital discharges. The Service Area is pleased to report that there is a dedicated Care Manager Assistant role to review care packages at 6-8 weeks following hospital discharge to determine if there is an ongoing need for service provision.</p> <p>The Service Area has consolidated its engagements with Mental Health and Learning Disability Service Areas to manage interfaces and enhance integrated service delivery arrangements.</p> <p><b>Intermediate Care Services</b></p> <p>The Service Area continues to have difficulty accessing these services. It is hopeful that the newly established Reablement Team within the Older Peoples Service Area will enhance access to intermediate care services.</p> <p><b>Hospital Discharges</b></p> <p>The Service Area ensures adverse incidents are recorded to highlight inappropriate discharges and to promote the dissemination of shared learning from such episodes to enhance practice and assurance processes.</p> <p>The Service Area participates in the Older Peoples Service Area Modernisation Group which has a principal focus on improving hospital</p>
--	---

discharge pathways. The Group has continued to review the operationalising of discharge protocols to profile and promote best practice and to address those aspects of performance which require remedial actions.

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

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

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

### **Sensory Support Services**

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

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

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

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

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

### **Community Brain Injury Teams**

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

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

The Community Brain Injury Teams provide training to community and

residential facilities to promote an understanding of the diverse needs of this service user group and offer practical solutions and support.

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

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

### **Day Care**

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

### **Direct Payments**

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

The Service Area currently has 121 recipients of direct payments.

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

### **Respite**

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

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

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

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

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

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

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



	<p><b>Carers</b> The Service Manager and Carer’s Coordinator meet regularly to review the carers’ budget and amend accordingly to ensure carers’ needs can be met as appropriately and equitably as possible.</p> <p><b>Non-Compliance</b> The Service Area will continue to risk assess and action plan for those service users with non-compliance whilst aiming to promote their rights to choice and self determination.</p> <p>The Senior Practitioners will develop best practice pathways to support service users, staff and care plans and to provide effective interventions for service users who are non-compliant.</p> <p><b>Community Emergency Response Team</b> The Service Area is pursuing appropriate levels of funding to meet service delivery and related workforce requirements arising from this area.</p> <p>The Trust is currently reviewing the organisational, logistical, funding, assurance and workforce issues informing the operationalising of the CERT Service as part of its ongoing review of its overarching contingency and emergency response arrangements.</p> <p><b>Workforce Recruitment and Staffing</b> The Service Area will continue to pursue the reform and modernisation of service delivery processes which facilitate the realisation of the Trust’s strategic priorities. In that regard the present initiatives to review Service Area organisational processes are predicated on promoting safe, efficient, effective, person centred services.</p> <p>The Service Area is committed to further enhancing the skills and knowledge base of its staff.</p> <p><b>NISAT</b> There will be ongoing training for staff in the use of NISAT. The Service Area is working with the IT Department and the Disability Steering Group to ensure staff with disabilities can access NISAT.</p> <p><b>Implementation of CIS</b> The Service Area has established a working group which meets bi-monthly to identify and streamline requirements for the pending implementation of CIS.</p> <p>It is envisaged that the Sensory Support Service will implement CIS in July 2012 and the remainder of the Service Area in December 2012.</p>
<p><b>3.7</b></p>	<p><b>Indicate if the issue is included on your Trust Risk Register and at what level</b></p>

	<p>The Service Area has assumed responsibility for managing its own Risk Register. This is regularly reviewed and updated within the overarching Directorate assurance arrangements.</p> <p><b>The Service Area Risk Register includes the following:</b></p> <ul style="list-style-type: none"> <li>➤ Risk of service users being discharged to unsuitable accommodation – moderate.</li> <li>➤ Risks associated with the present situation pertaining to Direct Payments recipients without capacity – moderate.</li> <li>➤ Risks associated with service users who are non-compliant with their care plans – moderate.</li> <li>➤ Risks of service users choking while being fed within day care settings – moderate.</li> <li>➤ Risk of trips and falls within day care settings – moderate.</li> <li>➤ Risks arising from workforce pressures associated with corporate workforce management processes – moderate.</li> <li>➤ Risks associated with staff working alone – moderate.</li> </ul>
<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place. Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p>The Physical Disability Teams are anticipating appointments for three replacement WTE Social Work posts in the next reporting year and one WTE Social Work post for the Community Brain Injury Team.</p> <p>Sensory Support has had a reduction in its workforce due to the merger, staff leaving, maternity and sick leave. It is anticipated that on completion of the Sensory LEAN Project, reconfiguration of the Team can commence to ensure services are delivered more effectively and with appropriate skill mix.</p> <p>The registration of the social care workforce will reinforce the importance of providing requisite training and development opportunities to enable compliance with the NISCC Code of Practice in relation to post registration training and learning. It will afford opportunities and challenges for the workforce with regard to enhanced accountability for their own learning and practice while raising the profile of their role and status in the delivery of complex services.</p>

	<p>The Service Area facilitates flexible working and promotes family friendly arrangements to accommodate staff need where possible via part time, flexi-hours, compressed hours and term time options.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were 4 permanent Band 6 Social Work vacancies in this Service Area as at 31March 2012.</p>
<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><b>Home help Service</b> – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p><b>Residential &amp; Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p>
<b>3.10</b>	<b>Social Workers who work within designated hospitals Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b>
	<p>The Service Area has no cohort of hospital-based social work staff.</p> <p>The Service Area has established strong, reciprocal working arrangements across the acute sector in relation to the management of hospital discharges in particular.</p> <p>The Sensory Support Service has developed a service delivery initiative involving the provision of direct social work and rehabilitation interventions at the Royal Victoria Hospital Audiology and Low Vision Clinics.</p>
<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>The Service Area actively undertakes a human rights approach in its work with service users. Human rights are inseparable from social work</p>

	<p>values, ethics and practice. The Service Area is committed to promoting, upholding and fostering individual and community human rights needs.</p> <p>All staff within the Service Area have attended training on Human Rights. Assessments, reviews, risk assessments and vulnerable adult documentation reflects human rights issues. If there are particular concerns raised regarding the breach of individual human rights, staff will record this and provide written explanation as to why it had been necessary.</p> <p>The Community Brain Injury and Sensory Support Service provide training to Trust staff and external organisations. Part of this training is aimed at promoting the human rights of disabled people and what approaches can be made to remove barriers which will ensure equitable access for all.</p> <p>The Service Area is committed to engaging with service users and carers through consultation groups. These groups support and assist staff to develop and implement a human rights approach and ensure it is embedded in service delivery.</p>
--	---

**HUMAN RIGHTS**

<b>3.12</b>	<b>Identify any challenges encountered in the balancing of Rights.</b>
	<p>There are particular challenges with regard to deprivation of liberty and the implementation of care plans that incorporate restrictive practices, notably if a service user needs protection to prevent self harm. It has on occasion been necessary to implement a care plan that prevents maximum freedom of movement. These cases are risk assessed and care plans reflect the challenges. In all such situations the service user's consent to the requisite actions is sought in respect of individuals with capacity. Where a service user lacks capacity, efforts are made to engage with family members, carers to ascertain their views and support for any proposed actions.</p> <p>In addition the Service Area has noted an increase in capacious service users who do not comply with their care plans. In such instances staff are require to balance the risks of harm to an individual or others and the right to self determination.</p> <p>At a regional level Sensory Support services recognise that there is a challenge to ensure that equipment for people with sensory loss is provided on an equitable basis. A regional, Policy has been developed to address this area.</p>
<b>3.13</b>	<b>What action have you taken to manage this challenge?</b>

	<p>Staff within the Service Area have completed training which provides an opportunity for them to reflect on the human rights implications involved in their practice and engagement with service users. In the next reporting year the Service Area is keen to provide specific training on the implications of human rights for disabled people.</p> <p>In addition staff ensure that comprehensive risk assessments are completed and if a breach of human rights is identified it is recorded and an explanation provided as to why this was necessary. All risk assessments are shared and agreed with service users, particularly those who are non-compliant so that their right to self determination can be recorded and promoted.</p> <p>In collaboration with the Care and Protection Team, vulnerable adult documentation is being reviewed to ensure that it captures consideration of human rights.</p>
<p><b>3.14</b></p>	<p><b>What additional actions (if any) do you propose to manage any ongoing challenges?</b></p>
	<p>In collaboration with the Learning and Development Team the Service Area is considering a proposal to train a member of the workforce in human rights issues pertinent to disabled people who will then be able to train others and act as a champion for the Service Area.</p>
<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 Service Area is committed to promoting and acknowledging the efforts and achievements of its workforce.</p> <p>Monthly returns of compliments are captured and shared to celebrate good practice with staff.</p> <p>RQIA inspections have incorporated service user feedback regarding service delivery. Overall there have been positive comments from service users who perceive that the Service Area focuses on person centred delivery of efficient services by committed and motivated staff.</p> <p>The Service Area is keen to acknowledge this good practice and this year nominated three social workers for the individual Annual Social Work Awards together with a Team nomination for the work carried out by the Community Emergency Response Team. We are pleased to report that two of these applications have been shortlisted for the Award Ceremony in June 2012.</p> <p>In addition the Service Area is pleased to report that the Community Brain Injury Team achieved third place in the Trust's Annual</p>

	Chairman's Awards.
<b>3.16</b>	<b>SUMMARY</b>
	<p>There have been a number of significant challenges within the 2011/2012 reporting period primarily related to the overarching budgetary situation and related workforce management processes.</p> <p>There have been significant pressures due to increased vulnerable adults referrals and meeting requirements pertaining to hospital discharge targets.</p> <p>The Service Area continues to prioritise those service users and carers who are vulnerable and at risk while seeking to manage this challenging service delivery context.</p> <p>It is envisaged that the Service Area will be able to recruit replacement staff in the next reporting period and it is hoped that this will alleviate some of these pressures.</p> <p>The Service Area in collaboration with the Older Peoples Service plans to implement a centralised adult safeguarding referral service.</p> <p>The Service Area has continued to pursue a reform and modernisation agenda.</p> <ul style="list-style-type: none"> <li>➤ Sensory Support Services are currently undertaking a review of structures and service delivery processes utilising LEAN methodology to enhance service delivery, address skills mix and optimise the use of technology. This parallels the Regional Sensory Improvement Group's progressing of action plans to reform strategic planning and service development in partnership with the voluntary and independent sectors.</li> <li>➤ Care Management staff are currently participating in a Team development process to review the challenges of the Trust's strategic priorities in relation to the reform and modernisation of community care services.</li> <li>➤ A review of present Day Care service delivery models will be progressed during the next reporting period with a focus on enablement, participation and citizenship models of provision.</li> </ul> <p>The reconfiguration of managerial structures within the Service Area has facilitated the appointment of two Senior Practitioners who will have responsibility for driving forward and supporting the development of practice in the Physical Health and Disability Teams.</p> <p>The training requirements related to the implementation of NISAT and CIS will provide significant logistical challenges for the Service Area.</p>

	<p>CERT will continue to provide support in emergency situations under the obligations and responsibilities of the Civil Contingencies Act 2004.</p> <p>Ongoing training exercises are planned for the next reporting period and the Service Area will continue to engage with Belfast Resilience and all relevant agencies to ensure a collaborative response to major incidents.</p>
--	--

## DATA RETURN 1a

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

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



**DATA RETURN 1b****Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

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

Age is at date of referral for 1.1 and 1.2

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

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

**DATA RETURN 2****Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

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

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

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

**DATA RETURN 3****Physical Health and Sensory Disability Service Area  
Primary and Social Care Directorate**

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

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

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

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

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

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

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

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

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**

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

<b>7 SOCIAL WORK STAFF</b>
----------------------------

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

**DATA RETURN 8**

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

<b>8 Assessed Year in Employment</b>
--------------------------------------

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

**DATA RETURN 9**

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

<b>9 The Mental Health (NI) Order 1986</b>
--

<b>Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115</b>
---

<b>Admission for Assessment Process Article 4 and 5</b>		
---	--	--

9.1	Total Number of Assessments made by ASWs under the MHO	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	0
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0
<b>Form 5s</b>		
9.2	Total Number of Form 5s/5as completed)	0
9.2a	Of these, how many resulted in an application being made	0
	<b>Commentary – provide explanation as to Forms not resulting in application</b>	
<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed	0
9.3.a	How many of these were completed within 5 working days	0
<b>Social Circumstances Reports (Article 5.6)</b>		

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

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



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

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

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

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

**3. GENERAL NARRATIVE**

To be completed for each Programme of Care.

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

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

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

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

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

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

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

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

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

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



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

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

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

#### **Expert patient report**

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

#### **RQIA Inspections**

The Service Area has complied with recommendations and related Action Plans emanating from RQIA inspections of services and facilities.

#### **Serious Adverse Incident Reporting**

The Trust has complied with DHSSPSNI requirements in respect of the reporting of Serious Adverse Incidents (SAI's).

#### **ASW Register**

The Trust maintains an up to date register of Approved Social Workers authorised to practice by the Trust.

#### **Judicial Reviews**

A Judicial Review of the decision making of a Mental Health Review Tribunal was shared with practitioners. In 2011. The Tribunal had upheld a detention of a patient in Windsor. The Review challenged the Tribunal's interpretation of the levels of psychological and emotional risk which the individual applicant might pose to others.

Also within the reporting period, a service user requested a judicial review of the care that she could expect to receive from mental health services on discharge from prison. The Trust has implemented a comprehensive care plan to meet her needs.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p><b>Vacancy Controls</b> The current financial climate continues to impact on the recruitment of front line workers. This is particularly evident in community Teams which are under extreme pressure due to the accumulation of slow recruitment process, lost posts and sickness leave.</p> <p><b>Social Work Provision in Acute Services</b> A pilot to provide a limited, dedicated social work service has identified a high level of need for social work intervention to in-patient service users.</p> <p><b>Adult Safeguarding</b> The number of Adult Safeguarding investigations is continuing to increase. Adult Protection investigations are complex and resource-intensive, placing additional pressures on social work caseloads. Within the reporting period there have been a number of</p>	<p>The case for maintaining social work posts will continue to be made. It would be helpful if Commissioners could provide a benchmark as to how many social workers per population are required to meet statutory functions.</p> <p>The Trust will review the pilot and consider how this deficit in service provision can be addressed. Also social work practitioners will participate in a practice development project that aims to develop a therapeutic model of care for the inpatient units. This will inform the future role of the social worker within the hospital. Individuals in need of immediate protection or at high risk can be assured of a timely response with all other investigations being prioritised as to current risk and need. Demand is being monitored by the Principal Social Worker.</p> <p>The Service Area intends to review its structures for managing adult safeguarding cases with a view to prioritising additional posts.</p>	<p>This is included in Risk of being unable to provide services due to inability to recruit and retain sufficient levels of all staff –moderate. Mental Health/CAHMS Risk Register-moderate.</p> <p>This is included in Risk of harm due to failure to provide appropriate service relevant to their needs. Mental Health/CAHMS Risk Register-moderate.</p> <p>Failure to comply fully with child protection and vulnerable adults procedures. Risk of allegations of abuse by staff is included in Mental Health/CAHMS Risk Register - moderate.</p>

<p>investigations within care facilities which had required substantial commitment of resources and impacted on capacity to meet other statutory requirements.</p> <p><b>Modernisation</b> Whilst recognising the value of the current modernisation programme within Mental Health Services, there is concern that, as wards close, nursing staff will again be redeployed into vacant posts previously held by social workers.</p> <p><b>ASW Interface with other Agencies</b> The Trust has found the GAIN Working Group helpful in identifying and clarifying some of the interface issues with the PSNI and NI Ambulance Trust. However, it has been noted that increasingly GP's are refusing to assess patients under the Mental Health Order (NI) 1986 as they state that it is not within their contractual arrangements. In a number of instances Police and ambulance have been able to respond to ASW requests as a result of other service pressures.</p> <p><b>ASW Rota</b> The demand for ASW assessments remains</p>	<p>It would be helpful if the HSCB could give some consideration to benchmarking the number of social workers required per population in to deliver statutory mental health services.</p> <p>The Trust is monitoring workforce trends to ensure maintenance of appropriate social work levels across the Service Area.</p> <p>This matter has been reported to RQIA and the GAIN group.</p> <p>The Trust has established a Working Group of</p>	<p>Not on Risk Register</p> <p>This is included in the following risks on the register (1) Risk of staff as a result of lone working and (2) Risk of poor quality service due to ineffective communication systems and incompatible referral processes. Mental Health/CAHMS Risk Register-moderate.</p> <p>Not on Risk Register</p>
--	---	---

<p>high. In addition, the enhanced role that the new legislation proposals have outlined for social workers suggests that service delivery structures and organisational arrangements will require to be reviewed.</p> <p><b>ASW Selection for Training</b>                  In 2011, the Trust implemented a recruitment and selection process for the ASW Programme. This was administered by Human Resources Department and provided an equitable process. However, it was noted that the course requirements for either PQ1 or the Mental Health component of specific award disadvantaged social workers outside of Mental Health, Learning Disability and Psychiatry of Old Age. This is likely to have cumulative implications for the delivery of ASW provision to Children's Services (outside of CAMHS) in particular</p> <p><b>Direct Payments</b>                  The Service Area is awaiting the DHSSPSNI revised guidance to address the area of Direct payments to individuals without capacity.</p> <p><b>Under 18's</b>                  There were 19 under 18's admissions to adult psychiatric wards in the reporting period.</p>	<p>ASW's to review the model of service and will review the workload management of ASW's via CAPA process</p> <p>At an individual level the Trust is endeavouring to enable staff to complete the training requirements. This will be kept under review.</p> <p>The Service Area is compliant with the requisite procedures and reporting processes in relation to under 18 admissions.</p>	<p>Not on Risk Register</p> <p>Not on Risk Register</p> <p>Mental Health and CAMHS Risk Register -- moderate.</p>
---	---	---

<p><b>Suicide Prevention</b> The issue of identifying those individuals who pose a risk of suicide is one of particular significance for the Trust.</p> <p><b>Delayed discharges/resettlement</b> The majority of delayed discharges are due to an inability to access appropriate placements. In addition there are individuals in continuing care wards who could be resettled if appropriate resources were available. It should be noted that the experience of the Trust Resettlement Team suggests that these individuals will require intensive supports in the years following discharge.</p>	<p>The Trust continues to promote a person centred approach to suicide prevention.</p> <p>The Trust has robust policies and procedures to manage such episodes which require the deployment of significant staffing resources and generate major logistical issues for the service.</p> <p>The Trust has developed partnerships with the community sector in supporting individuals at risk of suicidal behaviour. This is a key aspect of the Trust's Mental Health Promotion Strategy. Within the Service Area there is a strong focus on staff training, comprehensive assessment processes and the dissemination of learning from SAI's.</p> <p>The Trust continues to make the case for resettlement monies and to strengthen community resources. The Resettlement Team has been effective in supporting individuals who have been resettled from Knockbracken and the Trust intends to enhance this service further.</p>	<p>Risk of failure to identify individuals known to services is graded red and therefore on the Corporate Risk Register - red.</p> <p>Risk of harm due to failure to provide appropriate services relevant to their needs Mental Health and CAMHS Risk Register-moderate.</p> <p>Not on Risk Register.</p>
---	---	--

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. Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p><b>Vacancy Controls</b> Please see Sections 3.5 and 3.6.</p> <p><b>Senior Social Workers</b> The Senior Social Work role is a key post. Unlike their nursing manager counterparts, they also provide professional supervision to social workers who are not members of their core Team. They are Designated Officers for Vulnerable Adult Procedures and manage referrals from acute, community and voluntary sectors. The development of Band 7 social work practitioner roles has given rise to difficulties in recruiting senior social workers as there is no increased financial reward for the additional management duties.</p> <p><b>Approved Social Workers (ASW) Role</b> The need to plan for ASW succession is urgently required as the majority of ASWs are aged over forty. It is likely that the proposed Mental Health and Capacity legislation will enhance the remit and responsibilities of ASWs. This will have significant resource implications for the Trust. (Please see Section 3.3).</p> <p>In 2011, The Trust introduced a recruitment and selection process for applicants to the ASW Programme. This proved to be successful with applicants well prepared in relation to the demands of the course and their role as an ASW.</p> <p><b>Workforce Management</b> The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were 4 permanent Band 6 Social Work posts vacant in this Service Area as at 31 March 2012.</p>

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 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p>
3.10	<b>Social Workers that work within designated hospitals. Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b>
	<p>A dedicated social work Team provides a service to the Recovery wards in Knockbracken, the Regional Medium Secure Unit and Avoca (PIC ). However, within the acute wards liaison social workers from the Community Teams attend the ward on a weekly basis to identify cases that require social work intervention. In addition the wards can contact the Teams directly if a more urgent response is required. The role of the social worker in the hospital is currently being reviewed (Please see Sections 3.5 and 3.6).</p>
3.11	<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. One of the Trust’s four core values is to treat everyone with respect and dignity – including colleagues, patients and clients.</p> <p>Staff attend Trust mandatory training on Human Rights and it is a regular theme at ASW Training. In addition training programmes are provided in relation to specific issues within the Service Area. In 2012 training on “Restraint and Human Rights” will be provided to in-patient staff.</p> <p>Prompts are provided on the ASW Risk Assessment and Adult Safeguarding documentation to ensure that staff record the process, details of the issues informing decision making and justification for any service delivery actions which impact on an individual service user’s human rights. Social workers are encouraged to reference the European Convention on Human Rights (ECHR) in their case file records. File audits have evidenced compliance with regard to same.</p> <p>All policies are screened and proofed to ensure compliance with Equality and Human Rights considerations.</p> <p>Service users and carers are involved at all levels in the design and</p>

<p>delivery of services and a Service User Consultant is in post as a member of the Senior Management Team. The principle of partnership working is central to the Service Area's values.</p> <p>The Service Area's recovery ethos provides a template for the delivery of mental health services which promote citizenship, inclusion and empowerment-supporting and enabling an individual service user to make their own decisions regarding their life goals, care and treatment through the provision of holistic services which respect diversity and individual integrity.</p> <p>For Individuals who lack capacity and require secure accommodation, a review process involving extended family members has been established to ensure that the needs of the individual are being met in the least restrictive way.</p>
---



**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>Deprivation of liberty of individuals who lack capacity and require secure residential provision.</p> <p>Assessment under the Mental Health Order (NI) 1986</p> <p>Restraint of individuals within psychiatric hospital</p> <p>Within adult safeguarding investigations the need to protect the individual vis a vis their autonomy to make decisions which could continue to place them at risk.</p>	<p>A review process involving the family has been established to ensure the needs of the individual are being met in the least restrictive way. Guardianship is also considered as appropriate.</p> <p>Regular training for ASW's in relation to the implementation of the legislation. Practice issues are discussed at ASW forums. Services which provide an alternative to hospital are considered as less restrictive measures.</p> <p>Training for all relevant staff in relation to the use of restraint. Robust policies and procedures on the use of restraint and a review process when restraint has been used.</p> <p>The Service Area promotes an individual's human rights by endeavouring to develop a protection plan that meets their needs in partnership with the service user and recording the impact that decisions could have on their human rights. Practice is assured through audit.</p>	<p>Learning Disability Services are taking the lead in relation to the Trust response to DHSSPSNI guidance.</p> <p>Training on "Restraint and Human Rights" will be conducted in the Summer 2012.</p>

3.15	<p><b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b></p>
	<p>The Service Area has nominated social workers for the Regional Social Work Awards to promote the achievements of the individual practitioner/manager and to enhance the profile and status of mental health social work within the Trust and the wider community.</p> <p>Within the reporting period, Mental Health Services were delighted to have achieved first prize in the Public Health Agency's Mental Health Patient Experience, Safety Improvement Award 2012 in respect of innovative service initiatives in the Regional Medium Secure Unit and the Mental Health and Deafness Team.</p> <p>"Oasis", a new day-care facility within the inpatient unit at the Mater Hospital, won first prize in the Trust's Chairman's Awards. Two other services, "25 hours in Shannon" and the "Recovery Star in Daycare Services" both received awards.</p>
3.16	<p><b>SUMMARY</b></p>
	<p><b>Financial Climate</b></p> <p>Current financial constraints are impacting on the delivery of mental health services. The Service Area has continued to pursue a reform and modernisation agenda which seeks to develop models of service delivery which provide person centred, non-stigmatising, enabling and effective supports in partnership with service users and localities and optimises the available resource base.</p> <p>It is important that the social work role in mental health services is secured and promoted in the context of the logistical implications for the profile of the workforce related to the redeployment of nursing staff to vacant posts in the community.</p> <p><b>Adult Safeguarding</b></p> <p>The number of adult protection investigations is rising which places increasing demands on the service. In addition, there have been increasing referrals from the voluntary and independent sector for individuals who have mental health problems but who were not previously known to the Service Area.</p> <p>The Service Area intends to complete a review of its adult safeguarding arrangements.</p> <p><b>Proposed Legislation</b></p> <p>As the new Mental Health and Capacity legislation progresses, the Trust recognises the need to profile the workforce, learning and development, capacity, logistical and organisational challenges attendant upon same.</p>

**Social Work Provision in Acute Services**

The Business Case for a new psychiatric inpatient unit for Belfast has been approved. At present the social work provision to acute services is limited. This area requires review to ensure the configuration of social work services' resourcing into the planning and commissioning processes.

**DATA RETURN 1a**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS</b>			
		65	65
<b>1.1</b>	<b>How many adults were referred for assessment of social work / social care need during the year?</b>	* <b>14026</b>	<b>985</b>
<b>1.2</b>	<b>Of those reported at 1.1 how many adults commenced receipt of social care services during the year?</b>	* <b>11033</b>	<b>703</b>
<b>1.3</b>	<b>How many adults are in receipt of social care services at 31<sup>st</sup> March?</b>	* <b>8616</b>	<b>958</b>
<b>1.4</b>	How many care packages are in place on 31 <sup>st</sup> March in the following categories  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement	A <b>23</b>	<b>OPS</b>
		B <b>39</b>	<b>OPS</b>
		C <b>96</b>	<b>OPS</b>
		D <b>1</b>	<b>OPS</b>
		E <b>72</b>	<b>OPS</b>
		F <b>0</b>	<b>OPS</b>
<b>1.5</b>	Number of adults provided with respite during the year	PMSI return	PMSI return
<b>1.6</b>	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	<b>404</b> <b>417</b>	<b>OPS</b>
<b>1.6a</b>	Number of adults known to the Programme of Care in receipt of Day Opportunities	<b>821</b>	<b>OPS</b>
<b>1.7</b>	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	<b>404</b> <b>417</b>	<b>OPS</b>
<b>1.8</b>	nmet need (this is currently under review)	X	X
<b>1.9</b>	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland	<b>13</b>	<b>0</b>
<b>1.10</b>	Complaints	Board return	Board return

**\*This figure relates to whole Service Area.**

**DATA RETURN 1b****Mental Health Service Area  
Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		18	18-65	65
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year	120	<b>178</b>	<b>4</b>
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year	120	<b>178</b>	<b>4</b>
<b>1.3</b>	<b>How many adults or children are on Hospital Social Workers caseloads at 31<sup>st</sup> March?</b>	<b>27</b> (13 BHSCT & S E Trust)	<b>84</b>	<b>2</b>

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

This information pertaining to adults 18-65 relates to the Social Work Team which provides a service to the Recovery Wards and PIC on the Knockbracken Hospital site. The social work service in the Acute Inpatient Wards (Rathlin, Windsor and Mater) is provided by the Community Mental Health Teams and is not recorded separately.

The figure for those children and young people under 18 relates to the provision of multi-disciplinary services including social work delivered by the CAMHS Regional Inpatient Service which is managed within the Adult Mental Health Service Area.

## DATA RETURN 2

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

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		65	65
<b>2.1</b>	<b>Details of patients &lt;65 in hospital for long term (&gt;3months) care who are being treated in hospital ward for &gt;65</b>	<b>0</b>	<b>0</b>
<b>2.2</b>	<b>Number of adults known to the Programme of Care who are:</b>	Not available	Not available
	<b>Blind</b>		
	<b>Partially sighted</b>		
<b>2.3</b>	<b>Number of adults known to the Programme of Care who are:</b>		
	<b>Deaf with speech</b>	<b>36</b>	<b>0</b>
	<b>Deaf without speech</b>	<b>12</b>	<b>0</b>
	<b>Hard of hearing</b>	<b>2</b>	<b>0</b>
<b>2.4</b>	<b>Number of adults known to the Programme of Care who are:</b>	Not available	Not available
	<b>Deaf/Blind</b>		

**The Service Area does not collect information in relation to those individuals who are visually impaired.**

**DATA RETURN 3****Mental Health Service Area  
Social and Primary Care Directorate**

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

**The Service Area does not collect information in relation to the disabled status of those individuals in respect of whom it provides services.**

**DATA RETURN 4****Mental Health Service Area  
Social and Primary Care Directorate****4 HEALTH AND PERSONAL SOCIAL SERVICES  
(NI) ORDER 1972;****Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]**

4.1	Number of Article 15 (HPSS Order) Payments	<b>30</b>
	Total expenditure for the above payments	<b>£5990</b>
4.2	Number of TR ST F NDED people in residential care	<b>56</b>
4.3	Number of TR ST F NDED people in nursing care	<b>71</b>
4.4	How many of those at 4.3 received only the 100 nursing care allowance	<b>0</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)	<b>17</b>

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



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

5.1	Number of adult carers offered individual carers assessments during the year.	<b>288</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>195</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children	<b>0</b>
5.4	Number of adult carers receiving a service 31 <sup>st</sup> March	<b>117</b>
5.5	Number of young carers offered individual carers assessments during the year.	<b>4</b>
5.6	Number of young carers assessments undertaken during the year.	<b>4</b>
5.7	Number of young carers receiving a service 31 <sup>st</sup> March	<b>Not available</b>
5.8	Number of adults receiving direct payments 31 <sup>st</sup> March	<b>23</b>
5.9	Number of children receiving direct payments 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person	<b>0</b>
5.10	Number of carers receiving direct payments 31 <sup>st</sup> March	<b>0</b>
5.11	Number of one off Carers Grants made in-year.	<b>43</b>

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

**Commentary**

The number of carers receiving a service relates to carer specific services e.g. Carer grants, complimentary therapies, one off events and training. It does not include referrals to the carer advocates who are commissioned by the Trust or those services provided to carers as part of the service user care plan.

Carer therapies	25
Carer grants	43
Carer away days	19
Carer one off events	20
Training	10
<b>Total</b>	<b>117 carers</b>

**DATA RETURN 6**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

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

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

**7 SOCIAL WORK STAFF**

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

**DATA RETURN 8**  
**Mental Health Service Area**  
**Social and Primary Care Directorate**

**8 Assessed Year in Employment**

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

**DATA RETURN 9****Mental Health Service Area  
Social and Primary Care Directorate****9 The Mental Health (NI) Order 1986****Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115****Admission for Assessment Process Article 4 and 5**

9.1	Total Number of Assessments made by ASWs under the MHO	<b>320</b> corporate												
	<table border="1"> <thead> <tr> <th>Daytime Rota Total</th> <th>EDT</th> </tr> </thead> <tbody> <tr> <td>Total Assess - 198</td> <td>Total Assess – 122</td> </tr> <tr> <td>Compulsory - 143</td> <td>Compulsory - 85</td> </tr> <tr> <td>Voluntary - 19</td> <td>Voluntary - 10</td> </tr> <tr> <td>No Admission - 36</td> <td>No Admission - 27</td> </tr> </tbody> </table> <p>Under 18 – 25 assessments Over 65 – 35 assessments Learning disability – 8</p>	Daytime Rota Total	EDT	Total Assess - 198	Total Assess – 122	Compulsory - 143	Compulsory - 85	Voluntary - 19	Voluntary - 10	No Admission - 36	No Admission - 27			
Daytime Rota Total	EDT													
Total Assess - 198	Total Assess – 122													
Compulsory - 143	Compulsory - 85													
Voluntary - 19	Voluntary - 10													
No Admission - 36	No Admission - 27													
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>228</b> corporate												
	<table border="1"> <thead> <tr> <th>Daytime Rota Total</th> <th>EDT</th> </tr> </thead> <tbody> <tr> <td>Compulsory - 143</td> <td>Compulsory - 85</td> </tr> <tr> <td>Of the 143 assessments</td> <td>Of the 85 assessments</td> </tr> <tr> <td>Under 18 – Compulsory - 11</td> <td>Under 18 - Compulsory – 5</td> </tr> <tr> <td>Over 65 - Compulsory - 16</td> <td>Over 65 – Compulsory - 7</td> </tr> <tr> <td>Muckamore - Compulsory 5</td> <td>Muckamore Compulsory 3</td> </tr> </tbody> </table>	Daytime Rota Total	EDT	Compulsory - 143	Compulsory - 85	Of the 143 assessments	Of the 85 assessments	Under 18 – Compulsory - 11	Under 18 - Compulsory – 5	Over 65 - Compulsory - 16	Over 65 – Compulsory - 7	Muckamore - Compulsory 5	Muckamore Compulsory 3	
Daytime Rota Total	EDT													
Compulsory - 143	Compulsory - 85													
Of the 143 assessments	Of the 85 assessments													
Under 18 – Compulsory - 11	Under 18 - Compulsory – 5													
Over 65 - Compulsory - 16	Over 65 – Compulsory - 7													
Muckamore - Compulsory 5	Muckamore Compulsory 3													
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	<b>7</b> corporate												
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	<b>9 MH</b> <b>1 LD</b>												
<b>Form 5s</b>														
9.2	Total Number of Form 5s/5as completed)	<b>135 MH</b> <b>16 LD</b>												
9.2a	Of these, how many resulted in an application being made	<b>125 MH</b> <b>16 LD</b>												
	<p><b>Commentary – provide explanation as to Forms not resulting in application</b></p> <p><b>It is not possible to report at present as the clinical decision for not making an application is only recorded in the patient's notes.</b></p>													

<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed  <b>ASW report is completed on all assessments irrespective of outcome of assessment.</b>	<b>319</b> corporate
9.3.a	How many of these were completed within 5 working days	<b>279</b> corporate
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Reports completed	<b>9 MH</b>
9.4.a	Number of completed reports which were completed within 14 days	<b>7 MH</b>
<b>Mental Health Review Tribunal</b>		
9.5	Number of referrals to MHRT in relation to detained patients	<b>60 MH</b> <b>24 LD</b>
9.5.a	Number of MHRT hearings	<b>37 MH</b> <b>24 LD</b>
9.5.b	Number of patients regraded by timescales a. 6 weeks before MHRT hearing b. 6 weeks before MHRT hearing – <b>(clarity on the information required in this section would be appreciated)</b>	<b>13 MH</b> <b>2 LD</b> <b>6 MH</b> <b>2 LD</b>
<b>Guardianships Article 18</b>		
9.6	Number of Guardianships in place in Trust at year end	<b>1 MH</b>
9.6.a	New Applications for Guardianship during year	<b>2 MH</b>
9.6.b	How many of these were transfers from detention	<b>1 MH</b>
9.6.c	How many were Guardianship Orders made by Court (Article 44)	<b>0 MH</b>
9.6.d	Number of new Guardianships accepted during the year	<b>2 MH</b>
9.6.e	Number of Guardianships Renewed	<b>1 MH</b>
9.6.f	Number of Guardianships accepted by a nominated other person	<b>0 MH</b>
9.6.g	Numbers referred to MHRT	<b>0 MH</b>
9.6.h	Number discharged from guardianship following MHRT	<b>0 MH</b>
<b>ASW Register (corporate)</b>		
9.7	Number of newly Approved Social Workers during year	<b>1</b>
9.7.a	Number of Approved Social Workers removed during year	<b>4</b>
9.7.b	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	<b>53</b>
	<b>Commentary</b>  There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.  The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area.	

	<p>Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p>	
9.8	<p><b>Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.</b></p> <p>There were 17 under 18's admitted to adult mental health wards.</p> <p>There were 25 assessments by ASW in the period, 16 of which were compulsory admitted to a hospital ward, 5 were voluntarily admitted and 4 were not admitted.</p>	
9.9	<p><b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b></p> <p>Referrals to the Office of Care and Protection are not collated separately at present. Records of such referrals are within individual case files.</p>	

<b>The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. Article 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	<b>1</b>
9.11	Of the Total shown at 9.8 how many have their treatment required as	<b>1</b>
	Treatment as an in-patient	<b>1</b>
	Treatment as an out patient	<b>1</b>
	Treatment by a specified medical practitioner.	<b>1</b>
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	<b>1</b>
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	<b>1</b>
	<b>Commentary</b>	

### 3. GENERAL NARRATIVE

To be completed for each Programme of Care.

<b>Adult Learning Disability Service Area Social and Primary Care Directorate</b>	
<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
	<p>The Associate Director of Social Work in Learning Disability for the year 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012 was Mr John McCart. Following his retirement, Mr Barney McNeany has been appointed to the role and will take up post in June 2012. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. He is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Associate Director of Social Work is responsible for</p> <ul style="list-style-type: none"> <li>➤ The provision of professional leadership for the social work and social care workforce within the Service Area.</li> <li>➤ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.</li> <li>➤ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.</li> <li>➤ The collation and assurance of the Service Area interim and annual Statutory Functions' reports.</li> <li>➤ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities.</li> <li>➤ Ensuring that arrangements are in place within the Service Area to monitor compliance within NISCC registration requirements.</li> </ul> <p>An unbroken line of accountability for the discharge of statutory functions pertaining to the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>

<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>The Service Area's supervision policy covers both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, professional supervision on a quarterly basis. This policy meets the requirements of the Trust's professional social work supervision policy.</p> <p>Operations Managers are required to carry out a monthly audit of the quality of supervision provided by Team leaders.</p> <p>The Service Area also provides a Learning Disability Social Work Forum that meets twice yearly to provide opportunities for professional development and professional support. The Service Area runs reflective practice groups for social workers which meet two to three times a year.</p> <p>Learning Disability social workers also attend Approved Social Work fora, Designated Officer support fora and Achieving Best Evidence support fora as appropriate.</p> <p>In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and their Employers NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE forum. The Service Area has employed two AYE staff member during this reporting year.</p> <p>The Service Area performed well in a recent Trust wide internal audit of professional supervision, achieving 100 compliance with the audited standards.</p> <p>The Service Area does not operate a formal caseload weighting system but Team Leaders consider case complexity in making allocation decisions.</p>
<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>The Service Area continues to maintain a Community Teams' Handbook which specifies the expectations, protocols and procedures for all aspects of the Teams' work. The Handbook covers statutory functions responsibilities such as the operation of vulnerable adult procedures, carers' assessments, direct payments, supervision and the use of The Mental Health (NI) Order 1986.</p> <p>The procedures require Team Leaders to carry out random file audits during each supervision session with Team members. Operations managers are required to carry out a quarterly audit of the standard of</p>



these file audits.

Operations managers are also required to carry out a monthly audit of the quality of supervision provided by Team leaders.

A wide variety of statistics are gathered on a monthly basis from the four Community Teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends.

As noted in 3.2, the Service Area was recently audited regarding compliance with professional social work supervision standards.

The Service Area's adherence to Promoting Quality Care guidance was audited recently by RQIA. Informal feedback was positive but we await the formal outcome.

Adult safeguarding arrangements in mental health and learning disability hospitals including Muckamore Abbey Hospital were also recently inspected by RQIA. Informal feedback was again positive but we await the report.

The RQIA also conducted a recent review of Guardianship involving some of the Service Area's cases. Again informal feedback indicated approval of our use of guardianship. Formal feedback is due in May 2012.

The Service Area was also included in a recent Trust-wide internal audit of adherence to vulnerable adult practice standards. Informal feedback was very positive. This was in addition to a Service Area internal audit of adherence to vulnerable adult practice standards. This audit revealed some inconsistencies in recording practice which have since been addressed.

The Service Area completed an internal audit of adherence to the requirements of Adult Placement Regulations. The Service Area has a contract with Positive Futures, Families Matter Service for the provision of adult placements and Trust staff have a number of responsibilities under the regulations. The audit showed that compliance was generally poor and that staff lacked knowledge of their responsibilities. This has been addressed and the audit will be repeated this year.

The Service Area has finished a scoping exercise in relation to the numbers of community clients who could be described as being deprived of their liberty as per the Bournemouth criteria. This information is currently being collated and analysed.

The Service Area's compliance with RQIA requirements for the use of

	<p>The Mental Health (NI) Order 1986 forms continues to be audited internally on a regular basis. The Service Area performs well in these audits.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b>  <b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p>All social work and social care staff in the Service Area who are required to do so are registered with NISCC. This is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this.</p> <p>Social workers are supported to meet NISCC's ongoing professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a personal contribution and development plan.</p> <p>The Service Area also provides induction for all new staff which meets NISCC's induction standards. This includes a two day learning disability specific induction course developed and run by the Service Area.</p> <p>The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and tribunals.</p> <p>The Service Area's day care facilities, residential and supported living services and its community support service are all registered with the RQIA and subject to ongoing inspection and monitoring.</p> <p>The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements.</p> <p>The Service Area liaises with RQIA on protection of vulnerable adult issues as they arise in relation to any registered facility.</p> <p>The Service Area has contributed as appropriate to MARAC and PPANI processes.</p> <p>Service Area staff refer to the Office of Care and Protection as appropriate and act in accordance with their instructions on financial matters for individual service users.</p> <p>The Service Area liaises with the PSNI as per the Joint Protocol</p>

arrangements where appropriate.

The Service Area reported on JR50 in this year's Interim Statutory Functions Report. [REDACTED]

Meanwhile the Law Centre (NI), acting for a learning disability service user, is currently seeking leave for judicial review of the Trust's interpretation of its powers under guardianship. The Court reference for this case is 11/086012/01. The service user is arguing that the Trust's interpretation of the power of residence to include restrictions on temporary absences from the accommodation is too wide.

The issues in JR50 and 11/086012/01 are not exactly the same but bear some similarities.

The Trust is currently challenging the service user's capacity to undertake legal proceedings and is also opposing the service user's application for a protective costs order. We are awaiting the outcome of the court's deliberations on these matters.

If leave for judicial review in 11/086012/01 is granted, the Trust intends to defend its position but also to apply under the inherent jurisdiction of the High Court for orders permitting the Trust to continue the present arrangements in respect of the applicant. It is intended that this application would be heard at the same time as the judicial review so that in the event of the court being of the view that the present arrangements are ultra vires of the Mental Health (NI) Order 1986, the High Court can consider whether these should be continued under the inherent jurisdiction provisions.

The intention of this course of action is to test the applicability of the inherent jurisdiction in this case but also to establish the overall applicability of the inherent jurisdiction to other cases and circumstances. It is hoped that this would also clarify some of the broader questions raised by JR50.

In last year's Statutory Functions Report, the Trust was awaiting the outcome of a judicial review in which a Muckamore Abbey Hospital patient challenged the DHSSPSNI in relation to the lack of funding provided for resettlement. The judicial review found that the Department had not acted unlawfully.

The judicial review in relation to PF and the use of Direct Payments continues to present difficulties for the Service Area. The Trust is still awaiting a Departmental resolution to this issue.

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>The Service Area continues to struggle to make appropriate provision for the accommodation and support of care leavers who have a learning disability. These young people often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. During this reporting period, two care leavers were provided with accommodation and intensive support packages and two care leavers were provided with adult family placements. In the coming year, seven young people will require accommodation and intensive support packages and two care leavers will require adult family placements. As noted in previous reports, the Service Area has not been resourced to provide this service in the same way as Children's Services which can mean that a child transitioning to adulthood is unable to access a similar service to that provided by Children's Services.</p>	<p>This issue has been raised with the HSCB. Funding requests for individual packages have been made to the HSCB as necessary but these requests have not always been successful. The Service Area recognises the importance of appropriate and timely transition planning and is working closely with Children's Disability and Family and Child Care Services to ensure this happens.</p> <p>The Service Area has recognised late diagnosis of learning disability in children known to Family and Child Care Services as a significant problem. The Service Area has encouraged Family and Child Care Services to refer for assessment as early as possible if a learning disability is suspected.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

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
2.	<p>The Service Area continues to experience some difficulty in achieving resettlement targets. Lack of finance, lack of appropriate service provision and lack of community infrastructure all present significant barriers to achieving progress. The target for the year ending 31/3/12 was the discharge of sixteen patients on the Priority Target List (PTL). Only four patients on the PTL were discharged on target although the Service Area did achieve the discharge of eight delayed discharge patients, thereby exceeding its target of three. The Service Area believes that considerable momentum was lost during the initial six months of this year in anticipation of new project arrangements through the community integration project. This resulted in a consequent delay in achieving the 31/3/12 target. The Service Area also adhered to the project plan in focusing exclusively on the identified wards for 2011/12 of Oldstone and Finglass and has only recently broadened its approach, in consultation with the Board, to consider patients elsewhere in the hospital who may</p>	<p>The Service Area has plans in place for the discharge of a further twelve PTL patients and anticipates that these will be achieved by September 2012. The focus for 2012/13 is for the patients in Erne and Ennis wards to be prioritised with a target of twenty-two PTL patients. This is a challenging target but the Service Area is working closely with the Project Team and the HSCB to develop procurement and tender proposals for specialist community service provision for patients with complex and challenging needs. The Service Area is committed to delivering a better quality of life for patients being resettled.</p> <p>The Service Area is in the process of exploring the targeting of staffing resources to support the resettlement process. For example; it has been identified that occupational therapy input could facilitate quicker discharge processes. Occupational therapists could screen possible properties to help facilitate the purchase of accommodation in line with the Supporting People Department proposals.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

	<p>be more easily resettled.</p>	<p>Despite the difficulties which have been encountered this year, the Service Area remains optimistic that resettlement of the identified patients at Muckamore Abbey Hospital can be completed by 2015 and considers that significant progress has been made in recent months to advance plans for this. For example, a small number of new providers are emerging and the Service Area has successfully submitted two new build schemes at Peters Hill and Annadale for approval through the Supporting People partnership although these are not likely to be available until 2013/14.</p> <p>The Service Area recognises the importance of building community infrastructure to support patients on discharge. The Service Area welcomes the investment in community infrastructure which was made this year which has enabled the Community Multi-disciplinary Learning Disability Teams and treatment services to increase their capacity. This allows Community Teams to better support resettlement planning as well as provide better support post resettlement. However, while welcome, the Service Area would note that significant further community infrastructure investment is needed.</p>	
--	----------------------------------	--	--

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
3.	<p>The Service Area's target for this year was to achieve 75 of discharges within seven days of the patient being assessed as medically fit for discharge. The Service Area was, in the main, able to deliver on this target. The target to discharge 100 of patients assessed as medically fit for discharge within ninety days was not consistently achieved. This was due to the arrangements required for the discharge of patients with more complex needs including the provision of bespoke packages and individual accommodation arrangements. At the end of March 2012, twelve patients were waiting longer than ninety days.</p> <p>The Service Area's target for the coming year is to achieve all discharges within seven days of the patient being assessed as medically fit for discharge. This target is extremely challenging and the Service Area anticipates that it will not be achieved.</p>	<p>An inter hospital and community working group continues to meet regularly to promote effective co-ordination, communication and planning to achieve timely discharge. This working group also reviews all admissions for appropriateness.</p> <p>The Service Area continues to engage in discussion with the Board about the barriers encountered in achieving some targets. The Service Area wishes to further discuss the 2012 seven day discharge target with the Board in light of the anticipated difficulties meeting it.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

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
4.	<p>The Service Area's caseloads continue to rise. In this reporting period they rose by an additional sixty-eight cases. There were one hundred and eight new referrals but only forty closures. This echoes the pattern of previous years where referral numbers exceed closures resulting in increased caseloads. This year's increase of sixty-eight adds to the pressure created by the extra one hundred and thirty eight cases in the preceding two years. Without any corresponding increase in provision, this remains a major concern for the Service Area creating as it does, the potential to be unable to meet statutory functions' requirements.</p>	<p>The Service Area continues to prioritise cases according to need. It has also introduced a key-working system to help avoid duplication of staff resources. The investment in community infrastructure via resettlement has increased capacity although it has not taken into account the increase in case numbers from community sources.</p>	<p>This issue is on the Service Area's Risk Register and is categorised as a red risk.</p>



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
5.	<p>The Service Area is currently having difficulties promoting Direct Payments uptake. There has been a very modest increase of nine this year. This difficulty is largely caused by the need to change practice following the judicial review in relation to the PF case and the use of Direct Payments. Until a resolution is found to this issue, it is unlikely that there will be much further progress in increasing Direct Payment numbers.</p>	<p>The Service Area is linked into the ongoing discussions about a resolution to the implications of the PF case.</p> <p>Service Area staff participate as appropriate in the Trust's Direct Payment's training programme of initial awareness, advanced and reflective practice.</p> <p>As detailed in this year's Interim Statutory Functions Report, the Service Area continues to promote Direct Payments usage in a number of ways including the use of communication tools designed to build and assess capacity in relation to Direct Payments.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

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
6.	<p>The Service Area remains concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists.</p>	<p>The Trust has made the Department aware of the difficulties it perceives in the guidance. The issue has been raised in consultation processes on the new legislation which is to deal with this problem.</p> <p>The Service Area has completed a scoping exercise in relation to the number of service users who may be deprived of their liberty as per the Bournewood criteria. This has taken some time because of the large number of service users involved. When the information is analysed, the Service Area will consider if any additional case management actions would provide further safeguards for service users.</p> <p>It is hoped that the current legal debates as detailed in Section 3.4 will provide some clarity on how Trusts can make a range of decisions for those who lack capacity. This would hopefully clarify issues around best interests decisions relating to welfare and adult protection.</p>	<p>This issue is on the Trust's Risk Register and is categorised as a red risk.</p>

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
7.	<p>The Service Area, while welcoming the Promoting Quality Care Guidance, continues to find the twenty-eight day target for completing a comprehensive risk management plan largely unachievable. The Service Area currently has fifty comprehensive risk management plans in place in the community and in fifty-eight in Muckamore.</p>	<p>The Service Area presented on its experience of PQC at a HSCB-led regional learning event.</p> <p>Following this event, a regional learning disability PQC forum was established and the Service Area has a representative on this. The Service Area welcomes the development of this group and is raising any practice difficulties there.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</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
8.	<p>The PSNI/Social Services interface in vulnerable adult processes continues to cause some difficulties. As detailed in last year's report, we have been informed by the PSNI that a lack of police personnel is the reason for some delays in achieving a consultation, delays in investigation and lack of availability to attend meetings. The Service Area has also noted differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity and to vulnerable adults who have capacity but do not wish to make a complaint.</p>	<p>The Service Area reported on these difficulties in the recent joint RQIA and CJ1 inspection of Joint Protocol procedures. It has also raised them in the current RQIA review of safeguarding arrangements in mental health and learning disability hospitals.</p> <p>The Service Area is actively involved in LASP and NIASP groups who are reviewing these issues.</p>	<p>This issue is on the Service Area Risk Register and is classified as a moderate risk.</p>

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
9.	<p>The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care packages, domiciliary care, direct payment and residential/nursing care are all affected and requests are often agreed in only the most urgent and critical circumstances. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans as detailed in the Learning Disability Adult Safeguarding Report.</p>	<p>The Service Area scrutinises and prioritises requests for service provision as far as possible. [REDACTED]</p> <p>Vulnerable adult procedures are followed (see Learning Disability Adult Safeguarding Report).</p> <p>Information on unmet need is collected and analysed.</p>	<p>This issue is on the Service Area Risk Register and is categorised as a moderate risk.</p>

<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p><b>Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p>The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high.</p> <p>However, the Service Area has experienced considerable pressure in covering a career break, three maternity leave positions and filling a retirement vacancy. The Service Area has also had staffing difficulties caused by a number of long term sickness absences.</p> <p>Delays in scrutiny and recruitment processes have left Teams quite short staffed at times.</p> <p>Progress has been made in filling these positions and the Service Area hopes to have a better staffing position in the coming year.</p> <p>The Service Area welcomes the additional Community Teams' posts, including a social work post, which was funded by Muckamore Abbey Hospital resettlement monies to improve community infrastructure.</p> <p>Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible.</p> <p>The Service Area had hoped to train a further Approved Social Worker this year. This did not prove possible but an interested, appropriately qualified candidate is seeking admission to this year's course.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>There were no permanent social work vacancies in the Service Area as at 31<sup>st</sup> March 2012.</p>

3.9	<b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b>
	<p><b>Home Help Service</b> – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service</p> <p><b>Residential and Nursing Homes Charging</b> – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (<b>CRAG</b>) to determine charges.</p>
3.10	<b>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b>
	<p>Muckamore Abbey Hospital has a small social work Team, comprising of one senior social worker, one senior practitioner and one social worker.</p> <p>The Team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services.</p> <p>Social workers are core members of the multi-disciplinary Teams on the following wards; Cranfield Men, Cranfield Women, Cranfield IC , Killead, Donegore, Sixmile Assessment and Treatment and Oldstone where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key.</p> <p>Other wards may request a social work service in individual cases.</p> <p>The Muckamore social work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and has become skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the Hospital Team, they will provide this.</p> <p>The social work service at Muckamore leads the work on vulnerable adult protection providing advice, support and guidance to other hospital staff. The Senior Social Worker is the lead Designated Officer and processes the majority of the hospital's vulnerable adult referrals. The social workers in the Team act as investigating officers. Both the social workers and the senior social worker are trained to Joint Protocol and clarification discussion standards. Vulnerable adult protection work forms a very significant part of the Team's workload.</p>

	<p>The social work Team has also taken a lead in the implementation of the Promoting Quality Care guidance. The Team has particular skill and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work.</p> <p>In a related function, the social work Team link with PPANI, MARAC, the PP , Gateway services and community adult protection services about hospital patient risk management issues.</p> <p>The Team Leader sits on the hospital's management committee to provide a social work perspective on all operational and governance arrangements.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>The Service Area is committed to incorporating human rights considerations into all aspects of its work.</p> <p>All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate.</p> <p>Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for;</p> <ul style="list-style-type: none"> <li>i) Vulnerable Adult Protection</li> <li>ii) Capacity, Consent and Best Interests Issues</li> <li>iii) Guardianship Decisions</li> <li>iv) Admission for Assessment Decisions</li> <li>v) Mental Health Review Tribunal Reports</li> <li>vi) Risk Assessment and Risk Management</li> </ul> <p>The Service Area has a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user forums, user consultation, user participation in staff interviews, user led training at induction and the provision of accessible information.</p>



**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 requires careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. Feedback to consultation processes by the Service Area on new legislation which will have a rights based approach.	All ongoing.
2.	As noted in previous Service Area reports, the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment remains problematic. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.
3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission of assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.

4.	<p>Vulnerable adult protection work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the victim, raises significant human rights' challenges.</p>	<p>Staff training on human rights.                  Staff training on data protection.                  Staff training on vulnerable adult processes.                  Learning disability input into the regional group revising the joint protocol.</p>	<p>All ongoing,</p>
5.	<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>Staff training on human rights.                  Staff training on data protection.                  Staff training on the Promoting Quality Care guidance</p>	<p>All 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>The Service Area is particularly positive about its efforts to involve and empower service users in decision making about their lives and their care. The provision of user-friendly information is an important part of this. For example; the Service Area has produced easy-read guides on Guardianship, admission for assessment, Direct Payments and individual easy read risk management plans. The Service Area is also about to launch a common assessment and referral tool for use across the Service Area's Community Teams, residential and supported living services and day care services. This has been designed to be an individualised, person-centred, accessible document which the service user will contribute to and own in so far as that is possible.</p> <p>The Service Area is looking forward to the launch of a new parenting support service which will promote the human rights of people with learning disability to parent by providing the right information, appropriate assessment and suitable support. The need for this sort of service has been identified for quite some time and planning to design an appropriate service model has been underway over the last year. Staff recruitment issues have delayed its start but it is hoped that the service will be available from September 2012 at the latest. This development is one part of ongoing service improvement arising from a joint family and childcare and learning disability project Team. The project Team has been in operation for approximately 18 months and is working to improve services for parents with learning disability by improving co-ordination and communication between the two Service Areas, raising awareness of the needs of parents who have a learning disability, developing appropriate assessment skills amongst staff and seeking to improve the quality of available supports.</p>
<b>3.16</b>	<b>SUMMARY</b>
	<p>The Service Area believes that its model of service provision is generally effective at delivering a good quality service to people with a learning disability and that its organisational and governance arrangements largely achieve good compliance with statutory responsibilities.</p> <p>However, the Service Area continues to seek to improve its performance in line with the aims and objectives of The Big Plan, the Service Area's blueprint for the next two years. The Big Plan is very much in line with the recommendations of the Compton Review which outlines the need for partnership working and personalised services that meet individual need.</p> <p>Achieving partnership working with service users, carers and the</p>

	<p>private, voluntary and independent sectors continues to be a major aim.</p> <p>The ongoing financial situation and the pressures of increasing demands for services are, however, of major concern. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risks it manages. Insufficient resources clearly impact on the Service Area's capacity to manage these pressures.</p>
--	---

## DATA RETURN 1a

Adult Learning Disability Service Area  
Social and Primary Care Directorate

1 GENERAL PROVISIONS			
		65	
1.1	How many adults were referred for assessment of social work / social care need during the year	108	Not available
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year	108	Not available
1.3	How many adults are in receipt of social care services at 31 <sup>st</sup> March	1771	Not available
1.4	How many care packages are in place on 31 <sup>st</sup> March in the following categories  a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement	A149	Not available
		B161	Not available
		C196	Not available
		D91	Not available
		E151	Not available
		F9	Not available
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care  Statutory sector Independent sector	696	Not available
		65	
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	103	Not available
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	17	Not available
		0	
1.8	met need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland	1	Not available
1.10	Complaints	Board return	Board return

## DATA RETURN 1b

Adult Learning Disability Service Area  
Social and Primary Care Directorate

1 GENERAL PROVISIONS - HOSPITAL				
		18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year	0	438	Not available
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year	0	438	Not available
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March	0	98	Not available

Age is at date of referral for 1.1 and 1.2

**1.1 This includes 310 vulnerable adult referrals. Age at referral is unavailable.**

**DATA RETURN 2**  
**Adult Learning Disability Service Area**  
**Social and Primary Care Directorate**

<b>2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;</b>			
		65	65
2.1	Details of patients 65 in hospital for long term ( 3months) care who are being treated in hospital ward for 65	0	0
2.2	Number of adults known to the Programme of Care who are		
	Blind	6	Not available
	Partially sighted	30	Not available
2.3	Number of adults known to the Programme of Care who are		
	Deaf with speech	Not available	Not available
	Deaf without speech	11	Not available
	Hard of hearing	13	Not available
2.4	Number of adults known to the Programme of Care who are		
	Deaf/Blind	2	Not available

**2.2 – 2.4 Age profile of clients with sensory impairments is not known. The Service Area does not collate information on sensory impairments centrally. These figures are based on information from Team leaders and daycare managers and are likely to be underestimates.**

**DATA RETURN 3**

**Adult Learning Disability Service Area  
Social and Primary Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b> <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment learning disability</i>		
3.1	Number of referrals to Learning Disability during the reporting period.  108 community referrals 438 hospital referrals including vulnerable referrals	<b>108</b> <b>438</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>1771</b>
3.2	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>546</b>
3.3	Types of need that could not be met met need occurs in all aspects of our service provision including;  This may involve a complete lack of service provision, inadequate service provision or a poorer quality of provision.	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>33</b>



**DATA RETURN 4****Adult Learning Disability Service Area  
Social and Primary Care Directorate**

<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	170
	Total expenditure for the above payments	<b>Not available</b>
4.2	Number of TR ST F NDED people in residential care	149
4.3	Number of TR ST F NDED people in nursing care	161
4.4	How many of those at 4.3 received only the 100 nursing care allowance	1
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)	17

**4.1 Information on total expenditure not available.**

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

**DATA RETURN 5****Adult Learning Disability Service Area  
Social and Primary Care Directorate**

<b>5 CARERS AND DIRECT PAYMENTS ACT 2002</b>		
5.1	Number of adult carers offered individual carers assessments during the year.	<b>115</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>84</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children	<b>n/a</b>
5.4	Number of adult carers receiving a service 31 <sup>st</sup> March	<b>Not available</b>
5.5	Number of young carers offered individual carers assessments during the year.	<b>16</b>
5.6	Number of young carers assessments undertaken during the year.	<b>11</b>
5.7	Number of young carers receiving a service 31 <sup>st</sup> March	<b>0</b>
5.8	Number of adults receiving direct payments 31 <sup>st</sup> March	<b>66</b>
5.9	Number of children receiving direct payments 31 <sup>st</sup> March	<b>n/a</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person	<b>n/a</b>
5.10	Number of carers receiving direct payments 31 <sup>st</sup> March	<b>3</b>
5.11	Number of one off Carers Grants made in-year.	<b>147 + 49</b>

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

**5.4 The Service Area does not collate information on total number of carers involved with clients.**

**5.7 The Service Area does not collate information on total number of young carers involved with clients.**

**5.11 There were 147 grants made and 49 alternative therapies sessions provided for carers.**

**DATA RETURN 6****Adult Learning Disability Service Area  
Social and Primary Care Directorate**

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

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**  
**Adult Learning Disability Service Area**  
**Social and Primary Care Directorate**

**7 SOCIAL WORK STAFF**

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

**DATA RETURN 8**  
**Adult Learning Disability Service Area**  
**Social and Primary Care Directorate**

**8 Assessed Year in Employment**

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

## DATA RETURN 9

Adult Learning Disability Service Area  
Social and Primary Care Directorate

## 9 The Mental Health (NI) Order 1986

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

<b>Admission for Assessment Process Article 4 and 5</b>		
9.1	Total Number of Assessments made by ASWs under the MHO	320 Corporate Figure
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	320 Corporate Figure
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	7 Corporate Figure
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1 L D
<b>Form 5s</b>		
9.2	Total Number of Form 5s/5as completed)	16 L D
9.2a	Of these, how many resulted in an application being made	16 L D
Commentary – provide explanation as to Form s not resulting in application		
<b>ASW Applicant reports</b>		
9.3	Number of ASW Applicant reports completed	320 Corporate Figure
9.3.a	How many of these were completed within 5 working days	279 Corporate Figure
<b>Social Circumstances Reports (Article 5.6)</b>		
9.4	Total number of Reports completed	9 Corporate Figure
9.4.a	Number of completed reports which were completed within 14 days	7 Corporate Figure
<b>Mental Health Review Tribunal</b>		
9.5	Number of referrals to MHRT in relation to detained patients	24 L D
9.5.a	Number of MHRT hearings	24 L D
9.5.b	Number of patients re-graded by timescales	
	a. 6 weeks before MHRT hearing	2 L D
	b. 6 weeks before MHRT hearing	2 L D
<b>Guardianships Article 18</b>		
9.6	Number of Guardianships in place in Trust at year end	15
9.6.a	New Applications for Guardianship during year	1
9.6.b	How many of these were transfers from detention	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the year	1
9.6.e	Number of Guardianships Renewed	11
9.6.f	Number of Guardianships accepted by a nominated other person	0

9.6.g	Numbers referred to MHRT	7
9.6.h	Number discharged from guardianship following MHRT	0
<b>ASW Register</b>		
9.7	Number of newly Approved Social Workers during year	0
<b>9.7.a</b>	<b>Number of Approved Social Workers removed during year</b>	<b>1</b>
<b>9.7.b</b>	<b>Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)</b>	<b>8</b>
	<p><b>Commentary</b></p> <p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.</p>	
<b>9.8</b>	Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old If so please provide detailed explanation for each and every instance.	<b>0</b>
<b>9.9</b>	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107	
	This information has not been routinely collected by the Trust.	Not available

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

**3. GENERAL NARRATIVE**

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

**Family and Child Care Service Area  
Social and Primary Care Directorate**

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

<b>3.2</b>	<b>Supervision arrangements for social workers</b>
	<p>The Reform Implementation Team Supervision Policy, Standards and Criteria informs the delivery of supervision within the Service Area and regular audits are undertaken to ensure compliance with the Policy.</p> <p>The Reform Implementation Team Caseload Management Model has recently been rolled out and is being implemented across the Service Area. This model will be subject to ongoing overview via Senior Management and feedback provided to RIT.</p> <p>AYE staff are supervised in accordance with the requirements specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 NISCC.</p>
<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>The Service Area has established a Threshold working group which is reviewing the quality of referrals made into and the response provided by the Gateway Service. It is also reviewing the thresholds used for the transfer of cases into Family Support and other community services. Two peer reviews have been undertaken jointly with Gateway/BELB and Gateway/Health Visiting and the outcome of these reviews are due to be considered by the working group.</p> <p>A multi-professional audit was undertaken by social work/health visiting Senior Managers of children who had been on the Child Protection Register (CPR) for over three years. The findings of this audit highlighted a complexity of inter-related factors including alcohol and drug misuse, parental mental health and domestic violence alongside the birth of additional children into the household as contributing to the decision to maintain the children on the CPR. An action plan is currently being developed in response to areas identified for improvement such as; additional training for staff regarding child protection plans, improved domestic violence risk assessment processes and developing more appropriate responses to cases where domestic violence is known.</p> <p>A GAIN audit was conducted in January 2012. The audit evidenced good levels compliance with requisite administrative and practice standards. The Service Area is currently developing action plans to address those aspects of service delivery which require improvement.</p> <p>The Trust is still awaiting the final report into two Case Management Reviews (CMRs) and is continuing to address any outstanding actions arising from previous internal reviews.</p>



	<p>The 2008 – 2011 Review of Early Years Services (Article 20 Report) has been completed and submitted to the HSCB. The Trust will also be publishing a report.</p> <p>There has been a LEAN Project undertaken in relation to administrative processes in adoption to assist the social work staff and managers in the delivery of Adoption Services in the Trust. The pressure continues to find suitable adoptive placements to meet the complex and challenging needs of Looked after children where the care plan is adoption.</p> <p>Assurance arrangements with regard to residential care services include the completion of monthly reporting to RQIA, the RQIA independent inspection processes, regular monitoring of service delivery by Senior Managers and the HSCB scrutiny arrangements in respect of toward Incident reports. The Monthly Monitoring and Inspection Reports are reviewed on a quarterly basis by the Director of Social and Primary Care and Service Area Senior Managers.</p> <p>These processes have consistently identified positive levels of practice and service delivery across the residential sector.</p>
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><b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p>The Service Area is compliant with NISCC’s workforce registration requirements.</p> <p>As noted above, the Trust has provided Quality Improvement Plans in response to requirements and recommendations arising from RQIA inspections of Children’s Homes. These are reviewed by senior managers within the Trust on a quarterly basis.</p>
3.5	<p><b>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</b></p>
	<p><b>Supported Living For Care Leavers</b></p> <p>The Trust has twenty-six supported aftercare placements under the Regional Joint Commissioning arrangements to meet the needs of those young people leaving care. The demand for these places continues to outstrip supply. As a result, there is a delay in discharging 17 year olds from residential care which in turn is impacting upon capacity across residential services.</p>

**Homeless 16/17 year olds**

The Trust continues to place 16/17yr olds on occasion in unregulated accommodation due to the lack of appropriate resources for this age group. The Trust has complied with the HSCB reporting requirements in relation to same. Such arrangements are managed within robust risk assessment and review processes.

**Personal Advisor Service**

The Trust has 11.4 wte Personal Advisors. The caseload is 1 25. Currently there is a waiting list of thirty-six young people awaiting allocation of a Personal Advisor.

**Multi-Agency Risk Assessment Conferencing (MARAC)**

The MARAC structure has now been in place for two years and continues to put pressure on the Trust in terms of the 95 attendance requirement. The significant area of Information Sharing has yet to be resolved.

**Unallocated cases**

The Trust continues to have unallocated cases within the Family Support Teams.

Pressures remain in effecting transfers between the Family Support Teams to Looked After and Transition Teams at the three month interface. This has had a significant impact upon ability to allocate new work following transfer from Gateway. Unallocated work is reported on a monthly basis. The unallocated cases are subject to ongoing risk assessment by the responsible Senior Social Worker and Principal Social Worker.

**Case Conference Minutes**

The Trust continues to report to the Regional Child Protection Committee on the number of case conference minutes that it is able to distribute within fifteen working days of the case conference. For the final quarter in 2012 52 of minutes were distributed within timescale.

**Separated Children**

The Trust continues to receive referrals in relation to separated children. Challenges for the Trust with this group of young people include identification of appropriate placements particularly when the individual's age is in dispute, ensuring cultural and religious needs are met, communication barriers due to language and young people having being advised prior to approaching Gateway to share very limited information about their circumstances.

**Secure Accommodation**

The Belfast Trust has access to four secure accommodation placements in Lakewood commissioned by the HSCB. Referrals are prioritised at the Trust's fortnightly Restriction of Liberty Panel. For the majority of the

	<p>reporting period there have been young people meeting the criteria for secure accommodation but for whom no secure placement has been available. The Service Area reviews the individual circumstances of each young person in such situations within a risk management matrix to identify robust contingency service delivery arrangements.</p> <p><b>Adoption</b> As a result of demographic and societal factors paralleled by the evolving nature of the concept of adoption, in particular the adoption of children from looked after backgrounds, there is an insufficient number of appropriate adoptive placements to meet the needs of those children with care histories in respect of whom permanence via adoption has been determined as the optimal care plan. These children’s backgrounds are characterised by neglect, parental alcohol and drug abuse, domestic violence and mental health problems.</p> <p>The lack of such placements is impacting on the possibility of these children securing their future and therefore being able to achieve better outcomes.</p> <p>There can also be delays in referring children to the Adoption Panel due to protracted court proceedings. This has led to difficulties in placing children for adoption who, due to these delays, are older than the optimal age for adoption placement.</p>
<p><b>3.6</b></p>	<p><b>Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</b></p>
	<p><b>Supported Living For Care Leavers</b> The Trust, in conjunction with Supporting People, has reconfigured the placements provided by MACS to ensure that there is twenty four hour support in line with the other Joint Commissioned placements. However, the Trust recognises that this does not fully address the need for a greater range and number of aftercare placements for those young people leaving residential care. This matter has been identified as a cost pressure to the HSCB.</p> <p><b>Homeless 16/17 year olds</b> The Trust has been working in partnership with the NIHE to develop a service model to address the needs of this age group. A ten-bedded unit has been secured at 242 Antrim Road which will provide three assessment beds and seven “move on” beds for 16-21 year old homeless young people which will be managed by Simon Community. This unit is due to open on 1<sup>st</sup> May 2012 and funding has been secured from HSCB for two years.</p> <p><b>Multi-Agency Risk Assessment Conferencing (MARAC)</b> A Regional MARAC Operational Group has been established to address issues arising out of the implementation of MARAC and the Trust has</p>

agreed to chair this group for the first year on behalf of the Region.

### **Unallocated cases**

The Service Area has secured additional funding from the HSCB and has recruited an additional Family Support Team to assist with the reduction of unallocated cases. The Trust has agreed a target-reduction strategy with the HSCB to ensure that the number of unallocated cases continues to reduce.

In addition, staff are involved in the development as a transfer protocol aimed at resolving the interface difficulties between the two service sectors. This protocol is to be piloted for a three month period to assess effectiveness.

### **Case Conference Minutes**

The Service Area is continuing to undertake measures to improve its performance including the recruitment of an additional Personal Secretary (PS) and monitoring the administrative processes between the PS and the Case Conference Chair. Feedback on performance is provided to both parties.

### **Separated Children**

The Service Area has reviewed all of the separated children currently in receipt of services and is undertaking some work in relation to ensuring a consistent response to these individuals. Three staff have been trained in age assessments and additional staff will be identified over the next year.

The Service Area has a homeless worker placed at Gateway who takes a lead role with young homeless, including separated children. The Trust is in the process of recruiting a second worker who will be based within Family Support.

### **Secure Accommodation:**

The Trust's Restriction of Liberty Panel meets on a fortnightly basis to consider new referrals and to review those young people meeting the criteria for secure accommodation for whom no secure placement is available in order to ensure that young people are prioritised on the basis of need. The Trust understands that the Commissioner is drafting proposals regarding a possible regional Restriction of Liberty Panel in light of RQIA's review of pathways into secure accommodation. This may develop a system of allocating secure beds on a regional needs-led basis.

### **Adoption**

The Service Area is working with the Regional Fostering and Adoption Team to improve recruitment levels and every effort is being made to identify potential suitable matches for children and adopters. There are financial implications in relation to the current need to purchase adoptive placements from the voluntary sector.

	<p>The NITE Document Planning Project has progressed well and the Service Area has made the two placements which were agreed at the outset. Feedback has been positive and the Trust would wish to increase the number but this has financial implications for the Trust.</p> <p>The LEAN Project has been helpful in identifying and addressing administrative processes which required reform. The next stage is a Comprehensive Service Review of adoption to enhance performance, including the role and function of the Permanence Panel.</p>
<p><b>3.7</b></p>	<p><b>Indicate if the issue is included on your Trust Risk Register and at what level</b></p>
	<p><b>Supported Living For Care Leavers/Homeless 16/17 year olds</b></p> <p>This issue use has been placed on the Trust's Service Area Risk Register - red.</p> <p><b>Multi-Agency Risk Assessment Conferencing (MARAC)</b></p> <p>This issue has not been placed on the Trust's Risk Register.</p> <p><b>Unallocated cases</b></p> <p>The issue has been placed on the Service Area Risk Register - red.</p> <p><b>Case Conference Minutes</b></p> <p>This issue has been placed on the Service Area Risk Register - moderate.</p> <p><b>Separated Children</b></p> <p>This issue has been added to the Service Area Risk Register - moderate.</p> <p><b>Secure Accommodation</b></p> <p>This issue has not been added to the Risk Register at this point. The Trust's Restriction of Liberty Panel meets on a fortnightly basis to review and prioritise those young people who meet the criteria for secure accommodation but for whom no placement is immediately available. Risk strategy/management meetings are held in respect of individual young people as appropriate.</p> <p><b>Adoption</b></p> <p>This issue has been placed on the Service Area Risk Register - moderate.</p>

3.8	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc.</b>  <b>Information provided should include level and type of vacancies and any vacancy control systems in place.</b>  <b>Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p><b>Flexible Working Arrangements</b>  The Trust has developed a protocol to facilitate the effective management of the Trust's Improving Working Lives Policy. The Service Area has facilitated movement of staff from full-time to part-time/ job share/ compressed working week arrangements.</p> <p><b>Internal Transfer</b>  The Service Area Management Team is currently developing an Internal Transfer Policy to facilitate the movement of staff from one service sector to another to optimise and enhance the workforce skills base and promote staff retention.</p> <p><b>Recruitment</b>  The Trust has engaged in an extensive recruitment campaign following the allocation of additional funding to reduce unallocated cases. The Trust received two hundred and one applications for Band 5 / 6 social work positions and created a healthy waiting list for future vacancies which may arise during 2012.</p> <p>The Trust is currently undertaking pre employment checks on successful applicants for the new Family Support Team which should be in place in June 2012.</p> <p>The Trust has also recruited ten "permanent locum" social workers to cover for long-term sickness absences and maternity leave. These appointments should significantly reduce the need for and use of agency workers.</p> <p>Caseload numbers across fieldwork services, particularly in Family Support, remain high and the complexity and risk profile of cases brings attendant pressures on the workforce. Although additional staffing and other measures to assist with workload have been identified NIPSA remain in formal dispute with the Trust. Current industrial action includes non completion of Essential Information Part 2, Placement Plan Part 2 and Family Support Plans. There have been on-going negotiations with Staff Side representatives which have been successful in preventing escalation and there is a staff ballot on 22<sup>nd</sup> May re standing down the action.</p> <p>Within the residential sector the issue of cost pressures related to staff complement funding remain outstanding. In light of the nature of the service, staffing levels require to be maintained. The RIT Residential Workstream had highlighted the need for a substantial increase in the</p>

	<p>staffing complement for differentiated units - up to seventeen residential staff and five waking night staff to provide adequate levels of cover for individual units. The Trust is currently funded for one Team Leader, one Deputy and 9.5 wte residential social workers per unit leading to a continuing reliance on overtime/bank staff. The issue of compliance with the Working Time Directive is also unresolved and the Trust continues to highlight to the Commissioner cost pressures arising from these issues within the residential sector.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p> <p>As at 31 March 2012 there were 2 permanent Senior Practitioner and 5 permanent Social Work vacancies within the Family and Child Care Service Area.</p>
<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>Intercountry Adoption Services – Costs related to assessment and approval process. Please find attached copy of the Regional Charges and Fees document. <b>Appendix 4</b></p>
<b>3.10</b>	<p><b>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>The Service Area has no responsibility for staff working in hospital settings.</p>
<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 four core values is to treat everyone with respect and dignity – including colleagues, patients and clients.</p>

Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust policy makers and managers, when screening a policy, use a template which incorporates the human rights dimensions alongside the prescribed statutory equality and disability considerations.

This ensures that an analysis of the proposal incorporating the human rights principles of dignity, equality, respect, fairness and autonomy is conducted and considered

- in the context of the articles of the Human Rights Act 1998;
- who the rights holders are; and
- how the Trust will ensure that those rights are protected, promoted and fulfilled.

### **Staff Training Provision**

Quarterly - a half day training programme on a Human Rights based approach to service provision

Bi -monthly - a mandatory equality and diversity training programme which includes a section devoted to a Human Rights based approach to health and social care.

The Belfast Trust manages the Northern Ireland Health and Social Care Interpreting Service on behalf of the HSCB across the region. The primary aim of the service is to ensure that service users who are not competent in English as a first or second language can avail of their fundamental right to attain the highest level of physical and mental health. The service also ensures that HSC staff and primary care practitioners are affording service users their right to equality of access to services and equity of arms in terms of information. Working Well with Interpreters training is delivered to staff and practitioners and a core section of the training focuses on human rights connotations.

A human rights leaflet is also being designed and disseminated in coming months which will be specific to health and social care provision.

In 2012, the Trust's Health and Social Inequalities Team shall develop and deliver a training package on the United Nations Convention on Rights of Persons with a Disability. This is an acknowledgement that this is a key legislative framework and one in which health and social care professionals should be fully trained. The Trust will commit in its forthcoming second Disability Action Plan that Executive and Non Executive Directors shall receive this training in the first instance and senior management and other levels shall also avail of this opportunity.

Communication and awareness of human rights issues and investigations by the Northern Ireland Human Rights Commission amongst Trust staff and practitioners is a vital element of keeping human rights considerations to the fore e.g. In Defence of Dignity and



No Home From Home. The Health and Social Inequalities Manager disseminates important relevant information across the Trust.

HSC Trust Equality Leads convened a conference entitled Plugging the Gaps which was aimed at helping a number of public authorities who were increasingly facing issues when dealing with migrant workers/members of black and minority ethnic communities who were ineligible for assistance from the government, i.e. no recourse to public funds.

The conference, organised by Health and Social Care Trusts, brought together representatives from the Northern Ireland Housing Executive (NIHE), Department of Health, Social Services and Public Safety (DHSSPS), South Tyrone Empowerment Programme (STEP), Women's Aid, Northern Ireland Human Rights Commission (NIHRC), the Law Centre and other health and social services organisations with a view to addressing the apparent 'gaps' through which citizens of some E states, namely the more recent Accession states, seem to 'fall' through as they are not eligible to receive certain types of support, financial or otherwise.

It is anticipated that guidance will be developed in 2012 to help support practitioners and staff on the interpretation of service delivery to those with no recourse and to help ensure the protection and promotion of fundamental human rights of potential service users.

Human Rights considerations are fundamental to the delivery of all services pertaining to children and families. Respect for the integrity of the individual child, their parents and carers, their engagement with and active participation in decision making affecting them and the proportionate exercise of statutory authority in any intervention while retaining a focus on the paramouncy of a child's welfare provide the core template underpinning the Service Area's discharge of its statutory functions.

**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The Trust continues to receive a significant number of referrals in relation to families with No Recourse to Public Funds (NRPF). In assessing the needs of the families, the Trust is required to balance the right to family life in any decisions that it takes regarding the provision of funding or the offer of returning the families to their country of origin.</p> <p>The expectations and levels of post adoption contact for children who are subject to Freeing Orders and subsequently placed for adoption is a major issue in balancing the rights of parents and children who are adopted.</p>	<p>This is a relatively new but expanding area of work for the Trust. The Trust is developing its experience and skills base in working with NRPF Families and is establishing relationships with the key agencies involved e.g. the United Kingdom Border Agency (KBA).</p> <p>Collaborative work is ongoing with the Looked after Children Teams. The Service Area has re-organised its Senior Management structure to bring together Looked after Children/Adoption Services.</p>	<p>The Trust is planning to avail of training from the NRPF Network to assist in ensuring a consistent response to these families.</p> <p>To maximise the potential of every opportunity to engage in discourse with the Judiciary and Guardian ad Litem (GAL) Service in relation to this area.</p> <p>To ensure relevant, up to date research is available for all staff and contributes to practice and planning approaches.</p>

3.15	<p><b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b></p>
	<p>A range of Family and Child Care Services including Fostering, Family Support, LAC and Transition moved from older unsuitable buildings into modern accommodation in Knockbreda, Shankill and Beech Hall Wellbeing and Treatment Centres over the past year.</p> <p>The Service Area has played a central role in securing the establishment of a unit for homeless 16-25 year olds which is due to open on 1<sup>st</sup> May 2012.</p> <p>The Trust held a total of six multi-agency, multi-disciplinary workshops to disseminate the key messages of CMRs and Internal Reviews undertaken within the Trust area over the past ten years. These were attended by over four hundred staff.</p> <p>The Trust in conjunction with Opportunity Youth and Include Youth has developed a successful Employability Scheme to provide a service to Looked after Children and care leavers (sixteen to twenty-three year olds). The Scheme provides training and employment opportunities within the Trust and other settings. The Scheme has also formed close links with the Careers Service to make accessible appropriate career and skills training advice for Looked after children.</p> <p>The Trust has fifty-one places for young people leaving care on the Going the Extra Mile (GEM) Scheme. The Scheme promotes continuity and stability of living arrangements for young care leavers aged eighteen years to twenty-one years who are engaged in education, training, pre-vocational personal development, volunteering and/or employment who continue to reside with foster carers/kinship carers. Appropriate and agreed levels of financial support are available to assist carers to meet the care, accommodation and support needs of these young people on an ongoing basis.</p> <p>The Service Area has previously highlighted the difficulties it has experienced in recruiting foster carers. This has led to a high level of reliance on independent fostering agencies. However, this is largely due to the demand for placements and it is not the case that the Trust is losing carers to the independent sector. A Service Area initiative centred on the delivery of supports to Trust foster carers was successful in this year's Chairman's Award Partnership Category.</p> <p>The Service Area has pursued innovative marketing campaigns centred on business partnerships with a range of organisations including Belfast Giants, Belfast Zoo and Streamvale Farm aimed at recruiting additional carers.</p>

	<p>The Trust was commended by the HSCB in relation to the work undertaken to radically reduce the level of overdue statutory inspections to childminders and day-care facilities.</p> <p>A very successful Achievements Award ceremony was held in conjunction with Fostering Network in the Ister Folk Park and Transport Museum during the reporting period with over forty looked after children receiving recognition for a variety of achievements. A second event is planned for May 2012 in the new Titanic Centre and on this occasion the event has attracted eighty nominations from the Trust's looked after population.</p>
<b>3.16</b>	<b>SUMMARY</b>
	<p>The Service Area undertook a major review of its Senior Management structure following the retirement of two Children's Services Managers (CSM'S). This has resulted in some changes of responsibilities for the CSM's reflecting the pathways from Early Intervention through to Looked after Children. For example Fostering and Residential Services are now the responsibility of one Children's Services Manager which has resulted in a more cohesive placements service. In addition, changes at Directorate level in the Trust will result in the Service Area's reconfiguration into a Children's Community Directorate with Community Child Health and Children's Disability Service.</p> <p>The Service Area continues to discharge the range of statutory social care functions pertaining to children within a challenging financial climate. The targets regarding efficiency savings have been met and performance continues to be reviewed across a number of areas including kinship care, family support provision, respite care and adoption with a view to enhancing outcomes.</p> <p>The work of the Children and Young People's Strategic Partnership is taken forward locally by the Belfast Outcomes Group. The aim of the work is to improve the outcomes for children and young people by putting in place arrangements for integrated planning of services. The Outcomes Group has representation from key voluntary, community and statutory stakeholders</p> <p>The Trust continues to contribute to a range of regional fora including Reform Implementation Workstreams, the Regional Adoption and Fostering Taskforce and the regional commissioning exercise in respect of future residential child care provision.</p>

## DATA RETURN 1a

**Family and Child Care Service Area  
Social and Primary Care Directorate**

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

**DATA RETURN 1b****Family and Child Care Service Area  
Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		18	18-65	65
<b>1.1</b>	How many adults or children were referred to Hospital Social Workers for assessment during the year	0	0	0
<b>1.2</b>	Of those reported at 1.1 how many assessments of need were undertaken during the year	0	0	0
<b>1.3</b>	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March	0	0	0

Age is at date of referral for 1.1 and 1.2

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

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

**DATA RETURN 2****Family and Child Care Service Area  
Social and Primary Care Directorate**

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

**DATA RETURN 3****Family and Child Care Service Area  
Social and Primary Care Directorate**

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

**DATA RETURN 4****Family and Child Care Service Area  
Social and Primary Care Directorate**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>	
<b>Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>	

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	Not available
4.2	Number of TR ST F NDED people in residential care	0
4.3	Number of TR ST F NDED 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)	17

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



**DATA RETURN 5**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**5 CARERS AND DIRECT PAYMENTS ACT 2002**

<b>5.1</b>	Number of adult carers offered individual carers assessments during the year.	<b>34</b>
<b>5.2</b>	Number of adult individual carers assessments undertaken during the year.	<b>34</b>
<b>5.3</b>	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children	<b>0</b>
<b>5.4</b>	Number of adult carers receiving a service 31 <sup>st</sup> March	<b>Not available</b>
<b>5.5</b>	Number of young carers offered individual carers assessments during the year.	<b>0</b>
<b>5.6</b>	Number of young carers assessments undertaken during the year.	<b>0</b>
<b>5.7</b>	Number of young carers receiving a service 31 <sup>st</sup> March	<b>Not available</b>
<b>5.8</b>	Number of adults receiving direct payments 31 <sup>st</sup> March	<b>0</b>
<b>5.9</b>	Number of children receiving direct payments 31 <sup>st</sup> March	<b>0</b>
<b>5.9.a</b>	Of those at 5.9 how many of these payments are in respect of another person	<b>0</b>
<b>5.10</b>	Number of carers receiving direct payments 31 <sup>st</sup> March	<b>0</b>
<b>5.11</b>	Number of one off Carers Grants made in-year.	<b>22</b>
Note sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<b>Commentary</b>		
6 adult carers/parents were awarded complimentary therapy sessions.		

**DATA RETURN 6**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

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

**6 SAFEGUARDING ADULTS**

**DATA RETURN 7**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**7 SOCIAL WORK STAFF**

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

**DATA RETURN 8**  
**Family and Child Care Service Area**  
**Social and Primary Care Directorate**

**8 Assessed Year in Employment**

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

**DATA RETURN 9****Family and Child Care Service Area Social and Primary Care Directorate****9 The Mental Health (NI) Order 1986****Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115**

<b>Admission for Assessment Process Article 4 and 5</b>		
<b>9.1</b>	Total Number of Assessments made by ASWs under the MHO	<b>25</b>
<b>9.1.a</b>	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	<b>19</b>
<b>9.1.b</b>	How many assessments required the input of a second ASW (Article 5.4a)	<b>n/a</b>
<b>9.1.c</b>	Number of applications made by the nearest relative (Article 5.1.a)	<b>n/a</b>
<b>Form 5s</b>		
<b>9.2</b>	Total Number of Form 5s/5as completed)	<b>n/a</b>
<b>9.2a</b>	Of these, how many resulted in an application being made	<b>n/a</b>
	Commentary – provide explanation as to Forms not resulting in application	
<b>ASW Applicant reports</b>		
<b>9.3</b>	Number of ASW Applicant reports completed	<b>19</b>
<b>9.3.a</b>	How many of these were completed within 5 working days	<b>14</b>
<b>Social Circumstances Reports (Article 5.6)</b>		
<b>9.4</b>	Total number of Reports completed	<b>0</b>
<b>9.4.a</b>	Number of completed reports which were completed within 14 days	<b>0</b>
<b>Mental Health Review Tribunal</b>		
<b>9.5</b>	Number of referrals to MHRT in relation to detained patients	<b>n/a</b>
<b>9.5.a</b>	Number of MHRT hearings	<b>n/a</b>
<b>9.5.b</b>	Number of patients re-graded by timescales	<b>n/a</b>
	a. 6 weeks before MHRT hearing	
	b. 6 weeks before MHRT hearing	
<b>Guardianships Article 18</b>		
<b>9.6</b>	Number of Guardianships in place in Trust at year end	<b>0</b>
<b>9.6.a</b>	New Applications for Guardianship during year	<b>0</b>
<b>9.6.b</b>	How many of these were transfers from detention	<b>0</b>
<b>9.6.c</b>	How many were Guardianship Orders made by Court (Article 44)	<b>0</b>
<b>9.6.d</b>	Number of new Guardianships accepted during the year	<b>0</b>
<b>9.6.e</b>	Number of Guardianships Renewed	<b>0</b>
<b>9.6.f</b>	Number of Guardianships accepted by a nominated other person	<b>0</b>
<b>9.6.g</b>	Numbers referred to MHRT	<b>0</b>
<b>9.6.h</b>	Number discharged from guardianship following MHRT	<b>0</b>
<b>ASW Register</b>		
<b>9.7</b>	Number of newly Approved Social Workers during year	<b>0</b>
<b>9.7.a</b>	Number of Approved Social Workers removed during year	<b>0</b>
<b>9.7.b</b>	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	12 (inc.EDT Training)

	<p><b>Commentary</b></p> <p>There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate.</p> <p>The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within our boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed.</p> <p>The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.</p>	
<p><b>9.8</b></p>	<p>Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old If so please provide detailed explanation for each and every instance.</p> <p>A total of 25 assessments and 19 applications under Article 5.1b were made in respect of young people under 18 years.</p>	
<p><b>9.9</b></p>	<p><b>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?</b></p> <p>This information has not been routinely collected by the Trust.</p>	

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

**3. GENERAL NARRATIVE**  
**To be completed for each Programme of Care.**

**Children’s Disability Service Area**  
**Social and Primary Care Directorate**

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

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

<b>3.2</b>	<p><b>Supervision arrangements for social workers</b></p> <p>The Service Manager for Children's Disability and the Assistant Service Manager's post are designated Social Work posts.</p> <p>Team Leader posts are also designated social work posts with the exception of Forest Lodge and the Children's Interdisciplinary Schools Team. There is one designated social work post in the Children's Interdisciplinary Schools Team in respect of whom professional supervision is delivered by the Senior Social Worker from the Service Area's Early Intervention Team.</p> <p>Forest Lodge Short Break service is dually registered as a nursing home and children's home although it is a nurse-led unit. It is jointly inspected by Nursing and Social Work inspectors as part of the RQIA regulatory arrangements and is monitored monthly by the Monitoring Officer in line with Children's and Nursing Home Regulations.</p> <p>Social work services to the Royal Belfast Hospital for Sick Children (RBHSC) and Royal Jubilee Maternity Hospitals (RJMh) are delivered through a uni-professional organisational model which facilitates requisite professional supervision arrangements for staff.</p> <p>Children's Disability Services are currently implementing the Regional Case Management Model and are working closely with the Change Co-Ordinator to deliver effective caseload weighting and management.</p> <p>The Assistant Children's Service Manager provides professional supervision to all first line managers. Assessed Year in Employment staff (AYE) are supervised in line with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010. As at 31<sup>st</sup> March 2012, there were three AYE staff working in the Service Area.</p> <p>The Service Area has established a Social Work Forum (meeting twice yearly) which has been positively evaluated and which seeks to promote opportunities for reflective learning, personal development, a sense of professional and Service Area identity and collegiality and reciprocity of supports across the workforce. Meetings to date have addressed issues such as modernisation of social work structures, risk assessment, managing change and developing resilience within Teams.</p> <p>The Service Area's Associate Director of Social Work is also a member of the Trust's Associate Directors of Social Work Group.</p>
------------	--

3.3	<p><b>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</b></p>
	<p><b>Referral and Allocation Procedure</b>  The Service Area has a written Referral and Allocation Procedure which details the screening responsibilities and accountabilities of Team Leader and Practitioners. The Procedure mandates that all urgent referrals must be responded to within 24 hours.</p> <p><b>Recording Procedure</b>  A Service Area Recording Procedure covers all aspects of the recording process from the point of referral to the point of closure. The Service Area has implemented a Team Leader auditing of case files to ensure compliance with both processes.</p> <p><b>Child Protection</b>  Service Area staff have participated in training in respect of the Regional Child Protection Policy and Procedures and regularly co- work with Family and Child Care Service Area colleagues. Case management responsibility is carried by Family and Child Care staff in such instances.</p> <p><b>Supervision</b>  The Trust has achieved reasonable compliance with regard to the delivery of supervision.</p> <p><b>Direct Payments</b>  An internal audit of Direct Payments showed a need for improved practice in the completion of Access NI forms, timesheets and quarterly returns. The Service Area has taken forward actions to address same and staff must complete, sign and date a check list which will remain on file as a record of process. It is anticipated that this will provide for a more efficient, robust and transparent process.</p> <p>The Service Area's social care workforce is currently participating in the annual review of their individual Personal Contribution (PCP) and Personal Development (PDP) Plans.</p> <p>The Service Area is compliant with the Trust's procedures in respect of the professional registration of the social care workforce. The Trust's NISCC Data Base has a central role in providing assurance in relation to same.</p> <p><b>Service User Audit</b>  The Service Area regularly seeks feedback from children and parents who access short break and residential services and their carers. This is reported monthly to RQIA and incorporated into service development plans.</p>



The Children's Interdisciplinary Schools Team (CIDS) run service user Focus Groups to assist the Service Area in shaping and improving practice and service delivery. CIDS has also completed several satisfaction surveys and outcome audits.

The Service Area ran four parent focus groups last year in which fifty parents took part. Parents indicated that they liked the key worker role provided by the Team and the accessibility of the service. They preferred not having to take their child out of school and that the progress they made was due to the joint approach between teachers and Trust staff. They reported having previously being discharged from core health services for non-attendance and reported that social circumstances were not taken into consideration. Parents felt supported by the Team and noted that, as school based service, CIDS was less stigmatising.

All parents who responded to the questionnaires strongly agreed or agreed that they were satisfied with the support, advice and intervention they received from the Team.

The CIDS Team has established a consultancy group of twelve Principals and Special Educational Needs Co-ordinators who meet twice a year to help inform and develop the service. An agreed assessment summary and goal setting form has facilitated the informing of teacher goals, increased whole class activity to support targeted groups of children and provided dedicated time for teachers so that they can discuss concerns with Team members outside of the classroom.

Teachers report that they are highly satisfied or satisfied with the service they receive from the Team, the "one-stop shop referral process" and accessibility.

Feedback from the children suggests that they feel enhanced confidence and a greater sense of inclusion.

During the reporting period, Forest Lodge Short Break Service issued a patient/carer satisfaction survey. The responses indicated high levels of satisfaction with the quality of care of children and the professionalism of staff.

A key challenge is to develop tools to capture children's perspectives on service provision and mechanisms to actively engage children and parents in service review and development across the Service Area.

#### **Adverse and Serious Adverse Incidents**

The Service Area is compliant with the Trust's Adverse and Serious Adverse Incident reporting and review processes. Quarterly Learning from Incident Review meetings attended by relevant managers are convened to disseminate lessons from individual incidents and Service

	<p>Area Governance meetings are held on a bi-monthly basis to address a range of quality and assurance matters.</p> <p><b>Contracting with the Voluntary Sector</b> All contracts are monitored by staff at operational and managerial levels. The Service Manager meets with all commissioned providers at least annually. Annual review meetings facilitate value for money, assurance and quality monitoring.</p> <p><b>Performance</b> The Service Area participates in the Service Group and Trust's performance and accountability processes which incorporate a focus on delivery against PFA targets and statutory requirements.</p> <p><b>Complaints</b> Following a review of the Service Area's complaints processes, leaflets have been developed with inputs from young people resident in Trust facilities to assist children and young people to comment on services and to secure supports/advocacy to make a complaint.</p>
<p><b>3.4</b></p>	<p><b>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</b> <b>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</b></p>
	<p><b>Compliance with NISCC Regulatory Requirements</b> All Service Area social work and social care staff who are required to register with the Northern Ireland Social Care Council (NISCC) have complied with same.</p> <p>The Service Area is compliant with NISCC's Code of Practice for Employers.</p> <p><b>RQIA Inspections</b></p> <p><b>Somerton Road Children's Home:</b> Annual Announced Inspection on 31.05.11 Annual nannounced Inspection on 18.01.12</p> <p><b>Willow Lodge Children's Home:</b> Annual Announced Inspection on 24.08.11 and Estates inspection on 23.08.11 Annual nannounced Inspection on 28.03.12 Announced Pharmacy Inspection 01.12.11</p> <p><b>Forest Lodge Respite Unit</b> Annual Announced Inspection 07.10.11 Estates</p>

Annual announced Inspections on 15.09.11 and 31.03.12

The inspections have consistently reflected high standards of care, planning key working and good levels of compliance with standards. However, the unannounced inspection of Somerton Road on 18.01.2012 Led to the issuing of a failure to comply notice due to the placement of a young adult beyond his 18<sup>th</sup> birthday. RQIA also stipulated the suspension of new admissions until this issue was resolved. The Service Area returned to compliance within the required timescale. This situation highlights the pressures caused by the lack of sufficient resources or investment in services for care leavers who have a learning disability.

Quality Improvement Plans were submitted to RQIA for all of regulated services following inspection and have been implemented within each service as directed.

The Service area complies with NISCC and Trust Induction standards and requirements and a working group is developing a service specific induction package for use within Children's Disability Services.

The Service Area has also complied with notification requirements in relation to Adverse Incidents. Arrangements are in place to liaise with colleagues in Child Protection, LAC and Family Support services to ensure the safe and efficient discharge of relevant Statutory Functions and best practice for children and families.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p><b>Workforce Management</b> The Trust's workforce management requirements have presented particular challenges in addressing demand and capacity issues within the Service Area. The discharge of statutory functions was prioritised to ensure the Trust continued to fully discharge all of its statutory responsibilities.</p> <p><b>Transitions Planning</b> The Service Area continues to work closely with Adult Learning and Physical Disability services to ensure appropriate and timely transitions planning in respect of children with disabilities. The Service Area has previously identified the need for additional investment in the range of available services for the cohort of looked after children whose needs are complex and resource intensive. Such services incorporate accommodation, peripatetic community based supports, access to supported employment, daytime activities and advocacy provision.</p>	<p>The Service Area has pursued a pro-active approach to recruitment.</p> <p>Managers and staff within Children's Disability continue to liaise with the Adult Learning and Physical and Sensory Disability Services to improve Transition practice and to accurately profile need in a timely manner to allow for more effective plans and resource allocation. The Service Area has put systems in place to ensure that all children eligible for Transitions services are identified by the age of 14 and have worked with colleagues in Adult Disability Services to review and amend the existing Transition protocol. It is clear that early identification of individual needs and</p>	<p>Not on Risk Register</p> <p>Not on Risk Register</p>

	<p><b>Community Services Infrastructure:</b>                  A key Service Area strategic priority is the consolidation and further development of the continuum of family support and domiciliary care services. The Trust has highlighted the need for additional investment in community-based services to promote the maintenance of children with disabilities and related complex needs in community settings; to enhance the range of supports for carers; to obviate unnecessary admission to hospital or residential care; and to develop flexible locality provision delivered in partnership with user groups, community and voluntary providers. In this regard, increased availability of short break provision is required to enhance the small levels investment in recent years. The Trust has modernised the services delivered by the Willow Lodge staff Team during this reporting period and it now provides short breaks to eight families and will increase that number further as much as existing resources will allow. This has been a key component in three discharges from the</p>	<p>emerging trends is vital as is more structured joined up working.</p> <p>The Service Area has improved referral and allocation management processes and is moving to implement a single point of referral. The Children's Services Caseload Management Model has been adopted and is now being used to enable Team Leaders to appropriately weight cases and caseloads within community Teams. We are working closely with the Trust's Change Co-ordinator to ensure compliance and to identify practice issues. The Service Area has continued to review and improve processes in order to scope, access and prioritise all service requests and to ensure the equitable allocation of available resources on the basis of assessed need using transparent criteria.</p>	<p>This issue is included on the Service Area Risk Register -moderate.</p>
--	---	--	--

<p>Iveagh Centre within the last six months.</p> <p><b>Community Pressures</b>                  Historic underinvestment in services particularly early intervention to children with disabilities, including children with ASD, has resulted in existing services being stretched in the context of rising demands for access to short break and domiciliary care services for children with complex needs.</p> <p><b>Delayed Discharge</b>                  Three children from Belfast have remained in the Iveagh Assessment and Treatment Centre beyond the ninety-day PFA discharge target as a result of the absence of appropriate community based treatment and support services. The Trust is endeavouring to facilitate their discharge as soon as possible.</p>	<p>Efficient Service Area management and resource allocation processes and the modernisation of community Teams structures have facilitated the appropriate targeting of available resources on the basis of assessed need. Joint working between multi-professional Teams and Education and voluntary agencies is delivering improved outcomes for children deemed to have additional needs or to be disengaged from school and social opportunities.</p> <p>Modernisation of a former Shared Care service has created additional short break capacity.</p>	<p>This issue is listed on the Service Area Risk Register - moderate.</p> <p>Not on Risk Register.</p>
---	--	--

<p><b>Review of Arrangements: Short Break Services (formerly Respite Care).</b></p> <p>The Trust has previously reported difficulties in respect of chairing of reviews in relation to children with disabilities' Short Break arrangements. In those circumstances in which an 8A manager is not available, the review of respite arrangements is chaired by a Senior Social Worker and the subsequent review by the 8A manager.</p> <p><b>Autistic Spectrum Disorder:</b></p> <p>The publishing of the Autism Bill last year has increased expectations and focus on provision of family support services to children and young people with Autism (ASD). The Trust's Autism Intervention Team is continuing to develop and has focused on meeting PFA targets and early intervention. Family Support services are delivered via Children's Disability Teams or Family and Child Care services, depending on presenting need and fit with service criteria.</p> <p>The Service Area funds several social</p>	<p>The Service Area continues to maximise management resources and has secured additional supports from the Family and Child service Area.</p> <p>The service area has previously identified the need to secure appropriate levels of resource to meet the additional responsibilities related to the implementation of Autism legislation and the need to develop appropriate Family Support resources, including Short Breaks.</p> <p>The Service Area has identified 0.5 wte Band 6 social work resource for the development of family support services to families of children with ASD.</p> <p>The CIDS has Team continued to provide support for children referred who have ASD and attend mainstream nursery and primary schools.</p>	<p>Not on Risk Register.</p> <p>This issue is listed on the Service Area's Risk Register - moderate.</p>
--	--	--

<p>support, mentoring and Short Break services in partnership with established voluntary organisations (Autism Initiatives, Autism NI, Barnardos and the Eagle Project/Belfast Central Mission).</p> <p>There are significant demand, resource and capacity issues pertaining to service delivery to children with autism. The Service Area has previously identified the need to develop a community based infrastructure to support cares and children which is characterised by a continuum of accessible, local, specialist and peripatetic services.</p> <p><b>Interfaces with Family and Child Care and Adult Disability Services:</b>                  Children's Disability Services continue to Consolidate and develop working relationships with the Trust's Gateway and Family Intervention Teams to ensure the appropriate management of child protection and Family Support cases where the child or children concerned have a disability. Senior Managers are currently reviewing operational protocols which inform the management of same.</p>	<p>The Service Area recognises this area of service delivery as a priority</p>	<p>Not on Risk Register.</p>
---	--	------------------------------



	<p><b>Management of Aggression in the Community</b>                  The management of aggression and accommodation of emotionally damaged or vulnerable young people remains a challenge in a community setting, particularly so as only limited psychological and behaviour support or Home Treatment services are available outside of a hospital setting. The absence of adequate community supports for complex children has resulted in three delayed discharges for the Belfast Trust within the Iveagh Assessment and Treatment Centre during the reporting period.</p>	<p>The Service Area has developed robust protocols for the management and review of incidents and physical Interventions and is working closely with colleagues from Muckamore Abbey to ensure good practice and governance standards are maintained. The lack of home treatment and adequate family support services is likely to lead to further admissions to hospital and possibly further delayed discharges. The Trust is continuing to look at community budgets in order to address this issue however in the current financial climate it is unlikely that resource can be released to address this issue.</p>	<p>This issue is listed on the Service Area's Risk Register - moderate.</p>
--	---	---	---

<p><b>3.8</b></p>	<p><b>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</b></p> <p><b>Trusts should attach their Training Accountability Report for the year in question.</b></p>
	<p>The Service Area complies with the corporate workforce management arrangements as part of the Trust’s overarching budgetary management processes. This has proved challenging as a result of the timeline for the replacement of posts on occasions.</p> <p>A key part of the Service Area’s workforce retention strategy is the potential accessibility of a range of flexible employment opportunities to maximise the retention of the staff group’s experience, skills and knowledge base provided that service delivery needs are not compromised.</p> <p>The Service Area is engaged in a process of review and modernisation of its structures. It has developed a strategic document which enunciates its vision, underpinning values and proposed service development pathway which will be publicly consulted upon from June 2012.</p> <p>There were no social work vacancies as at 31<sup>st</sup> March 2012.</p> <p>The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same.</p>
<p><b>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b></p>
<p><b>3.10</b></p>	<p><b>Social Workers that work within designated hospitals?? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>
	<p>Within the Royal Jubilee Maternity Hospital (RJMh) the social work task is focused on assessing potential risks to an unborn child associated with a mother’s vulnerability. In those circumstances in which child</p>

	<p>protection concerns are extant, referrals are made to the Family and Child Care Service and the Regional Child Protection Procedures operationalised.</p> <p>RJMH social work staff also provide supports to families with babies in the Neo-natal unit.</p> <p>Within the RBHSC, the social work task is centred on supporting children and families who are admitted to hospital, many of whom have debilitating chronic illnesses while others have experienced traumatic injuries in accidents.</p> <p>A number of the services are provided on a regional basis and social work staff are required to liaise and network with professionals across Northern Ireland.</p> <p>Social work staff have a key role in responding to and co-ordinating the multi-disciplinary hospital-based response to the spectrum of child protection issues which are presented/emerge from a child's attendance at hospital and in liaising with community colleagues in the initial assessment and investigation processes.</p>
<p><b>3.11</b></p>	<p><b>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</b></p>
	<p>Human Rights principles are at the forefront and central to the design, development and practice of all Belfast Trust policies and proposals. One of the Trust's four core values is to treat everyone with respect and dignity – this includes colleagues, patients and service users.</p> <p>Cognisant of the intrinsic link between human rights, equality and disability, Belfast Trust policy makers and managers, when screening a policy, use a template which incorporates the human rights dimensions alongside the prescribed statutory equality and disability considerations.</p> <p>This ensures that an analysis of the proposal incorporating the human rights principles of dignity, equality, respect, fairness and autonomy is conducted and is considered</p> <ul style="list-style-type: none"> <li>• in the context of the articles of the Human Rights Act 1998;</li> <li>• who the rights holders are;</li> <li>• and how the Trust will ensure that those rights are protected, promoted and fulfilled.</li> </ul> <p><b>Staff Training Provision</b>  <b>Quarterly</b> - a half day training programme on a Human Rights based approach to service provision  <b>Bi-monthly</b> - a mandatory equality and diversity training programme which includes a section devoted to a Human Rights based approach to health and social care.</p>

The Belfast Trust manages the Northern Ireland Health and Social Care Interpreting Service on behalf of the HSCB across the region. The primary aim of the service is to ensure that service users who are not competent in English as a first or second language can avail of their fundamental right to attain the highest level of physical and mental health. The service also ensures that HSC staff and primary care practitioners are affording service users their right to equality of access to services and equity of arms in terms of information. Working Well with Interpreters training is delivered to staff and practitioners and a core section of the training focuses on human rights connotations.

A human rights leaflet is also being designed and disseminated in coming months which will be specific to health and social care provision.

In 2012, the Trust's Health and Social Inequalities Team will develop and deliver a training package on the United Nations Convention on Rights of Persons with a Disability. This is an acknowledgement that this is a key legislative framework and one in which health and social care professionals should be fully trained. The Trust will commit in its forthcoming second Disability Action Plan that Executive and Non Executive Directors shall receive this training in the first instance and senior management and other levels shall also avail of this opportunity.

Communication and awareness of human rights issues and investigations by the Northern Ireland Human Rights Commission amongst Trust staff and practitioners is a vital element of keeping human rights considerations to the fore e.g. In Defence of Dignity and No Home From Home. The Health and Social Inequalities Manager disseminates important relevant information across the Trust.

HSC Trust Equality Leads convened a conference entitled Plugging the Gaps which was aimed at helping a number of public authorities who were increasingly facing issues when dealing with migrant workers/members of black and minority ethnic communities who were ineligible for assistance from the Government, i.e. no recourse to public funds.

The conference, organised by Health and Social Care Trusts, brought together representatives from the Northern Ireland Housing Executive (NIHE), Department of Health, Social Services and Public Safety (DHSSPS), South Tyrone Empowerment Programme (STEP), Women's Aid, Northern Ireland Human Rights Commission (NIHRC), the Law Centre and other Health and Social Services organisations with a view to addressing the apparent 'gaps' through which citizens of some E states, namely the more recent Accession states, seem to 'fall' through as they are not eligible to receive certain types of support, financial or otherwise.

It is anticipated that guidance will be developed in 2012 to help support practitioners and staff on the interpretation of service delivery to those with no recourse and to help ensure the protection and promotion of fundamental human rights of potential service users.

### **Rights of Carers**

The Trust has long since recognised the important role that carers play and have engaged with them on an ongoing basis to help support them and to develop a Carers' Strategy. The vision of the Belfast Health and Social Care Trust Carers' Strategy is to deliver the highest quality support, for the estimated 44,000 carers living in the Belfast area ( 2001 Census figures).

Within the strategy, the Trust commits that Carers will be at the heart of service provision alongside the people they care for and they will be respected as expert care partners, with their support services being tailored to their individual needs. Carers will be able to have a life of their own alongside their caring role and be supported to stay mentally and physically well, being treated with dignity. Children and young people will also be protected from inappropriate caring roles. There are currently two Carer Co-ordinators working within the Belfast Trust to develop support for carers. Their responsibility is to drive the implementation of the Trust Carers Strategy under the direction of the Trust Carers' Strategy Steering Group which includes representatives from Senior Management across a range of services and carers.

The Service Area is continuing to expand the opportunities to engage with carers through the offices of the Carer Co-ordinators. The CIDs Team regularly involves children, parents, teachers and school communities in evaluating service delivery. The Service Area is in the process of preparing for a public consultation to address future service delivery direction and priorities.

Human Rights considerations are fundamental to the delivery of all services pertaining to children with disabilities and their families. Respect for the integrity of the individual child, their parents and carers, their engagement with and active participation in decision making affecting them and the proportionate exercise of statutory authority in any intervention while retaining a focus on the paramountcy of a child's welfare provide the template underpinning the Service Area's discharge of its statutory functions.

**HUMAN RIGHTS**

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
	<p>The Service Area experiences ongoing challenges in balancing a parent's/ carer's rights whilst seeking to establish a child's views and preferences.</p> <p>During one Short Break placement this year, a young person did not accept the boundaries and guidelines necessary for his safety. Staff made strenuous efforts to minimise any restriction to his liberty, however the young person chose to leave the service</p> <p>Consent and capacity issues continue to present in relation to restrictive practices for older children.</p>	<p>Staff will continue to work in a child-centred way and to advocate on behalf of the child as appropriate while fully respecting the rights of parents and carers..</p> <p>Each individual young person's situation is risk assessed and managed in as flexible and child centred a manner as possible within the organisational and professional constraints informing the proportionate exercise of the statutory responsibility to promote the paramouncy of a young person's welfare.</p> <p>The Trust has developed a Best Interest Decision Making process which involves multidisciplinary professionals fully considering a child's best interests the child and parents' perspectives.</p>	

<b>3.15</b>	<b>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</b>
	<p>One of the Service Area social work staff received the individual award at the Regional Social Work Awards ceremony for the previous reporting period.</p> <p>The Service Area has prepared a strategic plan for public consultation under the aegis of the Excellence and Choice process in which it has sought to articulate a coherent service vision, underpinning values and principles and key service priorities reflecting the core themes referenced in Transforming Your Care and the Trust's Belfast Way.</p> <p>The consultation process will be challenging and demanding. It affords an opportunity to engage directly with our service users, communities, professional and multi-agency/multi-sectoral stakeholders to discuss proposals for the future delivery of services to children with disabilities and their families.</p>
<b>3.16</b>	<b>SUMMARY</b>
	<p>The reporting period has been challenging in light of the overarching budgetary context and the delivery of Service Area modernisation and reforms of organisational and service delivery processes. Pressures on existing services remain significant</p> <p>The Service Area is scheduled to complete its re-alignment of its social care workforce by the end of June 2012. By that stage it is anticipated that a single point of referral into the service will be operational within a Belfast-wide service structure. Integral to this process has been a systematic review of all open fieldwork cases to ensure that there is clear purpose and related outcomes which inform ongoing intervention. This is an important part of the Service Area's drive for efficiency, equity of service provision and effectiveness and has resulted in a reduction in caseload numbers as at 31 March 2012 relative to the figure as at the 31 March 2011.</p> <p>The Service Area is refining its assessment processes to ensure that resources are allocated on an equitable and consistent basis related to assessed levels of need. The impact of pending Judicial Reviews may have significant implications for service delivery, resources and capacity.</p> <p>The level of change and accountability which is necessary in the current climate is substantial and challenging. The Service Area has focussed time and energy on the reform and modernisation of structures and the development of resilience within Teams. It will continue to press for further efficiencies and enhanced performance while prioritising the discharge of its statutory functions.</p>

## DATA RETURN 1a

Children's Disability Service Area  
Social and Primary Care Directorate

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



**DATA RETURN 1b**  
**Children's Disability Service Area**  
**Social and Primary Care Directorate**

<b>1 GENERAL PROVISIONS - HOSPITAL</b>				
		18	18-65	65
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year	<b>615</b>	<b>0</b>	<b>0</b>
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year	<b>615</b>	<b>0</b>	<b>0</b>
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 <sup>st</sup> March	<b>269</b>	<b>0</b>	<b>0</b>

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

## DATA RETURN 2

**Children's Disability Service Area  
Social and Primary Care Directorate**

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

**DATA RETURN 3****Children's Disability Service Area  
Social and Primary Care Directorate**

<b>3 DISABLED PERSONS (NI) ACT 1989</b>		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	<b>151</b>
	Number of Disabled people known as at 31 <sup>st</sup> March.	<b>703</b>
3.2	Number of assessments of need carried out during year end 31 <sup>st</sup> March.	<b>151</b>
3.3	Types of need that could not be met	
	<b>Narrati e</b>	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	<b>40</b>

**DATA RETURN 4****Children's Disability Service Area  
Social and Primary Care Directorate**

<b>4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;</b>		
<b>Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]</b>		

4.1	Number of Article 15 (HPSS Order) Payments	<b>18</b>
	Total expenditure for the above payments.....	<b>3016.16</b>
4.2	Number of TR ST F NDED people in residential care	<b>6</b>
4.3	Number of TR ST F NDED people in nursing care	<b>Not available</b>
4.4	How many of those at 4.3 received only the 100 nursing care allowance	<b>Not available</b>
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)	<b>17</b>

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

**DATA RETURN 5****Children's Disability Service Area  
Social and Primary Care Directorate****5 CARERS AND DIRECT PAYMENTS ACT 2002**

5.1	Number of adult carers offered individual carers assessments during the year.	<b>122</b>
5.2	Number of adult individual carers assessments undertaken during the year.	<b>114</b>
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children	<b>114</b>
5.4	Number of adult carers receiving a service 31 <sup>st</sup> March	Not available
5.5	Number of young carers offered individual carers assessments during the year.	<b>10</b>
5.6	Number of young carers assessments undertaken during the year.	<b>10</b>
5.7	Number of young carers receiving a service 31 <sup>st</sup> March	<b>0</b>
5.8	Number of adults receiving direct payments 31 <sup>st</sup> March	<b>105</b>
5.9	Number of children receiving direct payments 31 <sup>st</sup> March	<b>0</b>
5.9.a	Of those at 5.9 how many of these payments are in respect of another person	<b>0</b>
5.10	Number of carers receiving direct payments 31 <sup>st</sup> March	<b>105</b>
5.11	Number of one off Carers Grants made in-year.	<b>116</b>
69 carers applications for the complementary therapy service also approved in year ( 6 sessions per carer)		
<b>Commentary</b>		
<p>The vision of the Belfast Health and Social Care Trust Carers' Strategy is to deliver the highest quality support, for the estimated 44,000 carers within its boundaries. We profile the needs of our carers at initial referral and assessment and Carer Assessments are offered at this point.</p> <p>Our carer support budget is fully used and carer's report that they appreciate the opportunity to avail of complimentary therapies and small grants.</p> <p>We continue to work closely with the Carer co-ordinator and the service area is represented on the Carer's Steering Group and Communication sub Group.</p> <p>Carer views will be key to our consultation on the service areas' strategic document and we plan to hold several consultations to facilitate this.</p>		

**DATA RETURN 6 – SAFEGUARDING ADULTS**

**Children’s Disability Service Area  
Social and Primary Care Directorate**

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

**DATA RETURN 7**

**Children’s Disability Service Area  
Social and Primary Care Directorate**

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

**DATA RETURN 8**

**Children’s Disability Service Area  
Social and Primary Care Directorate**

**8 Assessed Year in Employment**

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

## DATA RETURN 9

Children's Disability Service Area  
Social and Primary Care Directorate

9 The Mental Health (NI) Order 1986		
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115		
Admission for Assessment Process Article 4 and 5		
9.1	Total Number of Assessments made by ASWs under the MHO	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	0
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0
Form 5s		
9.2	Total Number of Form 5s/5as completed)	0
9.2a	Of these, how many resulted in an application being made	0
	Commentary – provide explanation as to Forms not resulting in application	
ASW Applicant reports		
9.3	Number of ASW Applicant reports completed	0
9.3.a	How many of these were completed within 5 working days	0
Social Circumstances Reports (Article 5.6)		
9.4	Total number of Reports completed	0
9.4.a	Number of completed reports which were completed within 14 days	0
Mental Health Review Tribunal		
9.5	Number of referrals to MHRT in relation to detained patients	0
9.5.a	Number of MHRT hearings	0
9.5.b	Number of patients re-graded by timescales	0
	a. 6 weeks before MHRT hearing	0
	b. 6 weeks before MHRT hearing	0
Guardianships Article 18		
9.6	Number of Guardianships in place in Trust at year end	0
9.6.a	New Applications for Guardianship during year	0
9.6.b	How many of these were transfers from detention	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the year	0
9.6.e	Number of Guardianships Renewed	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Numbers referred to MHRT	0
9.6.h	Number discharged from guardianship following MHRT	0
ASW Register		
9.7	Number of newly Approved Social Workers during year	0
9.7.a	Number of Approved Social Workers removed during year	1
9.7.b	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	2

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

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



## Section 7

### Social Work Teams and Caseloads Social and Primary Care Directorate

#### Please see Excel Spreadsheets

#### Introduction

This section requires a detailed analysis of the Trust's social work workforce. This task proved a challenge to the Trust as existing Information Management Systems do not contain the span of required information, nor can they be interrogated to present information in the requested format. The information presented has been collated through a manual review of several sources of information. While considerable progress was made in collating the information, the Trust were unable to map the post-qualifying achievements of staff to the management, Team or singleton practitioner reports within the reporting timescales. In the next year the Trust will continue to explore whether the newly developed Human Resource Information Management System BSTP will assist in providing a more robust information system.

#### Explanatory Notes on Information Presented in Section 7

#### Abbreviations

The following abbreviations are used in the Social Work Team Reports 7.3 -

Governance, Learning and Development	G, L D
Family and Child Care	FCC
Children with Disability Services	CDS
Learning Disability Services	LD
Mental Health Services	MH
Children and Adolescent Mental Health	CAMHS
Older People's Services	OPS

(General Hospital Services are managed with Older People's Services and these Teams are identified by the Team name and location).

#### Identification of Approved Social Workers and Senior Practitioners:

In the BHSCT Band 7 Approved Social Workers (ASW) also have the responsibilities of a Senior Practitioner (SP).

This situation is further complicated within the multi-disciplinary Teams, particularly in Older People's Services, where 'Leads' have been appointed at Band 7 to take responsibility for professional supervision and related professional development and practice issues. There are staff in these positions who are also ASW's.

For the purposes of this report (to avoid double counting), the Trust has reviewed all of these Band 7 posts and has counted them in the following way

- Approved Social Workers with Senior Practitioner responsibilities have been counted as Approved Social Workers only.
- Senior Practitioners/Social Work Leads in Adult Services who have particular responsibility for professional supervision and professional issues but who are also Approved Social Workers have been counted as Senior Practitioners.
- Information on Approved Social Workers in management posts and the Emergency Duty Team has not been captured.

In light of the above anomalies the number of ASW's that are counted in this report total 30 however the total number of ASW's in the Trust is actually 53.

### **Post-Qualifying (PQ) Awards/Requirements**

As already indicated, the Trust has been unable to map PQ achievements to the reports on managers, Teams or singleton practitioners. To begin the process the Trust has reviewed the PQ achievements of staff under the Northern Ireland PQ Framework which commenced in 2007. These PQ reports are presented for social work management posts and social work posts.

The data presented does not include achievements under the United Kingdom PQ Framework.

### **DHSS PQ Targets**

The Trust has approximately 750 Social Workers, and it is a challenge to identify and track the workforce in relation to these targets. The Trust has encountered the following barriers -

- The Human Resources Management System (HRMS) is unable to provide a report identifying only Senior Practitioners or only Senior Social Workers. These posts have the same banding and the HRMS cannot disaggregate the information.
- HRMS provides information on staff entering and leaving the Trust, plus staff who move between bands. Information is not available for staff moving between a Senior Practitioner and Team Leader post thus leaving it difficult to identify the new first line management cohort.
- The Trust has endeavoured to address these issues by creating links with managers and relying on the Learning and Development Team's local workforce knowledge to update our workforce information, however, this is not robust arrangement.

The Learning and Development Team are being consulted on BSTP (the eventual replacement of HRMS) and the Trust will highlight the need for these required reports.

The organisation of Social Care Services and the structure of the workforce is continually evolving and the Trust would welcome discussion with the Commissioner and other Trusts on how the definition of titles, for example, Senior Practitioner and the inclusion/exclusion of staff who are referred to as Singleton Practitioners (required to be professionally registered).

## DATA RETURN 8

## Social and Primary Care Directorate

## 8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2011 - 2012  
Return for Employers year ending 31<sup>st</sup> March 2012

1. Please complete the table below which provides an overview of all staff who were subject to an assessed Year in Employment (AYE) in your organisation for the year 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012.

Table 1 asks for the number of AYE by setting that were in post at any time during the year and for those who are in post at 31<sup>st</sup> March 2012. These should be counted as **mutually exclusive**, that is if the person is in post on 31<sup>st</sup> March **they should not be returned** in the column for 'during' the year.

Table 1		During year 1/4/11 to 31/3/12	At 31 <sup>st</sup> March 2012
	Job setting		
1	Gateway	3	1
2	Family support/intervention Team	5	10
3	Looked after Team (LAC)	3	4
4	Fostering Team		
5	Adoption		
6	Leaving and after care (Transition)	1	
7	Children's disability		3
8	Residential child care	1	1
9	Early years		
10	Other Children's		
11	Hospital social work Team	1	
12	Older people		
13	Mental health	1	1
14	Health and Sensory Disability (Adults)		
15	Sensory impairment		
16	Learning Disability	2	
17	Vulnerable adults		
18	Other (Adult)		
	<b>Total number of AYE</b> s	<b>17</b>	<b>20</b>

**2. Of the Total AYE's employed, describe their employment status?**

<b>Table 2 Employment Status</b>	<b>During year 1/4/11 to 31/3/12</b>	<b>At 31<sup>st</sup> March 2012</b>
Permanent	9	13
Temporary	8	5
Recruitment agency	0	2
<b>Total number of AYE's</b>	<b>17</b>	<b>20</b>

**3. Were all new social work graduates who were employed by the Trust during the year, in posts that required a Social work Qualification?**

Yes

No

If you answered 'NO'; Please give details of the number of staff this applied to, and the posts in which they were employed.

**4. Have all AYE's in the Trust undertaken (or be in a position to undertake) the minimum required 10 development days?**

Yes

No

Please provide details of what arrangements are in place to ensure that this requirement (Standard 4) is met.

Local Induction Programmes specify the Statutory and Mandatory Training for new staff. All of these programmes are in excess of 10 development days. The Local Induction Requirements are detailed on a proforma and registrants record the date and the time that they spent on the specified learning and development activities.

Assessed Year in Employment registrants and their Line Managers are advised of the relevant Local Induction arrangement when a Learning and Development Consultant provides induction on the AYE requirements.

Compliance with the NISCC Standard of 'at least 10 development days', is quality assured via the Trust Annual Review of AYE arrangements.

**5. Number of AYE's that received a formal Social Work Induction as per the NISCC guidance.**

37

**Please provide details of the Induction Procedure.**

Induction is a three-fold process consisting of -

- Corporate Welcome which is a half-day corporate induction event for newly appointed staff to gain an understanding of broad organisational messages.

- Local Induction which consists of departmental orientation arrangements to detail job requirements, processes, procedures and policies.
- Induction to the NISCC (July 2010) AYE FOR Newly Qualified Social Workers, revised Guidance for Registrants and Employers.

It is the manager’s responsibility to ensure the provision of an effective local induction for all new staff. This induction will be facilitated by a combination of coaching, supervision, introduction to procedures and training programmes. This Local Induction is also supported by a -

- Local Induction Workshop for Family and Child Care and Children with Disability Services. This is hosted by the Co-Director of Family and Child Care, the Principal Practitioner and Learning and Development.
- Learning Disability Services also facilitate a 2-day Induction Programme for all their staff.

Induction to NISCC’s requirements for AYE Registrants is facilitated by Learning and Development. A Consultant meets within two weeks of appointment all newly Assessed Year in Employment staff and their Line Manager to advise them of the requirements plus to provide an AYE Registrants Folder that contain all relevant information and documentation that is necessary to support and evidence the NISCC Standards.

**Comments from AYE Registrants in Exit questionnaires on Induction to AYE**

**AYE Registrant** *“The meeting provided me with detailed information about the is expected of myself”.*

**AYE Registrant** *“Imed by the information but it was useful.”*

- 6. Please answer Yes or No for each of the following systems that are required to be in place and available to all AYE. Provide a separate explanation for each instance that ‘No’ has been ticked.**

<b>Table 3 Systems required</b>		<b>Yes</b>	<b>No</b>
1	Human Resource system to track AYE progress	√	
2	Personal development plans	√	
3	Performance appraisal	√	
	6 monthly	√	
	Year end	√	
4	25 Sample of AYE performance	√	
5	Management of AYE workload	√	

- 7. What processes has the Trust put in place to ensure that every AYE produces a University transcript of learning upon commencement of post? (Narrative)**

This requirement is brought to the attention of staff and their Line Managers in the Induction to AYE. In addition the Trust's AYE Registrant's File has a section to file the transcript.

How many AYE's failed to produce the transcript

In the Annual Review of AYE there were 7 files sampled. Of these, one registrant had not presented a transcript.

**8. Please report on the frequency of professional supervision afforded to the AYE's in post at 31<sup>st</sup> March.**

<b>Table 4</b> Job setting	<b>Frequency of AYE supervision</b>		
	<b>Fortnightly</b>	<b>Monthly</b>	<b>Other</b>
Children's (1 to 10 from Table 1)	12	8	0
Hospital (11 from Table 1)			
Adults (12 to 18 from Table 1)			

How many of those shown above as 'Fortnightly' have been in post for more than 6 months at 31<sup>st</sup> March

How many of those shown above as 'Monthly' have been in post for more than 6 months at 31<sup>st</sup> March

Trust should provide details and explanations of situations where professional supervision of AYE's is less than fortnightly, and what steps are being taken to fully achieve this requirement.

**Comments from AYE Registrants in the Exit questionnaire on supervision**

**Line Manager Adult Services** *"I think the balance between a protected caseload and necessary."*

**AYE Registrant:** *"part of the learning process."*

**9. What proportion of staff that provide professional social work supervision to AYE's has undertaken relevant training in 'professional supervision and appraisal'? (Number of staff with supervision/appraisal training as a percentage of the Total number of staff who supervise AYE).**

**Team Leaders Supervising AYE Registrants**

**on the 31/3/11**

**Total Population of 15 Managers**

<b>0-1 years</b>	<b>1-2 years</b>	<b>2-5 years</b>	<b>5-10 ears</b>
2 (appointed January 2012)	2	7	4
<ul style="list-style-type: none"> <li>Plans to undertake Professional Supervision Course in September 2012</li> </ul>	<ul style="list-style-type: none"> <li>One completing Regional Supervision Course</li> <li>One planning to commence in September 2012. This person has completed NOCINI Module 3 that includes supervision responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>4 are Practice Teachers Award holders</li> <li>All have completed other Supervision Courses</li> </ul>	<ul style="list-style-type: none"> <li>Completed Supervision Cou earlier in SSW po</li> </ul>

**What arrangements are in place within the Trust to ensure that all such supervising Social Workers have undertaken the appropriate training? (Narrative)**

Staff who are appointed to Band 7 posts that involves professional supervision are identified by Human Resources. The Learning and Development Team has created a database to track these staff. The staff will subsequently be required to undertake the Regional Professional Supervision Course. In addition, they are asked to attend a course or complete a workbook that introduces them to the role of the Reviewer/Appraiser in line with the requirements specified in the Trust’s Framework for Personal Contribution and Personal Development Plans.

The Trust are working towards the DHSSPS target that all Line Managers will complete training in supervision and appraisal within Personal Social Services within two years of appointment to post.

**0 Please provide an account of how the Trust assesses practice against the six key roles as set out in the Northern Ireland Social Care Council (NISCC) guidance (The Assessed Year in Employment (AYE) for Newly Qualified Social Workers in NI, NISCC, July 2011).**

The six key roles are assessed in the following ways

**Supervision with Line Manager:**

- The candidate provides evidence to the Line Manager who assesses competence against the six key roles. This occurs within the supervisory process and is recorded on a pro-forma designed by the agency.
- At the midpoint the candidate submits a review of learning needs, progress of the six key roles and identifies any future gaps in learning to be completed for the remaining period of the AYE.
- The candidate's performance is assessed at six months against the six key roles and then reviewed again at 11 months.

**Audit:**

AYE candidates are required to keep a portfolio of evidence that demonstrates compliance with NISCC's AYE Standards. In the Annual Review of AYE, a minimum of 25% of these are sampled by the Learning and Development Team and audited against the NISCC AYE Standards. Any issues arising from these are recorded and fed back to the Line Managers and candidates.

In 2011-12 the Annual Review was staged in July and March. The Trust prefers to split the audit into 2 phases as the majority of AYE Registrants complete their assessed year in the summer. The Trust then accordingly reviews and improves upon existing practices when the new cohort of graduates is joining the workforce.

In the period 2011-12 the Trust sampled 41% (7 out of a total of 17) of the performance appraisals of the new social work graduates (see Appendix 1 AYE Improvement Plan).

**Exit Questionnaires:**

All AYE registrants and their Line Managers receive a questionnaire when they complete the AYE. These are collated and inform the Annual Review of AYE. 15 out of 17 questionnaires were returned. 2 of the non returned questionnaires were only requested at the end of March and they may be returned in the near future.



## IMPROVEMENT PLAN

### Assessed Year in Employment

#### August 2011 – July 2012

#### 1. Initial Learning and Development Plans:

- 1.1 Findings:** The majority of candidates included their transcripts which identified their subsequent learning needs. On occasions learning needs are not concretely expressed or they are not amended at the beginning of their employment to reflect the context of their present post.

**Action: Provide advice and guidance in the Induction Meeting on agreeing specific and relevant learning needs and highlight how the Trust Regional Contribution and Development Plan can support this system.**

#### 2. Learning and Development Days:

- 2.1 Findings:** It was apparent that AYE registrants were availing of the 10 development days, however, it was not possible to confirm whether all of the mandatory training had been completed.

**Action: Create a template to record the date and time spent on the identified mandatory training requirements.**

**When:** August 2011.

**Status:** Completed.

- 2.2 Findings:** AYE registrant who had completed a final year practice learning opportunity in the BHSCT stated in the Exit Questionnaire that it was repetitive to complete mandatory training that had been completed in the final PLO.

**Action:** Template to record mandatory training will include space for a Line Manager to record the reason and approval for exempting a registrant from a particular course.

**When:** August 2011.

**Status:** Completed.

#### 3. Induction:

- 3.1 Findings:** AYE registrants via Exit Questionnaires confirmed their satisfaction with induction. However, evidence of an induction plan was not always evident.

**Action: The Learning and Development Team in conjunction with the Children's Services Co-Director will facilitate an Induction Workshop for Child Care Services and Children with Disability Services.**

**When:** August 2011 and following recruitment campaign.

**Status:** Completed.

#### 4. Supervision Records:

- 4.1 **Findings:** There is evidence of full compliance with the supervision requirements and the majority of supervision records indicated discussion of relevant theory and evidence based practice.

**Action: Registrants will be advised to include a range of supervision records that will evidence the candidate's development and reflection within the six key roles.**

**When:** August 2011.

**Status:** Completed.

#### 5. Six-month and Final Reviews:

- 5.1 **Findings:** There were very good examples of completed reflections of practice that identified learning and development at the six-month stage. These reflections can be enhanced by registrants making more explicit links to their learning needs at the beginning of the AYE by reviewing their progress and then setting new objectives for the remainder of the AYE.

**Action: The induction to AYE will include information on the need to identify specific learning objectives and to review and amend individual learning plans as a registrant progresses through the AYE. The Trust Personal Contribution and Development Plan will inform the registrant's learning needs post AYE.**

**When:** August

**Status:** Achieved.

**Belfast Trust Delegated Statutory Functions Monitoring  
 For Period: 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015  
 Actions to be taken forward 1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016**

**REGIONAL ISSUES**

Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
<b>June 2015</b>	<b>ASW</b>				
	<ul style="list-style-type: none"> <li>ASW availability particularly OOH</li> </ul>	Meeting planned for 26 <sup>th</sup> Nov 2015	Actions agreed and completed	Aidan Murray	January 2016
	<ul style="list-style-type: none"> <li>Increasing use of nearest relative consent by GPs</li> </ul>	Meeting planned for 26 <sup>th</sup> Nov 2015	Actions agreed and completed	Aidan Murray	January 2016
<b>June 2015</b>	<b>CARERS</b>				
	Young carers <ul style="list-style-type: none"> <li>Identification of young carers</li> </ul>			Tony Rodgers / Aidan Murray	
	<ul style="list-style-type: none"> <li>Activity being reported under independent contract arrangements – HSCB to investigate</li> </ul>	Returns have been aggregated and sent to Trusts		Tony Rodgers	June 2016
	<ul style="list-style-type: none"> <li>Clarification that returns are inclusive of other programme returns for under 18s</li> </ul>			Tony Rodgers	

T = Trust to action; B = Board to action

	Carers <ul style="list-style-type: none"> <li>Encourage better uptake of carers assessments and increase offers?</li> </ul>	Mental health staff to encourage uptake of assessment by young carers To be monitored March 2016		Kevin Keenan	
<b>June 2015</b>	<b>AUTISM</b>				
	Significant breaches of waiting time targets for children with Autism			Tony Rodgers	
<b>June 2015</b>	<b>TRANSITIONS</b>				
	High cost cases transitioning from children into adults and also adults into older peoples services eg especially in complex medical cases	Regional work to be progressed to look at 10-15 year projections		Fionnuala McAndrew	
<b>June 2015</b>	<b>FAMILY CENTRES</b>				
	Review of role and function to address any unintended variations in services provided			Tony Rodgers	
<b>June 2015</b>	<b>DOMICILIARY CARE</b>				
	Progress the regional review to address: <ul style="list-style-type: none"> <li>Quality to be monitored both in-house and through Independent Sector</li> </ul>	The Domiciliary Care Review Report and associated recommendations were approved by the Board in November 2015. Plans for Implementation of the report's		Kevin Keenan	

T = Trust to action; B = Board to action

		<p>recommendations are underway, this will address a range of issues, including service quality, monitoring, workforce and market stability.</p> <p>A 'Task Force' will be established Summer 2016 under the auspices of the DHSSPS 'Review of Adult Social Care' work to address a range of challenges facing domiciliary care and other related services and to progress the recommendations of the review report.</p>			
	<ul style="list-style-type: none"> <li>Medicine management to be reviewed</li> </ul>	<p>A Business Case is currently being developed by the HSCB to secure the resources required to implement a regional medicines management assessment process by pharmacists. This includes funding to support the provision of Monitored Dosage Systems where required.</p>		Kevin Keenan	
<b>June 2014</b>	<b>ADULT SAFEGUARDING</b>				
	Continuing increase in rates of referral exerting pressure on resources within HSC Trusts	Demand/Capacity analysis underway. Timescale for	Demand Capacity exercise now complete	Joyce McKee	February 2016

T = Trust to action; B = Board to action

Updated 4.3.16

		completion has slipped to Dec 2015.			
	Social Care training resource being used to provide multi-disciplinary training across HSC Trusts	Issue raised with PHA etc. Engaging with DOIC re training for GPs; dentists; pharmacists and ophthalmologists.		Joyce McKee	
	Inconsistent application of electronic activity records	Challenges remain re running management reports from SOS CARE.	Management reports now available through SOS CARE	Joyce McKee	December 2015
	Reduction in adult safeguarding activity within acute settings	Trust running information sessions for staff in acute settings (across 4 sites) focusing on recognition and response.	Information sessions completed	Joyce McKee	December 2015

**LOCAL ISSUES**

**FAMILY & CHILD CARE PoC**

<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2012</b>	<b>Looked After Children</b>				
June 2012/13/14	<p>Placement Issues:                      Fieldwork approved kinship placements. Belfast continues to have significantly higher proportion of field work approved carers.</p> <p>Trust continues to show high use of independent foster carers. Also higher proportion of kinship at Stage 1 and comparatively high number of children placed at home with parents (107 out of NI total of 357)</p> <p>Information raises issues in respect of Trust activity in fostering recruitment and</p>	<p>HSCB and Trust to continue to monitor the situation and identify any necessary actions.</p> <p>September returns show service continues to be under pressure. Trust reports review of fostering almost complete. Trust to provide numbers of carers as part of the adolescent fostering scheme contracted from Barnardo's which will give a more accurate reflection of position (Trust has actually a directly commissioned service).</p> <p>Trust still have 25 identified in inappropriate placements out of regional total of 47. Trust</p>		T	

T = Trust to action; B = Board to action

	<p>rationale for LAC placed at home.</p> <p>Trust identify 10 children in inappropriate placement (ie s/t foster care requiring l/t placement) and an overall total of 19 requiring long term foster home. Breakdown of length of time of waiting not recorded. In addition Trust fostering / adoption recruitment shows no change in levels (3 stranger recruited and only 3 vacancies)</p>	<p>seeking to recruit frontline carers to assist in addressing this issue.</p> <p>To be reviewed when end of year figures received</p>			
June 2015	<p><b>Fostering - 10.5.2</b> BT have 146 kinship carers at Stage 1 and 88 at Stage 2 which is the highest in the region. Trust completed 17 kinship and 25 non-kinship (total 42) assessments.                  Issue categorised as medium in the Trusts Risk Register</p>	<p>Trust have received some investment and may make some more in-year. They are looking for a more consistent regional approach to assessment.</p> <p>Trust still have a backlog of kinship assessments/unregulated placements. Fieldwork teams now undertaking assessment and anticipate backlog to be dealt with in February/March panels. Also permanent posts being recruited.</p>	<p>Issues regarding kinship as identified show a significant improvement with only 10 vacancies in the total of placements available.</p>		June 2016



		Improvement in end of year figures expected.			
June 2015	<b>Adoption (Ref 10.6.7 – 10.6.8)</b> 19 children adopted in the past year, 4 placed in less than 12 months (2 in less than 6 months)	September figures still show issues in relation to adoption activity.			
	BT, one of two Trusts with 5 children freed for adoption but awaiting placement. 11 with best interest decisions where they had not been placed with 7 waiting longer than 6 months.	As above. March 2016 figures to be reviewed to see if additional resource has had an impact.			
	10.3.26 Permanency Panel recommendations have 59 children recommended for adoption as their permanency plan	Trust to clarify use of “other” category in decisions by Permanency Panels.			
	10.6.3 No of prospective adopters waiting assessment, the Trust has 19 waiting (2 for 1year+) and the reason is no social worker available to commence assessment.	Trust advised they have addressed this issue be allocating some additional resource. Trust to provide an additional update.  HSCB looking at time management and expectations of number of assessments that should be undertaken.	Number of adopters waiting is significantly reduced.		11.1.16

June 2015	10.3.6: LAC accommodated in hospital for 3 months+, Trust showing 11 out of regional total of 19 (SET 7, other Trusts1 or 0)?	<p>Beechcroft – requires more clarity particularly around CAMHS and notifications that are being made.</p> <p>Trust to provide more detail re LAC accommodated in hospital particularly re Iveagh and Beechcroft.</p> <p>With clarification, issue may be signed off.</p>			
<b>June 2013</b>	<b>Children with Disability</b>				
June 2013/14	Autism intervention service – earlier moves	<p>Trust reports continuing breaches of the 13 week target in relation to autism. The Board provided additional short term finance to assist in a resolution however work is ongoing to introduce a revised model in relation to the autism service (the Southern Trust proposal).</p> <p>CSIB are taking this work forward but issue not yet resolved.</p> <p>A new project group has been established and work is ongoing to address this issue</p>		T	

T = Trust to action; B = Board to action

		New project group established and on-going work to address this issue.  This is a regional concern and will be reviewed once the end of year figures are available.			
<b>June 2014</b>	<b>Children in Need</b>				
	Trust report on use of sponsored Day Care not yet received. Returns showing an increased use and significant higher usage as compared to other Trusts.	Trust review of SDC now included in a wider review by the Trust into Family Support Services with the support from the Beeches. The Trust will provide sufficient information in the end of year report to enable sign off of this issue.		T / B	
June 2015	Trust continues to show significant comparative use of sponsored day care. The guidance was amended and sent out to all Trusts to ensure consistency on the data collection (1.1.12)	As above			
<b>June 2015</b>	<b>Untoward Events</b>				
	Untoward Events show detentions by PSNI >4 hours is 242 NI total – BT is 128 (next	Issue feed into regional assessment of this.	The total number of events for the region showed a reduction to 161 with a		June 2016

T = Trust to action; B = Board to action

	highest is SET with 43) involving 39 young people	Can PSNI provide this data? HSCB (JD) to look at this.  Figures to be checked but general indications that figures have reduced.  This will be reviewed at the end of the year.	total for BHSCT as 51 involving 27 young people. The figures show a sufficient reduction for this issue to be signed off.		
<b>June 2015</b>					
	The Trust have raised an issue regarding recording the age of young people detained under the Mental Health Order which they consider should be removed in order to protect patient confidentiality.		Trust confirmed they have addressed and this will be completed moving forward.		11.1.2016

<b>MENTAL HEALTH &amp; LEARNING DISABILITY - MENTAL HEALTH</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2014</b>	<b>Social Care Packages</b>				
	The programme reports a significant increase in the number of social care packages from last year (section 1.4). Some of this increase may have arisen from resettlement, however numbers seem disproportionate. It is also noted that the numbers for residential and nursing home placements reported in Section 1.4 does not correspond to that reported in 4.2 and 4.3 / 4.4.	Trust to confirm the figures and include the numbers for supported housing and adult placements.	Trust advised that the increased numbers reported was an administrative error. They confirmed that administrative problem was resolved (midyear report for Sept 2014).  Corrected figure for year ending 31.4.14 was 163 service users	T	24.11.15
<b>June 2014</b>	<b>Children Detained Under the Mental Health Order</b>				
	The Board acknowledges the Trust concern to maintain the confidentiality of individual children detained under the Order, however, given the limited other detail it is unlikely that providing ages would risk identifying individual children.	Trust provide a breakdown of the use of powers in respect of the following age bands; >11 years; 11 -14 years; 14 – 16 years 16 – 17 years? Trust to provide information requested.	Trust advised it has been addressed.	T	25.6.15

T = Trust to action; B = Board to action

Updated 4.3.16

<b>MENTAL HEALTH &amp; LEARNING DISABILITY - MENTAL HEALTH</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
	However it is important to monitor the use of powers for different age groups.				
<b>June 2015</b>	<b>SW Staffing Levels in AMH</b>				
	P 97 3.6 - The Trust is reporting that they are 11 Social Workers short of regional recommendation for population size. What action does the Trust plan to take to rebalance skills mix within AMH services?	Trust advised they have been to press to recruit additional social workers to address this issue. There are issues on skill mix and there are steps to encourage AYE into Mental Health services. Trust advised £2.7m recurrently has been removed from MH services since 2012 so this is proving challenging. Trust to advise on progress with recruitment in midyear report.	Review completed and report being finalised for Trust SMT	T	24.11.15
<b>June 2015</b>	<b>Self Directed Support</b>				
	P 114 - What action is AMH planning to ensure staff are knowledgeable and competent to support SDS?	Trust advised they have provided additional training for staff expanding on Direct Payments training.	No further action		25.6.15

T = Trust to action; B = Board to action

Updated 4.3.16

<b>MENTAL HEALTH &amp; LEARNING DISABILITY - MENTAL HEALTH</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
		Looking at Day Services and reshaping may make for a more flexible response. Resettlement – recovery, can 'peer support' workers help with this?			
<b>June 2015</b>	<b>Social Care Placements outside NI</b>				
	P 117 - Can the Trust please confirm that these are 9 social care placements? (if they are in fact specialist hospital admissions through ECR they should not be reported here)	Trust confirmed that the number reported were hospital placements for treatment and not social care placements outside NI.  Trust to amend as confirmed these are ECRs.	Trust confirmed only 2 of the 9 ECRs were social care placements. No further action	T	25.6.15
<b>June 2015</b>	<b>Young Carers</b>				
	5.7 - only 2 young carers assessed in year. Also at year end no young carers receiving support? I believed Trust had young carers support contract with C&V. Has this been stopped?	Trust confirmed that it does refer to young carer support groups and other mechanisms to support young carers. It is currently reviewing how it collects activity and outcome data from Contractors to ensure	System in place for recording family carers under 18 years. Monitor for increased reporting 2015/16	T	24.11.15

T = Trust to action; B = Board to action

<b>MENTAL HEALTH &amp; LEARNING DISABILITY - MENTAL HEALTH</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
		that all carer support is captured and reflected in reporting. Trust to provide update on progress in midyear report.			
<b>June 2015</b>	<b>Data Issues – Social Care Services</b>				
	1.4 xiii - 74 RH v sect 4.2 = 61 explain differential	Trust advised there are 13 self-funding in Residential Homes	No further action required		25.6.15
	1.4 xiv - 126 NH v 4.3 = 106 explain differential	Trust advised there are 19 self-funders in Nursing Homes			



<b>MENTAL HEALTH &amp; LEARNING DISABILITY – LEARNING DISABILITY</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2015</b>	<b>Baseline for LD Framework Audit</b>				
	P 131 - The Trust report that their baseline audit data for the LD framework review is not robust. This is of concern as this represents the baseline measure to demonstrate progress against the LD standards framework.	Trust proposed that there was a regional problem with the interpretation of LD standards. The Board advised that this had been discussed with DHSSPS, however there was no appetite at this stage for a major review of the standards.	Agreement on interpretation to be sought through the regional working group.	B / T	25.6.15
<b>June 2015</b>	<b>MHRT – Communication Request</b>				
	P 133 - Meeting with MHRT 3.7.14 re issues of timing and communication in relation to tribunals (to safely manage MHRT unexpected discharges). MHRT undertook to consider the Trusts proposals. Trust still awaiting response at time of report. How will this be followed up?	Trust to pursue again with MHRT and request further meeting.  Trust to advise HSCB of progress. If no progress, Trust will escalate to HSCB.  Trust have a further meeting with MHRT scheduled for Jan 2016		T	

T = Trust to action; B = Board to action

<b>MENTAL HEALTH &amp; LEARNING DISABILITY – LEARNING DISABILITY</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2015</b>	<b>Data Issues: Carers and Direct Payments (Section 5)</b>				
	P162 – 5.4 Please explain 119 & 3?	Trust advised that there was a formatting problem with the document as it would not allow a four figure number to be inserted. The report should read 1193.	HSCB to note and amend for regional report.	B	25.6.15
	P 162 – 5.9a Trust indicate what is being asked is not clear.	HSCB gave an explanation. This is direct payments made to a third party (usually because of capacity issues, and normally using short procedure order); as opposed to 5.10 which is carers receiving a direct payment for their own carers needs. As opposed to 5.10 which is asking about carers receiving a direct payment for their own assessed carers needs. The Trust may wish to review this table in light of the clarification.	Amended figure provided in mid year report  No further action required	T	24.11.15

T = Trust to action; B = Board to action

<b>MENTAL HEALTH &amp; LEARNING DISABILITY – LEARNING DISABILITY</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2015</b>	<b>Detained Admissions for PoC</b>				
	P164 - 9.1 a-d RESW have advised that they are unable to give a breakdown of ASW assessments and detained admissions by programme of care.	HSCB advised that RESW are not able to provide a breakdown by PoC. Trust to provide data for OOH admissions for LD PoC asap.  RESW have advised that they are unable to provide data for ASW activity out of hours by PoC.	Trust to have internal discussion with RESW to agree resolution.	T	24.11.15
<b>June 2015</b>	<b>Trust Issue – Deaf Blind?</b>				
	The PoC were unable to provide detail of information required for section 2.	Trust advised that this information currently relied on manual counting from across a range of teams and services and could not be verified as being accurate.	Trust is reviewing its information systems to produce more accurate data for prevalence of sensory impairment for people with LD.	T	25.6.15
<b>Nov 2015</b>	<b>Guardianship</b>				

T = Trust to action; B = Board to action

Updated 4.3.16

<b>MENTAL HEALTH &amp; LEARNING DISABILITY – LEARNING DISABILITY</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
	Correspondence from RQIA sent via DHSSPS in respect of 2 issues contrary to GAIN guidance (initials instead of full signature and time scale between medical and social welfare recommendations)	Trust advised that they had taken legal advice and were assured that the guardianships were compliant with legislation and did not require to be redone as suggested by RQIA	Trust reported that they have provided advice to staff and that they are assured that their processes for guardianship are robust. No further action required		24.11.15
<b>Nov 2015</b>	<b>Key Workers for people using Day Services</b>				
	Not all people using statutory day services have a named key worker from CLDT	Trust to ensure that statutory day services are compliant with Standard 17 “working together” of the Service Framework for Learning Disability (DHSSPS 2013).	Trust reported that every service user has a named team to respond if care needs require review, but there would be a significant resource issue to appoint named key workers and routine review processes.		24.11.15

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2015</b>	<b>Risk and Governance</b>				
June 2015	<b><i>Safe and Effective Hospital Discharges</i></b> - Pressure to achieve timely discharge and improve care pathways internally and with other Trusts.	Complex Discharge team established (October 2014)  Work to improve information and data systems underway  Focus upon team skill mix and strengthening role of hospital SW in Multi-Disciplinary teams.  Development of a Community Access Centre (CAC) November 2015 to better support the management of referrals via a single entry point on a 7 day per week basis and improve management of complex discharges.  Improved skill mix and staffing complements via planned implementation of the Trust's		T	

T = Trust to action; B = Board to action

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
		'Modernisation and Workforce Review' report (September 2015) ie an increase in the number of Band 4 social care co-ordinator posts in hospital to assist in the discharge of non-complex cases).			
<b>June 2013</b>	<b><i>Compliance with Care Management Reviews</i></b>  Difficulty in achieving annual care management reviews due to workforce / other pressures	Review of Care Management role underway and review of team structure. Service restructuring to focus upon outstanding review work.  Development of new care management form; processes streamlined.  Implementation of the Trust's 'Modernisation and Workforce Review' planned for 2016 onwards with changes to care management and social work			

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
		arrangements. Establishment of an 'Older Person's Care and Placement Review Team' to improve performance.			
	<b>Access to Service</b>				
<b>June 2015</b>	<b><i>Access to domiciliary care packages and capacity of the Independent Sector to meet demand –</i></b> Including meeting accommodation / other needs of people with complex disability	Streamlining of referral pathway for domiciliary care via single point of access gateway model  New procurement of domiciliary care services in Trust planned – first stage underway.  The Trust will move forward from its pre-procurement consultation exercise in June 2015 to undertake full tendering for domiciliary care in the 2016-17 Financial Year.  A new domiciliary care provider entered the market in Belfast in January 2016.			

T = Trust to action; B = Board to action

Updated 4.3.16

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
		<p>Enhancement of the domiciliary care hourly rate in early 2016 will stimulate the market and increase capacity.</p> <p>The Trust's re-ablement service has been enhanced with the appointment of additional staff to meet demand.</p>			
<b>June 2013</b>	<p><b><i>Carers Assessment and Direct Payments</i></b></p> <p>Update on Trust activities regarding implementation of regional carers strategy.</p> <p>Priority Area for Trust agreed as:                      - Hospital Discharge,                      - Unmet Need, and                      - Direct Payments to carers.</p>	<p>Hospital Discharge Protocol to be put in place</p> <p>Unmet Need – Trust continue to scope out this issue</p> <p>Direct Payments – see below</p>	Protocol in place	T	23.11.15

T = Trust to action; B = Board to action

Updated 4.3.16



<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
June 2015	Increase in number of assessments offered / accepted is required, also evidence of use of <b>direct payments</b> in Older Peoples services	<p>Service User engagement has taken place to better understand the user assessment experience and how this can be learnt from and improved. Further workshops in this area planned ie Enhanced engagement and outreach to carers ie 'Planning together, a better future for Belfast carers' workshop, 25<sup>th</sup> February 2016.</p> <p>Promotion of direct payments will remain as a future target area.</p> <p>Successful completion of Physical and Sensory Disability pilot as part of regional work around innovative short breaks has increased access to innovative short breaks and cash grants.</p>			

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	Identification of Unmet Need	Learning/ analysis from the recently completed Trust audit of carer support/ carer assessments is currently underway.  Trust continues to scope out unmet need issues.			
<b>June 2014</b>	<b>Professional Issues</b>				
	Access to Supervision in Adult Services and related monitoring activity following BSO Audit – Trust response to BSO audit is noted and commended. Further Trust update welcome	Proactive response to BSO audit recommendations  Skill mix reviewed to ensure access to appropriate staff for supervision purposes	Audit and reporting mechanism in place for monitoring failure to deliver supervision  New supervision template devised	T	25.6.15
<b>June 2014</b>	<b>Workforce Issues</b>				
	Social Care Workforce Review and skill mix issues; workforce stability, vacancy controls –	The Trust's draft 'Modernisation and Workforce Review' report has been shared with HSCB for comment. It outlines planned		T	

T = Trust to action; B = Board to action

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
	Pressure re increasing workload, case complexity, safeguarding referrals (Impact of above on Trust workforce and Trust ability to discharge statutory duties.	changes to social work/social care staffing arrangements and structures, including the re-organisation of the care management function.			
<b>June 2015</b>	<b>Information and data returns</b>				
	BSO Internal Audit on Statutory Report data – this is noted in context of improvements in information quality this year and roll out of CIS / PARIS system. Further Trust update welcome.	Review of Trust information systems on-going with move to Paris system  Band 7 information officer appointed	Trust data now improved	T	25.6.15
<b>June 2014/15</b>	<b>Trust Issue - Meeting the Need of People with Alcohol related disabilities within Older People and PSD services (ie ABI, Korsakoff's Syndrome)</b>				
	Pressure placed upon services by this cohort of users with complex needs. Clients currently located across a number of service areas; Mental Health, Older People, PSD - no	HSCB and Trust representatives met in August 2015 to discuss internal Trust management issues in relation to the above. Issue further discussed at HSCB/Trust DSF interim meeting 23.11.15 and need for whole		T/B	

T = Trust to action; B = Board to action

<b>OLDER PEOPLE AND ADULTS &amp; PHYSICAL DISABILITY AND SENSORY IMPAIRMENT</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
	agreement regionally or locally how needs can be best met.	system/ care pathway approach identified.  HSCB/LCG and Trust have worked together on issue - a database has been populated to scope out the number of relevant cases and associated costs to better support future planning for funding and service development.			

<b>ADULT SAFEGUARDING</b>					
<b>Originating date</b>	<b>Issue</b>	<b>Action</b>	<b>Outcome</b>	<b>Action by</b>	<b>Date completed (if not completed, carry forward)</b>
<b>June 2015</b>	Human Trafficking victims withdrawing from contact with sources	Ensure that users are all eligible to access public funds	Situation clarified	T	25.6.15
<b>June 2015</b>	Increase in referrals from mental health and lack of trained IO's  What action is Trust taking to ensure there is an appropriate number of IO's trained/available within MH services	Trust has described a comprehensive training programme.  Number and location of all trained staff identified.	Trust has identified adequate number of staff trained as IOs in Mental Health services.	T	31.01.16
<b>June 2015</b>	Variation in referral rates across Trust localities  Trust to clarify possible reasons for variation especially in relation to Carlisle and Beechall localities	Trust to examine possible reasons for variation.  To monitor / review at next meeting.		T	

T = Trust to action; B = Board to action

Updated 4.3.16



Programme of Care	Total Number of Issues	Red RAG	Amber RAG	Green RAG
Family and Children	10	0	8	2
Mental Health	1	0	0	1
Learning Disability	7	3	2	2
Older People and Adults	6	1	2	3
Physical Disability	2	0	0	2
<b>Total</b>	<b>26</b>	<b>4</b>	<b>12</b>	<b>10</b>

Issue	Action Required	By When	Owner	Progress Update	RAG Status
<b>Family &amp; Childcare Issues</b>					
<p><b>1. Issue:</b>                      Early Years inspections</p> <p>In order to undertake the 355 outstanding inspection as well as the additional inspections the Trust will follow Departmental and HSCB guidance as it evolves.</p> <p>Due to covid restrictions Trust have only been permitted to undertake one inspection per day, per SW.</p> <p>Trust to provide an Action Plan outlining timeframes to complete backlog (31/07/21)</p> <p>Trust to update HSCB Lead monthly on progress.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                      Outside of Covid period, the Trust advise the Early Years team have managed their inspection process well. With lifting of restrictions, the team have been able to increase inspections. Backlog now sits at 232.                      Trust report a trajectory to clear</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide an action plan detailing how the remaining backlog will be resolved.</li> </ul>	<p>31/07/21</p>	<p>Edel McKenna                      Co-Director                      Early years and Safeguarding</p>	<p><b>Update 13.12.21</b></p> <p>Action plan received on 03.12.21, detailing current position of 47 outstanding inspections which are now allocated and due to be completed within the reporting period.</p> <p>Meetings continue fortnightly with Una Lernihan, Social Care Commissioning Lead to review Covid related issues and pressures and to monitor actions both regional and Trust specific.</p> <p><b>Update 14.03.22</b>                      Regional meeting forums continue with HoS and Una Lernihan. The remaining backlog assessments have been allocated and are nearing completion.</p>	



backlog by Nov 2021	<ul style="list-style-type: none"> <li>Trust to clear backlog by November 2021</li> </ul>	30/11/21	Edel McKenna Co-Director Early years and Safeguarding	Action deemed completed.  <b>Update 13.12.21</b> See above  <b>Update 14.03.22</b> See above	
<p><b>2. Issue:</b>                  Children with a disability - short breaks availability / numbers on child protection register</p> <p>The HSCB notes:</p> <ul style="list-style-type: none"> <li>Trust have reported no CWD on the CPR</li> <li>Trust report the highest number on ASD waiting list</li> <li>Trust report highest per capita SEN statements</li> <li>Trust report highest level of Children on high level DLA.</li> <li>Trust report a decline in number of CWD but increase in pressure in this area</li> </ul> <p>HSCB and Trusts are still unaware of the consequences or impact arising from the Girvan case relating to</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide Action Plan in relation to the management of Autism waiting list</li> </ul>	31/07/21	Sarah Meekin Head of Psychology	<b>Update 13.12.21</b> Update required from ASD service.  <b>Update 14.03.22</b> Deputy Executive Director of Social Work (Eileen McKay) had met with and acquired update from the ADS service.  They are projected to deliver on commissioned assessment activity (600 p.a.) following COVID19 restrictions.  Diagnostic rate is 95% following triage which would indicate	

<p>Educational application to the MCA and this will need to be kept under review.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Relevant staff from Autism service were not at the meeting and therefore the detail could not be provided</p> <p>Children with short breaks (LD services) – Trust have not met their statutory functions in relation to provision of short breaks. Willow lodge is continued to be paused.</p> <p>Trust have accessed an ECR placement. Unit child is discharged the Trust will be unable to effect short breaks. Trust have plans in place to step up levels of support to other families requiring short breaks, inc. Increase in Social Work support, SDS.</p> <p>Currently 11 children with disability on CPR as of June 2021. The Trust are not able to lift data from Paris and rely on manual lift. The Trust advise they are satisfied with their threshold decisions regarding Child Protection within CwD teams.</p>				<p>appropriate referral and triage processes.</p> <p>BHSCT intervention WL &lt; 13 weeks.</p> <p>Level of demand continues; upward trend is projected at 883 p.a. for 21/22. This is in addition to WL created by historical capacity/demand gap and COVID19 impact.</p>	
	<ul style="list-style-type: none"> <li>Trust to provide report to the HSCB outlining mitigations in place in terms of levels of support in absence of short breaks</li> </ul>	31/07/21	Edel McKenna Co-Director Early years and Safeguarding	<p><b>Update 13.12.21</b></p> <p>Action plan update received on 03.12.21.</p> <p>There is acknowledgement of the pressures for families in the community who are struggling with reduced service provision as a result of the pandemic and also the impact of changes to educational programmes / in schools. The Trust</p>	

			<p>advised engagement with relevant families continues; They have been able to step up face to face contact and provide additionality via Community and Voluntary partners. The Trust has also increased self-directed support payments.</p> <p><b>Update 14.03.22</b>                  Action plan update received 22.03.22 which outlines ongoing use of SDS, Article 18 payments and increased contacts with families through community and voluntary partners.</p> <p>Co-Director advised that mitigations remain in place with short breaks being paused. Two pre-action notices have been received. One concluded without progression to full Judicial Review. The second is more recent</p>	
--	--	--	--	--

	<ul style="list-style-type: none"> <li>Trust to provide action plan outlining how they are re-instating short break capacity by October 2021</li> </ul>	31/07/21	Edel McKenna Co-Director Early years and Safeguarding	<p>– outcome awaited.</p> <p><b>Update 13.12.21</b></p> <p>Updated action plan received 03.12.21.</p> <p>Challenges remain – Willow Lodge continues to be paused in respect of short-breaks. Care planning continues in relation to the child remaining in Willow Lodge at present; ECR agreed.</p> <p>Use of Forest Lodge is being addressed in consultation with RQIA and some adaptations may be required. Forest Lodge Staff are redeployed to assist with Trusts Covid response. Workforce pressures for both facilities are acknowledged. Staffing recruitment continues for Willow, Forest Lodge and Somerton Rd.</p>	
--	---	----------	---	--	--

			<p><b>Update 14.03.22</b></p> <p>The Trust advised that funding for an appropriate single occupancy ECR placement was secured and Article 33 granted for the young person currently in the short breaks facility. This placement offer has since been rescinded due the young person's refusal to move. Alternatives are being sourced.</p> <p>Current situation remains challenging in relation to young person's behaviours and needs being met within the home.</p> <p>Exploration of alternatives (Forest Lodge) to reinstate short-breaks has not been achieved due to workforce pressures. Revised 3 month target has been outlined for moving young person</p>	
--	--	--	---	--

				<p>to an appropriate long-term placement and thereafter repairs to the home and return of staff team is required.</p> <p>Revised timeframe - June 22.</p> <p>Action plan update received 22.03.22</p>	
	<ul style="list-style-type: none"> <li>Trust to examine their data reporting in relation to CwD to ensure appropriate reporting</li> </ul>	30/09/21	Edel McKenna Co-Director Early years and Safeguarding	<p><b>Update 13.12.21</b></p> <p>Data lifts and PARIS system updates are ongoing.</p> <p><b>Update 14.03.22</b></p> <p>Previous manual return has been problematic. Children's information manager has established a new reporting system under PARIS. This is fully operational and final testing against quality assurances measures will be completed at end of March.</p> <p>Action deemed</p>	

				complete.	
<p><b>3. Issue:</b> Personal Advisors</p> <p>109 young people did not have a personal advisor appointed at 31st March 2021. This is a key role for this group of very vulnerable young people</p> <p>Trust to provide action plan outlining steps/measures taken to ensure all young people have a personal advisor (01/07/21)</p> <p><b>Discussion at DSF meeting 25.6.21</b> HSCB would request an analysis of Leaving Aftercare/SAI's to identify unmet need and the impacts on young people.</p> <p>Trust are reviewing 18+ teams with a view to changing to16+. They are also working with Paris to appropriately identify yp requiring a PA. Trust reviewing case closures monthly which all assists in projecting numbers of yp coming into the service.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide an action plan outlining how they are to reduce this figure (to include: staffing levels, data collection and forecasting)</li> </ul>	01/07/21	Kerrylee Weatherall Co-Director Corporate Parenting	<p><b>Update 13.12.21</b></p> <p>Action plan received and update requested by end January 22 for period to 31.12.21.</p> <p>September's data showed reduction from 109 to 63 young people with no PA appointed. Unfortunately some of the Band 4 staff that were recruited have moved on and the figure is currently 72.</p> <p>The PARIS system review continues to allow for data pulls and trends to be overseen easily. These have been forwarded to the HSCB monthly.</p> <p>The Band 4 Staff in the LAC teams to reduce pressures remain at risk to the Trust as unfunded posts.</p>	

				<p>The 16+ young people assessed as low risk / stable with no SW are being managed through the Trusts duty system.</p> <p><b>Update 14.03.22</b>                  Action plan update received 11.03.22. Service model review paper, process map and action plan monitoring template received. Unallocated cases figures have fluctuated across previous months in relation to PA support staff which correlates to workforce absences. Recruitment to vacant posts continues.</p>	
	<ul style="list-style-type: none"> <li>Plan to outline timeframes and outline projected reduction in waiting list</li> </ul>	01/07/21	Kerrylee Weatherall Co-Director Corporate Parenting	<p><b>Update 13.12.21</b>                  See above update. Closures completed Nov 21 and young people assessed as low risk are managed via the Trusts duty system.</p>	



				<p><b>Update 14.03.22</b>                  Recruitment process ongoing (at short-listing stage). Previous vacancies filled however, some moved to alternative posts and those filled via temporary staff / agency have not provided level of stability the service requires. Overall significant workforce challenges remain.</p> <p>Vacancies and unallocated cases being reported via HSCB monthly returns.</p>	
	<ul style="list-style-type: none"> <li>Trust and HSCB to undertake a review of SAI's</li> </ul>	Review period 01/09/21 – 30/10/21	Kerrylee Weatherall Co-Director Corporate Parenting	<p>Update 13.12.21</p> <p>DoH review was completed. Three SAI's have been allocated to an independent consultant for review. Trust plan to further review those YP who are known to Mental Health services and SAIs to be completed.</p>	

				<p><b>Update 14.03.22</b>                  Two independent associates have been identified and are being trained for undertaking this specific role. Triaging of priority cases for immediate learning has been completed. Governance system in place to identify SAIs in timely manner.</p>	
<p><b>4. Issue:</b>                  Unallocated cases/Named Social Worker</p> <p>35 young people did not have a named social worker at 31st March and team members via a duty system were undertaking their statutory visits. This impacts significantly on the development of a meaningful relationship between social worker and young person which is a key support for every looked after child.</p> <p>Unallocated cases at time of DSF meeting June 21:                  LAC - 17</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Action plan from the Trust to explain how they are ensuring each child looked after has a social worker, receives statutory visits and statutory reviews</li> </ul>	<p>31.08.21</p>	<p>Kerrylee Weatherall                  Co-Director Corporate Parenting</p>	<p><b>Update 13.12.21</b></p> <p>Action plan received and further updated on 26<sup>th</sup> Oct 21.</p> <p>Update to be forwarded for period to end Dec 21. The figure in Oct = 60 LAC cases with unallocated SW who are being managed via the Trusts duty system.</p> <p>The Trust reported their unallocated cases across Children's</p>	

<p>CwD – 83                  FS – 19                  Gateway – 10</p> <p>Total: 129 (an increase of 13 from March 21)</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  2.5 staff were brought in to LAC, current unallocated in LAC this is now 0.</p> <p>FS/Gateway – Trust have been unable to meet their statutory function in allocation of a SW to children. Trust submit monthly returns submitted. Figures above are correct. CwD, 4 SP’s allocated from IPT monies. Gateway/FS, there has been an increase since March 2021. Trust report these figures are manageable. No actions identified for unallocated cases.</p>			<p>Services Oct 21:</p> <p>LAC- 60                  CwD – 173                  FS - 81                  Gateway - 60</p> <p>Monthly returns continue to be submitted to the HSCB in respect of unallocated cases and workforce pressures. The Trust have escalated workforce pressures to their Trust Board and is recorded on the Trusts risk register. A meeting was held in respect of current issues across Children’s Services (workforce, unallocated cases, placements, short-breaks, complexity of need etc.) with DoH and HSCB on 28.10.21.</p> <p><b>Update 14.03.22</b>                  See above mitigations to increase workforce capacity within LAC</p>	
---	--	--	---	--

			<p>teams. LAC unallocated numbers are:                  124 - end January.                  86 - end February.</p> <p>The Trust reported significant workforce challenges with 56% absences across children's disability teams and combined children's services absence of 33% in February. The Trust are noting an increase of referrals across Tier 2 and 3 services which compounds current difficulties.</p> <p>The unallocated cases are noted as follows(end January):</p> <p>LAC- 124                  CwD – 273                  FS - 131                  Gateway - 88</p> <p>The Trust outlined the governance system in place across Gateway to review and prioritise</p>	
--	--	--	--	--

				<p>allocations and further action to bolster FIS teams via transfer of appropriate cases identified staff in family centre. This process is overseen by principal practitioners.</p> <p>A second principal social worker post has been created to strengthen management structure for children with disabilities alongside the previous 4 x B7 Senior Practitioner roles from the unallocated cases transformation funding.</p> <p>Monthly returns continue to be submitted to the HSCB in respect of unallocated cases and workforce pressures.</p>	
<p><b>5. Issue:</b> Statutory Visits</p> <p>72 statutory visits did not take place</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Action plan from the Trust to explain how they</li> </ul>	31.08.21	Kerrylee Weatherall Co-Director Corporate	<p><b>Update 13.12.21</b></p> <p>The Trust advise that both statutory visiting</p>	

<p>within the regulatory timescales.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Refer to discussion at Unallocated section</p>	<p>are ensuring each child looked after has a social worker, receives statutory visits and statutory reviews</p>		<p>Parenting</p>	<p>and statutory reviews have been impacted by workforce challenges.</p> <p>The figures for October show that 18 visits and 35 LAC reviews did not take place within timescales.</p> <p><b>Update 14.03.22</b>                  The Trust report that for January 22, there were 12 statutory visits and 41 statutory reviews that did not take place within timescale. As per the Trusts business continuity plan there has been a move to a blended approach of face to face and virtual visiting. LAC Reviews that have not taken place are re-scheduled within 4 weeks.</p> <p>Using the workforce appeal, an out of hours LAC team (with appropriate governance structure)</p>	
--	--	--	------------------	---	--

				<p>has been established to cover some unallocated cases. Colleagues across children's teams are undertaking statutory and reviews.</p> <p>The additional LAC team that was created (funded by the Trust at risk), now has a Team Leader via the retire and return scheme.</p> <p>The Senior Management Team meet on a monthly basis to monitor progress, manage risks and target action where necessary.</p>	
<p><b>6. Issue:</b>                  Statutory reviews</p> <p>94 statutory looked after children reviews did not take place within the required timescales.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Refer to discussion at Unallocated section</p>	<p><b>Actions:</b>                  Action plan from the Trust to explain how they are ensuring each child looked after has a social worker, receives statutory visits and statutory reviews</p>	<p>31.08.21</p>	<p>Kerrylee Weatherall                  Co-Director Corporate Parenting</p>	<p><b>Update 13.12.21</b>                  See above.</p> <p><b>Update 14.03.22</b>                  See above</p>	

<p><b>7. Issue:</b>                  Placement Moves for children</p> <p>117 children experienced a move in placement during the reporting period.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust are managing very complex situations, including younger children coming into care. Trust are increasing recruitment, wrap around support, edge of care services. However despite this, the Trust are struggling to manage their looked after population and adequately responding to their needs.</p> <p>HSCB are satisfied with actions being taken by the Trust and therefore do not require this to be taken forward as a specific action. Will be considered as part of the review of LAC services as outlined in 'Unallocated/Stat Visits/Stat Review' above</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>No actions required – included for information only.</b></li> </ul>			<p><b>Update 13.12.21</b></p> <p>Currently there are 913 children in care in Belfast Trust. The increase in number of LAC and in fostering breakdowns has been noted by the Trust.</p> <p>Additional support from utilisation of B4 staff (unfunded posts /at risk) and packages of support from Community and Voluntary partners has been put in place E.g. additional timeout with Extern for fragile foster placements (35 families have been in receipt of this service/support) and there is a bid submitted via Covid monitoring process ref: same.</p> <p>Challenges remain and pressures within fostering service have been highlighted. The Trust are reviewing</p>	
---	--	--	--	--	--



				<p>their unallocated fostering placements and vacancies in the fostering team. In addition, LAC TSS pressures also shared with HSCB on 08.12.21 and an escalated meeting with HSCB programme manager has been requested.</p> <p><b>Update 14.03.22</b>                  Fostering team are seeking to improve capacity to complete assessments utilising sessional staff from the independent sector providers and from internal trawls across existing children's teams for additional hours.</p>	
<p><b>8. Issue:</b>                  Iveagh delayed discharges</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Operational policy requires review during 2021/22</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Review and amend Operational Procedures to prevent future delayed discharges</li> </ul>	30/09/21	Tracy Kennedy Co-Director Adult Learning Disability	<p><b>Update 13.12.21</b></p> <p>Update to be requested from Adult LD service. Process ongoing with AD CwD group and Independent Review are looking at some of</p>	

				<p>the ongoing issues. Iveagh and Beechcroft are included in DoH regional review of Children's Services.</p> <p>The importance of good working and strengthened links between Adult and Children's services was highlighted in relation to Iveagh. A Judicial review is ongoing regarding 1 x YP in Iveagh at present.</p> <p><b>Update 14.03.22</b>                  Young person remains in Iveagh and Judicial Review hearing is scheduled. Trus continue to work to navigate the issues presenting.</p> <p>Further update should be sought via DSF meeting for LD Services - (Tracy Kennedy Co-Director Adult Learning Disability).</p>	
--	--	--	--	---	--

<p><b>9. Issue:</b>                  Increase in numbers on Child Protection Register</p> <p>March 20 = 251                  March 21 = 335                  An increase of 84 (33%)</p> <p>Regionally                  March 2020 = 2,298                  March 2021 = 2,298</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust undertook an analysis of thresholds, and were satisfied with decision made.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>No action required – included for information only</b></li> </ul>			<p><b>Update 13.12.21</b></p> <p>Trust advise that Child Protection Register figures remain fairly static. As of 10.12.21 the figure was 347.</p> <p><b>Update 14.03.22</b>                  Current figures are 344.</p> <p>Increase of 9 noted from March 21.</p>	
<p><b>10 Issue:</b>                  Increased numbers of Looked After Children</p> <p>March 2020 = 866                  March 2021 = 875                  An increase of 9 (1%)</p> <p>Regionally                  March 2020 = 3,383                  March 2021 = 3,530                  An increase of 147 (4%)</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust undertook an analysis of thresholds, and were satisfied with decisions made.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>No Action required – included for information only</b></li> </ul>			<p><b>Update 13.12.21</b></p> <p>Trust advise ongoing upward trajectory in respect of LAC figures which is now = 913. Action planning and reporting remains regional issue. Further work ongoing via AD Corporate Parenting Forum and actions agreed from Regional HSCB workshop on 06.08.21.</p> <p>See Issue on Placement</p>	

				Moves above for further detail.  <b>Update 14.03.22</b> Upward trajectory continues which causes significant demands on teams and regarding care placement availability. The number of looked after children has increased to 946 (8.1% since March 21).	
--	--	--	--	---	--

Issue	Action Required	By When	Owner	Progress Report	RAG status
<b>Mental Health Issues</b>					
<b>11. Issue:</b> Continuing difficulties faced by the ASW service in fulfilling requirements under the Order as detailed in 2.1b <ul style="list-style-type: none"> <li>• Conveyance difficulties</li> <li>• Significant delays in Out of Trust admissions</li> <li>• Access to on call manager after 5pm for ASW staff.</li> </ul> <b>Discussion at DSF meeting 25.6.21</b> Trust have adopted a conveyance pilot. There is a protocol in place to	<b>Actions:</b> <ul style="list-style-type: none"> <li>• Trust to update HSCB on governance arrangements with conveyance protocol now in place</li> </ul>	Update at each HSCB/Trust interface meeting	Mary O'Brien DSW Mental Health	<b>Update 3/3/22</b> Conveyance protocol is in place	
	<ul style="list-style-type: none"> <li>• Out of Trust admission delay to be raised at Regional Bed Management meeting</li> </ul>	Update at each HSCB/Trust interface meeting	Julia Lewis Co-Director of MH	<b>Update 3/3/22</b> Actioned and work ongoing within the Regional Bed Capacity Co-ordinator group through daily huddle process	

<p>reduce delays. Trust report this has been a positive development. HSCB note potential learning across Trusts.</p> <p>Out of Trust admissions. There is a delay in accessing Consultants for admissions. Some Trusts have introduced a further layer to admissions (to contact an ASM in order to get in contact with a Consultant).</p> <p>On call manager at 5pm. Trust have arrangements in place, HSCB are satisfied and do not require any further actions carried forward.</p>					
--	--	--	--	--	--

Issue	Action Required	By When	Owner	Progress Update	RAG Status
<b>Learning Disability Issues</b>					
<p><b>12. Issue:</b> Domiciliary Waiting List</p> <p>There are 12 service users on the waiting list for domiciliary care within Learning disability.</p> <p>This presents a potential risk to service users as the Trust is unable to meet their assessed needs in a timely way. This can also impact on</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide an action plan outlining the mitigating measures put in place, to include role of care manager in monitoring unmet need</li> </ul>	31/08/21	Magda Keeling, Service Manager	<p><b>Update 29.10.21-</b></p> <ul style="list-style-type: none"> <li>There are currently 11 service users awaiting packages.</li> <li>The project group introduced time bands which increased flexibility for Providers and enabled them to offer more</li> </ul>	

<p>carer stress levels</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Currently 15 people on the waiting list. Trust have introduced time bands for care packages and are encouraging uptake of SDS. Cases are kept under review by Care Manager regularly. Needs are re-assessed as part of monitoring process.</p>				<p>packages. The time band is for example, 7am – 8.59am or 9am – 10.59am and if a Provider can offer a call in that time band, for example 7.45am, the call can then be delivered anywhere between 7.15am and 8.15am.</p> <ul style="list-style-type: none"> <li>• Unmet needs audit is carried out on a monthly basis to ensure that all packages on the Care Bureau Circulation list are still required.</li> <li>• Care Managers check with key workers that packages are still required.</li> <li>• Key workers maintain contact with service users and carers to determine how well they are managing in the absence of a</li> </ul>	
--	--	--	--	---	--

				<p>package. Frequency of contact is determined individually but is at least monthly</p> <ul style="list-style-type: none"> <li>• Key workers offer supports to families, for example, SDS/ Direct Payments, carer assessments etc.</li> <li>• Key workers inform Care Managers when circumstances deteriorate and package needs to be escalated.</li> <li>• Care Managers participate in escalation calls twice weekly to try to prioritise urgent cases. This is sometimes successful, but it is dependent on how many packages are required for hospital discharges and palliative care, which are always</li> </ul>	
--	--	--	--	--	--

			<p>prioritised.</p> <ul style="list-style-type: none"> <li>• Even if packages reach the escalation list, there still continues to be difficulties securing packages, particularly in East Belfast where several providers are in contingency and only able to provide packages to existing urgent calls.</li> </ul> <p><b>Up-date at DSF meeting 09.12.21:</b> Trust confirmed considerable work undertaken by project group, flexibility re time band had some positive impact. Currently 11 service users requiring dom packages. Trust continues to work with families to explore direct payments, offer carer's assessments, carer grants, short breaks and explore community and voluntary options as appropriate. Trust to continue to monitor issue. Service users reviewed at</p>	
--	--	--	---	--



			<p>least monthly. Rag rating agreed to remain amber.  <b>Update at DSF Meeting 04/03/22:</b> Rhoda McBride updated that the Trust continue to work with service providers, families, C&amp;V groups in an attempt to resolve this issue. Given the impact of the COVID pandemic, reduction in short breaks and Day Centre attendance, demand for domiciliary care appears to be outstripping supply. However, despite remaining solution focused the situation has exacerbated. Currently 21 service users with a Learning Disability require a domiciliary care package. Service users continue to be reviewed monthly and unmet need continues to be flagged through appropriate channels. Rhoda noted that currently there were severe staffing issues in Community Learning Disability Teams. This issue is on the Trust Risk Register, 4 Team Leaders and 8A</p>	
--	--	--	---	--

				<p>staff have left. In MAH two Social Workers also due to retire. Impact on ability to maintain service noted, business continuity plans require consideration. On a positive note a Service Manager has been in post this past three weeks and Team Leader posts have been filled via expression of interest, due to commence post April 2022. It was agreed given the significant increase in service users requiring a domiciliary care package and the staffing issues raised the action is to be rated red and carried forward into the next reporting period. Trust to provide HSCB with regular update on staffing and domiciliary care service provision via LDAD Forum.</p>	
<p><b>13. Issue:</b>                  Potential failure to provide people deprived of their liberty with adequate legal safeguards                  Compliance date set at December 2021.</p> <p><b>Discussion at DSF meeting 25.6.21</b></p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide monthly update on compliance at each interface meeting with HSCB</li> </ul>	<p>Monthly updates</p>	<p>Steph Kerr                  (Trust MCA Lead)</p>	<p>Updates provided through Mary O'Brien in MH via the interface meetings with HSCB.</p> <p><b>Up-date at DSF meeting 09.12.21</b>                  HSCB contacted Trust</p>	

<p>Trust have reviewed case loads and met with MCA panel in terms of thresholds for DoLs. Central MCA team in BT has appointed 10 additional SP to assist other teams with legacy work. LD has provided a list of legacy cases to the central team.</p>				<p>yesterday to confirm level of MCA funding available. Trust had requested additional funding and consider available funding will impact on activity levels from 1<sup>st</sup> April 22. Lorna Conn noted HSCB could move to funding allocation re original funding figures pending response at Senior Level in Trust. Trust to provide response to HSCB. Rag rating agreed to remain as amber.</p>	
<p><b>14. Issue:</b>                  Accommodation needs for those being discharged from Muckamore Abbey Hospital</p> <ul style="list-style-type: none"> <li>• Trust to provide Resettlement Plan</li> </ul> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust confirm they have a resettlement plan in place for 15 service user, there is 1 service user without a plan. Monthly meetings with the HSCB where updates are given. The Trust currently do not have a timeframe for the 1 service</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Trust to submit Resettlement Plan to HSCB for 15 service user</li> </ul>	<p>31/07/21</p>	<p>Magda Keeling,                  Service Manager</p>	<p><b>Update 31.10.21</b>                  A summary document setting out the resettlement options for the BHSCT patients in Muckamore Abbey Hospital is enclosed with the updated position as of 31.10.21.</p> <p><b>Update at DSF meeting 09.12.21:</b> Resettlement Summary document submitted to HSCB prior to meeting. Discussion re specific arrangements for patients. BT patient discharged on trial</p>	

<p>user without a plan.</p>			<p>leave/resettlement on 08.11.21 as planned. 1 patient currently without a plan, Trust to progress discharge plan. Discharges anticipated within coming months. Significant number of discharges dependent on business cases e.g. forensic, on-site, Minnowburn which to date have been slow to progress. It was noted that a number of patients have discharged on trial resettlement/article 15, with the potential for beds to be required in the event of resettlement breaking down. DOJ recently requested patient to return to MAH. Consideration required re enhanced working with DoJ, DoH &amp; Trust to support resettlement. Rating therefore agreed as amber.</p> <p><b>Update at DSF Meeting 04/03/22:</b> Rhoda McBride updated that currently 16 BHSCT service users, 14 inpatient in MAH and two on trial leave. Rhoda noted</p>	
-----------------------------	--	--	--	--

				<p>two of these 14 individuals were admitted recently and require a confirmed plan. Rhoda McBride noted recent difficulties re service user being returned to hospital via DOJ. Caroline McGonigle noted regular updates are provided at CIP and RLDODG meetings but progress is required re discharges, particularly given the ongoing pressure for beds. Rhoda noted ongoing pressure re beds and particular difficulty/ risk this places on Community Learning Disability Teams, issues noted in Early alert. Rhoda keen to be involved in Workshop planned April to look at regional admissions criteria to support bed flow. It was agreed given the issues noted this action should be red and carried forward into the next reporting period.</p>	
	<ul style="list-style-type: none"> <li>Trust to confirm plan for remaining service user</li> </ul>	30/09/21	Magda Keeling, Service	<p><b>Update 11.10.21-</b>                  There is currently no confirmed plan identified.</p>	

			Manager	<p>However the Trust are exploring a possible option with Praxis in South Belfast.</p> <p><b>Update at DSF meeting 09.12.21:</b>                  Praxis not considered a suitable resettlement option so this service user currently still has no discharge plan. Trust to progress discharge plan. Trust held accommodation workshop this week in attempt to attract potential service providers to support the resettlement agenda as a whole. As still no plan in place for this patient, rating therefore agreed as red. Lorna Conn confirmed this issue to be escalated to Brendan Whittle, HSCB SCCD Director.</p> <p><b>Update at DSF meeting 04/03/22:</b> Caroline McGonigle noted the last CIP report for BHSCT indicated there was no plan for 1 individual. Rhoda McBride noted that she did not have an update on individual service users but given the difficulties</p>	
--	--	--	---------	---	--

				discussed re service provision it was agreed this action should remain red and carry through into next reporting period.	
	<ul style="list-style-type: none"> <li>Trust to provide a timeline for offsite business cases</li> </ul>	31/07/21	Tracy Kennedy, Co Director	<p>A summary document setting out the resettlement options for the BHSCT patients in Muckamore Abbey Hospital is enclosed, which includes timeframes in respect of business cases.</p> <p><b>Update 31.10.21</b></p> <ul style="list-style-type: none"> <li>In relation to the Off site business cases</li> <li>Lanthorne – was presented &amp; passed at the September Strategic Advisory Board, with reprovision for 5 people. The work is likely to start January 2022</li> <li>Minnowburn – Capital Redevelopment advised the site is now “live” for other public organisations</li> </ul>	

				<p>to express interest (i.e. NIHE). Capital business case presented at September SAB &amp; agreed in principle, however NIHE do have concerns re: value for money / costs (5 tenants)</p> <ul style="list-style-type: none"> <li>• Forensic – no site identified as yet. MDT in MAH have expressed concerns that the model that passed in 2019 is no longer suitable for the identified tenants – further update are being sought.</li> <li>• The Cairns – capital redevelopment have been approached for an update on the valuation of this site before we could propose further LD accommodation. This would then need to go through</li> </ul>	
--	--	--	--	---	--



			<p>the same process as Minnowburn.</p> <p><b>Up-date at DSF meeting 09.12.21:</b></p> <p>Trust confirmed Lanthorne relates to community provision rather than resettlement from MAH. Minnowburn- Site currently going through public disposal process. Trust has submitted all relevant paperwork and awaiting an outcome re same. If site secured BHSCT will have to staff service. Building work (new build) required, initial indications re completion date 2023.</p> <p>Forensic: Triangle agreed housing provider. Number of potential sites recently identified but consideration required re their suitability e.g. proximity to schools/ urban area.</p> <p>Cairns ruled out as not suitable. Lorna Conn HSCB noted that lack of progress re business cases would be escalated to HSCB SCCD Director Brendan Whittle. Rag rating agreed to remain</p>	
--	--	--	--	--

				<p>red.</p> <p><b>Update at DSF Meeting 04/03/22:</b> Rhoda McBride noted in terms of business cases ongoing work is required. Minnowburn Site currently going through land disposal process. Capital and revenue funding require consideration and will go through relevant processes. Further work required in respect of the Forensic Business Case. Trust to continue to update HSCB re CIP and RLDODG meetings. It was agreed that this action will remain red and be carried through into the next reporting period.</p>	
	<ul style="list-style-type: none"> <li>Trust to provide timeline for submission of onsite proposal</li> </ul>	31/08/21	Tracy Kennedy, Co-Director	<p><b>Update 29.10.21</b></p> <ul style="list-style-type: none"> <li>There are 2 resettlement options</li> <li>a. New rebuild at a cost of £3.8m or b. Refurbishment at a cost of £1.5m</li> <li>Refurbishment would either be at the old football pitch or at the back</li> </ul>	

				<p>of the site which would entail some demolition.</p> <ul style="list-style-type: none"> <li>• A feasibility study is needed and capital development indicated this would take 3 months to complete albeit could not confirm when the completion timeline was for this and indicated this would be confirmed at the next meeting.</li> <li>• There is an understanding that the number of people that would be accommodated would up to a maximum of 5.</li> <li>• SET are in discussions re another potential person but this has not been agreed and therefore this would impact on the building brief.</li> </ul>	
--	--	--	--	---	--

			<p><b>Update at DSF meeting 09.12.21:</b>                  Feasibility Study currently being underway by Capital Development, to be completed Jan 22. Trust confirmed it is important for environment to be positive for patients. If new build needed planning permission may have lapsed. Lorna Conn HSCB advised the lack of progress required escalation to HSCB SCCD Director Brendan Whittle. Rag rating agreed to remain as red.</p> <p><b>Update at DSF meeting 04/03/22:</b> Rhoda McBride updated meetings continue to be chaired by the MHID Director. Caroline McGonigle noted the Feasibility Study has been delayed, now due for completion early March. Numbers for the scheme are being finalised. It was agreed this action remains red due to the delays in process and is to be carried forward into the next reporting period.</p>	
--	--	--	--	--

<p><b>15. Issue:</b>                  MAH admissions</p> <p>The Service Area continues to struggle to make admission beds available as required most significantly including detained admissions. There have been no admissions in the last financial year.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  HSCB notes a rise in the numbers of people with LD being admitted to MH wards.                  Trust to cross reference across MH/LD and across Trusts.</p>	<p><b>Actions:</b>                  HSCB require the Trust to provide a plan outlining the following:</p> <ul style="list-style-type: none"> <li>• Provide detail regarding the numbers of requests for admission</li> <li>• Outline their process for admission for HSCB consideration (Regionally)</li> <li>• Trust to identify the number of discharges over the previous 6 month period</li> <li>• Trust to provide projections of number of discharges over next 6 month period</li> <li>• Trust to confirm when they will be receiving admissions</li> </ul>	<p>31/07/21</p>	<p>Owen Lambert,                  service manager</p>	<ul style="list-style-type: none"> <li>• Information on the number of requests for admission made to Muckamore Abbey Hospital in the period 1 April 2020 to 31 May 2021 has been provided. In summary, there were 8 requests made by WHSCT, NHSCT and SEHSCT. No requests were made by BHSCT community teams.</li> </ul> <p><b>Update as of 31.10.21</b></p> <ul style="list-style-type: none"> <li>• There have been no requests from other Trusts over the past 6 months. There have been 2 BHSCT admissions to MAH- 1 in Sept and 1 in Oct</li> <li>• The Trust would recommend the regional implementation of Care and Treatment Reviews and a Blue Light Protocol which has been implemented by</li> </ul>	
---	--	-----------------	---	---	--

				<p>NHS England as a key part of its approach to early intervention and reducing inappropriate admissions. Two documents from NHS England are enclosed.</p> <ul style="list-style-type: none"> <li>In the last six months there were 3 discharges from Muckamore Abbey Hospital.</li> </ul> <p><b>Update 31.10.21</b></p> <ul style="list-style-type: none"> <li>In the last 6 months there have been 3 full discharges – 2 from BHSCT and 1 from NHSCT.</li> <li>Resettlement plans across Trusts would indicate the potential for 4 discharges to be achieved in the next six months.</li> </ul> <p><b>Update 31.10.21</b></p> <ul style="list-style-type: none"> <li>There is a potential for 5 discharges to be achieved within the next 6 months– 1 BHSCT. 4 NHSCT.</li> </ul>	
--	--	--	--	--	--

			<ul style="list-style-type: none"> <li>HSCB colleagues are aware of the proposal to open 3 assessment and treatment beds for learning disability services in NHSCT. The proposal put forward by BHSCT to reopen a small number of assessment and treatment beds in Muckamore Abbey Hospital remains paused due to ongoing staffing challenges and slippage in some resettlement dates.</li> </ul> <p><b>Up-date DSF meeting</b>  <b>09.12.21:</b> Trust confirmed until a number of patients are resettled, given current staffing issues MAH cannot accept admissions. Impact on region noted given MAH is the regional facility, particular impact on individuals requiring a forensic inpatient bed. Trust monitor requests for admission. Lorna Conn requested this must continue. Consideration required re regional</p>	
--	--	--	---	--

			<p>admissions criteria and associated pathways, work commenced in recent T&amp;F group led by HSCB. Trust to forward to HSCB the internal processes to manage admissions. Trust submitted two documents referenced above re implementation of Care and Treatment Reviews and a Blue Light Protocol to HSCB. Trust to continue to monitor requests for admissions. Rag rating agreed to remain amber.</p> <p><b>Update at DSF meeting 04/03/22:</b> Rhoda McBride updated since the last meeting there had been two BHSCT admissions to MAH. Caroline enquired how many requests for admissions had been made to MAH. Rhoda agreed to submit this information to HSCB. The importance of this data was noted in terms of determining service demand. In terms of discharges Rhoda updated since the DSF meeting in December 2021 there has</p>	
--	--	--	---	--



				<p>been 2 full discharges (1 NHSCT and 1 recent SEHSCT discharge). Currently 2 BHSCT on trial/article 15 leave and 2 NHSCT recently commenced transition/trial leave). Although there has been some discharges progressed, given the ongoing issues noted re accessing beds and facilitating discharges, it was agreed that the action should be rag rated as red and carried forward into the next reporting period.</p>	
<p><b>16. Issue:</b>                  Safeguarding concerns regarding Shannon/Trench Park and Annadale</p> <p>RQIA report Dec 2020, outlines concerns relating to lack of safeguarding training/staff knowledge of safeguarding/referral process</p> <p>HSCB require the Trust to provide action plan to address recommendations from the RQIA report</p>	<p>Actions:</p> <ul style="list-style-type: none"> <li>Report on addressing concerns regarding recording of restrictive practices in Trenchpark and Annadale</li> </ul>	<p>31/07/21</p>	<p>Aisling Curran,                  Service Manager</p>	<p>Action plans in respect of the RQIA Inspections of Trench Park and Annadale are enclosed.</p> <p><b>Update 31.10.21</b></p> <ul style="list-style-type: none"> <li>In relation to Annadale as follows-</li> <li>All staff have received adult safeguarding training and Mapa training</li> <li>Any restraint used</li> </ul>	

<p><b>Discussion at DSF meeting 25.6.21</b>                  Trenchpark/Annadale – Concerns regarding recording of restrictive practices.                  Shannon – a number of concerns in relation to safeguarding</p>				<p>is clearly recorded on Datix.</p> <ul style="list-style-type: none"> <li>• There has been work undertaken with the Behaviour Support Team and Psychology Department in relation to the PBS plan and care plans</li> <li>• Staff have received training which is regularly reviewed and updated to ensure everyone is aware of how to best support the service user to minimise the need for restraint.</li> <li>• There are however ongoing challenges due to staffing predominantly within the core team at Annadale, in terms of sickness , recruiting new staff and lack of band 5 cover, leaving some shifts short. This has also had an impact on</li> </ul>	
---	--	--	--	--	--

				<p>facilitating training.</p> <ul style="list-style-type: none"> <li>• There has been successful recruitment in relation to band 3 staff and currently the service area is shortlisting for the B5 posts.</li> <li>• There was a recent inspection on the 14/10/21 and the inspector was satisfied all actions from last QIP had been completed except the staffing levels as outlined above.</li> <li>• Update in relation to Trench as follows-</li> <li>• In relation to issues identified in RQIA inspection in 2020 relating to safeguarding and DOLS have been addressed and accepted by RQIA</li> </ul>	
--	--	--	--	--	--

	<ul style="list-style-type: none"> <li>Trust to complete action plan on recommendations from RQIA report regarding Shannon</li> </ul>	01/07/21		<p><b>Up-date at DSF meeting on 09.12.21</b>                  HSCB confirmed up-dates noted in Action Plan had not been received by HSCB. Trust advised these had been forwarded from Carol Diffin to Brendan Whittle. Trust forwarded Trench Park Action Plan, &amp; Annadale Action Plan to HSCB on 09.12.21. Moving forward it was agreed Trust to forward information regarding MH Services to Martina McCafferty HSCB. Information relating to LD Services to be sent to Caroline McGonigle, HSCB. Up-date provided re Shannon. Work conducted in MAH rolled out in MH. Considering deep dive into community teams and roll out to Beechcroft in New Year. Strengthening of systems, role clarity and audit noted. Trust to consider opportunity to scale up and spread. Action plans re Shannon to be forwarded to HSCB.</p>	
--	---	----------	--	--	--

<p><b>17. Issue:</b>                  Learning Disability Adult Safeguarding Workforce Pressures</p> <p>Trust outlines a range of issues regarding low numbers of DAPOs/ I/Os; diversion of ASG resource to MAH with corresponding gaps in community; business support and admin vacancies exacerbating pressures on staff; staff under pressure with demand outstripping ASG capacity.</p> <p>Trust to provide HSCB with assurances that its Adult Safeguarding service is working effectively and that investigations and related work are undertaken in a timely manner?</p> <p>Trust to provide an outline of the Governance Assurance process.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  HSCB outlined concerns as outlined above. Trust have undertaken a review of the numbers of DAPO's in place and are finalising a paper to request additional resource into LD. Divisional SW also requires additional support to undertake role.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to undertake an internal review of the effectiveness of safeguarding services and report back to HSCB</li> </ul>	<p>30/09/21</p>	<p>Mark Johnston,                  ASG Lead</p>	<p><b>Update 31.10.21</b></p> <ul style="list-style-type: none"> <li>During July the DOH completed an audit into ASG in MAH and this was followed by an RQIA inspection into MAH in July/August.</li> <li>Unfortunately the completion of this audit has been delayed due to staff having to focus on these other two processes and also due to challenges with staffing levels. As we are also still awaiting the completion of the RQIA inspection report the EDSW, Carol Diffin has requested an extension until the end of November for the Trust to complete this. This will also allow us to take account of the findings of the</li> </ul>	
--	--	-----------------	---	---	--

			<p>other two pieces of work that have been carried out by DOH and RQIA.</p> <p><b>Up-date at DSF meeting 09.12.21:</b> Trust to forward audit findings to HSCB. IPT for LD Principal Practitioner to provide professional support to Divisional Social Worker.</p> <p><b>Update at DSF meeting 04/03/22:</b> Caroline McGonigle thanked Rhoda McBride for forwarding the Action Plan to HSCB. Rhoda updated that given the inquiry, thresholds for safeguarding in MAH meant all staff incidents reported in respect of service users were considered under safeguarding. CCTV footage is viewed in any safeguarding investigation ensuring a robust though slower process. Rhoda stated she had devised a series of Escalation Forms and Aide Memoirs to assist in respect of safeguarding. Ciara Rooney facilitating bespoke training. As noted</p>	
--	--	--	---	--

				in Action Plan ongoing work required. Rhoda and newly appointed Service Manager Colette Johnson intend to revisit Action Plan and ensure it takes cognisance of audit findings and any other recommendations. Rhoda to send updated action plan to Caroline McGonigle in HSCB.	
<p><b>18. Issue:</b> Iveagh delayed discharges</p> <p><b>Discussion at DSF meeting 25.6.21</b> Operational policy requires review during 2021/22</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Review and amend Operational Procedures to prevent future delayed discharges</li> </ul>	30/09/21	Michael McBride, ASM Iveagh	<p><b>Update 11.10.21-</b> The Operational policy for Iveagh was updated in July 2021- please see attached.</p> <p><b>Up-date at DSF meeting 09.12.21</b> MHLD HSCB Programme Representatives agreed to share Iveagh Operational Policy with HSCB Children's Services Colleagues for review.</p>	

Older People & Adults Issues					
Issue	Action Required	By when	Owner	Progress Report	RAG status
<p><b>19. Issue:</b> Domiciliary Care Provision – Unmet need</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to share the review</li> </ul>		Natalie	<p><b>Discussion at DSF meeting 6.10.21</b> Level of unmet need</p>	

<p>31 March 2021, 278 service users were awaiting care packages, this equated to 1588.75hrs. This represents a significant risk to service users and carers, in terms of unmet assessed need and additional carer stress</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust report situation has deteriorated, and numbers of unmet need has risen. Significant rise in attendance at ED over recent months. People on waiting lists for medical intervention, and impact on their health needs. People are also much more reluctant to go into care homes as a result of Covid attention in this area.</p> <p>Steps Trust are taking: Increase capacity within Homecare service                  Weekly review of unmet need                  Structural changes, modernisation of homecare. New model proposal is almost near completion. Increasing Band 3 staff to increase capacity.</p>	<p>undertake within the service area, including identification of skill mix</p>	<p>31/08/21</p>	<p>Magee Co-Director                  ACOPS</p>	<p>continues to be a significant issue, current position is 695(387 new) outstanding packages totalling 5,326hrs. Trust has achieved 8% increase in uptake of Direct Payments.                  Domiciliary Care Action Plan in place to address in-house and independent sector capacity.</p> <p><b>Update 2/3/22</b>                  Current unmet need is 873 clients requiring 6,106.25hrs with all cases ( including transfers from reablement) subject to weekly review. West Belfast Direct Payments project ongoing.                  Acknowledgement this is a regional issue which has HSCB and DOH input.</p>	
---	---	-----------------	---	---	--



	<ul style="list-style-type: none"> <li>Trust to share outcome of review to utilise/increase use of direct payment</li> </ul>	30/09/21	Natalie Magee Co-Director ACOPS		
<p><b>20. Issue:</b> Mental Capacity Act</p> <p>The inability of Older People's Services to meet full compliance by 31st May 2021</p> <p><b>Discussion at DSF meeting 25.6.21</b> Trust have reviewed case loads and met with MCA panel in terms of thresholds for DoLs. Central MCA team in BT has appointed 10 additional SP to assist other teams with legacy work. OPPC has provided a list of legacy cases to the central team. There is fortnightly updates to the Trust Exec team with regards to compliance.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide monthly update on compliance at each interface meeting with HSCB</li> </ul>		Director of ACOPs supported by Co-Director of MH	<p><b>Discussion at DSF meeting 6.10.21</b> At 31 August 21 there were 84 outstanding DOLs legacy cases, these have now been completed</p>	

<p><b>21. Issue:</b> Annual reviews</p> <p>Trust report approx. 5,500 face to face reviews require completion. The service areas have significant non-compliance in relation to statutory annual reviews for both care home and domiciliary settings.</p> <p><b>Discussion at DSF meeting 25.6.21</b> Trust report they are going to be compliant by December 2021. HSCB expressed concern as to the Trust's ability to meet this timeline.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide outline of timeframe to ensure compliance – updated on a monthly basis</li> </ul>	<p>31/07/21 Updates then monthly</p>	<p>Natalie Magee Co-Director ACOPS / Tracy Reid DSW Community &amp; Hospital Adult Community &amp; Older Peoples Services</p>	<p><b>Discussion at DSF meeting 6.10.21</b> There is acknowledgment that within OP services , there remains a very significant risk of non-compliance by March 22. CREST &amp; CSW action plans in place with set target number of monthly reviews. All cases are rag rated and prioritised in line with level of risk. Workforce review submitted to Senior Management.</p> <p><b>Update 2/3/22</b> Acknowledgement of non-compliance by March '22. CSW projected 51% compliance &amp; CREST projected 57% compliance by Mar'22. Impact of C-19 acknowledged. CSW and CREST action plans in place with set targets for number of</p>	
---	--	--	---	---	--

				<p>completed reviews by practitioner. Successful period of recruitment into CREST bringing potentially 7 additional staff by June'22(5 additional already in place). Staffing review planned for CSW to include caseload weighting &amp; skill mix.</p>	
<p><b>22. Issue:</b>                  Historical Case Closures in Hospital Social Work</p> <p>Data indicates 3,824 cases not closed. Target date for closure of 1<sup>st</sup> August 2021</p> <p>This presents a significant risk to Trust assurance processes and delays in recording and closures can impact on timely information sharing.</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust are working on this, and have an action plan in place. They request an extension to target date to 31/08/21</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide update</li> </ul>	<p>01/09/21</p>	<p>Natalie Magee Co-Director ACOPS / Tracy Reid DSW Community &amp; Hospital Adult Community &amp; Older Peoples Services</p>	<p><b>Discussion at DSF meeting 6.10.21</b>                  Outstanding Case Closures now at 2680 as of 20/9/21.Target set of a minimum of 900 per month to achieve full compliance by 30 November 2021. Staffing has stabilised (particularly RVH and MIH). HSW action plan in place</p> <p><b>Update 2.3.22</b>                  Approx. 2,000 cases require closure with plan in place for weekly review of staff</p>	

				<p>caseloads. Trust hopeful for full compliance by end March'22. RAG rating to remain as amber in acknowledgement this may be a challenging target to achieve.</p> <p><b>Update 1.6.22</b> This issue to be taken forward in another forum as per B Whittle.</p>	
<p><b>23. Issue:</b> Inappropriate Referrals to Adult Protection Gateway Team (APGT)</p> <p>242 of the 1121 referrals (21%) made to APGT (Older People and Physical Disability services) are screened out as inappropriate with no category of abuse noted. Given the resource implications of this, can the Trust provide information on actions taken to improve the referral pathway and related data?</p> <p><b>Discussion at DSF meeting 25.6.21</b> Action Plan in place, which addresses pathways and development of central team. Important to identify if there high levels of inappropriate referrals which should be signposted</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide analysis report on data and activity levels.</li> </ul>	<p>31/08/21</p>	<p>Natalie Magee Co-Director ACOPS / Tracy Reid DSW Community &amp; Hospital Adult Community &amp; Older Peoples Services</p>	<p><b>Discussion at DSF meeting 6.10.21</b> Analysis report indicates that for 2020/21 45% of referrals were screened out as inappropriate for APGT. These referrals were largely welfare concerns with PSNI being the main referral agent. Analysis revealed there is significant misunderstanding across the Trust and beyond as to the role and remit of the APGT.</p> <p>Training is ongoing within the Trust and to</p>	

<p>to other areas, in order to increase capacity to Gateway service.</p> <p>An additional resource has been brought in which has provided an analysis of pathways.</p>				<p>Care Homes (AS Champions training).                  Review of arrangements for the management of Adult Protection referrals and required resource, is being led by Executive Director of Social Work.</p> <p><b>Update 2/3/22</b>                  Trust acknowledges this continues to be an issue. CREST and APGT have agreed care home reporting to come to key workers , not APGT. Work ongoing via Exec Dir of SW on external reporting with acknowledgement that universal agreement on thresholds is a key issue. Trust to give consideration to adoption of multiagency forum for welfare concerns.</p>	
<p><b>24. Issue:</b>                  Adult Protection - Learning and Actions from Level 2 SAI</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Agreed that HSCB will link with DRO to clarify if</li> </ul>	<p>31/07/21</p>	<p>Tracy Reid                  DSW</p>	<p><b>Discussion at DSF meeting 6.10.21</b>                  HSCB has now received the SAI action plan with</p>	

<p>Significant shortcomings in Trust Adult Safeguarding services were identified in respect of a vulnerable adult and a subsequent Court ruling that Trust should initiate an SAI review because of a range of serious failures.</p> <p>Trust to update on its action plan to address these issues with timeframe for completion?</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust have an action plan in place and had not forwarded to HSCB. They have also met with DRO and updated the plan.</p>	<p>there is an issue in relation to statutory functions. If so, this will be escalated to the Director, SCCD to Exec Director of the Trust.</p>		<p>Community &amp; Hospital Adult Community &amp; Older Peoples Services</p>	<p>all recommendations completed, providing HSCB with the necessary assurances. Interim AS Manager has facilitated a session with Trust APGT and Care Home managers and the learning from the case has been presented to Trust Adult Safeguarding committee and to Service Managers and the Collective Leadership Team across Adult Community Older Peoples Service. Shared Learning Letter to be redacted to ensure client confidentiality Learning to be shared across all IO and DAPO staff and incorporated into all future IO/DAPO and Joint Protocol training.</p>	
--	---	--	--	--	--

Issue	Action Required	By when	Owner	Progress Report	RAG status
<b>Physical Disability and Sensory Impairment Issues</b>					
<p><b>25. Issue:</b> Mental Capacity Act</p> <p>65 Legacy cases</p> <p>As stated above the service area continues to work through outstanding legacy MCA cases, which have had a significant impact upon staff within PSD Care Management. Whilst the service area has made good progress and continues to work towards completion by 31 May 2021, this increasingly complex work involves significant professional time without additional investment</p> <p><b>Discussion at DSF meeting 25.6.21</b> Trust have reviewed case loads and met with MCA panel in terms of thresholds for DoLs. Central MCA team in BT has appointed 10 additional SP to assist other teams with legacy work. PDSI has provided a list of legacy cases to the central team. There is fortnightly updates to the Trust Exec team with regards to compliance.</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide monthly update on compliance at each interface meeting with HSCB</li> </ul>		<p>Director of ACOPS supported by Co-Director MH</p>	<p><b>Discussion at DSF meeting 6.10.21</b> The outstanding 65 Legacy cases have now been completed.</p>	

<p><b>26. Issue:</b>                  Care Home Annual Reviews</p> <p>283 Reviews outstanding</p> <p><b>Discussion at DSF meeting 25.6.21</b>                  Trust report they are going to be compliant by December 2021. HSCB expressed concern as to the Trust's ability to meet this timeline</p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Trust to provide outline of timeframe to ensure compliance – updated on a monthly basis</li> </ul>	<p>31/07/21                  Updates then monthly</p>	<p>Natalie Magee Co-Director                  ACOPS /Tracy Reid                  DSW                  Community &amp; Hospital                  Adult Community &amp; Older Peoples Services</p>	<p><b>Discussion at DSF meeting 6.10.21</b>                  183 outstanding reviews at 24/9/21. PD care management action plan in place with target of 57 reviews per month for compliance by December 21. Sensory Social work team to commence undertaking of reviews.</p> <p><b>Update 2/3/22</b>                  All outstanding reviews have now been completed.</p>	
---	--	---	--	--	--

RAG Rating	
Completed/Confident of Delivery on Actions	
Work in progress and on track for completion within agreed timescales	
Not Complete/ Not on track for completion within agreed timescales	

The above action plan was reviewed at interface meetings with SPPG and Trusts (minimum 3 times yearly). Progress updates were completed after each interface meeting and reviewed by Senior Operational Management Team, SPPG.



This is to confirm that the above Action Plan has been reviewed by the Social Care and Children's Directorate on 01/06/22 and will be signed off at the DSF meeting on 16/06/22. Any outstanding issues requiring further progress will be reviewed at the DSF Meeting with the Belfast Trust and these alongside any new issues will be presented in the 2022/23 Action Plan.

Signed:



Date: 22<sup>nd</sup> June 2022

Brendan Whittle, Director of Hospital & Community Care

**HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

*For Year end 31 March 2018*

## 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

## 1. Introduction

## **EXECUTIVE SUMMARY**

### **2 GENERAL**

**Executive Director of Social Work:**

.....

#### **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.**

**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.**

**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).



## **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.**

- 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.**

**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.**

- 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.**

**Signature**  
**Date**

**3. GENERAL NARRATIVE**

To be completed for each Programme of Care.

<b>Programme of Care / Directorate:-</b>
--

<b>3.1</b>	<b>Named Officer responsible for professional Social Work</b>
------------	---

The person's role and responsibilities and their direct line of accountability to the Director of Social Work should be explained.

Trusts must provide assurance that the prescribed audit of the application of this scheme has been carried out by the lead Social Worker.

<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><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>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>If a POC has no interface with any other statutory agency that is relevant to their discharge of a delegated statutory function, during this period, and therefore has nothing to report, this section can be left blank.</p> <p><i>Please indicate that if this is the case, this section is intentionally blank.</i></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>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>3.9</b></p>	<p><b>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</b></p>

<p><b>3.10</b></p>	<p><b>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</b></p>

<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>

**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?

<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>



3.16	SUMMARY

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

- 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 Family and Child Care specific returns (CC3/02)
- 11 Training Accountability Report

## DATA RETURN 1 – PoC / Directorate \_\_\_\_\_

1 GENERAL PROVISIONS			
		<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:		
	i. Residential Home Care		
	ii. Nursing Home Care		
	iii. Domiciliary Care Managed		
	iv. Domiciliary Non Care Managed		
	v. Supported Living		
1.4a	vi. Permanent Adult Family Placement		
	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 – 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?			
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 for 1.3

## DATA RETURN 2 – PoC / Directorate \_\_\_\_\_

<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 \_\_\_\_\_**

<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.	
	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>Narrative</b>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

**DATA RETURN 4 – PoC / Directorate \_\_\_\_\_**

<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	
	Total expenditure for the above payments	£
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)?	



## DATA RETURN 5 – PoC / Directorate \_\_\_\_\_

## 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.			
5.2	Number of adult individual carers assessments undertaken during the period.			
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?			
5.4	Number of adult carers receiving a service @ 31 <sup>st</sup> March			
5.5	Number of young carers offered individual carers assessments during the period.			
5.6	Number of young carers assessments undertaken during the period.			
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			
	(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			
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?			
5.10	Number of carers receiving direct payments @ 31 <sup>st</sup> March			
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>				

DATA RETURN 6 – PoC / Directorate \_\_\_\_\_

**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	

**Commentary**

## DATA RETURN 7 – PoC / Directorate \_\_\_\_\_

## 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

**DATA RETURN 8 – PoC / Directorate \_\_\_\_\_****8 Assessed Year in Employment****Assessed Year in Employment (AYE) 2017-2018****Return for Employers year ending 31<sup>st</sup> March 2018**

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 2017 to 31<sup>st</sup> March 2018. 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 AYE's that were in post at any time during the year and those who are still in post at 31<sup>st</sup> March 2018. 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 1/4/17 to 31/3/18</b>	<b>At 31<sup>st</sup> March 2018</b>
	<b>Job setting</b>		
1	Gateway		
2	Family support/intervention team		
3	Looked after team		
4	Fostering team		
5	Adoption		
6	Leaving and after care		
7	Children's disability		
8	Residential child care		
9	Early years		
10	Other Children's		
11	Hospital social work team		
12	Older people		
13	Mental health		
14	Health and Physical disability (Adults)		
15	Sensory impairment		
16	Learning disability		
17	Vulnerable adults		
18	Other (Adult)		
	<b>Total number of AYE's</b>		

2. Of the Total AYE's employed, describe their employment status?

<b>Table 2</b>	<b>During year 1/4/17 to 31/3/18</b>	<b>At 31<sup>st</sup> March 2018</b>
<b>Employment Status</b>		
Permanent		
Temporary		
Recruitment agency		

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.?

<b>Table 3</b>	<b>No. of NQSW not undertaking AYE</b>
<b>Employment area</b>	

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)

5. How many AYE's from the total given in Table 1 failed to produce a Summary of Learning?

6. Have all AYE's a Personal Development Plan (PDP)?

Yes

No

Please describe the process you have in place to ensure PDPs are relevant and up to date.

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.

8. Have all AYE's received a formal Social Work Induction as per the NISCC guidance?

Yes  No

Please provide details of the Induction Procedure (Standard 2).

9. Please answer Yes or No for each of the following systems that are required to be in place and available for all AYE's. 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		
2	Performance appraisal for AYE's 6 monthly Year end		
3	25% Sample of AYE performance		
4	Management of AYE workload		

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> <b>Job setting</b>	<b>Number of AYE receiving supervision:</b>		
	<b>Fortnightly</b>	<b>Monthly</b>	<b>Other</b>
Children’s (1 to 10 from Table 1)			
Hospital (11 from Table 1)			
Adults (12 to 18 from Table 1)			

How many of those shown above as ‘Fortnightly’ have been in post for more than 6 months @ 31<sup>st</sup> March?

How many of those shown above as ‘Monthly’ have been in post for more than 6 months @ 31<sup>st</sup> March?

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.

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).

What arrangements are in place within the Trust to ensure that all such supervising Social Workers have undertaken the appropriate training? (Narrative)



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)

This report should be returned to the Health & Social Care Board as part of the Trust Delegated Statutory Functions return. It fulfils Section 8 of the Data collection schedule.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate \_\_\_\_\_

<b>9 The Mental Health (NI) Order 1986</b>
<b>Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115</b>

<b>Admission for Assessment Process Article 4 and 5</b>		<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>	

**Social Circumstances Reports (Article 5.6)**

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 (just provide total number)					
	<b>Requested by</b>	<b>Number MHRT requested</b>	<b>MHRT Hearings completed</b>	<b>Number of patients re-graded &gt;6weeks before hearing</b>	<b>Number of patients re-graded &lt;6 weeks before hearing</b>	<b>Number unexpectedly discharged by MRHT</b>
	Trust					
	Patient					
	Nearest Relative					
	Other					
	<b>Total</b>					
	Comment on any trends or issues in respect of Mental health Review tribunals					
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 (just provide total number)																																					
	<table border="1"> <thead> <tr> <th>Requested by</th> <th>Number MHRT requested</th> <th>MHRT Hearings completed</th> <th>Number of patients re-graded &gt; 6weeks before hearing</th> <th>Number of patients re-graded &lt;6 weeks before hearing</th> <th>Number unexpectedly discharged by MRHT</th> </tr> </thead> <tbody> <tr> <td>Trust</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Patient</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nearest Relative</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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						Patient						Nearest Relative						Other						<b>Total</b>						
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																																						
Patient																																						
Nearest Relative																																						
Other																																						
<b>Total</b>																																						
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)																																					
	<table border="1"> <tbody> <tr> <td>Discharges as a result of an agreed multi-disciplinary care plan</td> <td></td> </tr> <tr> <td>Lapsed</td> <td></td> </tr> <tr> <td>Discharged by MHRT</td> <td></td> </tr> <tr> <td>Discharged by Nearest Relative</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> </tr> </tbody> </table>	Discharges as a result of an agreed multi-disciplinary care plan		Lapsed		Discharged by MHRT		Discharged by Nearest Relative		<b>Total</b>																												
Discharges as a result of an agreed multi-disciplinary care plan																																						
Lapsed																																						
Discharged by MHRT																																						
Discharged by Nearest Relative																																						
<b>Total</b>																																						
	<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 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 01.04.17 - 31.03.18	<b>Accountability 17-18</b>
<b>11.1.2</b>	How many Regional Social Work Trainees were employed within the Trust as at 1 <sup>st</sup> April 2017?	
<b>11.1.3</b>	Total Number of Trainees completed within 2017 -18	
<b>11.1.4</b>	How many Regional Social Work Trainees were employed within the Trust as at 31 <sup>st</sup> March 2018?	
<b>11.1.5</b>	<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>	
<b>11.2 Practice Learning Opportunities</b>		
<b>11.2.1</b>	PLO Investment 01.04.17 - 31.03.18	<b>Accountability 17-18</b>
<b>11.2.2</b>	How many PLOs have been provided by the Trust during the period?	<b>Accountability 17-18</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>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>11.2.5</b>	<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>	
<b>11.2.6</b>	<i>This has been left blank intentionally</i>	
<b>11.2.7</b>	<i>This has been left blank intentionally</i>	
<b>11.3 Post Qualifying Training</b>		
<b>11.3.1</b>	Post Qualifying Training for Social Workers Investment	<b>Accountability 17-18</b>
<b>11.3.2</b>	Post Qualifying Training for Social Workers Activity	<b>Accountability 17-18</b>

<b>11.3.3</b>	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>	
<b>11.3.4</b>	Describe the process by which the Trust selects suitable candidates for PQ training <b>(Narrative)</b>	
<b>11.3.5</b>	<i>This has been left blank intentionally</i>	
<b>11.4 Learning and Development in Children's Services</b>		
<b>11.4.1</b>	Investment in Learning and Development in Children's Services	<b>Accountability 17-18</b>
<b>11.4.2</b>	Learning and Development in Children's Services Training Activity	<b>Accountability 17-18</b>
<b>11.4.3</b>	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>	
<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 17-18</b>
<b>11.5.2</b>	Learning and Development in Adult's Services Training Activity	<b>Accountability 17-18</b>
<b>11.5.3</b>	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>	
<b>11.6 Qualifications and Credit Framework Training</b>		
<b>11.6.1</b>	Investment in Qualifications and Credit Framework Training	<b>Accountability 17-18</b>
<b>11.6.2</b>	Qualifications and Credit Framework Training Activity	<b>Accountability 17-18</b>
<b>11.6.3</b>	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>	



<b>11.6.4</b>	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>	
<b>11.7 Quality and Safety Issues</b>		
<b>11.7.1</b>	Investment in Quality and Safety Issues	<b>Accountability 17-18</b>
<b>11.7.2</b>	Quality and Safety Issues Activity	<b>Accountability 17-18</b>
<b>11.7.3</b>	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>	
<b>11.8 Child Protection</b>		
<b>11.8.1</b>	Investment in Child Protection Training	<b>Accountability 17-18</b>
<b>11.8.2</b>	Investment in Child Protection Training Activity	<b>Accountability 17-18</b>
<b>11.8.3</b>	Of those who attended Child Protection Training, how many staff were from other disciplines or sectors? <i>(Narrative)</i>	
<b>11.8.4</b>	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>	
<b>11.9 Adult Protection</b>		
<b>11.9.1</b>	Investment in Adult Protection Training	<b>Accountability 17-18</b>
<b>11.9.2</b>	Investment in Adult Protection Training Activity	<b>Accountability 17-18</b>
<b>11.9.3</b>	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>	

<b>11.9.4</b>	Of those who attended Adult Protection Training, how many staff were from other disciplines or sectors? <i>(Narrative)</i>	
<b>11.10 Leadership and Management Protection</b>		
<b>11.10.1</b>	Investment in Leadership and Management Training	<b>Accountability 17-18</b>
<b>11.10.2</b>	Leadership and Management Training Activity	<b>Accountability 17-18</b>
<b>11.10.3</b>	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>	
<b>11.11 Programme Support</b>		
<b>11.11.1</b>	Programme Support Expenditure	<b>Accountability 17-18</b>
<b>11.11.2</b>	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 demands of training provision for the workforce.</i>	
<b>11.12 ACPC</b>		
<b>11.12.1</b>	Investment in ACPC Training	<b>Accountability 17-18</b>
<b>11.12.2</b>	ACPC Training Activity	<b>Accountability 17-18</b>
<b>11.12.3</b>	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>	
<b>11.13 Additional Allocations</b>		
<b>11.13.1</b>	Investment in other Training Activity/Initiatives	<b>Accountability 17-18</b>
<b>11.13.2</b>	Other Training Activity	<b>Accountability 17-18</b>
<b>11.13.3</b>	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>	

<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>
<b>11.16</b>	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> )
<b>11.17</b>	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> )
<b>11.18</b>	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</i> ). <i>Examples may include audits and evaluations undertaken</i>
<b>11.19</b>	<i>This has been left blank intentionally</i>

**HEALTH & SOCIAL CARE TRUST**

**REGIONAL REPORTING TEMPLATE FOR  
DELEGATED STATUTORY FUNCTIONS**

*For Year end 31 March 2020*

## REPORTING TEMPLATE INDEX

### SECTION 1 – EXECUTIVE SUMMARY

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

### SECTION 2 – PROGRAMME OF CARE SUMMARY & DATA

- To be completed for each Programme of Care by the Social Work Leads for that Programme
- Data returns 1-6 & 9 for each Programme should follow the Programme of Care Summary
- Data Return 7 Social Work Workforce – to be submitted within a specified, separate timeframe
- Data Return 8 AYE – to be submitted within a specific, separate timeframe
- Data Return 10 Corporate Parenting – to be completed by the Family & Childcare Programme of Care (this is for the 6 month periods 1<sup>st</sup> April – 30<sup>th</sup> September and 1<sup>st</sup> October – 31<sup>st</sup> March)
- Data Return 11 Learning and Development Accountability – to be submitted within a specific timeframe
- Ensure complete reporting of all Data Returns (**nil returns or non-applicable must be reported**)

**1 EXECUTIVE SUMMARY****Executive Director of Social Work:**

.....  
Please provide a high level summary overview which must include:

- 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**
- 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**
- 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)**
- 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)**
- 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**

**Signature****Date**

**2. PROGRAMME OF CARE SUMMARY**

<b>Programme of Care / Directorate:-</b>	
<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><b>Highlight any vacancies and the action taken to recruit against these.</b></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>

<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></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><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>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>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>

**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
Family & Child Care Issues			
	Issue:  Action:		
	Issue:  Action:		
Mental Health Issues			
	Issue:  Action:		
	Issue:  Action:		

Learning Disability Issues		
Issue:		
Action:		
Issue:		
Action:		
Safeguarding Issues		
Issue:		
Action:		
Issue:		
Action:		
Older People & Adults Issues		
Issue:		
Action:		

	Issue:  Action:		
Physical Disability & Sensory Impairment Issues			
	Issue:  Action:		
	Issue:  Action:		

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.
	Family & Childcare Issues	
	Mental Health Issues	
	Learning Disability Issues	
	Safeguarding Issues	
	Older People & Adults Issues	
	Physical Disability and Sensory Impairment Issues	

**MAHI - STM - 097 - 4749**

BW/39



## DATA RETURN 10 – PoC / 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>Children in Need 31.03.18</b>
	<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>	
<b>10.1.2</b>	Ethnic Origin of Children in Need	<b>Children in Need 31.03.18</b>
<b>10.1.3</b>	Religion of Children in Need	<b>Children in Need 31.03.18</b>
<b>10.1.4</b>	<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) <i>Note: this is NOT for collection. This has been passed to BSO to be automated.</i></p>	<b>Children in Need 31.03.18</b>
<b>10.1.5</b>	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)	<b>Children in Need 31.03.18</b>

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	<b>Children in Need 31.03.18</b>
	<i>Trend analysis and commentary</i>	
10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.	<b>Children in Need 31.03.18</b>
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	<b>Board Return</b>
	<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). <i>(Narrative by Head of Service)</i>	
10.1.10	How many of the Children in Need are Young Carers	
10.1.11	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 <b>This information will be sourced by HSCB. Trusts are not required to complete.</b>	<b>Board Return</b>
10.1.12	(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) How many of these children have a disability	<b>Children in Need 31.03.18</b>
10.1.13	Trust usage of Family Centre Places for interventions	<b>Children in Need 31.03.18</b>
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)	<b>Children in Need 31.03.18</b>
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)	<b>Children in Need 31.03.18</b>

MAHI - STM - 097 - 4752

BW/40

Data Return 10 - 31<sup>st</sup> March 2018

<b>10.2 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>CHILD PROTECTION</b>		
<b>10.2.1</b>	How many children are on the Child Protection Register as at 31st March?	<b>CP 31.03.18</b>
<b>10.2.2</b>	How many of these children have a learning disability?	<b>CP 31.03.18</b>
<b>10.2.3</b>	How many of these children have a physical disability?	<b>CP 31.03.18</b>
<b>10.2.4</b>	Religion of children on the Child Protection Register	<b>CP 31.03.18</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)	<b>CP 31.03.18</b>
<b>10.2.6</b>	How many registrations have there been during the period?	<b>CP 31.03.18</b>
<b>10.2.7</b>	How many de-registrations have there been during the period?	<b>CP 31.03.18</b>
<b>10.2.8</b>	What percentage of registrations are re-registrations?	<b>CP 31.03.18</b>
<b>10.2.9</b>	How many re-registrations were there within 6 months? NB include an explanation for each incidence.  (Narrative)	
<b>10.2.10</b>	For children on the register, how long have they spent on the Register (as at 10.2.1)?	<b>CP 31.03.18</b>
<b>10.2.11</b>	How much time is spent on Child Protection	Not

	Gateway Family Intervention Service Looked After Children	Required
<b>10.2.12</b>	<b>Commentary on Trends of Child Protection Register</b> <i>Trend Analysis and commentary</i>	
<b>10.2.13</b>	<b>Commentary on length of time children spend on register, particularly &gt;1 year</b> <i>Trend Analysis and commentary</i>	
<b>10.2.14</b>	<b>Commentary on what measures are being taken to tackle overdue case Conferences and the length of time children spend on the register</b> <i>Trend Analysis and commentary</i>	

<b>10.3 Children (NI) Order 1995</b>
--------------------------------------

<b>Looked After Children</b>
------------------------------

<b>10.3.1</b>	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)	<b>LAC 31.03.18</b>
<b>10.3.2</b>	Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)	<b>LAC 31.03.18</b>
<b>10.3.3</b>	Number of Looked After Children (as at 10.3.1) by type of placement at 31st March	<b>LAC 31.03.18</b>
<b>10.3.4</b>	Age bands and length of time looked after for all Looked After Children at period end	<b>LAC 31.03.18</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>LAC 31.03.18</b>
<b>10.3.6</b>	Number of children accommodated for 3 months or more in a hospital	
<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>LAC 31.03.18</b>
<b>10.3.8</b>	(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  (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)	<b>LAC 31.03.18</b>
<b>10.3.9</b>	How many Looked After Children have had placement moves throughout the period?  Trust must provide separate narrative / detailed explanation of every child who has 'moved more than 4 times or more' during the period.	<b>LAC 31.03.18</b>
<b>10.3.10</b>	(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March	

	<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><b>LAC</b> <b>31.03.18</b></p>
<b>10.3.11</b>	How many Looked After Children are also on Child Protection Register at 31st March	<p><b>LAC</b> <b>31.03.18</b></p>
<b>10.3.12</b>	How many Looked After Children are Disabled by major category at period end?	<p><b>LAC</b> <b>31.03.18</b></p>
<b>10.3.13</b>	How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?	
<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. (Narrative)</p>	
<b>10.3.15</b>	<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. (Narrative)</p>	

<b>10.3.16</b>	Was the case of each Looked After Child reviewed in line with Statutory requirements? <i>(Narrative)</i>	
<b>10.3.17</b>	No. of Looked After Children Reviews held during the period	
<b>10.3.18</b>	No. of these Looked After Children Reviews which during the period were outside of statutory timescales and why	
<b>10.3.19</b>	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? <i>(Narrative)</i>	
<b>10.3.20</b>	Is there an adequate supply of placements for children to enable placement choice? <i>(Narrative)</i>	



10.3.21	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? <i>(Narrative)</i>	
10.3.22	What is the formal scheme of delegation that specifies who can agree such an exemption? <i>(Narrative)</i>	
10.3.23	How many children are deemed to be in an inappropriate placement given their assessed needs? <i>(Narrative)</i>	
10.3.24	Please provide the number of restraints carried out by staff on young people within <b>each</b> Home during the period	<b>LAC 31.03.18</b>
10.3.25	Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review ?	
10.3.26	Permanency Planning for Looked After Children at period end	<b>LAC 31.03.18</b>

<p><b>10.3.27</b></p>	<p>Can foster carers get access to support 24 hours a day throughout the period? <i>(Narrative)</i></p>	
<p><b>10.3.28</b></p>	<p>What action is being taken to monitor and reduce the number of placement moves experienced by Looked After Children? <i>(Narrative)</i></p>	
<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>LAC</b> <b>31.03.18</b></p>

10.3.30	What is being done in partnership with other agencies to reduce the volume of Looked After Children involved in offending behavior? <i>(Narrative)</i>	
10.3.31	What action is being taken to address the health needs of Looked After Children? <i>(Narrative)</i>	
10.3.32	What progress are children making at school and what are their examination results – School Year Ended 30 <sup>th</sup> June 2017 (this will be collected in September Data Return only) (HSCB will source this directly from DoH)	<b>LAG</b> <b>31.03.18</b>
10.3.33	Looked After Children, School Attendance – School Year Ended 30 <sup>th</sup> June 2017 (HSCB will source this directly from DoH)	<b>LAG</b> <b>31.03.18</b>

10.3.34	<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> <p><i>(Narrative)</i></p>	<p><b>Board Return</b></p> <p><b>LAC 31.03.18</b></p>
10.3.35	Number of children accommodated by ELB for 3 months or more by category	
10.3.36	<p>(a) Number of sibling groups accommodated:</p> <ul style="list-style-type: none"> <li>• Together</li> <li>• Not accommodated together</li> </ul> <p>Reasons for separation: <i>(Narrative)</i></p> <p>(Please give explicit detail where sibling groups are placed separately in Kinship / arrangements)</p> <p>(b) How many sibling groups became Looked After during the period? If placed apart provide an explanation for each occurrence.</p>	
10.3.37	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 31.03.18</b>
10.3.38	Please provide report into the operation of the Trusts Restriction of Liberty Panel <b>(to be completed for March only return)</b>	
10.3.39	<p>(a) During the period how many children or young people became a Looked After Child by age, gender and first placement</p> <p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p>	<b>LAC 31.03.18</b>

	<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 childrens home)</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>LAC 31.03.18</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>LAC 31.03.18</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>LAC 31.03.18</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>(b) How many Residence Orders are in place at period end?</p>	<b>LAC 31.03.18</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>LAC 31.03.18</b>

**Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4**

<b>10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002</b>		
<b>Article 34E, Article 34F</b>		
<b>10.4.1</b>	Number of young people subject to Leaving Care Act by category, age and gender.	<b>Leaving Care 31.03.18</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>Leaving Care 31.03.18</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>Leaving Care 31.03.18</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>Leaving Care 31.03.18</b>
<b>10.4.8</b>	Narrative on failure to comply as detailed in 10.4.5, 10.4.6, 10.4.7 at period end.	
<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>Leaving Care 31.03.18</b>

Data Return 10 - 31<sup>st</sup> March 2018

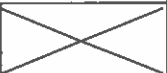
<b>10.4.10</b>	Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end?' 10.4.10 (a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people.	<b>Leaving Care 31.03.18</b>
<b>10.4.11</b>	Of the young people reported at 10.4.1 how many were convicted during this reporting period?	<b>Leaving Care 31.03.18</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>Leaving Care 31.03.18</b>
<b>10.4.13</b>	Of the young people reported at 10.4.1 what is their parental status at period end?'	<b>Leaving Care 31.03.18</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>Leaving Care 31.03.18</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>Leaving Care 31.03.18</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? 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?</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>(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</p>	<b>FOSTER 31.03.18</b>
<b>10.5.2</b>	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.	<b>FOSTER 31.03.18</b>
<b>10.5.3</b>	How many foster carers have annual reviews outstanding?	
	Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)	<b>FOSTER 31.03.18</b>
<b>10.5.4</b>	Please provide details of the reasons for outstanding reviews (Narrative)	
<b>10.5.5</b>	What action is being taken to maintain and increase the range, diversity and supply of foster care places (Narrative)	



<b>10.5 PRIVATE FOSTERING</b> <b>The Children Order (NI) 1995 - Part X</b>	
<b>10.5.6</b>	What steps has the Trust taken to encourage notifications? (Narrative)
<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>10.5.8</b>	How many Private Fostering notifications under Article 106 has the Trust received during the period?
<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>10.5.11</b>	Of those notifications not accepted please summarise reasons and action taken by the Trust.
<b>10.5.12</b>	Number of appeals made during the year under Article 113
<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>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.
	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>Adoption 31.03.18</b>
<b>10.6.2</b>	Number of domestic applications for assessment received by the Trust by civil status of applicant	<b>Adoption 31.03.18</b>
<b>10.6.3</b>	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting	<b>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</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>Adoption 31.03.18</b>
<b>10.6.12</b>	<b>Details of recruitment, assessment, training, support for prospective adopters</b>	
	Narrative	
<b>10.6.13</b>	<b>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</b>	
	Narrative	
<b>10.6.14</b>	Number of inter-country adoption orders pending at period end	

**10.7 EARLY YEARS**

<b>10.7.1</b>	Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers	<b>Early Years 31.03.18</b>
<b>10.7.2</b>	Registration issues and commentary as at period end (Narrative)	
<b>10.7.3</b>	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March	<b>Early Years 31.03.18</b>
<b>10.7.4</b>	Number of outstanding applications for each of the above categories as at 31st March	<b>Early Years 31.03.18</b>
<b>10.7.5</b>	Number of current applications being assessed at period end and duration of assessment	<b>Early Years 31.03.18</b>

<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? <i>(Narrative)</i>	
<b>10.8.2</b>	Does the Trust have an independent advocacy service for children and their families? <i>(Narrative)</i>	
<b>10.8.3</b>	What arrangements are in place to ensure that all complaints – both formal and informal – from children and their families are recorded and dealt with? <i>(Narrative)</i>	
<b>10.8.4</b>	What whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children's services are recorded and dealt with? <i>(Narrative)</i>	
<b>10.8.5</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. <i>Children Order</i> and non <i>Children Order</i> 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>	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)	<b>Separated Children 31.03.18</b>
<b>10.9.2</b>	Please provide the source of the referral of each child.	<b>Separated Children 31.03.18</b>
<b>10.9.3</b>	Please provide the country of origin for each child referred during the period.	
<b>10.9.4</b>	This is intentionally blank	
<b>10.9.5</b>	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	<b>Separated Children 31.03.18</b>
<b>10.9.6</b>	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)  (a) Provide legal status for these children (b) Provide placement, for 'other' category please specify placement type (c) Number where trafficking is suspected / confirmed and a NRM has been submitted (d) Number who are claiming asylum and subject of immigration process (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	<b>Separated Children 31.03.18</b>
<b>10.9.7</b>	Number of Looked After 'Separated' children who have gone missing from care during the period: (a) Please provide the number of Looked After children who went missing from care during this specific period; (b) Please provide the total number of Looked After 'Separated' children missing from care at the period end; (c) Provide a commentary on each of the children identified in (b) above.	<b>Separated Children 31.03.18</b>







## 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 \_\_\_\_\_**

**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)	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>	Data Return 10
<b>10.1.2</b>	Ethnic Origin of Children in Need	DSF -Children In Need Spreadsheet
<b>10.1.3</b>	Religion of Children in Need	DSF -Children In Need Spreadsheet
<b>10.1.4</b>	(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st September - 31st March  (b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st September - 31st March	DSF -Children In Need Spreadsheet
<b>10.1.5</b>	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). Source PMSI data on Unallocated cases – comes with child protection data.	HSCB (PMSI)
<b>10.1.6</b>	How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March?  <i>Ensure any specific issues are raised in the Service level summary</i>	DSF -Children In Need Spreadsheet
<b>10.1.7</b>	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.	DSF -Children In Need Spreadsheet

<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	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>	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) How many of these children have a disability	DSF-Children In Need Spreadsheet
<b>10.1.13</b>	Trust usage of Family Centre Places for interventions	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)	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)	DSF -Children In Need Spreadsheet

<b>10.2 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>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?	Quarterly CP return to HSCB
<b>10.2.2</b>	How many of these children have a learning disability?	Quarterly CP return to HSCB
<b>10.2.3</b>	How many of these children have a physical disability?	Quarterly CP return to HSCB
<b>10.2.4</b>	Religion of children on the Child Protection Register	Quarterly CP return to HSCB
<b>10.2.5</b>	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template)	Quarterly CP return to HSCB
<b>10.2.6</b>	How many registrations have there been during the period?	Quarterly CP return to HSCB/Sosc are Reports
<b>10.2.7</b>	How many de-registrations have there been during the period?	Quarterly CP return to HSCB
<b>10.2.8</b>	What percentage of registrations are re-registrations?	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)?	Quarterly CP return to HSCB
<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	

<b>10.3 Children (NI) Order 1995</b>		
<b>Looked After Children</b>		
<b>10.3.1</b>	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)	DSF – LAC Spreadsheet
<b>10.3.2</b>	Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)	DSF – LAC Spreadsheet
<b>10.3.3</b>	Number of Looked After Children (as at 10.3.1) by type of placement at 31st March	DSF – LAC Spreadsheet
<b>10.3.4</b>	Age bands and length of time looked after for all Looked After Children at period end	DSF – LAC Spreadsheet
<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	DSF – LAC Spreadsheet
<b>10.3.6</b>	Number of children accommodated for 3 months or more in a hospital	DSF – LAC Spreadsheet
<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	DSF – LAC Spreadsheet
<b>10.3.8</b>	(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  (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)	DSF – LAC Spreadsheet
<b>10.3.9</b>	How many Looked After Children have had placement moves throughout the period?  Trust must provide an explanation of actions taken to reduce placement moves during the period.	DSF – LAC Spreadsheet
<b>10.3.10</b>	(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March  (b) How many Looked After Children have been referred for therapeutic services and their waiting time.	DSF – LAC Spreadsheet
	(c) Please provide actions taken to reduce waiting time.	Data Return 10

Data Return 10 - 31<sup>st</sup> March 2020

10.3.11	How many Looked After Children are also on Child Protection Register at 31st March	Quarterly CP return to HSCB
10.3.12	How many Looked After Children are Disabled by major category at period end?	DSF – LAC Spreadsheet
10.3.13	How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?	DSF – LAC Spreadsheet
10.3.14	(a) Has each Looked After Child an allocated a named social worker at period end? Yes/No  (b) If no, give number of children and provide an update in the service summary on current position and actions taken	DSF – LAC Spreadsheet
10.3.15	(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? Yes/No  (b) If no, give number of children and provide an update in the service summary on current position and actions taken.	DSF – LAC Spreadsheet
10.3.16	No. of Looked After Children Reviews held during the period	DSF – LAC Spreadsheet
10.3.17	Was the case of each Looked After Child reviewed in line with Statutory requirements? Yes/No  If No, please provide number ( <i>in the LAC spreadsheet</i> ) and explain actions taken to address this issue.	Data Return 10
10.3.18	This is intentionally blank	
10.3.19	This is intentionally blank	
10.3.20	Is there an adequate supply of placements for children to enable placement choice? Yes/No (If no, Please explain)	Data Return 10

Data Return 10 - 31<sup>st</sup> March 2020

10.3.21	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?	DSF – LAC Spreadsheet
10.3.22	This is intentionally blank	
10.3.23	How many children are deemed to be in an inappropriate placement given their assessed needs? <i>(Please explain)</i>	DSF – LAC Spreadsheet
10.3.24	Please provide the number of restraints carried out by staff on young people within <b>each</b> Home during the period.	DSF – LAC Spreadsheet
10.3.25	Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review ? Yes/No	Data Return 10
10.3.26	Permanency Planning for Looked After Children at period end	DSF – LAC Spreadsheet
10.3.27	This is intentionally blank	
10.3.28	This is intentionally blank	
10.3.29	(a) How many Looked After Children are involved in offending behaviour (are formally cautioned or convicted)  and  (b) How many Looked After Children are suspected to use drugs and/or alcohol?	DSF – LAC Spreadsheet
10.3.30	This is intentionally blank	
10.3.31	This is intentionally blank	
10.3.32	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

10.3.33	Looked After Children, School Attendance – School Year Ended 30 <sup>th</sup> June 2018 (HSCB will source this directly from DoH)	DOH
10.3.34	(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 <i>other</i> 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)	DSF – LAC Spreadsheet
10.3.35	Number of children accommodated by ELB for 3 months or more by category	DSF – LAC Spreadsheet
10.3.36	(a) Number of Sibling groups accommodated: <ul style="list-style-type: none"> <li>• Together</li> <li>• Not accommodation together at period end</li> </ul>	Data Return 10
10.3.37	Number of young people admitted to Secure Accommodation and the reasons for admission during the period  <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>	Lakewood/ Regional Panel
10.3.38	Please provide report into the operation of the Trusts Restriction of Liberty Panel  <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>	Lakewood/ Regional Panel
10.3.39	(a) During the period how many children or young people became a Looked After Child by age, gender and first placement  (b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order  (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	DSF – LAC Spreadsheet



	<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 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>	
10.3.40	<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>	DSF – LAC Spreadsheet
10.3.41	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	DSF – LAC Spreadsheet
10.3.42	<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>	DSF – LAC Spreadsheet
10.3.43	This is intentionally blank	
10.3.44	<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>(b) How many Residence Orders are in place at period end?</p>	DSF – LAC Spreadsheet
10.3.45	Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age	DSF – LAC Spreadsheet

**Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4**

<b>10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002</b>		
<b>Article 34E, Article 34F</b>		
<b>10.4.1</b>	Number of young people subject to Leaving Care Act by category, age and gender	DSF-16+ Spreadsheet
<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.	DSF-16+ Spreadsheet
<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?	DSF-16+ Spreadsheet
<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?	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.	Data Return 10
<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	DSF-16+ Spreadsheet
<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	DSF-16+ Spreadsheet

<b>10.4.11</b>	Of the young people reported at 10.4.1 how many were convicted during this reporting period?	DSF16 S/Sheet
<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?’	DSF-16+ S/Sheet
<b>10.4.13</b>	Of the young people reported at 10.4.1 what is their parental status at period end?’	DSF-16+ S/Sheet
<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?’	DSF-16+ S/Sheet
<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.	DSF-16+ S/Sheet

<b>10.5 FOSTERING</b>		
<b>10.5.1</b>	<p>(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?</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>(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</p>	DSF-Foster care Spreadsheet
<b>10.5.2</b>	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.	DSF-Foster care Spreadsheet
<b>10.5.3</b>	<p>How many foster carers have annual reviews outstanding?</p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p>	<p>Data return 10</p> <p>DSF-Foster care Spreadsheet</p>
<b>10.5.4</b>	Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed	Data return 10
<b>10.5.5</b>	What action is being taken to maintain and increase the range, diversity and supply of foster care places	Data return 10

**10.5 PRIVATE FOSTERING**  
 MAHT - STM 097 - 4786  
 The Children Order (NI) 1995 - Part X

BW/41

[REDACTED] March 2020

10.5.6	What steps has the Trust taken to encourage notifications?	DSF-Foster care Spreadsheet
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31st March?	DSF-Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period?	DSF-Foster care Spreadsheet
10.5.9	Please provide DOB and Date notification was received in respect of each child/young person reported at 10.5.8	DSF-Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted?	DSF-Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust	DSF-Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113	DSF-Foster care Spreadsheet
10.5.13	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.	DSF-Foster care Spreadsheet
	<b>Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996</b>	
10.5.14	How many notifications has the Trust received in respect of children being adopted from abroad i.e. Intercountry Adoption within the period.	DSF-Foster care Spreadsheet
	Please specify the child's DOB and the date the Trust received each notification	DSF-Foster care Spreadsheet

<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? (d) Please provide the waiting time from initial inquiry to commencement of training	DSF- Adoption Spreadsheet
<b>10.6.2</b>	Number of domestic applications for assessment received by the Trust by civil status of applicant	DSF- Adoption Spreadsheet
<b>10.6.3</b>	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting	DSF- Adoption Spreadsheet
<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)	DSF- Adoption Spreadsheet
<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)	DSF- Adoption Spreadsheet
<b>10.6.6</b>	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes	DSF- Adoption Spreadsheet
<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	DSF- Adoption Spreadsheet
<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.	DSF- Adoption Spreadsheet
<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	DSF- Adoption Spreadsheet

<b>10.6.10</b>	How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?	DSF- Adoption Spreadsheet
<b>10.6.11</b>	Of the number at 10.6.10 how many commenced during the period and how many households is this?	DSF- Adoption Spreadsheet
<b>10.6.12</b>	Details of recruitment, assessment, training, support for prospective adopters  Analysis	Data Return 10
<b>10.6.13</b>	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	Data Return 10
	Analysis	
<b>10.6.14</b>	This is intentionally blank	

**10.7 EARLY YEARS**

<b>10.7.1</b>	Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers	DSF-Early Years Spreadsheet
<b>10.7.2</b>	Registration issues and commentary as at period end <i>(If any challenges or issues please provide a brief analysis)</i>	Data Return 10
<b>10.7.3</b>	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March	DSF-Early Years Spreadsheet
<b>10.7.4</b>	Number of outstanding applications for each of the above categories as at 31st March	DSF-Early Years Spreadsheet
<b>10.7.5</b>	Number of current applications being assessed at period end and duration of assessment	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	Data Return 10
<b>10.8.2</b>	Does the Trust have an independent advocacy service for children and their families? Yes/No	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?	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?	Data Return 10
<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
---------------	--	---

Leslie Frew  
Director

Child & Community Care Directorate  
D4.11 Castle Buildings  
Stormont  
Upper Newtownards Road  
Belfast  
BT4 3SJ

Tel: 028 90522786

Fax: 028 90523275

E-mail: [leslie.frew@dhsspsni.gov.uk](mailto:leslie.frew@dhsspsni.gov.uk)

**To: All Directors (executive and non-executive)  
Of HSS Boards and Trusts**

**CC3/02**

14 June 2002

Dear Colleague

## **ROLE AND RESPONSIBILITIES OF DIRECTORS FOR THE CARE AND PROTECTION OF CHILDREN**

I am writing to you regarding your role and responsibilities as a Director of a Health and Social Services Board, in relation to the care and protection of children in your area.

On appointment a Director of a Health and Social Services Board or Trust, whether in an executive or non-executive capacity, takes on important responsibilities for the health and wellbeing of children in his or her area. Under Article 18 of the Children (NI) Order 1995, each authority has a general duty to safeguard and promote the welfare of children in need within its area. There are in addition particular responsibilities for children who are looked after by an authority. A child is looked after either because he/she is the subject of a care order or is provided with accommodation by an authority on a voluntary basis for a period exceeding 24 hours.

The Department of Health, Social Services and Public Safety also has responsibilities in relation to children and their families. These include:

- establishment and review of the legislative and policy context for the planning, and delivery of health and social services for children and their families;
- providing regulations, guidance and standards for services and a Social Services Inspectorate to help ensure the quality of social services

- provision; and
- discharging monitoring and accountability functions through collation of regional information and bilateral meetings with its agents on the discharge of their statutory responsibilities for children.

The respective duties and legal responsibilities of HSS Boards and Trusts for children are set out in the Children (NI) Order 1995 and its associated regulations and guidance. The responsibility for provision of children's services rests with HSS Boards and has with the exception of registration and inspection of children's homes, been delegated to HSS Trusts under Article 3(1) of the Health and Personal Social Services (NI) Order 1994. All Directors have a duty to take an active interest in ensuring that the management and other arrangements in place within HSS Boards and Trusts are appropriate to the delivery of high quality and well managed services for children.

For children who are looked after, HSS Boards and Trusts have a legal and ethical duty to provide them with the kind of support that any good parents would give to their children. Children who are looked after are vulnerable and one of the best safeguards against abuse or harm to these children is a high standard of management and practice in planning, monitoring and resourcing a range of social services for children and their families. As well as ensuring that children are kept safe and well now, high standards of service and professional practice will give children who are looked after enhanced life chances so that when they leave care they have much better prospects and ultimately a more settled adult life. The Department's expectations of Board and Trust Directors in respect of looked after children are outlined at Annex A.

Directors set the strategic direction of the HSS Board's or Trust's services and determine policy and priorities within the overall objectives set by Government. In order to do so, they need to make sure they have up-to-date, relevant information on which to base their decisions. They need to know about the services and resources for children in their area. The following summarises the type of information which they require to plan effectively for children's services:

- the overall needs of children in their area and the likely demand for services;
  - what methods have been used to assess children's needs in their area;
  - what services are being provided and how much is being spent on them;
  - what measures are being used to monitor whether needs have been met and to assess outcomes;
  - how effective is the multi-agency system in the Board or Trust area.
- A checklist of some of the basic questions which Directors need to ascertain

from their Director of Social Services relating to the discharge of the HSS Board's or Trust's duties towards children is available at Annex B. It will be for each Board or Trust to decide on the exact specification for its reports.

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

Yours sincerely

**LESLIE FREW**

## Annex A

### THE DEPARTMENT'S EXPECTATIONS OF BOARDS AND TRUSTS IN RELATION TO LOOKED AFTER CHILDREN

The Department expects Boards and Trusts to:

- provide care, a home and access to health and social services to which all children are entitled according to their needs;
- recognise and support the child's rights;
- ensure access to education and other public services to which all children are entitled according to their needs;
- provide a mixture of care and firmness to support the child's development and be the tolerant, dependable and available parent in the adult/child relationship even in the face of disagreements;
- protect and educate the child against the perils and risks of life by encouraging constructive and appropriate friendships and discouraging destructive and harmful relationships;
- celebrate and share their children's achievements, supporting them when they are down;
- recognise and respect their growth to independence, being tolerant and supportive if they make mistakes;
- provide consistent support and be available to provide advice and practical help when needed;
- advocate their cause and trouble-shoot on their behalf when necessary;
- be ambitious for them and encourage and support their efforts to get on and reach their potential, whether through education, training or employment;
- recognise the child's spiritual/religious needs and facilitate their participation in observance of their religion;
- provide occasional financial support, remember birthdays and Christmas or annual celebrations within the child's religion and culture;
- encourage and enable appropriate contact with family members – parents, grandparents, aunts, uncles and brothers and sisters;
- help them to feel part of the local community through contact with neighbours and local groups;
- be proactive, not passive, when there are known or suspected serious difficulties.

CC3/02

**Annex B****QUESTIONS FOR DIRECTORS TO ASK**

All Directors – both executive and non-executive – with responsibilities for taking decisions about and monitoring the provision of services for children should receive regular reports – at least once every 6 months -providing basic activity and cost data, providing answers to the following questions:

**Children in Need**

- How many children are there in need in your area?
- What is that figure based on?
- What is their religious, ethnic and cultural background?
- How many of these children have a disability?
- How many children have been referred for assessment of need since the last report?
- How many children are currently awaiting an assessment of need?
- How many children in need are currently awaiting assessment or treatment with child and adolescent mental health services?
- What services are provided for children in need and how much is spent on them?
- What preventive action is being taken by the Trust(s) to ensure that children in need are not involved in offending behaviour?

**Child Protection**

- How many children are on the child protection register(s)?
- What is their religious, ethnic and cultural background?
- How many registrations have there been since the last report?
- What percentage of registrations made since the last report are re-registrations?
- How many de-registrations have there been since the last report?
- For children currently on the register, how long have they spent on the register?
- How much staff time is spent on child protection work and what does it cost?
- Has each child on the child protection register been allocated a social worker?
- Is there a risk assessment and child protection plan available in respect of each child whose name is included on the child protection register?

**Looked After Children**

- How many children are looked after by your Trust(s) under care orders or an accommodated basis?
- What is their religious, ethnic and cultural background?
- For children who are accommodated by the Trust(s) under Article 21 of the Children Order, what arrangements has the Trust(s) in place to ensure that it has the appropriate degree of parental responsibility to care for these children?
- What are the number of looked after children by type of placements i.e. foster care, residential care, secure accommodation, with family or other specified placement type?
- What facilities - statutory, voluntary and private - are available to care for these looked after children i.e. how many places in residential homes, how many foster carers or other service?
- How much is being spent on each of the services where looked after children are being placed?
- Is there an adequate supply of placements for children to enable placement choice?
- How many exemptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the last 12 months?
- What is the formal scheme of delegation that specifies who can agree such an exemption?
- Can foster carers get access to support 24 hours a day throughout the year?
- How many looked after children are currently deemed to be in an inappropriate placement given their assessed needs?
- How many placement moves has each looked after child had? (For guidance on counting respite placements see para 2.14 of Vol 3 of the Children Order guidance and the Arrangements for Placement for Children (General) Regulations (NI) 1996)
- What action is being taken to monitor and reduce the number of placement moves experienced by looked after children?
- Has each looked after child been allocated a social worker?
- Is each looked after child visited by a social worker at least once each month?
- Is the case of each looked after child reviewed in line with statutory requirements?
- Since the last report how many children have been notified to the police as having run away from residential care and foster care?
- What action is being taken to address the health needs of looked after children?



- How many looked after children are currently awaiting assessment or treatment with child and adolescent mental health services?
- What progress are children making at school and what are their examination results?
- How many looked after children are currently suspended or expelled from school?
- How many looked after children have a statement of special educational need?
- How many looked after children have had their need for permanency assessed and how many were placed for adoption since the last report?
- How many looked after children are involved in offending behaviour and what is being done in partnership with other agencies to reduce this?

#### **Care Leavers**

- Since the last report how many young people have left care at ages 16, 17 and 18 and where did they go to live?
- How many young people who left care at age 16 or over are still in touch with their social worker, carer or other approved person?
- What progress do young people make after leaving care?
- How much is spent on after care services, including direct financial assistance to care leavers?
- How many care leavers are currently receiving financial assistance towards the cost of education or training and how much is spent on these services?
- How many care leavers are employed/unemployed?
- How many care leavers are themselves parents?
- How many care leavers are homeless or living in bed and breakfast arrangements and what action is being taken to provide these young people with supportive housing?

#### **Complaints and Representation Arrangements**

- Does the Trust(s) have an appropriately qualified and experienced children's complaints officer?
- Does the Trust(s) have an independent advocacy service for children and their families?
- What arrangements are in place to ensure that all complaints – both formal and informal - from children and their families are recorded and dealt with?
- What whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children's services are recorded and dealt with?

- How many complaints – both formal and informal - have been received since the last report, how have these been dealt with and what was the outcome?

**CIRCULAR: HSS (STATUTORY FUNCTIONS) 1/2006****DHSSPS CIRCULAR****RESPONSIBILITIES, ACCOUNTABILITY AND AUTHORITY OF THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY, HEALTH AND SOCIAL SERVICES BOARDS AND HEALTH AND SOCIAL SERVICES TRUSTS IN THE DISCHARGE OF RELEVANT<sup>1</sup> PERSONAL SOCIAL SERVICES FUNCTIONS TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN****1 INTRODUCTION**

- 1.1 Family and Child Care services occupy a unique position in the social services by virtue of the range of statutory powers and duties which direct and inform the provision of services.
- 1.2 The purpose of this guidance is to reclarify the respective roles, responsibilities, accountability and authority of the Department of Health, Social Services and Public Safety (the Department) and Health and Social Services Boards (Boards) and Health and Social Services Trusts (Trusts) with particular reference to the discharge of their statutory functions to safeguard and promote the welfare of children.
- 1.3 Since the commencement in November 1996 of the Children (Northern Ireland) Order 1995<sup>2</sup> (The Children Order), the need for greater clarity has been demonstrated by cases arising in the courts from time to time. In responding to a directive from the Judiciary to explain why a Trust had not discharged its duty to provide appropriate care for a child, some Trusts have sought, on legal advice, to involve both the Board and Department. Trusts have also sought to justify breaches in the discharge of their statutory functions by claiming that they had not been allocated sufficient resources to enable them to discharge these. None of these cases proceeded to final hearing. There has consequently not therefore been a judicial interpretation of the respective roles and responsibilities of the Department, Boards and Trusts in relation to relevant statutory functions.
- 1.4 The Review of Health and Social Services in the case of David and Samuel Briggs (DHSSPS, 2003) highlighted particular differences in the perception and understanding of the respective roles and responsibilities

---

<sup>1</sup> Commonly referred to as "statutory functions."

<sup>2</sup> S.I. 1995/955 (N.I.2)

of the Department, Boards and Trusts. The Review contained a recommendation that the Department should 'reclarify the roles of the Board and the Trust in terms of commissioning, managing and delivering the service'.

- 1.5 This circular seeks to explain and address these matters within both the legislative framework and the arrangements governing the structures for the delivery of services.

## **2 LEGISLATIVE AND STRUCTURAL BACKGROUND**

### **The Department**

- 2.1 The Department's powers derive from the Health and Personal Social Services (Northern Ireland) Order 1972<sup>1</sup> (the 1972 HPSS Order) and subsequent amending legislation. Article 4 of the 1972 HPSS Order imposes on the Department (then, the Ministry of Health and Social Services) the duty to:-

- provide or secure the provision of integrated health services in NI designed to promote the physical and mental health of the people of NI through the prevention, diagnosis and treatment of illness;
- provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland; and
- to discharge its duty as to secure the efficient coordination of health and personal social services.

- 2.2 On 1 January 1974, the Ministry of Health and Social Services became known as the Department of Health and Social Services. On 1 December 1999, the public safety functions of the Department of the Environment were transferred to the renamed Department of Health, Social Services and Public Safety (DHSSPS)<sup>2</sup>.

### **Health and Social Services Boards**

- 2.3 On 1 September 1972, Boards were established under Article 16 of the 1972 HPSS Order. The Health and Personal Social Services (Establishment and Determination of Areas of Health and Social Services

---

<sup>1</sup> S.I.1972/1265 (N.I.14)

<sup>2</sup> See S.R. 1999 No. 481 and I.1999/283 (N.I.1)

Boards) Order (Northern Ireland) 1972<sup>1</sup> determined the geographical area of each Board and specified its administrative Districts.

2.4 Article 17 of the 1972 HPSS Order specified the key functions of the Boards in respect of health and personal social services. These included, inter alia:

- the exercise on behalf of the then Ministry of Health and Social Services, such functions (including functions imposed under an order of any court) with respect to the administration of such health and personal social services as the Ministry may direct; and
- the exercise on behalf of the then Ministry of Home Affairs such functions (including functions imposed under an order of any court) with respect to the administration of such personal social services under the Children and Young Persons Act (Northern Ireland) 1968 (the Children and Young Persons Act) and the Adoption Act (Northern Ireland) 1967 (the Adoption Act) as the Ministry may direct;

in accordance with regulations and directions. Article 17 (2) of the 1972 HPSS Order also provides that where a function is conferred on a Board by any other legislation, that function shall be deemed to be a function which the Department has directed a Board to exercise on its behalf under Article 17 (1).

2.5 The Functions of Health and Social Services Boards (No. 1) Direction (Northern Ireland) 1973 (The No. 1 Direction) specified the functions under the 1972 HPSS Order to be exercised by Boards on behalf of the then Ministry of Health and Social Services subject to the conditions contained in the Direction.

2.6 The Functions of Health and Social Services Boards (No. 2) Direction (Northern Ireland) 1973 (the No 2 Direction) specified functions of the then Ministry of Home Affairs under Articles 72 and 73 of the 1972 HPSS Order relating to personal social services under the Children and Young Person's Act and the Adoption Act which were to be exercised by Boards on behalf of the Ministry of Home Affairs subject to the conditions contained in the Direction.

2.7 A number of functions under the Children and Young Person's Act, including those relating to training schools, attendance centres and remand homes were reserved to the Secretary of State in accordance with the provisions of the Northern Ireland (Modification of Enactments – No 1) Order 1973 (the 1973 Order) made under the Northern Ireland

---

<sup>1</sup> S.O. 1972 No. 217

Constitution Act 1973. These remained the responsibility of the Northern Ireland Office.

- 2.8 Additional functions under the Children and Young Person's Act, including Fit Person's Orders, in so far as they related to the treatment of children and young persons found guilty of offences were also reserved in the 1973 Order to the Secretary of State. Operational difficulties that this presented to Boards were overcome by a subsequent agency arrangement made under section 11 of the Northern Ireland Constitution Act 1973, whereby the Department undertook these functions on behalf of the Secretary of State. The Functions of Health and Social Services Boards (No 1) Direction (Northern Ireland) 1974 provided for the local discharge of these functions by Boards.
- 2.9 By virtue of the Departments (Transfer of Functions) Order (Northern Ireland) 1973<sup>1</sup>, all functions under the Adoption Act and all remaining functions under the Children and Young Persons Act transferred on 1 January 1974 to the Department from the Ministry of Home Affairs<sup>2</sup> subject to the provisions of the 1973 Order as referred to in paragraph 2.7. The No. 2 Direction (see paragraph 2.6) remained the applicable instrument of delegation for these functions.
- 2.10 With the introduction of the Adoption (Northern Ireland Order) 1987 (the Adoption Order) certain functions were conferred directly on Boards. Article 17 (1) of the 1972 HPSS Order was amended by that Order so that those functions under the Adoption Order are functions which the Board must exercise in accordance with regulations made by, and directions given by the Department.

### **The community care reforms**

- 2.11 During the early 1990s, the changes introduced by the White Papers "Caring for People" and 'Working for Patients', (DoH, 1989) respectively set out proposals for improving community care services and health services in England and Wales. The equivalent Northern Ireland policy document, "People First" (DHSS,1990) introduced for the first time a division between the purchasing and provider roles within health and personal social services in Northern Ireland.
- 2.12 The role of Boards as coordinators, purchasers and quality controllers was strengthened relative to their primary role, at that time, as service providers. Management at local level was also strengthened through the

---

<sup>1</sup> SR & O 1973 No 504

<sup>2</sup> See S.I. 1973/2162 (C.64)

appointment of Unit General Managers. In the early 1990s this internal reorganisation changed the administrative structure from districts to General Units of Management, and reconfigured the geographical areas of the former administrative districts.

2.13 Under the People First policy reforms, Boards as commissioners and purchasers of services, were responsible for:

- assessing the health and social care needs of their resident population;
- strategic planning to meet need; and
- the development of purchasing plans.

2.14 People First required Boards to promote a mixed economy of care and a range of providers to maximise user choice and ensure the economic, effective and efficient delivery of services.

2.15 The Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991 HPSS Order) gave effect to these changes and enabled health services bodies to enter into arrangements (HSS contracts) for the provision of goods or services to or by them.

### **Health and Social Services Trusts**

2.16 Central to the reforms in England and Wales was the concept that hospitals and community health providers were to be given the option to become self-governing Trusts.

2.17 As health and personal social services in Northern Ireland, however, are integrated under the 1972 HPSS Order, account had to be taken of the Boards' responsibilities for the discharge of certain functions in relation to the personal social services. Under the 1972 HPSS Order, these included services delivered under the Children and Young Person's Act and the Adoption Order. The 1991 HPSS Order empowered the Department to establish bodies, to be known as Health and Social Services Trusts. The first of these were established in shadow form in 1993 as corporate bodies, managerially and administratively independent of Boards. Further primary legislation was required to enable newly established Trusts to discharge the personal social services functions on behalf of their respective Boards.

- 2.18 The Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order) provides for certain functions of Boards to be exercisable on behalf of Boards by Health and Social Services Trusts. These functions were prescribed for the purposes of the 1994 HPSS Order in The Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 (The Exercise of Functions Regulations) and are known as “relevant functions.” The schedule to the regulations, which defined the relevant functions, is set out in full at Annex A. It includes functions under the Adoption Order and the Children and Young Person’s Act and was subsequently amended in 1996 to include functions under the Children Order.

### **3 THE LEGAL RELATIONSHIP BETWEEN BOARDS AND TRUSTS IN RELATION TO CHILDREN’S SOCIAL SERVICES AND THE DISCHARGE OF RELEVANT FUNCTIONS**

- 3.1 Under the 1994 HPSS Order, Boards may, by instrument in writing under seal (“an authorisation”) provide for such relevant functions of the Board as are specified to be exercised by a Trust on behalf of the Board. Authorisations require the approval of the Department. The 1994 HPSS Order requires each Trust to submit to the Board or approval a scheme for the exercise by the Trust of specified relevant functions. The Board must then submit the scheme for the approval of the Department.
- 3.2 Schemes, known as “Schemes for the Delegation of Statutory Functions” were developed by Trusts in co-operation with the relevant Board, which subsequently approved each scheme and submitted it to the Department for approval. As part of the approval process, the Department’s role was to ensure that proper provision had been made for the exercise of the relevant functions to be delegated to Trusts and that Boards had appropriate arrangements in place to assure themselves that Trusts were exercising relevant functions effectively.

#### **The Children (Northern Ireland) Order 1995**

- 3.3 Prior to the commencement of the Children Order in November 1996, the Department amended the Exercise of Functions Regulations<sup>1</sup> to prescribe as relevant functions all functions under the Children Order. The Department subsequently approved all schemes to enable the Trusts to discharge specified relevant functions under the Children Order and the Adoption Order.

---

<sup>1</sup> SR 1996 No. 439



- 3.4 Boards continued to exercise functions under Articles 80 – 87 and 96 – 103 of the Children Order, which deal with the registration and inspection of children’s homes and under Article 176 of the Order which provides for the inspection of schools accommodating children. The arrangements and standards for the discharge of these functions had to be equivalent to those of the Trusts and were quality assured by the Department. The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, has now transferred the above registration and inspection functions from Boards to the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority, now known as the Regulation and Quality Improvement Authority (RQIA).
- 3.5 In 1998, the Department amended the Children Order to add to the duties of Boards in the Children (1995 Order) (Amendment) (Children’s Services Planning) Order (Northern Ireland) 1998<sup>1</sup>. This requires each Board to review the services provided in its area under Part IV of the Children Order and prepare and review plans in light of the review of services.

## **4 ACCOUNTABILITY**

### **Legal accountability**

- 4.1 The State is ultimately the parent of all children, in accordance with the common law principle of ‘parens patriae’. Generally, the State exercises its powers to safeguard and promote the welfare of children through statutory agencies, named as the responsible authorities in primary legislation. Legislation specifies, in broad terms, what the State considers is required to safeguard and promote the welfare of children and provides the legal authority for responsible authorities to discharge statutory functions on behalf of the State. There are circumstances in which the State names the appropriate Government Department in legislation as the responsible authority. In these situations the Department is responsible in law for the exercise of the statutory functions unless it has delegated the functions to another statutory body.
- 4.2 In primary legislation, where Boards are named as the responsible authorities for the exercise of the functions, these functions are deemed to be a function which the Department has directed the Board to exercise under Article 17 (1) of the 1972 HPSS Order. Where a Board delegates relevant functions to a Trust in accordance with the provisions of the 1994 HPSS Order, under Article 3(7) of that Order the Trust:

---

<sup>1</sup> SR 1998 No. 261

“...shall be liable in respect of any liabilities (including any liability in tort) in the exercise of these functions in all respects as if it were acting as a principal and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the HSS Trust in its own name”.

- 4.3 The Children Order, Article 2(3), confirms that “where a function is exercisable by a Health and Social Services Trust by virtue of an authorisation for the time being in operation under Article 3(1) of the Health and Personal Social Services (Northern Ireland) Order 1994, references to an authority are, to the extent that that function is exercisable by that Trust, references to that Trust”. Trusts, therefore, are responsible in law for the discharge of all relevant functions delegated to them by Boards.

### **Accountability for Implementing the Schemes**

- 4.4 Whilst Trusts are responsible in law for the discharge of statutory functions, they are also accountable to Boards and to the Department for the implementation of the schemes and the proper discharge of those relevant functions delegated to them. There is therefore a clear line of accountability from provider Trusts, through commissioning Boards to the Department. A delegating Board is able to hold a Trust to account for how it is discharging relevant functions on its behalf. A Board may, with the approval of the Department, revoke an authorisation to a Trust to exercise relevant functions, should circumstances warrant such action.

## **5 ROLES AND RESPONSIBILITIES**

### **The Department**

- 5.1 The Department has a responsibility to safeguard and promote the welfare of children. Its main role is to provide the legislative and strategic policy direction to enable its agents and significant others, such as the independent sector to achieve its objectives for children. In discharging its responsibilities the Department undertakes a wide range of functions. These include establishing regional priorities, setting targets and providing resources to meet those priorities in the form of a Public Service Agreement. The Department also monitors delivery against these targets and ensures value for money for the citizen. The Department also has a duty to ensure the quality and good governance

of the social services and to liaise with other Government Departments and relevant non HPSS bodies, for example education services and the family and criminal justice systems to assist the achievement of its objectives.

- 5.2 The State is the parent of all children. Under the 1994 HPSS Order, the Department has power to direct Boards to execute authorisations in such terms as it may direct. The Department is also responsible for approving the schemes for the delegation of relevant functions and any subsequent proposed changes to them. Under the 1991 HPSS Order a Trust must comply with any directions given to it by the Department about the exercise of the Trust's functions. The Department is also responsible for ensuring that there are satisfactory arrangements in place for the exercise of statutory functions by Boards and Trusts and that Boards have established mechanisms to assure and determine that these functions are being properly exercised and to agreed standards. Under Article 152 of the Children Order, the Department may cause local or other inquiries to be held in any cases where it appears to the Department to be advisable to do so in connection with the functions of an authority in so far as those functions relate to children
- 5.3 Since the enactment of the Adoption (Intercountry Aspects) Act (Northern Ireland) 2001<sup>1</sup>, (the Adoption Intercountry Aspects Act) intercountry adoption is the only area of children's services for which the Department is legally responsible and accountable for the discharge of specified statutory functions. The Adoption Intercountry Aspects Act gave effect to the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption concluded at the Hague on 29 May 1993. Under this Act, the Department must exercise all the statutory functions of a Central Authority under the Convention. The Department must also ensure that in each adoption there is compliance with the Intercountry Adoption (Hague Convention) Regulations (Northern Ireland) 2003<sup>2</sup> in the case of Convention adoptions and the Adoption of Children from Overseas Regulations (Northern Ireland) 2002<sup>3</sup> in the case of non Convention adoptions.

### **Health & Social Services Boards**

- 5.4 Boards are responsible for commissioning services to meet the needs of their populations. Boards receive allocations from the Department at the start of each financial year on a capitation basis. They are required to

---

<sup>1</sup> 2001c.11 (N.I.)

<sup>2</sup> SR 2003 No.16

<sup>3</sup> SR 2002 No 144

spend these monies to secure the delivery of health and personal social services in line with the schemes for the delegation of statutory functions, Departmental priorities and agreed plans as set out in the Priorities for Action and Health and Wellbeing Investment Plans. They have a strategic planning and coordinating role, including that of Children's Services Planning as set out in paragraphs 2.12 and 3.5.

5.5 Boards are also responsible for agreeing the schemes for the delegation of relevant functions with Trusts and following approval by the Department these functions are then delegated to Trusts by way of a written authorisation sealed by the Boards. Under the terms of the schemes the Boards, as commissioners and purchasers purchasers of services:

- prescribe professional and other quality standards to provide a baseline for the provision of services in accordance with statutory requirements;
- approve policies and procedures in respect of relevant functions;
- monitor, evaluate and inspect services to ensure that they are provided in accordance with prescribed policies and standards and within agreed and approved procedures; and
- must satisfy themselves as to the arrangements that Trusts have in place to quality assure the services and satisfy accountability requirements.

5.6 Following the delegation of relevant functions, Boards are responsible for ensuring that the schemes are properly implemented and that they are reviewed at least bi-annually. The Boards also have a role in quality assuring the discharge of those relevant functions which they have delegated to Trusts.

5.7 Under the schemes, Boards are required to agree the Trusts' monitoring arrangements, as well as the information that will be provided and at what intervals. They have the authority to monitor, evaluate and inspect services directly and to require Trusts to provide them with information on any matter related to the discharge of relevant functions. The Board must specify areas of service in which it intends to have a direct monitoring role, taking account of the information already provided by the Trusts in order to avoid unnecessary duplication.

5.8 Boards are also required under the schemes to receive from Trusts reports of untoward incidents, including serious complaints. Boards have

a responsibility to keep the Department informed of the outcome of their quality assurance arrangements in respect of Trusts' discharge of relevant functions, or if there is an unresolved dispute, to bring it to the attention of the Department.

### **Health & Social Services Trusts**

- 5.9 Trusts are accountable to Boards for the quantity, quality and efficiency of the service they provide. Boards agree contracts with Trusts at the start of each financial year. In their delivery plans, Trusts are required to describe how they will deliver services in an efficient manner. Their performance and expenditure are monitored by Boards and the Department. Trusts are responsible for the exercise of all of the relevant functions delegated to them by the Boards. They have the legal authority and are responsible in law for the discharge of these functions in accordance with the approved schemes and for ensuring that the standards required under the authority of the schemes are met.
- 5.10 Trusts are also responsible for evidencing compliance with the schemes through their monitoring and reporting arrangements, in accordance with the format and frequency agreed with the Boards.
- 5.11 As separate legal entities accountable for the discharge of these functions, Trust must create sound organisational arrangements to ensure that professional practice in the discharge of relevant functions is of a high standard and that staff are appropriately qualified, supported and trained to ensure competency in the discharge of the functions. Trusts must also ensure that there is clear and appropriate managerial and professional accountability.
- 5.12 Trusts also have a responsibility to assist the Boards and Department, as appropriate, in the discharge of functions which have not been delegated to them, and for which they are not responsible in law. For example, Trusts have a responsibility to contribute to the strategic partnerships which Boards operate within the wider HPSS and other non HPSS bodies, which impact on the discharge of relevant functions by Trusts.

## **6 WORKING RELATIONSHIPS**

- 6.1 This circular sets out the roles, responsibilities and accountability of the Department, Boards and Trusts in relation to the discharge of relevant functions relating to children's services. Partnership is a fundamental

principle, however, in safeguarding and promoting the welfare of children. Other agencies are required to assist Boards and Trusts with the discharge of certain functions, in so far as this is compatible with their bodies' own statutory duties and obligations (Article 46 of the Children Order) and in the investigation of matters under Article 66 of the Children Order, unless to do so would be unreasonable in all of the circumstances of the case. Boards and Trusts must therefore give priority to developing and maintaining good working relationships with all agencies involved with children in a 'working together' approach, which is in the best interests of children and their families.

**ANNEX A****The Schedule to the Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994.****Relevant functions of Health and Social Services Boards**

<b>Statutory Provision</b>	<b>Relevant functions of a Health and Social Services Board</b>
Children and Young Persons Act (Northern Ireland) 1968	All functions.
Health and Personal Social Services (Northern Ireland) Order 1972	Functions under Articles 14A, 15, 36, 37, 38, 29, 71(2), 99, 101, 101A and Schedule 6.
Chronically Sick and Disabled Persons (Northern Ireland) Act 1978	Functions under sections 1(2), 2 and 12(1).
Mental Health (Northern Ireland) Order 1986	All functions except that of designating a hospital under Article 46(1) for the purposes of Article 46(2)(a), and those under Articles 28(3), 42(9)(a), 46(3)(a), 86(2), 90(2), 108(2), 112, 113, 114, 116, 118, 121(1), 123(1)(a), 129(7) and 133(4).
Adoption (Northern Ireland) Order 1987	All functions.
Disabled Persons (Northern Ireland) Act 1989	All functions.
Children (Northern Ireland) Order 1995	All functions.
Carers and Direct Payments Act (Northern Ireland) 2002	All functions.

**CIRCULAR (OSS) 3/2015:****(STATUTORY FUNCTIONS)****DHSSPS CIRCULAR****LEGISLATIVE AND STRUCTURAL ARRANGEMENTS IN RESPECT OF THE AUTHORITY OF THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY, THE HEALTH AND SOCIAL CARE BOARD AND HEALTH AND SOCIAL CARE TRUSTS IN THE DISCHARGE OF RELEVANT<sup>1</sup> PERSONAL SOCIAL SERVICES FUNCTIONS****1 INTRODUCTION**

- 1.1 Social care services occupy a unique position in the Health and Social Care (HSC) system by virtue of the range of statutory powers and duties which direct and inform the provision of services in both Children's and Adult Programmes of Care.
- 1.2 'Relevant' statutory functions, include all functions under the Adoption (NI) Order 1987; the Disabled Persons (NI) Act 1989; the Children (Northern Ireland) Order 1995 (with the exception of the Children's Services Plan) and the Carers and Direct Payments Act (NI) 2002. Other relevant functions are specified under the Health and Personal Social Services (Northern Ireland) Order 1972; the Chronically Sick and Disabled Persons (NI) Act 1978 and the Mental Health (NI) Order 1986.
- 1.3 Relevant functions cover a range of duties, powers and responsibilities, including:
- matters which may impact upon an individual's rights;
  - interventions which may impinge on personal liberty;
  - the protection of children or adults from harm, or risk of harm, including risk of neglect, abuse or exploitation;
  - the provision of vital social care services; and
  - the exercise of regulatory functions.

These functions are exercised primarily by social workers<sup>2</sup> whose role is to improve and safeguard the social well-being of people in Northern Ireland on behalf of the State.

- 1.4 This circular sets out the legislative and structural arrangements for the discharge of relevant statutory functions by the HSC system from 1972 and up to the present day. It also sets out the authority, legal relationship and

---

<sup>1</sup> Commonly referred to as "statutory functions."

<sup>2</sup> Article 8, Health and Personal Social Services Order (Northern Ireland), 2001.



accountability between the Health and Social Care Board (HSCB) and the Health and Social Care Trusts (Trusts) in relation to the discharge of relevant functions.

- 1.5 This circular replaces Circular: HSS (Statutory Functions) 1/2006. It should be read in conjunction with Circular: OSS (Professional Oversight of Statutory Functions) XX/2015 which sets out the roles and responsibilities of the Department of Health and Social Services and Public Safety (the Department), the HSCB and Trusts for the professional oversight of the discharge of relevant functions consistent with each organisation's respective roles and functions as set out in legislation.

## **2 LEGISLATIVE AND STRUCTURAL ARRANGEMENTS**

### **2.1 The Department**

- 2.1.1 The Department's powers derive from the Health and Personal Social Services (Northern Ireland) Order 1972<sup>1</sup> (the 1972 HPSS Order) and subsequent amending legislation.
- 2.1.2 On 1 January 1974, the Ministry of Health and Social Services became known as the Department of Health and Social Services. On 1 December 1999, the public safety functions of the Department of the Environment were transferred to the renamed Department of Health, Social Services and Public Safety (DHSSPS)<sup>2</sup>. There is a proposal to rename the DHSSPS, the Department of Health. This will require legislative change.
- 2.1.3 The current HSC system in Northern Ireland has its origins in the Review of Public Administration (RPA) which was initiated by the Northern Ireland Executive in 2002. The reforms streamlined the HSC system and resulted in one regional HSCB and six Health and Social Care Trusts. A Public Health Authority was also established reflecting the focus on public health and wellbeing and an emphasis on prevention and support for vulnerable people to live independently in the community for as long as possible.
- 2.1.4 The Health and Social Care (Reform) Act (Northern Ireland), 2009 (the Reform Act) provides the legislative framework within which the new HSC structures operate. It sets out the high level functions of the various HSC bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of HSC in Northern Ireland.
- 2.1.5 Section 2 of the Reform Act places on the Department a general duty to promote an integrated system of:

---

<sup>1</sup> S.I.1972/1265 (N.I.14)

<sup>2</sup> See S.R. 1999 No. 481 and I.1999/283 (N.I.1)

- i. health care designed to secure improvement:
  - in the physical and mental health of people of Northern Ireland, and
  - in the prevention, diagnosis and treatment of illness; and
- ii. social care designed to secure improvement in the social well-being of people in Northern Ireland.

2.1.6 Further details on the roles and functions of HSC bodies and the systems that govern their relationships with each other and the Department are set out in the Framework Document<sup>1</sup> produced by the Department in 2011 to meet the statutory requirements placed on it by the Reform Act.

## 2.2 Boards

2.2.1 On 1 September 1972, Health and Social Services Boards were established under Article 16 of the 1972 HPSS Order. The Health and Personal Social Services (Establishment and Determination of Areas of Health and Social Services Boards) Order (Northern Ireland) 1972<sup>2</sup> determined the geographical area of each Board and specified its administrative Districts.

2.2.2 Article 17 of the 1972 HPSS Order specified the key functions of the Boards in respect of health and personal social services. These included, inter alia:

- the exercise on behalf of the then Ministry of Health and Social Services, such functions (including functions imposed under an order of any court) with respect to the administration of such health and personal social services as the Ministry may direct; and
- the exercise on behalf of the then Ministry of Home Affairs such functions (including functions imposed under an order of any court) with respect to the administration of such personal social services under the Children and Young Persons Act (Northern Ireland) 1968 (the Children and Young Persons Act) and the Adoption Act (Northern Ireland) 1967 (the Adoption Act) as the Ministry may direct;
- in accordance with regulations and directions Article 17 (2) of the 1972 HPSS Order also provides that where a function is conferred on a Board by any other legislation, that function shall be deemed to be a function which the Department has directed a Board to exercise on its behalf under Article 17 (1).

2.2.3 The Functions of Health and Social Services Boards (No. 1) Direction (Northern Ireland) 1973 (The No. 1 Direction) specified the functions under the 1972 HPSS Order to be exercised by Boards on behalf of the then Ministry of Health and

<sup>1</sup> [http://www.dhsspsni.gov.uk/framework\\_document\\_september\\_2011.pdf](http://www.dhsspsni.gov.uk/framework_document_september_2011.pdf)

<sup>2</sup> S.O. 1972 No. 217

Social Services subject to the conditions contained in the Direction.

- 2.2.4 The Functions of Health and Social Services Boards (No. 2) Direction (Northern Ireland) 1973 (the No 2 Direction) specified functions of the then Ministry of Home Affairs under Articles 72 and 73 of the 1972 HPSS Order relating to personal social services under the Children and Young Person's Act and the Adoption Act which were to be exercised by Boards on behalf of the Ministry of Home Affairs subject to the conditions contained in the Direction.
- 2.2.5 A number of functions under the Children and Young Person's Act, including those relating to training schools, attendance centres and remand homes were reserved to the Secretary of State in accordance with the provisions of the Northern Ireland (Modification of Enactments – No 1) Order 1973 (the 1973 Order) made under the Northern Ireland Constitution Act 1973. These remained the responsibility of the Northern Ireland Office.
- 2.2.6 Additional functions under the Children and Young Person's Act, including Fit Person's Orders, in so far as they related to the treatment of children and young persons found guilty of offences were also reserved in the 1973 Order to the Secretary of State. Operational difficulties that this presented to Boards were overcome by a subsequent agency arrangement made under section 11 of the Northern Ireland Constitution Act 1973, whereby the Department undertook these functions on behalf of the Secretary of State. The Functions of Health and Social Services Boards (No 1) Direction (Northern Ireland) 1974 provided for the local discharge of these functions by Boards.
- 2.2.7 By virtue of the Departments (Transfer of Functions) Order (Northern Ireland) 1973<sup>1</sup>, all functions under the Adoption Act and all remaining functions under the Children and Young Persons Act transferred on 1 January 1974 to the Department from the Ministry of Home Affairs<sup>2</sup> subject to the provisions of the 1973 Order as referred to in paragraph 2.7. The No. 2 Direction (see paragraph 2.6) remained the applicable instrument of delegation for these functions.
- 2.2.8 Arrangements in respect of Youth Justice were subsequently included in the Criminal Justice (Children) (Northern Ireland) Order 1998<sup>3</sup> and all responsibilities for Youth Justice were transferred to the Department of Justice in the The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010<sup>4</sup>.
- 2.2.9 With the introduction of the Adoption (Northern Ireland Order) 1987 (the Adoption Order) certain functions were conferred directly on Boards. Article 17 (1) of the 1972 HPSS Order was amended by that Order so that those functions under the

---

<sup>1</sup> SR & O 1973 No 504

<sup>2</sup> See S.I. 1973/2162 (C.64)

<sup>3</sup> See 1998 No. 1504 (N.I. 9)

<sup>4</sup> See S.I. 2010/976

Adoption Order are functions which the Board must exercise in accordance with regulations made by, and directions given by the Department.

- 2.2.10 Prior to the commencement of the Children (Northern Ireland) Order 1995 (the Children Order) in November 1996, the Department amended the Exercise of Functions Regulations<sup>1</sup> to prescribe as relevant functions all functions under the Children Order. The Department subsequently approved schemes to enable the Trusts to discharge specified relevant functions under the Children Order and the Adoption Order.
- 2.2.11 In 1998, the Department amended the Children Order to add to the duties of Boards in the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998<sup>2</sup>. This requires each Board to review the services provided in its area under Part IV of the Children Order and prepare and review plans in light of the review of services.
- 2.2.12 In 2003, functions previously carried out by Boards under Articles 80 – 87 and 96 – 103 of the Children Order, which deal with the registration and inspection of children's homes and under Article 176 of the Order which provides for the inspection of schools accommodating children transferred to the Regulation and Quality Improvement Authority following the introduction of the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- 2.2.13 Section 1 of the Health and Social Care (Reform) Act (NI) 2009 (the Reform Act) dissolved the Boards.

### **Community Care Reforms**

- 2.2.14 During the early 1990s, the changes introduced by the White Papers "Caring for People" and 'Working for Patients', (DoH, 1989) respectively set out proposals for improving community care services and health services in England and Wales. The equivalent Northern Ireland policy document, "People First" (DHSS, 1990) introduced for the first time a division between the purchasing and provider roles within health and personal social services in Northern Ireland.
- 2.2.15 The role of Boards as coordinators, purchasers and quality controllers was strengthened relative to their primary role, at that time, as service providers. Management at local level was also strengthened through the appointment of Unit General Managers. In the early 1990s this internal re-organisation changed the administrative structure from districts to General Units of Management, and reconfigured the geographical areas of the former administrative districts.
- 2.2.16 Under the People First policy reforms, Boards as commissioners and purchasers of services, were responsible for:

---

<sup>1</sup> SR 1996 No. 439

<sup>2</sup> SR 1998 No. 261

- assessing the health and social care needs of their resident population;
- strategic planning to meet need; and
- the development of purchasing plans.

2.2.17 People First required Boards to promote a mixed economy of care and a range of providers to maximise user choice and ensure the economic, effective and efficient delivery of services.

2.2.18 The Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991HPSS Order) gave effect to these changes and enabled health services bodies to enter into arrangements (HSS contracts) for the provision of goods or services to or by them.

2.2.19 Section 24 of the Reform Act provided that the functions of the Health and Social Services Boards relating to health improvement and health protection functions (as defined in section 13 of the Reform Act) were then exercisable by the Regional Agency for Public Health and Social Well-being (the Regional Agency) established by section 12 of the Reform Act. The other functions of the Health and Social Services Boards were then exercisable by HSCB”.

### **The Health and Social Care Board (2009)**

2.2.20 The Regional Health and Social Care Board was established in April 2009 under Section 7(1) of the Reform Act; it subsequently became known as the Health and Social Care Board (HSCB). It has a range of functions that can be summarised under three broad headings:-

- **commissioning** the provision of health and social care and other related interventions, organised around a “commissioning cycle” from assessment of need, strategic planning, priority setting and resource acquisition, to addressing need by agreeing with providers the delivery of appropriate services, monitoring delivery to ensure that it meets established quality standards, and evaluating the impact and feeding back into a new baseline position in terms of how needs have changed.
- **performance management and service improvement** – developing a culture of continuous improvement in the interests of patients, clients and carers by monitoring health and social care performance against relevant objectives, targets and standards; promptly and effectively addressing poor performance through appropriate interventions; service development; identifying and promulgating best practice; and, where necessary, the application of sanctions.
- **resource management** – ensuring the best possible use of the resources of the health and social care system, both in terms of quality, accessible

services for users and value for money for the taxpayer.

2.2.21 The HSCB is accountable for its performance and for ensuring that appropriate assurance mechanisms are in place. This obligation rests with the HSCB's board of directors. It is the responsibility of the HSCB board to manage local performance and to manage emerging issues in the first instance.

2.2.22 The HSCB is responsible for monitoring and reporting to the Department on the implementation of statutory functions it has delegated to Trusts under Schemes of Delegation (Schemes) as part of its performance and assurance responsibilities. In line with the key principles underpinning the performance and assurance roles of all HSC bodies, the HSCB will maintain a relationship with Trusts based on openness and the sharing of information, adopting an informal, supportive approach to clarify and resolve issues as they arise, and thereby minimising the need for formal intervention. The HSCB should only escalate unresolved performance issues of Trusts to the Department for intervention.

### 2.3 Health and Social Services Trusts

2.3.1 Central to the community care reforms in England and Wales in the early 1990s was the concept that hospitals and community health providers were to be given the option to become self-governing Trusts.

2.3.2 As health and personal social services in Northern Ireland were integrated under the 1972 HPSS Order, account had to be taken of the Boards' responsibilities for the discharge of certain functions in relation to personal social services. Under the 1972 HPSS Order, these included services delivered under the Children and Young Person's Act and the Adoption Order.

2.3.3 Health and Social Services Trusts HSS Trusts were established under Article 10 of the 1991 HPSS Order. The first of these were established in shadow form in 1993 as corporate bodies, managerially and administratively independent of Boards. Further primary legislation was required to enable newly established HSS Trusts to discharge the personal social services functions on behalf of their respective Boards.

2.3.4 HSS Trusts are statutorily independent organisations within the HSC system, responsible for the delivery of health and social care services in line with Ministerial priorities, standards and targets and as commissioned by the HSCB.

2.3.5 The number of HSS Trusts was reduced from eighteen to six under RPA in 2007. Subsection 1 (3) of the Reform Act makes provision to rename the HSS Trusts as Health and Social Care Trusts (Trusts).

### Health and Social Care Trusts

2.3.6 The six Trusts provide goods and services for the purposes of health and social care and, with the exception of the Ambulance Trust, are also responsible for

exercising, on behalf of the HSCB, the statutory functions which are delegated to them by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order). Each Trust also has a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provides to individuals and the environment in which it provides them.<sup>1</sup>

- 2.3.7 Section 21 of the Reform Act places a specific duty on each Trust to exercise its functions with the aim of improving the health and social wellbeing of, and, reducing the health inequalities between, those for whom it provides, or may provide, health and social care.
- 2.3.8 Each Trust is accountable for its performance and for ensuring that appropriate assurance mechanisms are in place. This obligation rests with the Trust's board of directors. It is the responsibility of the Trust board to manage local performance and to manage emerging issues in the first instance.
- 2.3.9 Trusts are accountable to the HSCB for the availability, quality and efficiency of the services they provide against agreed resource allocations. They are also accountable to the Minister through the Department and the HSCB for performance against Ministerial targets including compliance with any statutory obligations.
- 2.3.10 The roles and responsibilities of Trusts in respect of Delegated Statutory Functions (DSFs) are set out in the 1991 HPSS Order, the 1994 HPSS Order and the Reform Act.

### **3 AUTHORITY AND LEGAL RELATIONSHIP BETWEEN THE HSCB AND TRUSTS IN RELATION TO THE DISCHARGE OF RELEVANT FUNCTIONS**

#### **3.1 Authority for the discharge of relevant functions**

- 3.1.1 From 1972-1994, the Boards were the 'named authority' responsible for the delivery of relevant statutory functions. Following the establishment of Trusts in 1991 and the introduction of the purchaser/provider split within the HSS system, Boards were enabled through the 1994 HPSS Order to delegate the discharge of statutory functions to Trusts. 'Relevant' statutory functions have since been referred to as DSFs.
- 3.1.2 The 1994 HPSS Order provides for certain functions of Boards to be exercisable on their behalf by the Trusts. These functions were prescribed for the purposes of the 1994 HPSS Order in The Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 (The Exercise of Functions Regulations) and are known as "relevant functions." The schedule to the regulations, which defined the relevant functions, is set out in full at Annex A. It includes functions under the Adoption Order and the Children and Young

---

<sup>1</sup> Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003

Person's Act and was subsequently amended in 1996 to include functions under the Children Order.

### **3.2 The legal relationship between the HSCB and Trusts in relation to the discharge of relevant functions**

- 3.2.1 Under the 1994 HPSS Order, the HSCB may, by instrument in writing under seal ("an authorisation") provide for such relevant functions of the HSCB as are specified to be exercised by a Trust on behalf of the HSCB. Authorisations require the approval of the Department. The 1994 HPSS Order requires each Trust to submit to the HSCB for approval a scheme for the exercise by the Trust of specified relevant functions. The HSCB must then submit the scheme for the approval of the Department.
- 3.2.3 Schemes, known as "Schemes for the Delegation of Statutory Functions" are developed by Trusts in co-operation with the HSCB, which subsequently approves each scheme and submits it to the Department for approval. As part of the approval process, the Department's role is to ensure that proper provision has been made for the exercise of the relevant functions to be delegated to Trusts and that the HSCB has appropriate arrangements in place to assure themselves that Trusts are exercising relevant functions effectively.
- 3.2.3 The HSCB may, with the approval of the Department, revoke an authorisation to a Trust to exercise relevant functions, should circumstances warrant such action.

## **4 ACCOUNTABILITY**

### **4.1 Legal accountability**

- 4.1.1 In accordance with the common law principle of 'parens patriae', the State has the power to act as the public guardian for those who are incapacitated and/or unable to legally act on their own behalf, or for children whose parents are unable or unwilling to look after them.
- 4.1.2 Generally, the State exercises its powers to safeguard and promote the welfare of children or those who cannot care for themselves through statutory agencies, named as the responsible authorities in primary legislation. Legislation specifies, in broad terms, what the State considers is required to safeguard and promote the welfare of children or those who cannot care for themselves and provides the legal authority for responsible authorities to discharge statutory functions on behalf of the State. There are circumstances in which the State names the appropriate Government Department in legislation as the responsible authority. In these situations the Department is responsible in law for the exercise of the statutory functions unless it has delegated the functions to another statutory body.
- 4.1.3 In primary legislation, where the HSCB is named as the responsible authority for the exercise of the functions, these functions are deemed to be a function which



the Department has directed the HSCB to exercise under Article 17 (1) of the 1972 HPSS Order. Where the HSCB delegates relevant functions to a Trust in accordance with the provisions of the 1994 HPSS Order, under Article 3(7) of that Order the Trust:

“...shall be liable in respect of any liabilities (including any liability in tort) in the exercise of these functions in all respects as if it were acting as a principal and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the HSS Trust in its own name”.

4.1.4 The Children Order, Article 2(3), confirms that “where a function is exercisable by a Health and Social Services Trust by virtue of an authorisation for the time being in operation under Article 3(1) of the Health and Personal Social Services (Northern Ireland) Order 1994, references to an authority are, to the extent that that function is exercisable by that Trust, references to that Trust”. Trusts, therefore, are responsible in law for the discharge of all relevant functions delegated to them by the HSCB.

## 4.2 **Accountability for Implementing the Schemes**

4.2.1 Accountability is a key element in the discharge of DSFs. The Department, as the parent sponsor body of the HSCB and Trusts, carries ultimate responsibility for the oversight of the performance of these organizations, including the implementation of the Schemes within a system of delegation.

4.2.2 Within the system of delegation there is requirement for an unbroken line of professional oversight from Trusts to the HSCB and ultimately to the Department to ensure that the Schemes are implemented in accordance with the law and to relevant professional standards. Arrangements for the professional oversight of the discharge of DSFs are set out in Circular (OSS) 4/2015.

## 5 **WORKING RELATIONSHIPS**

5.1 Collaboration is a core principle in securing the social well-being of the people of Northern Ireland.

5.2 A number of agencies are required to assist the HSCB and Trusts with the discharge of certain functions in respect of children, in so far as this is compatible with that body’s own statutory or other duties and obligations and does not unduly prejudice the discharge of any of its functions(Article 46 of the Children Order) and in the investigation of matters under Article 66 of the Children Order, unless to do so would be unreasonable in all of the circumstances of the case.

5.3 The HSCB and Trusts are among a number of named agencies under Article 1 (3) of the Safeguarding Board Act (Northern Ireland) 2011 that together constitute the Safeguarding Board for Northern Ireland (SBNI). Article 10 of this

legislation places a duty to co-operate on SBNI member agencies in respect of functions relating to safeguarding or promoting the welfare of children insofar as this is compatible with an organisation's statutory duties and obligations.

- 5.4 Although not enshrined in law, the principle of collaborative working applies equally to working with adults, in particular in respect of adult safeguarding which will be most effective when it has the full support of partners across the statutory, voluntary, community, independent and faith sectors.
- 5.5 The HSCB and Trusts must therefore give priority to developing and maintaining good working relationships with other relevant agencies in the discharge of DSFs to secure improvement in the social well-being of the people in Northern Ireland.

**ANNEX A****The Schedule to the Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994.****Relevant functions of Health and Social Services Boards**

<b>Statutory Provision</b>	<b>Relevant functions of a Health and Social Services Board</b>
Children and Young Persons Act (Northern Ireland) 1968	All functions.
Health and Personal Social Services (Northern Ireland) Order 1972	Functions under Articles 14A, 15, 36, 37, 38, 29, 71(2), 99, 101, 101A and Schedule 6.
Chronically Sick and Disabled Persons (Northern Ireland) Act 1978	Functions under sections 1(2), 2 and 12(1).
Mental Health (Northern Ireland) Order 1986	All functions except that of designating a hospital under Article 46(1) for the purposes of Article 46(2)(a), and those under Articles 28(3), 42(9)(a), 46(3)(a), 86(2), 90(2), 108(2), 112, 113, 114, 116, 118, 121(1), 123(1)(a), 129(7) and 133(4).
Adoption (Northern Ireland) Order 1987	All functions.
Disabled Persons (Northern Ireland) Act 1989	All functions.
Children (Northern Ireland) Order 1995	All functions.
Carers and Direct Payments Act (Northern Ireland) 2002	All functions.

**CIRCULAR (OSS) 4/2015:****STATUTORY FUNCTIONS/PROFESSIONAL OVERSIGHT****DHSSPS CIRCULAR****ROLES AND RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY, THE HEALTH AND SOCIAL CARE BOARD AND THE HEALTH AND SOCIAL CARE TRUSTS FOR THE PROFESSIONAL OVERSIGHT OF THE DISCHARGE OF DELEGATED STATUTORY FUNCTIONS****1 INTRODUCTION**

- 1.1 The requirement for an unbroken line of professional oversight of the discharge of Delegated Statutory Functions (DSFs) from Health and Social Care Trusts (Trusts) to the Health and Social Care Board (HSCB) and ultimately to the Department of Health, Social Services and Public Safety (Department) has been in place since 1994 following concerns raised by the judiciary with the introduction of legislation<sup>1</sup> which enabled the delegation of relevant statutory functions from the legacy Health and Social Services Boards to Trusts. Arrangements for professional oversight are designed to ensure that DSFs are discharged in accordance with the law and to relevant professional standards within a system of delegation.
- 1.2 The Chief Social Work Officer (CSWO) in the Department, the Director of Social Care and Children in the HSCB (the HSCB Director) and the Executive Director for Social Work (EDSW) in each of the Trusts are individually and collectively responsible for the effective operation of an unbroken line of professional oversight of DSFs.
- 1.3 Professional oversight arrangements are an integral part of the overall system of checks and balances that hold the HSCB and Trusts to account for their performance. Professional oversight involves:
- ❖ Approval of Schemes for the Delegation of Statutory Functions
  - ❖ Discharge of DSF
  - ❖ Performance management
  - ❖ Strategic oversight
  - ❖ Continuous improvement
  - ❖ Reporting

---

<sup>1</sup> Health and Personal Social Services (Northern Ireland) Order, 1994

- 1.4 This circular outlines the roles and responsibilities of the CSWO, the HSCB Director and Trust EDSWs for the professional oversight of DSFs in line with the role, function and responsibility of each organisation.
- 1.5 This circular should be read in conjunction with Circular (OSS) 3/2015 which sets out the legislative and structural arrangements in respect of the authority of the Department, the HSCB and Trusts in the discharge of DSFs.

## **2. STATEMENT OF PRINCIPLES**

- 2.1 Arrangements for the professional oversight of DSFs within and between each organisation should be based on a commitment to:
  - (i) co-operation in the interests of improving and safeguarding the social wellbeing of children, families and adults;
  - (ii) evidence-informed decision-making;
  - (iii) securing improved outcomes for service users;
  - (iv) regional consistency and fairness in availability, quality and effectiveness of services;
  - (v) continuous improvement based on learning from the professional oversight processes;
  - (vi) timely reporting, prompt responses and early resolution of issues;
  - (vii) efficiency, proportionality and effectiveness.

## **3. ACCOUNTABILITY**

- 3.1 Accountability is a key element in the discharge of DSF. The Department, as the parent sponsor body of the HSCB and Trusts, carries ultimate responsibility for the performance of these organisations, including the discharge of DSFs within a system of delegation. This responsibility is not transferable to any other body.
- 3.2 Responsibility for the performance of the HSCB and Trusts in respect of DSFs rests fully with each organisation's Accounting Officer who is required to account for this as part of the formal Assurance and Accountability processes between the Department and its ALBs.

- 3.3 Professional oversight arrangements ensure the Accounting Officer and the board of directors of each Trust and of the HSCB receive authoritative professional advice and analysis regarding their organisation's discharge of DSF which, in turn, enables each Accounting Officer to account to the HSCB and/or Department as appropriate. The Department's Accounting Officer is advised by the CSWO on all relevant professional matters, including DSFs.
- 3.4 As such, arrangements for the professional oversight of DSFs are an integral part of each organisation's internal corporate governance and accountability arrangements and should not duplicate reporting processes in place for these purposes.
- 3.5 Due regard will be given by the Department, the HSCB and Trusts as to the views of individuals and/or agencies in terms of the performance of the HSC system in improving and safeguarding the social wellbeing of people in Northern Ireland.

#### **4. PROFESSIONAL LEADERSHIP**

- 4.1 The CSWO, the HSCB Director and the EDSW of each Trust are individually and collectively responsible for:
- providing professional leadership on all social work and social care matters, including DSFs within their respective organisations, and, where relevant, to other organisations;
  - ensuring appropriate internal organisational, managerial and professional arrangements are in place for the professional oversight of DSFs in line with the requirements set out in this circular and other relevant guidance;
  - providing authoritative professional advice and analysis in respect to DSFs to their Accounting Officer and board of directors;
  - maintaining open and constructive working relationships and sharing information with each other as appropriate; and
  - adopting a collaborative and supportive approach to clarifying and resolving issues as they arise thereby minimizing the need for escalation and/or formal intervention.
- 4.2 The CSWO, HSCB Director and EDSWs are required to be professionally qualified social workers in accordance with Article 8 (1) of the Health and Personal Social Services Act (Northern Ireland), 2001 (the 2001 Act) and registered with the Northern Ireland Social Care Council to ensure the availability of high quality professional advice within their respective organisations on the complex issues involved in the exercise of duties, powers and responsibilities particularly, but not exclusively, with regard to protecting individuals from risk of harm of neglect, abuse or exploitation.

### 4.3 Chief Social Work Officer – role and responsibilities

- 4.3.1 Chief Professional Officers, including a CSWO, are employed by the Department at a senior level to provide the Minister, Permanent Secretary and Department board with authoritative professional advice and insights in respect of the provision of the full range of health and social care.
- 4.3.2 The CSWO (who is also Deputy Secretary for Children’s, Families and Adult Social Care policy) is the lead professional officer for social work and social care in Northern Ireland and sets the strategic direction for relevant service areas. S/he provides strategic professional advice and expertise to policy colleagues, government Departments, HSC agencies and other organizations as required. The CSWO/Deputy Secretary sits as an executive member on the Departmental board.
- 4.3.3 The CSWO has a wide range of professional responsibilities including responsibility for the professional oversight of DSFs within an integrated HSC system. This oversight is part of the overall system within the Department for monitoring the delivery of the Department’s policies by its ALBs and holding them to account.
- 4.3.4 The CSWO is responsible for issuing and keeping under review all relevant Circulars, professional standards, guidance or directions in respect of arrangements for the discharge of relevant functions.
- 4.3.5 Annex A sets out the full range of professional responsibilities of the CSWO

### 4.4 The Director of Social Care and Children – role and responsibilities

- 4.4.1 The HSCB Director (who is also the Executive Director for Social Work within the HSCB) is a prescribed member<sup>2</sup> of the HSCB board and is responsible for providing strong professional leadership and strategic direction for social work and social care within an integrated HSC system and ensuring coherent regional arrangements for the delivery of relevant services. S/he is responsible for the delivery of the HSCB’s responsibilities as the ‘named authority’ in legislation for the discharge of DSFs by Trusts and for providing strategic advice at board level on future developments and direction.
- 4.4.2 Annex B sets out the full range of professional responsibilities of the HSCB Director/EDSW.

---

<sup>2</sup> Section 2(2)(a) The Regional Health and Social Care Board (Membership) Regulations (Northern Ireland) 2009

#### 4.5 **The Trust Executive Director of Social Work – role and responsibilities**

- 4.5.1 Trust EDSWs (who are also Directors of Children’s Services) are prescribed members<sup>3</sup> on Trust boards. The role of a Trust EDSW is to provide strong professional leadership for social work and social care within his/her Trust and assurance of satisfactory arrangements for the discharge of Delegated Statutory Functions. This includes professional responsibility for ensuring the discharge of DSFs in accordance with the law, approved Schemes of Delegation and agreed professional standards and for providing strategic advice at board level on future developments and direction. The EDSW should seek assurances from any other Operational Directors who have responsibility and accountability for the relevant service area that all social care functions are being fulfilled to the required standard.
- 4.5.2 Annex C sets out the full range of professional responsibilities of the Trust EDSWs/Directors of Children’s Services.

### 5. **APPROVAL OF SCHEMES FOR THE DELEGATION OF STATUTORY FUNCTIONS**

- 5.1 The Schemes set out the arrangements for the discharge of relevant statutory functions by the Trusts on behalf of the HSCB. The Schemes specify the powers and duties which the HSCB has delegated under all relevant legislation and describe the principles and values that underpin the discharge of DSFs and delivery of associated services. They also outline the quality control framework whereby monitoring and reporting of DSFs is an integral part of the corporate accountability and professional governance arrangements in each Trust and in the HSCB as well as between the two organisations.
- 5.2 **Trust Responsibilities**
- 5.2.1 Trusts have a legal responsibility to submit to the HSCB Schemes for the Delegation of Statutory Functions<sup>4</sup> and to comply with any request by the HSCB to submit a new or amended scheme.
- 5.2.2 Trusts are responsible for keeping the Schemes under regular review and amending/updating as required. New, amended or updated Schemes require the approval of the HSCB and the Department.

---

<sup>3</sup> Section 4(1)(d) The Health and Social Services Trusts (Membership and Procedure) Regulations (Northern Ireland) 1994

<sup>4</sup> Article 4 of the Health and Personal Social Services (Northern Ireland) Order 1994



- 5.2.3 The Trust board should agree a Trust Scheme prior to submission to the HSCB for agreement.
- 5.2.4 Trusts should retain a copy of the Scheme agreed by the HSCB and approved by the Department.

### 5.3 HSCB Responsibilities

- 5.3.1 The HSCB is responsible for approving Schemes submitted to it by Trusts and, in turn, submitting the Schemes to the Department for approval.
- 5.3.2 Under the Schemes, the HSCB will agree the Trusts' internal monitoring arrangements, as well as the information each Trust will provide<sup>5</sup> to the HSCB and at what intervals.
- 5.3.3 The recommendation to approve Trust Schemes should be agreed by the Accounting Officer and endorsed by the HSCB board prior to submission to the Department for approval.
- 5.3.4 Following approval by the Department, the HSCB is responsible for delegating functions to the Trusts by way of a written sealed authorisation.
- 5.3.5 The HSCB will keep the Schemes under regular review to ensure their adequacy and fitness-for-purpose but should formally review Schemes along with Trusts at a minimum of three yearly intervals.
- 5.3.6 The HSCB may, with the approval of the Department, revoke an authorisation to a Trust to exercise relevant functions, should circumstances warrant such action.
- 5.3.7 Decisions for revocation of an authorisation will be made by the HSCB Accounting Officer based on recommendation and advice from the HSCB Director. The HSCB board will be informed of any such decision and reasons for same in a timely way.
- 5.3.8 The HSCB should retain a copy of the Schemes approved by the Department.

### 5.4 The Department's Responsibilities

- 5.4.1 The Department may approve a scheme submitted to it by HSCB either with or without modifications or with such modifications as may be agreed with the HSCB and the Trust concerned.

---

<sup>5</sup> Paragraphs 6A (1), (2) and (3) of Part II of Schedule 3 of The Health and Personal Social Services (Northern Ireland) Order 1994

- 5.4.2 The recommendation of the CSWO to approve Schemes should be agreed by the Permanent Secretary.
- 5.4.3 The Department may direct or agree to a request from the HSCB for an authorisation to a Trust to exercise relevant functions to be revoked, should circumstances warrant this. Such circumstances will be determined by the Department, but are likely to represent a significant systemic failure within an organisation with regard to the delivery of DSFs.
- 5.4.4 Decisions for revocation of an authorisation will be made by the Permanent Secretary based on recommendation and advice from the CSWO. The Departmental board will be informed of any such decision and reasons for same in a timely way by the Permanent Secretary.
- 5.4.5 The Department will inform the HSCB and Trusts of all relevant changes in legislation which will require an amendment or update to the Schemes in a timely way.

## **6. DISCHARGE OF DELEGATED STATUTORY FUNCTIONS**

- 6.1 Trusts, as separate legal entities, are responsible in law for the discharge of relevant statutory functions delegated to them by the HSCB.
- 6.2 Trust EDSWs are responsible for ensuring approved Schemes are properly implemented and managed within all programmes of care. This includes ensuring:
- legal and professional responsibilities are assigned and necessary systems and procedures are in place;
  - compliance with all statutory, regulatory or professional requirements;
  - all staff responsible for the discharge of DSFs have access to relevant training, professional support and supervision;
  - the maintenance and operation of an efficient data collection system and provision of data and reports to HSCB and Department as required;
  - implementation of actions, including improvement plans agreed with the HSCB, to improve the safety, quality and effectiveness of services;
  - the Accounting Officer, Trust board and the HSCB are informed, at agreed intervals, on the Trust's performance in respect of DSFs, including early notification of risks, resource pressures and legal challenges and proposed actions to address;
  - timely action to address and/or prevent the escalation of any identified issues;

- the HSCB and, where appropriate, the Department are notified in a timely way of any relevant issues through established mechanisms<sup>6</sup> and proposed actions to address.

6.3 Trust EDSWs will be supported in their responsibilities by a Social Care Governance Officer (Trust Governance lead) who will report directly to the EDSW in relation to the Trust's compliance with DSFs and related governance issues. The Trust Governance lead will be supported by an identified social work lead in each programme of care who is responsible for reporting to and informing the Trust Governance lead in relation to their respective area's compliance with DSFs and related governance issues. Trust Governance leads and identified social work leads should be suitably qualified in accordance with Article 8(1) of the Health and Personal Social Services **Act** (Northern Ireland) **2001 (the 2001 Act)**.

## 7. PERFORMANCE MANAGEMENT

7.1 The HSCB Director/EDSW is responsible for ensuring the approved Schemes are implemented by the Trusts through agreed performance management and quality assurance mechanisms.

7.2 The HSCB Director/EDSW is responsible for ensuring approved Schemes are properly implemented by the Trusts to agreed standards. This includes:

- ensuring effective arrangements within the HSCB for monitoring and quality assurance of each Trust's management and discharge of DSFs in compliance with approved schemes and all statutory, regulatory and professional requirements;
- maintaining oversight of individual Trust compliance with DSFs through regular liaison with Trusts and receipt and analysis of relevant information, data and reports;
- maintaining regional oversight of consistency of Trusts' compliance with DSFs and related governance issues and ensuring the best use of resources;
- taking prompt action to address and/or prevent escalation of any issues, including under performance or non-compliance;
- overseeing the implementation of agreed Trust improvement/action plans;
- advising the Chief Executive and the HSCB board, at agreed intervals, on the Trusts' performance in respect of DSFs, including timely notification of risks, resource pressures and legal challenges and proposed actions to address;

---

<sup>6</sup> Established mechanisms include the Early Alert, Serious Adverse Incident, Adverse Incident, Untoward Incident and Complaints reporting systems.

- alerting the Department in a timely way of any unresolved disputes, substantive issues or concerns regarding a Trust's discharge of DSFs and HSCB's proposed actions to address.

7.3 The HSCB Director/EDSW will be supported in his/her responsibilities by a Social Care Governance Officer (HSCB Governance lead) who will report directly to the Director in relation to the Trusts compliance with DSFs and related governance issues. The HSCB Governance lead will be supported by the professional social care commissioning leads for each programme of care in the HSCB and the Trust Governance leads who will inform and/or report to the HSCB Governance lead on DSFs and related governance issues ensuring a comprehensive overview of performance at programme of care level, individual Trust level and regionally. The HSCB Governance lead and professional social care commissioning leads should be suitably qualified in accordance with Article 8(1) of the 2001 Act.

## **8. STRATEGIC OVERSIGHT**

8.1 The Department is responsible for maintaining a strategic professional oversight of the effectiveness of the HSCB's arrangements for the professional oversight of each Trust's exercise of DSFs and that proper provision has been made by the HSCB to Trusts for the discharge of DSFs.

8.2 The CSWO is responsible for ensuring the HSCB discharges its responsibility as the named 'authority' for the discharge of relevant statutory functions in accordance with the law, approved Schemes and relevant policies, guidance, standards and directions. This includes:

- ensuring effective arrangements within the Department to maintain ongoing oversight of all relevant information including the receipt and analysis of data and reports in respect of DSFs submitted by HSCB and/or Trusts;
- ongoing engagement with the HSCB Director and Trust EDSWs through established mechanisms and as and when required;
- providing authoritative professional advice and/or direction to the HSCB and/or Trusts to address identified issues of concern, non-compliance or under-performance;
- advising the Permanent Secretary and Departmental board at agreed intervals on DSFs, including timely notification of risks, resources pressures or legal challenges and proposed actions to address.

8.3 In the event of significant concerns arising from any Trust's performance in relation to the discharge of DSFs, the Department may use its powers under Articles 3 and 6 of the Health and Social Care (Reform) Act, 2009 to direct the

HSCB to take specific actions that the Department deems necessary to improve a Trust's performance.

- 8.4 The CSWO will be supported in his/her responsibilities by the Deputy CSWO who will report directly to the CSWO on the HSCB's and, where relevant, the Trusts' discharge of DSFs. The Deputy CSWO will be supported by professional and policy officers with responsibility for professional and/or policy lead for children's and adult social care services. The input of all relevant staff will be co-ordinated by the Office of Social Services Head of Governance and Planning. The Deputy CSWO and professional officers should be suitably qualified in accordance with Article 8(1) of the 2001 Act.

## **9. CONTINUOUS IMPROVEMENT**

- 9.1 Arrangements for the professional oversight of DSF should support a systems-wide culture of learning and continuous improvement and contribute to HSCB and Trust compliance with the statutory duty to monitor and improve the quality of services<sup>7</sup>.

- 9.2 Continuous improvement will be supported by:

- evidence-informed improvement initiatives;
- programmes of audit; and
- identification and promulgation of good practice.

### **9.3 Evidence informed improvement initiatives**

- 9.3.1 Proposals for improvement initiatives should be: designed and planned to improve outcomes for service users; informed by research, evidence and people's experiences of services; and measured for impact and outcomes.

### **9.4 Programmes of audit**

- 9.4.1 Each Trust will plan and undertake an annual programme of audit as part of the internal monitoring and quality assurance of the discharge of DSFs. The learning and outcomes of audit activity will inform improvements in each Trust's arrangements for the discharge of DSFs.

- 9.4.2 Each Trust will report on its audit and improvement activity in its end year report to the HSCB.

- 9.4.3 The HSCB will carry out and/or commission a regional programme of audit to be undertaken each year as part of its performance management and

---

<sup>7</sup> Article 34, HPSS Quality, Improvement and Regulation (Northern Ireland) Order, 2003

monitoring arrangements. The learning and outcomes of audit activity will inform improvements in individual Trust and/or regional arrangements for DSFs.

- 9.4.4 The HSCB will report on its own and each Trust's audit and improvement activity in its end of year overview report to the Department.
- 9.4.5 The Department will ensure an audit of the HSCB's arrangements for the professional oversight of Trusts' discharge of DSFs is carried out at agreed intervals, but no longer than 5 yearly intervals. The learning and outcomes of this audit activity will inform improvements in the HSCB's professional oversight arrangements.
- 9.4.6 The Department and the HSCB audit activity should not duplicate other audit processes. The outcomes of other relevant audit activity may be used by the Department, the HSCB and Trusts as part of their compliance with the requirements of this circular.
- 9.4.7 All audits of DSFs arrangements should be led by suitably qualified staff in accordance with Article 8 (1) of the 2001 Act and with relevant experience and/or expertise in audit and/or social care governance.

## 9.5 Identifying and promulgating good practice

- 9.5.1 A regional DSFs learning event will be organised by the HSCB at least once every two years to share good practice and learning from the professional oversight of DSFs, including regional trends and themes, outcomes from audit and improvement initiatives and proposals for improvement.

## 10. REPORTING ARRANGEMENTS

### 10.1 In-year reporting

- 10.1.1 Professional oversight is a dynamic process and involves ongoing monitoring and reporting throughout each reporting year. This is done through established mechanisms.
- 10.1.2 Timely reporting in respect of the discharge of DSFs is important and early reporting of emerging concerns or significant issues is crucial in order to facilitate appropriate decision making and, where necessary, timely responses.
- 10.1.3 Any substantive issues regarding the discharge of DSFs should be reported promptly to HSCB and, where appropriate to the Department, to facilitate timely action.

## 10.2 End year reporting

10.2.1 End year reports provide an opportunity for individual organisations and the system as a whole to take stock of performance throughout the year and plan for the future. End year reports should facilitate strategic decision making about actions required to further improve services and outcomes for service users.

10.2.2 Each Trust is required to submit an annual end year report, approved by its Trust board, on how it has discharged its functions to the HSCB no later than end of May each year.

10.2.3 The Trust end year report should include an analysis of data and performance to assist the Trust board and the HSCB in their respective governance, accountability and strategic planning roles to identify the Trust's:

- compliance with the law and agreed standards and targets;
- performance gaps and/or areas of concerns, including non-compliance;
- effectiveness of Trust's monitoring and reporting arrangements;
- outcomes of in-year audit and improvement activity;
- outcomes for service users;
- new or emerging trends or pressures:

10.2.4 The HSCB will submit an annual end year overview report to the Department, approved by its board, by the end of June each year based on its analysis of Trust end year reports and any other relevant data and information gathered as part of its professional oversight throughout the year.

10.2.5 The end year overview report should reflect both operational performance and strategic issues and assist the HSCB Board and Department in their respective governance, accountability and strategic planning roles including:

- overview and analysis of Trusts' performance in respect of DSFs, including good practice and performance gaps;
- level of compliance with the law, professional standards and targets;
- outcomes of in-year audit and improvement activity;
- emerging pressures and/or concerns;
- regional comparison and trends.

10.2.6 The HSCB will agree an action/improvement plan with agreed timelines for implementation with each Trust by end of June each year.

10.2.7 The HSCB will also submit within the same timeframe, either separately or as an integral part of its end year overview report: data on the configuration of the Social Work workforce in all Programmes of Care across Trusts; an update on the qualification profile of the social work workforce in Trusts including numbers of relevant qualifications achieved in-year against

Departmental targets; the volume and range of learning and development activity including spend against Departmental commissioning priorities.

- 10.2.8 The CSWO will advise the Permanent Secretary and Departmental board of the key findings of the approved end year overview report from the HSCB within 6 weeks' of receipt and/or confirmation of approval.
- 10.2.9 Where a significant issue is identified in the process of compiling end year reports which has not been previously reported during the year, the HSCB and/or Department should be alerted immediately in advance of submission of the end year report.
- 10.2.10 In the event, of the process and timeline of board approval of end year reports significantly delaying submission within agreed timescales, a Trust and/or the HSCB should submit its draft report pending board approval. This is based on the principle that it is better to receive information (within acceptable tolerances of precision) in good time accepting there may be some modifications rather than awaiting completely accurate information which will be too late.
- 10.2.11 In these circumstances, the HSCB and/or Trust must confirm board approval for the end year report in writing within two weeks of such approval being given. Should there be any changes to the draft report submitted pre-approval, the HSCB and/or Trust should resubmit the approved revised report clearly indicating where changes have been made within the same timescale.



## ANNEX A

### PROFESSIONAL RESPONSIBILITIES OF CHIEF SOCIAL WORK OFFICER FOR SOCIAL WORK AND SOCIAL CARE MATTERS

#### Introduction

The Chief Social Work Officer (CSWO) provides professional leadership for social work and social care across the full range of social care services for children and adults in the statutory, voluntary and private sectors as well as coordinating social care policy and legislation and supporting the decision making and accountability processes associated with the effective operation of the Department.

#### Accountability

The CSWO is directly accountable to the Permanent Secretary (PS) and to the Minister for the provision of authoritative professional advice and insights in respect of all social work and social care matters and for reporting on relevant statutory functions across a range of children's and adult services.

#### Professional Responsibilities

A summary of the professional responsibilities of the CSWO are provided below:

#### Professional Leadership

- Providing professional leadership for the social work and the social care workforces in Northern Ireland;
- Setting the strategic direction for social work and social care within an integrated HSC system;
- Promoting a strong voice for all adults, families, children and carers using social care services and for frontline workers delivering services in the development of policies, strategies and standards;
- Working collaboratively with others, including other Government Departments, the Executive Directors of Social Work (EDsSW) within the HSC system and other key stakeholders in the public, voluntary and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;

- Promoting and supporting evidence-informed approaches to decision making at practice, service and policy levels.
- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Building and maintaining East/West, North/South and international professional relationships and networks to share best practice and learning;
- Communicating the positive contribution of social workers and social care workers in improving and safeguarding social wellbeing based on evidence and outcomes.

### **Professional Advice**

- Providing authoritative professional advice and insights to the Minister of Health, Social Services and Public Safety and other Executive Minister in respect of social work and social care matters;
- Providing authoritative professional advice and insights to the PS, senior policy colleagues, other Departments, the NI Assembly and its Committees, HSC agencies, the independent sector, the Further and Higher Education Sector and the media.
- Working in collaboration with the HSCB Director of Social Care and Children's Services and Trust EDsSW with regard to seeking and giving professional advice on social work and social care matters.
- Ensuring appropriate professional advice in the development and implementation of policies, strategies and standards and in Departmental responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions.

### **Senior Professional Practice Lead**

- Making authoritative and final decisions on complex/controversial professional practice matters, including intervention action through the HSCB;
- Making decisions/recommendations on the most complex cases, where individual cases may be the subject of public and/or media interests and in which the Minister may be asked/be required to become personally engaged;
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;
- Professional endorsement of Trust applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children (NI) Order 1995 Regulations and Guidance;
- Discharging the responsibility of the Department's Child Protection Officer;
- Authorisation of transfer of mental health patients to other jurisdictions in line with the Mental Health (NI) Order Guide (1986).

### **Professional Governance**

- Ensuring effective arrangements within the Department for the approval of schemes for the delegation of statutory functions (DSFs) and professional oversight of the discharge of DSFs, including fulfilment of Corporate Parent duties, within an integrated HSC system in line with Circulars (OSS) 3/2015 and (OSS) 4/2015;
- Ensuring effective arrangements within the Department for professional advice and responses to professional issues raised by MLAs, members of the public or through established reporting mechanisms<sup>8</sup>;
- Contributing as a senior professional lead to the Department's formal assurance and accountability arrangements with its Arms Length Bodies(ALBs);
- Accounting directly to the PS and the Departmental Board on the discharge of the Department's relevant statutory functions;
- Promoting (alongside those responsible in the Department for advice on the commissioning system) a robust framework for commissioning and delivery in social care services, including the development of standards for social care services in place to deliver services.
- Escalating any issues of concern and/or risks, including issues regarding performance or resource or service pressures on social care provision, to the Permanent Secretary and relevant policy leads;
- Sponsorship of the Northern Ireland Social Care Council (NISCC), the Northern Ireland Guardian ad Litem Agency (NIGALA) and the Safeguarding Board for Northern Ireland (SBNI).

### **Professional Capacity and Capability**

- Promotion of professional standards, education, training and workforce regulation to ensure safe and effective practice and service provision, including the discharge of delegated statutory functions, and compliance with all relevant standards;
- Commissioning sufficient social work student places to ensure an adequate supply of qualified social workers to meet service needs;
- Contributing to workforce planning to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- Setting the strategic direction and annual commissioning priorities and targets for the education and training of social workers and social care workers;
- Promoting a robust infrastructure for the professional development, supervision and support of social workers;
- Working collaboratively within the HSC system to agree strategic priorities in respect of building the capacity and capability of the social work and social care workforces;

---

<sup>8</sup> Established mechanisms include Early Alert, Serious Adverse Incident, Adverse Incident, Untoward Incident and Complaints reporting systems.

- ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non-compliance;
- make recommendations, as necessary, to the Department in relation to professional and disciplinary matters affecting social services staff;

## **ANNEX B**

### **PROFESSIONAL RESPONSIBILITIES OF HSCB DIRECTOR OF SOCIAL CARE AND CHILDREN/EXECUTIVE DIRECTOR OF SOCIAL WORK FOR SOCIAL WORK AND SOCIAL CARE MATTERS**

#### **Introduction**

The HSCB Director of Social Care and Children/Executive Director of Social Work (the EDSW) provides professional leadership for social work and social care across the full range of social care services for children and adults in the statutory, voluntary and private sectors as well as coordinating and commissioning of social care services. She/he is responsible for ensuring that all legislative requirements, including the discharge of delegated statutory functions (DSF) are fulfilled to a high quality standard, including all relevant professional standards.

#### **Accountability**

The EDSW is responsible for the professional oversight of the discharge of DSF by the Trusts and is directly accountable to the HSCB Chief Executive Officer (CEO) who reports to the Permanent Secretary and to the Minister in respect of HSCB's performance in respect of DSFs.

#### **Professional Responsibilities**

A summary of the professional responsibilities of the HSCB EDSW are provided below:

#### **Professional Leadership**

- Providing professional leadership for the social work and the social care workforces in Northern Ireland;
- Contributing to the strategic direction for social work and social care within an integrated HSC system;
- Promoting a strong voice for all adults, families, children and carers using social care services
- Working collaboratively with the Trust EDSW and other professional leads, agencies and key stakeholders in the public, voluntary and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;
- Promoting and supporting evidence-informed approaches to decision making at practice, service and policy levels.

- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Building and maintaining professional, inter-professional and regional relationships and networks to share best practice and learning;
- Communicating the positive contribution of social work and social care services to improving and the social wellbeing of adults, families, children and carers;
- Providing strong leadership across different staff groups and professions, within the HSCB and beyond, to plan, commission, secure and sustain social care services based on assessed need, including child protection services, to improve and safeguard social wellbeing of people in Northern Ireland;
- Building and sustaining effective partnerships with and between all relevant bodies in the statutory, voluntary, community and private sectors, to improve the health and social wellbeing of adults, children and young people and their families.

### **Professional Advice**

- Contributing to the formulation of operational policies and strategies which will promote the health and social wellbeing of people across the region;
- Providing authoritative professional advice and insights to the CEO of HSCB, to the Board of HSCB and to the CSWO in respect of social work and social care matters and the HSCB's social services functions;
- Providing authoritative professional advice and insights to Trusts, the PHA and other HSC agencies, the independent, voluntary, community and private sectors and the media.
- Working in collaboration with the CSWO and Trust EDSWs with regard to seeking and giving professional advice on social work and social care matters.
- Ensuring appropriate professional advice in the development and implementation of policies, strategies standards and guidance and in HSCB's responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions;

### **Senior Professional Practice Lead**

- Ensuring the responsibilities of the HSCB's Child Protection Office are discharged effectively;
- Responsibility for ensuring that the HSCB discharges its duties in relation to children's services planning under the Children (Northern Ireland) Order 1995 as amended by the Children (1995 Order) (Amendment) (Children Services Planning Order) (Northern Ireland) 1998 and fulfils its obligations as set out in departmental circulars and guidance; Providing authoritative professional advice and guidance and recommendations to HSCB Board in relation to the numbers of children in need<sup>9</sup> within the HSCB's area, the nature and extent of those needs and the services requires to meet those needs

---

<sup>9</sup> A definition of 'child in need' is provided in Article 17 of the Children (Northern Ireland) Order 1995

- Providing authoritative professional advice and guidance and recommendations to HSCB Board on the most complex cases, where individual cases may be the subject of public and/or media interests;
- Taking the lead role for the development of HSCB's strategic and operational policies for meeting the social care needs of adults children and young people, families and carers;
- Involving and listening to children and their families to ensure their views inform the HSCB's planning and commissioning of services for them;
- Ensuring compliance with professional and other quality standards through appropriately informed commissioning of social services at both regional level and through audit and review of services;

### **Professional Governance**

- establishing and operating an efficient system to ensure effective social care governance arrangements within the HSCB and overseeing social care governance arrangements within HSCB;
- Ensuring effective arrangements within the HSCB for the professional oversight of the discharge of DSFs , including fulfillment of Corporate Parent duties, within an integrated HSC system in line with Circulars (OSS) 3/2015 and (OSS) 4/2015;
- Advising the HSCB Board of Directors in relation to the approval and review of schemes for DSFs to Trusts and establishing appropriate monitoring arrangements to assure the HSCB Board of Directors that Trusts are discharging relevant functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, take remedial action;
- Professional responsibility and accountability for the effectiveness, availability, quality and value for money for children's services commissioned by, and delivered on behalf of, the HSCB;
- Providing professional leadership and ensuring regional consistency of high standards of social work and social care services provided adults, families, children and carers by HSCTs;
- ensuring the appropriate collection, maintenance and analysis of data to monitor the discharge of DSF and sharing such information with the Department;
- ensuring that resources allocated to and by the Trusts are efficiently and effectively used to ensure the safe and effective discharge of DSF;
- Providing feedback to Trusts regarding their performance in respect of DSF and agreement of action plans to address non-compliance and/or areas of concern, ensuring the resolution of any performance issues in respect of a Trust's discharge of DSF;
- the production of an Annual Action Plan for each Trust identifying improvements required in relation to a Trust's performance in respect of DSF and Corporate Parenting responsibilities, a prescribed timescale and arrangements for review and assurance that improvements have been achieved and maintained;
- ensuring that the HSCB Board and the CSWO are appropriately briefed in relation to Trusts' discharge of DSF, the Action Plans agreed with each Trust in respect of DSF and Corporate Parenting responsibilities, and any instances of non-compliance

- the production and submission to the Department of an annual regional Overview Report in respect of the Trusts' discharge of DSF, including the HSCB's critical analysis of the Trusts' performance;
- escalating
  - issues that the HSCB has been unable to resolve with a HSCT
  - issues of concern and/or risks, including resource issues and/or service pressures,

to the HSCB Board and to the CSWO as appropriate.

### **Professional Capacity and Capability**

- Working collaboratively with DHSSPS and Trusts to ensure strategic priorities in respect of building the capacity and capability of the social work and social care workforces are met;
- Promoting and monitoring compliance with professional and regulatory standards/requirements for the workforce and commissioning relevant education and training to ensure safe and effective practice and service provision, including discharge of DSF;
- Specifying, through the commissioning process, the workforce skills and qualifications required for high quality, safe and effective service provision;
- Advising the HSCB Board and CEO on staffing levels which are sufficient to ensure the safe discharge of DSF and delivery of commissioned social work and social care services by Trusts for which the HSCB is responsible;
- Promotion of professional standards, education, training and workforce regulation to ensure safe and effective practice and service provision, including the discharge of DSFs, and compliance with all relevant standards;
- Contributing to workforce planning to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- ensuring that each Trust has adequate numbers of professionally qualified social work staff and social care staff to ensure effective management and delivery of social care services;
- ensuring adequate, high quality education and training for social work students and social workers and social care workers employed in Trusts to ensure the safe and effective discharge of DSF;
- Promoting a robust infrastructure for ensuring that all social workers receive professional supervision in compliance with professional standards and regional guidance and social care workers receive appropriate and adequate supervision and support;
- ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non-compliance;
- make recommendations, as necessary, to the HSCB in relation to professional and disciplinary matters affecting social services staff;

## **ANNEX C**

### **PROFESSIONAL RESPONSIBILITIES OF TRUST'S EXECUTIVE DIRECTORS OF SOCIAL WORK FOR SOCIAL WORK AND SOCIAL CARE MATTERS**

#### **Introduction**

Trusts Executive Directors of Social Work (EDsSW) are required to:-

1. Participate in and share corporate responsibility for the work of the Trust;
2. Fulfil a functional role as a second line manager responsible directly to the CEO of the Trust; and
3. Provide professional social work and social care leadership throughout the Trust

EDsSW provide professional leadership for social work and social care workers across the full range of social care services provided by or commissioned by the Trusts for children and adults in the statutory, voluntary and private sectors.

The EDsSW have key responsibilities within the Trust to provide professional advice and support to the CEO and Trust Board to ensure that all legislative requirements and DSFs are fulfilled in compliance with regulations, guidance and procedures and to a high quality standard, including high professional standards.

#### **Accountability**

The EDsSW are responsible for the professional oversight of the discharge of DSFs by the Trusts and are directly accountable to their Trust's HSCB CEO who reports to the Trust Board in relation to the Trust's performance in respect of DSFs.

EDsSW are directly accountable to the Trust CEO and Trust Board for the provision of authoritative professional advice and insights in respect of all social work and social care matters and for reporting on relevant statutory functions across a range of children's and adult services.



## Professional Responsibilities

A summary of the professional responsibilities of the EDsSW are provided below:

### Professional Leadership

- Providing strong professional leadership for the social work and the social care workforces in the Trust , ensuring high standards of social work and social care provision and full compliance with legislative, policy and procedural requirements and compliance with standards established by the Department and/or HSCB;
- Providing professional advice and support to the CEO and Trust Board to assist setting the strategic direction for social work and social care within the Trust;
- Promoting a strong voice for all adults, families, children and carers who use or need social work and social care services;
- Supporting Trust managers, frontline social workers and social care workers delivering services on behalf of the Trust;
- Working collaboratively with other EDsSW, the HSCB EDSW the CSWO to improve and safeguard the social wellbeing of people in Northern Ireland;
- Working collaboratively within the HSC system and with other key stakeholders in the public, voluntary, community and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;
- Promoting and supporting evidence-informed approaches to decision making at managerial and operational practice levels.
- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Communicating, at local and regional levels, the positive contribution of social workers and social care workers in improving and safeguarding social wellbeing based on evidence and outcomes.

### Professional Advice

- Responsibility for giving advice and assistance to the Trust in determining its policies and strategies for personal social services and for executing those policies and strategies;
- advising the Trust on professional social services issues and ensure robust professional governance arrangements for the discharge of DSF within Children's and Adult Social Care Services;
- giving advice and assistance to the Trust Board and CEO in determining its policies and strategies for social care services and for executing those policies and strategies ;

- advising and assisting the Trust Board and CEO in determining its expenditure on personal social services and securing the resources required to deliver social care services, including DSF, and in tracking expenditure on service delivery;
- Providing authoritative professional advice and insights to the CEO and Trust Board in respect of social work and social care matters;
- Providing authoritative professional advice and insights to other professional leads, partner and key stakeholder organisations, the independent sector and the media.
- Working in collaboration with the HSCB EDSW and the CSWO with regard to seeking and giving professional advice on social work and social care matters.
- Ensuring appropriate professional advice in the development and implementation of Trusts policies, strategies and standards and in responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions.

### **Senior Professional Practice Lead**

- Providing authoritative professional advice to the CEO and, when necessary, making authoritative and final decisions on complex/controversial professional social work and social care practice matters on behalf of the Trust;
- Providing authoritative professional advice and, as necessary, making decisions/recommendations on the most complex social work and social care cases, where individual cases may be the subject of public and/or media interests;
- encouraging the development and maintenance of relationships with the voluntary and private sectors to foster constructive and collaborative working relationships

### **Professional Governance**

- ensuring compliance with the general guidance issued by the Department of Health and Social Services and within the terms of contracts with purchasers;
- Ensuring effective arrangements within the Trusts for the professional oversight of the discharge of DSF, including fulfilment of Corporate Parent duties, within an integrated HSC system in line with Circulars (OSS) 3/2015 and (OSS) 4/2015;
- Ensuring effective arrangements within the Trust for professional advice and responses to social work and social care issues raised through established reporting mechanisms;
- Accounting directly to the Trust's CEO and Trust Board on the discharge of the Trust's DSFs and ensuring they are briefed about the Trust's performance in respect of DSF and Corporate Parenting responsibilities and any instances of non-compliance
- implementing any actions or directions agreed within the Trust and/or with the HSCB and/or Department to address any issues of under-performance and/or non-compliance;

- Promoting a robust framework for commissioning and delivery in social care services, including the development of standards for social care services in place to deliver services.
- Escalating any issues of concern and/or risks, including issues regarding performance or resource or service pressures on social work/social care provision, to the Trust's CEO and Trust Board;
- submitting to the HSCB for approval the Schemes for the DSFs (children and adults) to HSC Trusts;
- Ensuring that the Trust's legal responsibilities in relation to social services functions are assigned and the necessary systems and procedures developed within the context of the scheme devised by the Trust and agreed by HSCB and the Department;
- Monitoring the operation of those systems and procedures and reporting to the Trust Board;
- ensuring that an appropriate system of professional audit exists for assessing and reviewing the quality of social work and social care practice and services;
- monitoring, evaluating and quality assuring the provision of social care services commissioned by the HSCB and in particular the discharge of DSFs through audit and review;
- establishing appropriate monitoring arrangements to assure the HSCB that the Trust is discharging relevant functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, taking immediate remedial action;
- ensuring the appropriate collection, maintenance and analysis of data to monitor service provision, including the discharge of DSF, and sharing such information with the HSCB;
- establishing and operating an efficient system to ensure effective social care governance arrangements within the Trust and to oversee social care governance arrangements within the Trust;
- submitting an annual report, including a self-assessment and critical analysis of performance, to the HSCB on the discharge of DSF;
- escalating any issues of concern and/or risks, including resource issues and/or service pressures, to the Trust Board and, where appropriate, to the HSCB.

### **Professional Capacity and Capability**

- Contributing to workforce planning within the Trust to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- advising the Trust Board and CEO on staffing levels which are sufficient to ensure the safe discharge and delivery of DSF and social work and social care services for which the Trust is responsible;
- ensuring all social work staff have a working knowledge of and comply with all relevant legislation, regulations, Departmental Circulars, policies, procedures, protocols and guidance in their practice, discharge of DSF and delivery of social care services;

- Promoting high standards of professional practice by identifying training needs and ensuring social workers and social care staff receive appropriate learning, training and development opportunities and professional supervision to support effective practice and the safe discharge of DSF;
- Working collaboratively within the HSC system to agree strategic priorities in respect of building the capacity and capability of the social work and social care workforces;
- ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non-compliance;
- make recommendations, as necessary, to the Trust in relation to professional and disciplinary matters affecting social services staff.

**CIRCULAR ( O S S ) 1 / 2 0 1 8 : ROLE AND RESPONSIBILITIES OF DIRECTORS OF THE HEALTH AND SOCIAL CARE BOARD AND HEALTH AND SOCIAL CARE TRUSTS FOR CHILDREN IN NEED <sup>1</sup>, CHILDREN IN NEED OF PROTECTION <sup>2</sup> AND LOOKED AFTER CHILDREN <sup>3</sup>.**

**1 PURPOSE OF THIS CIRCULAR**

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

**2. ROLE AND RESPONSIBILITIES OF ACCOUNTING OFFICERS**

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

---

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

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

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

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

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

### 3 ROLE AND RESPONSIBILITIES OF DIRECTORS

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

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

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

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

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

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

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

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

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

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

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

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

- the overall needs of children in their area and the likely demand for services;
- what methods have been used to assess children's needs in their area;
- what services are being provided and how much is being spent on them;
- what measures are being used to monitor whether needs have been met and to assess outcomes;
- how effective is the multi-agency system in the Board or Trust area;
- how this information is used to inform improving outcomes for children and young people in their area.

- 3.9 The HSCB also provides guidance in relation to the information it requires Trusts to provide in the Scheme for the Delegation of Statutory Functions and it further prescribes the format and frequency that Trusts are to return that information to HSCB.

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

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

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

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



#### 4. THE CORPORATE PARENT<sup>4</sup>

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

---

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

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

## Annex A

### ORGANISATIONAL ROLES AND RESPONSIBILITIES

#### THE ROLE OF THE DEPARTMENT OF HEALTH (THE DEPARTMENT)

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

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

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

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

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

---

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

## HEALTH AND SOCIAL CARE BOARD (HSCB)

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

The HSCB is named in the Children (Northern Ireland) Order 1995<sup>6</sup> (the Children Order) as 'the Authority' with responsibility for ensuring effective discharge of the duties and powers conferred upon it by the Order. The Health and Social Care (Reform) Act (Northern Ireland) 2009<sup>7</sup> further clarified the framework for service delivery by HSC bodies and the arrangements for accountability in respect of service delivery.

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

## HEALTH AND SOCIAL CARE TRUSTS (Trusts)

The arrangements for the **Delegation of Statutory Functions** are specified in Departmental Circular (OSS) 3/2015 HSC Statutory Functions and Circular (OSS) 4/2015 Professional Oversight of the Discharge of Delegated Statutory Functions<sup>9</sup> (the Delegated Statutory Functions Circulars).

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

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

---

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

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

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

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

## **CHILDREN'S AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP**

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

CYPSP develops and reviews the Children's Services Plan which HSCB is required to deliver in compliance with the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998.<sup>10</sup>

## **REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)**

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

---

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

## Annex B

### THE LEGISLATIVE FRAMEWORK AND LEGISLATIVE REQUIREMENTS

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

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

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

#### Children in Need

##### Article 17 of the Children Order.

Article 17<sup>11</sup> of the Children Order defines a 'Child in Need' as a child who is disabled or who is unlikely to achieve or maintain a reasonable standard of health or development or whose health or development is likely to be significantly impaired without the provision of services to the child by an Authority.

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

Article 17A<sup>12</sup> of the Order specifically requires Trusts to ensure an assessment is completed in respect of any child who provides or intends to provide a substantial amount of care on a regular basis for a person aged 18 or over and to take the results of that assessment into account when determining whether the child is to be taken to be 'in need'.

---

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

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

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

### **Article 18 of the Children Order.**

Article 18<sup>14</sup> of the Children Order places a general **duty** on the Trust to provide a range of personal social services for children in need within the Trust's area, their families and others to:-

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

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

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

Article 18A<sup>15</sup> requires Trusts to carry out an assessment of the needs of carers of children with a disability when requested by the carer and take the results of that assessment into account when deciding what, if any, services to provide under Article 18.

### **Additional Provisions and Requirements of the Children Order**

**Schedule 2**<sup>16</sup> of the Children Order specifies the specific powers and duties conferred upon the Authority to enable it to fulfil its general duty under Article 18.

---

<sup>13</sup> [https://www.courtsni.gov.uk/en-GB/Judicial%20Decisions/PublishedByYear/Documents/2010/2010%20NIQB%2086/j\\_j\\_TRE7929FI\\_NAL.htm](https://www.courtsni.gov.uk/en-GB/Judicial%20Decisions/PublishedByYear/Documents/2010/2010%20NIQB%2086/j_j_TRE7929FI_NAL.htm)

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

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

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

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

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

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

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

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

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

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

## **THE MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986 (The Mental Health Order)<sup>17</sup>**

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

---

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

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

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

### **THE ADOPTION (NORTHERN IRELAND) ORDER 1987 (The Adoption**

**Order)** All functions of the Adoption Order are delegated to Trusts.

The Department retains responsibilities in respect of Inter-Country Adoption under the 1993 Hague Convention on Protection of Children and Co-operation in respect of Inter-country Adoption<sup>18</sup>.

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

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

### **CHILDREN'S SERVICES PLANNING**

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

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

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

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

---

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



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

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

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

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

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

### **THE CHILDREN'S SERVICES CO-OPERATION ACT (NORTHERN IRELAND) 2015<sup>21</sup>**

The **Children's Services Co-Operation Act (Northern Ireland) 2015** prioritises the well-being of children and young persons<sup>22</sup> and requires that;-

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

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

<sup>20</sup>2011 version available at <https://www.health-ni.gov.uk/publications/dhssps-framework-document-september-2011>

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

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

- **every children’s authority<sup>23</sup> must co-operate with other children’s authorities and other children’s service providers** in the exercise of their “children’s functions” <sup>24</sup>;
- children’s authorities may **share resources and pool funds** to improve children’s well-being and outcomes for children

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

## DELIVERY ARRANGEMENTS

Consequent to Article 3 (1) of the 1994 Order<sup>25</sup>, **Health and Social Care Trusts act as “the Authority” specified in the Children Order** and are responsible for ensuring compliance with all requirements of the legislation, associated Regulations, Policy Statements, Procedural Guidance and Standards of service delivery.

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

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

---

<sup>23</sup> The Act defines Children’s Authority at section 9 (1).

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

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

**Annex C1****The Department's expectations of the HSCB and Trusts in relation to CHILDREN IN NEED**

The Department expects HSCB and Trusts to:

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

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

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

## Annex C2

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

The Department expects HSCB and Trusts to:

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

---

<sup>26</sup> <http://www.safeguardingni.org/>

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

---

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

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

## Annex C3

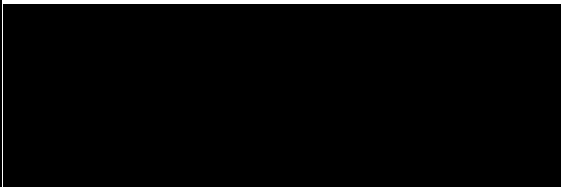
### The Department's expectations of the HSCB and Trusts in relation to LOOKED AFTER CHILDREN

The Department expects HSCB and Trusts to:

- Ensure it has appropriate arrangements in place to manage and meet the needs of Looked After children and young people and satisfactorily fulfil all of its 'Corporate Parenting' responsibilities;
  - Ensure that they have robust and reliable information in relation to children and young people who are or have been Looked After;
  - ensure an appropriately qualified and trained range of staff and foster carers to meet the needs of children and young people requiring accommodation and support from the Trust;
  - ensure effective co-ordination of care planning on an inter-agency and multi-professional basis to protect and safeguard Looked After children and young people, ensure their needs are met and to promote their welfare;
  - ensure records are maintained to a high standard in respect of all children and young people the Trust looks after;
  
- Ensure that the needs of Looked After Children are recognised, appropriately assessed and effectively responded to and that all legislative regulatory, and procedural requirements and guidance and standards issued are complied with fully;
  - provide care, a home and access to health, educational and social services and other supportive services to which all children are entitled according to their needs;
  - provide an adequate range of appropriate care placements to meet the assessed needs of the children and young people the Trust is required to accommodate;
  - protect and educate the child against the perils and risks of life by encouraging constructive and appropriate friendships and discouraging destructive and harmful relationships;
  - provide consistent support and be available to provide advice and practical help when needed;
  - ensure access to education and other public services to which all children are entitled according to their needs;



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

<p><b>Subject:</b> The framework is for the delegation of complex tasks to social care workers in Northern Ireland</p>	<p><b>Circular Ref: OSS 02 2018</b></p> <p><b>HPRM Ref:</b></p> <p><b>Date of Issue: 18 January 2019</b></p>
<p><b>For Action by:</b></p> <p><b>Summary of Contents:</b></p> <p>Key issues in the process of delegation within the context of social care and social work services. Delegation can be defined as the entrusting of a task which would usually be carried out by one person as part of their professional role to another competent person. The circular provides a framework to social care workers, social workers and their managers on what is required of them when undertaking a delegated task and sets out the processes and considerations when making formal decisions around delegation of complex tasks to social care workers.</p> <p><b>Enquiries:</b> Any enquiries about the origins of this evaluation report should be addressed to:</p> <p>Jillian Martin Office of Social Services DoH Room C3.7 Castle Buildings Stormont BELFAST BT4 3SQ</p> 	<p><b>Related documents:</b></p> <p><b>Superseded Documents:,</b></p> <p><b>Expiry Date:</b></p> <p><b>Status of Contents:</b></p> <p>For Information and action if appropriate.</p> <p><b>Implementation:</b> Immediately.</p>

## **The framework for the delegation of complex tasks to social care workers in Northern Ireland**

### **Introduction**

The purpose of this Circular is to address key issues in the process of delegation within the context of social care services and the circular sets out the processes and considerations when making formal decisions around delegation of complex tasks to social care workers.

### **Requirements**

### **Enquiries**

If there are any enquiries please contact me on landline [REDACTED] or by

E-mail [REDACTED]

Jillian Martin  
Office of Social Services  
DoH  
Room C3.7  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ

**CIRCULAR OSS 02/2018****THE FRAMEWORK FOR THE DELEGATION OF COMPLEX TASKS TO SOCIAL CARE WORKERS IN NORTHERN IRELAND****1. PURPOSE OF THIS CIRCULAR**

- 1.1** The purpose of this Circular is to address key issues in the process of delegation within the context of social care and social work services. Delegation can be defined as the entrusting of a task which would usually be carried out by one person as part of their professional role to another competent person. The circular provides a framework to social care workers, social workers and their managers on what is required of them when undertaking a delegated task and sets out the processes and considerations when making formal decisions around delegation of complex tasks to social care workers. A Decision Making Framework for the Delegation of specific tasks to social care workers is set out in **Annex A**.
- 1.2** The circular is intended for social care workers, social workers, social care managers and employers. The circular outlines key roles, responsibilities and considerations to ensure the safe and effective delegation of complex tasks as part of social care services. It is also intended for use by any health and social care professional who delegates a health or social care task to a social worker or social care worker.
- 1.3** This categories of social care tasks in relation to delegation processes are outlined in **Annex B**.

## The delegation of complex tasks to social care workers in Northern Ireland

### 1. Introduction

This document considers issues relating to the delegation of tasks to social care workers. These are commonly more complex tasks and would usually be performed by another worker as part of their professional role, which in specified and appropriate circumstances can be delegated to social care staff. Such tasks will often require training specific to the individual service users' needs and circumstances. Delegation can be defined as the entrusting of a task which would usually be carried out by one person as part of their professional role to another competent person. This framework outlines the key roles, responsibilities and considerations to ensure the effective delegation of complex tasks as part of safe effective care planning.

Increasingly people with complex needs are being cared for outside of hospital and clinical settings, in their own homes and communities. Social care workers are taking on more tasks in relation to that care and have a significant role to play in supporting people to live as independently as possible at home through the provision of safe, strengths- based, responsive and person centred care.

The purpose of this framework is to address key issues in the process of delegation within the context of social care and social work services, encompassing,

- Professional practitioner to social care worker or social worker
- Professional practitioner to social work student
- Within the social care line management structure
- Within or across teams/agencies;
- Integrated teams and settings

Specific tasks are not listed in this framework.

Successful delegation relies upon professional judgement *and* assessment of the individual's needs, *and* assessment of the task to be delegated, *and* of the worker who will carry it out, *and* must comply with local operational policy as well as with wider policy and regulatory requirements.

## Definitions that apply to this framework

<p><b>Social Care Worker</b></p>	<p>A social care worker is a worker who competently delivers care and support. They are accountable to themselves, their employer, their professional body, and to the people they provide care and support to. Social care workers provide care and support to individuals of all ages, to families, and to groups, supporting and improving the quality of their lives and social wellbeing.</p>
<p><b>Accountability</b></p>	<p>Social care workers are accountable for the standards of their practice and their conduct, and within delegation process are responsible for:</p> <p>Taking responsibility for work delegated to them, recognising and working within the limits of their knowledge, skills and experience.</p> <p>Recognising and respecting the roles and expertise of workers from other disciplines and agencies and working in partnership with them.</p>
<p><b>Competence</b></p>	<p>Competence is a bringing together in practice of relevant knowledge, experience, skills and values. Competence is having the knowledge skills, behaviours and ability to practice safely.</p>
<p><b>Duty of care</b></p>	<p>The law imposes a duty of care on practitioners when it is 'reasonably foreseeable' that they might cause harm to service users through their actions or their failure to act. This duty of care forms a legal liability with regard to the person receiving care, practitioners. Providers of care are accountable to ensure their activities and services conform to legal requirements.</p>

<p><b>Medication administration</b></p>	<p>Involvement of the social care worker in any of the following:</p> <ul style="list-style-type: none"> <li>• helping the service user to identify the medication to be taken or applied;</li> <li>• preparing the medication dose; and/or</li> <li>• giving or applying the medication dose to the service user.</li> </ul> <p><b>Medication assistance</b></p> <p>The act whereby a social care worker reminds the service user to take or apply his or her medication.</p>
<p><b>Registered Practitioner</b></p>	<p>A practitioner who is on a register for that particular discipline or profession, i.e. the Northern Ireland Social Care Council (NISCC) or the Health and Care Professionals Council (HCPC).</p>
<p><b>Personal care</b></p>	<p>The provision of appropriate personal assistance and support to individuals who have needs associated with age, illness, disability, past or present substance misuse, mental health, physical health or cognitive functioning and includes actions taken to support personal health and social wellbeing, rehabilitation, assistance with social wellbeing activities and routines of daily living.</p>

## 2. Policy, Legislative and Guidance Context

**2.1** Best Practice, Best Care 2002 sets out the framework for setting standards to improve services and practices, strengthen accountability, ensure transparency and to improve monitoring and regulation of HSC organisations.

**2.2** The HPSS Quality, Improvement and Regulation (NI) Order 2003 defines the arrangements for improving the quality of provision measured through clinical and social care governance.(HSSPPM) 10/2002 outlines how the arrangements for clinical and social care governance should be taken forward, and identifies the key steps towards implementation.

**2.3** Social care governance: A practice workbook (NI) sets out the social care governance framework and provides guidance for practice (SCIE and DHSSPS 2013)

**2.4** Improving and Safeguarding Social Wellbeing - a strategy for social work in Northern Ireland (DHSSPS 2012).

**2.5** The 'Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003' applied a statutory **duty of quality** on the HSC Board and Trusts. This means that each organisation, large or small, has a legal responsibility to ensure that the care it provides must meet a required standard.

**2.6** The Quality Standards for Health and Social Care-Supporting Good Governance and Best Practice in the HPSS (DHSSPS, 2006) identify the standards that the public, service users and carers can expect, and the standards the statutory sector and special agencies need to meet in the planning, delivery and review of health and social care services.

**2.7** NICE guideline: Managing medicines for adults receiving social care in the community, provides recommendations on the systems and processes for managing medicines for adults receiving social care in the community (NICE 2017).<https://www.nice.org.uk/guidance/ng67>

**2.8** Guidelines for the Control and Administration of Medicines, Domiciliary Care Agencies, RQIA, January 2009. These guidelines provide advice on the management of medicines by Domiciliary Care Agencies, with the aim of promoting the safe and effective use of medicines and ensuring that suitable and high quality care is provided to service users.

**2.9** DHSSPS Minimum Standards for Adult Day Care, Domiciliary Care Agencies and Residential Care Homes. These standards cover administration, storage, recording, training and reporting errors.

The relevant medication standards within these three documents are as follows;

Day Care Settings, Standards 29, 30, 31, 32



Residential Care Homes, Standards 30, 31, 32, 33

Domiciliary Care Agencies, Standard 7

**2.10** Social Care Workers' Professional Responsibility in Respect of Administration of Medications - Northern Ireland Social Care Council Guidance September 2013 (revised February 2016). Guidance to support social care workers to develop best practice in assisting with medication.

**2.11** Northern Ireland Medicines Optimisation Quality Framework (DoH 2015) the framework promotes multidisciplinary working and collaboration amongst health and social care professionals optimising patients' medicines use.

**2.12** NISCC Standards of Conduct and Practice for social care workers.  
NISCC Standards of Conduct and Practice for social workers.

**2.13** Department of Health guidance and standards can be accessed at: <http://www.dhsspsni.gov.uk/index/hss/governance.htm>  
Legislation can be accessed at: <http://www.opsi.gov.uk>

### **3. Who is this Framework intended for?**

The framework is intended for social care workers, social workers, their managers and their employers. It is also intended for use by any health and social care professional who delegates a health or social care task to a social worker or social care worker.

### **4. What is Delegation?**

**4.1** Most tasks carried out by social care workers do not require any delegation process and are carried out as part of the core duties and functions within their social care job role. Tasks are ascribed to the social care worker as part of day to day workload management and workload allocation arrangements by their employer and line manager.

- Delegation is only required when a social care worker is carrying out a specific task in a specified situation which would usually be performed by another worker as part of their professional role.
- Delegation is the process by which another professional; the delegator transfers responsibility to a competent worker, to carry out a specific task in a specified situation.

In these circumstances the delegator is responsible for assessing the needs of the service user, and developing a care plan to meet the identified needs. The person

who delegates the task is accountable for assessing the appropriateness of the delegation taking place.

**4.2** The delegator is responsible for their decision to delegate a task to a social care worker/social worker. A professional who delegates a task to a social care worker is not accountable for the decisions and actions of the worker who carries out the task. The social care worker is accountable for the task that they accept to undertake and for their actions in respect of performing these tasks.

**4.3** Registered professionals delegating a task must ensure that the task has been appropriately delegated which means that:

- The task is necessary and delegation is in the service user's best interest;
- The social care worker who the task is delegated to understands the task and how it is to be carried out;
- The social care worker who the task is delegated to has the skills and abilities to perform the task competently;
- The social care worker who the task is delegated to accepts the responsibility to perform the task competently.
- The manager and employer of the social care worker understand the task and how it is to be carried out by the social care worker.
- The manager and employer of the social care worker accept responsibility for the undertaking of the task by the social care worker.
- The manager and employer of the social care worker accept responsibility for putting in place appropriate supervision and training for the social care worker in respect of the task that is to be delegated.

## **5. Why delegate more complex tasks to social care workers?**

**5.1** Social care workers support people to manage their own lives by promoting independence; supporting social inclusion and participation in society; providing personal care and support; helping people to keep safe and well. Social care workers deliver care and support to individuals of all ages, to families, and to groups, supporting and improving the quality of their lives and wellbeing.

**5.2** There are a wide variety of social care roles in a range of teams and community settings and services, as example in day centres, in supported living schemes, and in peoples own homes. The broad range of social care services means that social care workers often work in partnership with other health and social care professionals, such as social workers, occupational therapists, and healthcare staff.

**5.3** Social care is underpinned by a core set of values. These include service to others, promoting equality and choice, respecting and valuing the dignity and worth of individuals, recognising the importance of human relationships. These values help social care workers to deliver high quality person centred care and support. The social care values are embodied in the NISCC Standards of Conduct and Practice for social care workers and for social workers.

**5.4** Social care workers provide a person centred approach to providing care and support which is tailored to the individual's unique needs and circumstances in order that people,

- can live safely, well and with dignity in their own homes, and in inclusive and supportive communities
- can access personalised care and support services
- can care for themselves or take care of someone close to them
- can maintain meaningful relationships with their family, friends or social group

**5.5** Person centred and strengths-based approaches promote the independence, self-autonomy and choices of people who use services. This is achieved by delivering high quality social care and support in peoples own homes and local communities, having a skilled, confident and competent workforce, and a governance framework which will support this. Effective delegation can support service users to access safe, responsive, personalised and community based social care.

## **6. Accountability**

**6.1** Delegation to social work and social care workers must always take place within the context of an accountability framework in order to assure that the right care can be delivered by the right person in the right place at the right time. There

should be a continuous line of accountability within management arrangements for social work and social care, and this must take account of multi professional and multi-agency settings and systems.

**6.2** All registered social care workers and social workers in Northern Ireland are individually accountable to the service user, to their employer/employing agency and to their professional body, the Northern Ireland Social Care Council (NISCC). Registered social care workers and social workers are accountable for their conduct and standards of practice to the NISCC, and also to the operational standards and policies and procedures of their agency/employer.

**6.3** Wider to this, other agencies, bodies and professionals are also responsible for assuring that the care and support provided by social care workers is carried out to the necessary standards of safety and quality. For social care to be delivered accountably and safely there are responsibilities for everyone involved in the arranging, commissioning and provision and delivery of social care and social work services.

## **7. Duty of care**

**7.1** All health and social care providers, professionals and commissioners are accountable to both the criminal and civil courts for the legality of their actions. The law imposes a duty of care on practitioners when it is 'reasonably foreseeable' that they might cause harm to patients through their actions or their failure to act.

**7.2** This duty of care forms a legal liability with regard to the person receiving care, and registered practitioners must ensure that they perform competently. Social care employers who provide regulated HSC services are accountable for the quality, safety and standards of care delivered by the workforce to the RQIA, and are vicariously liable for any civil wrong committed by social care employees, and accountable for their duty of care to all service users. In addition employers of registered social care workers are responsible for ensuring workers they employ are registered with the NISCC.

**7.3** Where delegation involves shared responsibilities, inter-agency contractual or service level agreements should be established to support the delivery of safe and effective care. Care providers and those who commission social care service have a

responsibility, obligation and duty to ensure that the care they arrange for service users is safe and effective. Professionals who are responsible for arranging the provision of social care services have a duty to ensure that the care being provided meets the assessed needs, *and* is safe and effective.

## **8. Consent**

**8.1** Consent is a clear indication of a willingness to participate in an activity or to accept a service. No one can give, or withhold, consent on behalf of another adult unless special legal provision for particular purposes has been made for this. For consent to be valid, it must be given voluntarily by an appropriately informed person who is able to consent to the intervention being proposed.

Consent from the service user for a delegation process to be put in place is required in all circumstances from the service user. People using social care services should expect that those who provide care and support are knowledgeable and competent about their role. Person centred care and support plans should be coproduced and delivered in partnership with people using services and reflect their consent and choices about how their care and support is to be provided.

## **8.2 Lack of capacity**

Where an adult lacks capacity to make a certain decision, they should be supported so they can be involved to the fullest extent in the decision that affects their life. Any interventions and actions taken by an HSC Trust responsible for their care must be in the best interests of the person receiving social care services and in accordance with existing legislation and policy. HSC Trusts should, as appropriate, consult relevant family and carers when considering the decision to delegate a complex task to a social care worker regarding an adult who lacks capacity to make a decision.

## **9. When is Delegation Required?**

**9.1** Social care workers must always have the appropriate level of skills, knowledge and judgment to perform the tasks of their job role, whether these tasks are considered to be simple or complex. Social care workers and social workers are accountable for accepting tasks which they undertake to do, as well as being responsible for their actions in carrying these out.

**9.2** Most core tasks and functions carried out by social care workers will require general training in safe practice by their employer in order to be undertaken by the worker. The operational tasks and functions of social care workers and social workers should be set out within the duties and responsibilities of their job role, and be stated within the operational remit and procedures of their employing agency.

**9.3** There may be particular circumstances in relation to the care of an individual when a social care worker will be called upon to undertake a specific and more complex care and support task which requires formal delegation by another HSC professional. For this to happen it must be deemed appropriate in the provision of social care and support to the service user.

Specific tasks may have particular training and accountability issues due to the complexity of the task or the setting and circumstances in which the task is to be carried out. The range of tasks that could be delegated by various professional groups are wide ranging and likely to develop further as more care is provided within the home rather than a hospital setting and with advancements in technology. In respect of the administration of medication, the RQIA provide guidance as to training in specific techniques.

**9.4** Delegation of specific complex tasks to a social care worker needs careful consideration within the care planning process, there are four elements that need to be considered in relation to the delegation of **specific more complex** care tasks to social care workers;

- The assessed needs, wishes, consent and best interests of the individual service user *and*,
- The nature, level of risk, and complexity of the task *and*,
- The nature and level of the training, competence, supervision, support and feedback required to perform the task safely as appropriate to the job role and function of the social care worker *and*,
- The level of professional judgement and professional oversight required in order to perform the task safely and effectively.

## **10. Delegation and Accountability Arrangements**

**10.1** Social care is delivered within a mixed economy of care providers across both the statutory and independent sectors. Northern Ireland has an integrated model of

health and social care, and integrated arrangements are often in place at a service delivery level. The table following provides an outline of the social care delegation roles and responsibilities, for delegators, social care workers, commissioners, trainers and employers. These organisations will all be responsible for the assurance that tasks delegated to social care workers and social workers are safely delivered and that there is clarity regarding roles and responsibilities.

**10.2** Key responsibilities are listed and these may be built into local protocols, commissioning specifications, contracts, service level agreements and job descriptions. The list is not exhaustive but provides a framework of the key responsibilities involved in the delegation of specific complex tasks to social care staff. The responsibilities outlined may overlap or span across one or more professionals or organisations.

<b>Professional/ Agency</b>	<b>Responsibilities in the delegation of tasks to social care workers</b>
<b>Health and Social Care Professionals</b>	<ul style="list-style-type: none"> <li>- Responsible to undertake assessments and care planning. This may include coordinating relevant multi-professional assessments in order to comprehensively assess need.</li> <li>- Responsible for identifying and assessing whether complex care tasks can be delegated to social care staff.</li> <li>- Responsible for reviewing needs and delivery of care plan and</li> <li>- undertaking a formal assessment as to whether the delegation of the task is in the best interest of the individual.</li> <li>- Responsible for undertaking a risk assessment to include, the complexity of the task being delegated, any potential risk or impact on the service user, and the expected outcome of the delegation.</li> <li>- Responsible for reviewing and monitoring the safety and effectiveness of the care plan.</li> </ul>

	<ul style="list-style-type: none"> <li>- The professional practitioner delegating the care task must be assured that the social care worker they are delegating to is competent to perform the required care.</li> </ul>
<p><b>HSC Commissioners</b></p>	<ul style="list-style-type: none"> <li>- Responsible for arrangements to assess needs, and for the commissioning and the provision of safe and effective local and regional health and social care services.</li> </ul>
<p><b>Social care employer</b></p>	<p>Managers and employers are responsible for:</p> <ul style="list-style-type: none"> <li>- Ensuring appropriate measures are put into place to ensure that the process of delegation is carried out safely.</li> <li>- Addressing areas of practice or service delivery which require improvement and ensuring that action plans are developed where necessary.</li> <li>- The implementation of the delegation framework within their area.</li> <li>- Ensuring that staff are supported and that training and support are available to enable appropriate delegation.</li> <li>- Manages the social care worker and is responsible for allocation of task to social care worker and is accountable for their competency and supervision.</li> <li>- Ensuring written guidance is provided to staff about delegated healthcare tasks and that social care workers have access to relevant written protocols policies, procedures training and materials.</li> <li>- Ensuring monitoring and review arrangements are in place regarding the ongoing performance of the task by the social care worker.</li> <li>- Ensuring any task allocated to a social care worker lies within their job role, job function and grade, and</li> </ul>



	<p>is within the operational remit of the agency.</p> <ul style="list-style-type: none"> <li>- Ensure social care staff have been assessed and deemed competent to deliver delegated task, and that arrangements are in place for their reassessment of competence.</li> <li>- Ensure there are up-to-date records of the care plan and risk assessments</li> <li>- Raise any concerns to the commissioning agency and HSC professional.</li> <li>- Providing staff with all available and pertinent care planning and care delivery information.</li> <li>- Informing the relevant HSCT professionals when there is a break in continuity of care or where the service cannot be provided.</li> <li>- Ensuring registered social care staff they employ have valid current registration with the NISCC.</li> <li>- Carrying out an appropriate level of risk assessment prior to the service beginning, agreeing the care plan, and ensuring that the task is achievable within the contracted period of time.</li> <li>- Reporting concerns/queries raised by staff to the responsible HSC professional and to advise staff accordingly.</li> <li>- Ensuring staff have access to appropriate levels of support supervision, and guidance about the delegated task including during out of hours.</li> <li>- Ensuring accurate and up to date records of the care delivered are maintained.</li> </ul>
<p><b>Trainer</b></p>	<ul style="list-style-type: none"> <li>- Provides training to the social care worker to equip them to competently undertake the task.</li> </ul>

	<ul style="list-style-type: none"> <li>- Provides analysis of training needs and assessment and reassessment of the social care worker's competence to undertake the task</li> </ul>
<b>Social Care Worker</b>	<ul style="list-style-type: none"> <li>- Are accountable for their own conduct and standards of practice and for their decision to accept tasks delegated to them.</li> <li>- Are responsible for ensuring they only carry out tasks/procedures, for which they have been trained, assessed, and feel competent to carry out and those they also have the consent of their line manager to undertake.</li> <li>- Are responsible for seeking advice from relevant professionals and their line manager, when uncertain about how to proceed in a given situation.</li> <li>- Are responsible for reporting any concerns they have to their manager (or via their usual out-of-hours arrangement), relevant professionals, or to emergency services as appropriate.</li> <li>- Are responsible to adhere to standards of record keeping in line with their professional and agency standards.</li> </ul>

**ANNEX A**

**The Decision Making Framework for the Delegation of Specific Tasks to Social Care Workers**

The framework below provides guidance to social care workers, social workers and their managers on what is required of them when undertaking a delegated task. The framework sets out the process and considerations when making formal decisions around delegation of complex tasks to social care workers

**STEP 1 ASSESSMENT OF THE TASK:**

<b>What is the task? Describe:</b>		
<b>Can this task only be performed by a registered HSC professional?</b>	<b>Yes Do Not Proceed</b>	<b>No</b>
<b>Is delegation in the best interest of the person?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Have you gained consent? If appropriate have you assessed capacity and the best interests of the service user?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>

**STEP 2 ASSESSMENT OF THE SOCIAL CARE WORKER:**

<b>Can you identify a social care worker/social worker to whom the task can be delegated</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Does the function of undertaking the task lie within the agency/operational procedures of the employer of the social care worker/ social worker? Can the procedures be reviewed to include this?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Does the task lie within the social care workers/social workers job role?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>

<b>Can the job role be reviewed to include this?</b>		
<b>Does the service user view the social care worker/social worker as a suitable person to carry out the task?</b>	<b>YES</b>	<b>No Do Not Proceed</b>
<b>Does their employer view the social care worker /social worker as a suitable person to carry out the task?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Is the social care worker/social worker competent and confident to carry out the task or is it feasible for the worker to become competent and confident</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Can you provide the worker with written procedures for the task?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Does the social care worker/social worker recognise and understand the limits of their competence and role authority, and Do they know when and where to seek further help or support?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>
<b>Does the social care worker/social worker know who to contact for ongoing supervisory guidance, advice and support (including during out of hours)?</b>	<b>Yes</b>	<b>No Do Not Proceed</b>

**STEP 3 ASSESSMENT OF THE TRAINING REQUIRED:**

<p><b>Has the training required been identified for the specific task to be delegated?</b></p>	<p><b>Yes</b></p>	<p><b>No Do Not Proceed</b></p>
<p><b>Can the required training be provided to the social care worker/social worker?</b></p>	<p><b>Yes</b></p>	<p><b>No Do Not Proceed</b></p>
<p><b>Has the social care worker/social worker Been assessed and confirmed as competent to undertake the task?</b></p>	<p><b>Yes</b></p>	<p><b>No Do Not Proceed</b></p>
<p><b>Are there confirmed arrangements for on-going support of the social care worker/social worker?</b></p>	<p><b>Yes</b></p>	<p><b>No Do Not Proceed</b></p>
<p><b>Are there arrangements for updating the training and on-going reassessment of competence of the social care worker/social worker?</b></p>	<p><b>Yes</b></p>	<p><b>No Do Not Proceed</b></p>

## **ANNEX B**

**This appendix describes broad categories of social care tasks in relation to delegation processes.**

### **Category 1 - Social Care Tasks**

These are all social care tasks falling within the normal range of activities undertaken by social care workers as long as they have received the appropriate training and the tasks lie within the operational scope of their employer. Training for these tasks can be generally delivered to a group of people and the local procedures issued on a generic basis by their employing agency. An ongoing review of training should be in place, and also be put in place whenever there is a change in circumstances or where there is concern expressed about the ability of the social care worker to perform a specific task.

### **Category 2 - Complex tasks that may be delegated to a social care worker**

The tasks in this category are commonly more complex tasks, which may usually be performed by another worker as part of their professional role, or by a trained family carer, and which in specified and appropriate circumstances can be delegated to social care staff. These tasks will often require training specific to the individual service users' needs and circumstances. The competence of the social care worker to perform the task must also be assessed, and arrangements must be in place regarding the ongoing re-assessment of competence.

Written procedures for the social care staff to follow must be in place which specify regular review dates, and there must be written procedures regarding ongoing recourse to support and advice for the social care worker including out of hours arrangements.

### **Category 3 - Tasks which should not be performed by social care staff in any circumstances**

Any tasks which may only be carried out by the registered HSC professional.

Generally any complex personal care or support task which is usually carried out by a registered professional and which has been assessed as presenting a risk of serious harm or adverse impact to the service user, which is invasive *and* requires a social care worker to make an independent complex judgement, decision or interpretation without the guidance of a competent supervising professional will be

unable to be delegated. Due to their complexity and the risk they may present to the service user such tasks are not routinely carried out by trained family carers or by the service users themselves.

**DoH CIRCULAR**

**CIRCULAR (OSS) 01 / 2022: LEGISLATIVE AND STRUCTURAL ARRANGEMENTS IN RESPECT OF THE AUTHORITY OF THE CHIEF SOCIAL WORK OFFICER, THE OFFICE OF SOCIAL SERVICES AND THE SOCIAL CARE AND CHILDREN'S DIRECTORATE OF THE STRATEGIC PLANNING AND PERFORMANCE GROUP IN THE DEPARTMENT OF HEALTH AND HEALTH AND SOCIAL CARE TRUSTS, IN THE DISCHARGE OF SOCIAL CARE AND CHILDREN'S FUNCTIONS (FORMERLY RELEVANT PERSONAL SOCIAL SERVICES FUNCTIONS);**

**SOCIAL CARE AND CHILDREN'S FUNCTIONS (STATUTORY FUNCTIONS)****1 INTRODUCTION**

- 1.1 Social care services occupy a unique position in the Health and Social Care (HSC) system by virtue of the range of statutory powers and duties which direct and inform the provision of services in both Children's and Adult Programmes of Care.
- 1.2 'Relevant' statutory functions, include all functions under the Adoption (NI) Order 1987; the Disabled Persons (NI) Act 1989; the Children (Northern Ireland) Order 1995 (with the exception of the Children's Services Plan) and the Carers and Direct Payments Act (NI) 2002. Other relevant functions are specified under the Health and Personal Social Services (Northern Ireland) Order 1972; the Chronically Sick and Disabled Persons (NI) Act 1978 and the Mental Health (NI) Order 1986 and the Mental Capacity Act (NI) 2016 and Autism Act (Northern Ireland) 2011.
- 1.3 Relevant functions, described in the Health and Social Care Act (NI) 2022 as social care and children's functions, cover a range of duties, powers and responsibilities, including:
- matters which may impact upon an individual's rights;
  - interventions which may impinge on personal liberty;
  - the protection of children or adults from harm, or risk of harm, including risk of neglect, abuse or exploitation;
  - the provision of vital social care services; and
  - the exercise of regulatory functions.

These functions are exercised primarily by social workers<sup>1</sup> whose role is to improve and safeguard the social well-being of people in Northern Ireland on behalf of the State.

---

<sup>1</sup> Article 8, Health and Personal Social Services Act (Northern Ireland), 2001.



- 1.4 This circular sets out the legislative and structural arrangements for the discharge of relevant statutory functions by the HSC system from 1972 and up to the present day.

It also sets out the authority, legal relationship and framework of accountability between the Department of Health (DoH) and the Health and Social Care Trusts (HSCTs) in relation to the discharge of relevant functions.

- 1.5 This circular replaces Circular (OSS) 03 / 2015: (Statutory Functions). It should be read in conjunction with:-

- Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.

which sets out the roles and responsibilities of the Chief Social Work Officer, the Office of Social Services and the Social Care and Children's Directorate (SCCD) in the Strategic Planning and Performance Group in the Department of Health and HSCTs for the management and professional oversight of the discharge of relevant functions consistent with each organisation's respective roles and functions as set out in legislation.

## 2 LEGISLATIVE AND STRUCTURAL ARRANGEMENTS

### 2.1 The Department

- 2.1.1 The Department's powers derive from the Health and Personal Social Services (Northern Ireland) Order 1972<sup>1</sup> (the 1972 HPSS Order) and subsequent amending and additional legislation.

- 2.1.2 On 1 January 1974, the Ministry of Health and Social Services became known as the Department of Health and Social Services.

On 1 December 1999, the public safety functions of the Department of the Environment were transferred to the renamed Department of Health, Social Services and Public Safety (DHSSPS)<sup>2</sup>.

The Department was subsequently renamed the Department of Health on 9 May 2016.

- 2.1.3 In 2002 the Northern Ireland Executive initiated the Review of Public Administration (RPA). Subsequent reforms streamlined the HSC system and the Health and Social Care Reform Act 2009 (the Reform Act) resulted in the establishment of one

---

<sup>1</sup> S.I.1972/1265 (N.I.14)

<sup>2</sup> See S.R. 1999 No. 481 and I.1999/283 (N.I.1)

regional Health and Social Care Board (HSCB) and six HSCTs (five community HSCTs and the Northern Ireland Ambulance Service HSCT).

A Regional Agency for Public Health and Social Well-being was also established reflecting the focus on public health and wellbeing and an emphasis on prevention and support for vulnerable people to live independently in the community for as long as possible.

2.1.4 The Reform Act provided the legislative framework within which the then Health and Social Care (HSC) structures operated. It set out the high level functions of the various HSC bodies. It also provided the parameters within which each body was to operate, and described the necessary governance and accountability arrangements to support the effective delivery of HSC in Northern Ireland.

2.1.5 Section 2 of the Reform Act placed on the Department a general duty to promote an integrated system of:

- i. health care designed to secure improvement:
  - in the physical and mental health of people of Northern Ireland, and
  - in the prevention, diagnosis and treatment of illness; and
- ii. social care designed to secure improvement in the social well-being of people in Northern Ireland.

2.1.6 Further details on the roles and functions of HSC bodies and the systems that governed their relationships with each other and the Department were set out in the Framework Document<sup>1</sup> produced by the Department in 2011 to meet the statutory requirements placed on it by the Reform Act.

2.1.7 The Health and Social Care Act (NI) 2022 provides the legislative framework for the closure of the HSCB and the transfer of its functions to the HSCTs and DoH and sets out the roles and functions of the HSC bodies within the new system and their relationships with each other and the Department.

## 2.2 Health and Social Services Boards

2.2.1 On 1 September 1972, Health and Social Services Boards (HSSBs) were established under Article 16 of the 1972 HPSS Order. The Health and Personal Social Services (Establishment and Determination of Areas of Health and Social Services Boards) Order (Northern Ireland) 1972<sup>2</sup> determined the geographical area of each Board and specified its administrative Districts.

2.2.2 Article 17 of the 1972 HPSS Order specified the key functions of the Boards in respect of health and personal social services. These included, inter alia:

<sup>1</sup> [http://www.dhsspsni.gov.uk/framework\\_document\\_september\\_2011.pdf](http://www.dhsspsni.gov.uk/framework_document_september_2011.pdf)

<sup>2</sup> S.O. 1972 No. 217

- the exercise on behalf of the then Ministry of Health and Social Services, such functions (including functions imposed under an order of any court) with respect to the administration of such health and personal social services as the Ministry may direct; and
- the exercise on behalf of the then Ministry of Home Affairs such functions (including functions imposed under an order of any court) with respect to the administration of such personal social services under the Children and Young Persons Act (Northern Ireland) 1968 (the Children and Young Persons Act) and the Adoption Act (Northern Ireland) 1967 (the Adoption Act) as the Ministry may direct;
- in accordance with regulations and directions, Article 17 (2) of the 1972 HPSS Order also provided that where a function was conferred on a Board by any other legislation, that function shall be deemed to be a function which the Department had directed a Board to exercise on its behalf under Article 17 (1).

- 2.2.3 The Functions of Health and Social Services Boards (No.1) Direction (Northern Ireland) 1973 (The No. 1 Direction) specified the functions under the 1972 HPSS Order to be exercised by HSSBs on behalf of the then Ministry of Health and Social Services subject to the conditions contained in the Direction.
- 2.2.4 The Functions of Health and Social Services Boards (No. 2) Direction (Northern Ireland) 1973 (the No 2 Direction) specified functions of the then Ministry of Home Affairs under Articles 72 and 73 of the 1972 HPSS Order relating to personal social services under the Children and Young Person's Act and the Adoption Act which were to be exercised by HSSBs on behalf of the Ministry of Home Affairs subject to the conditions contained in the Direction.
- 2.2.5 A number of functions under the Children and Young Person's Act, including those relating to training schools, attendance centres and remand homes were reserved to the Secretary of State in accordance with the provisions of the Northern Ireland (Modification of Enactments – No 1) Order 1973 (the 1973 Order) made under the Northern Ireland Constitution Act 1973. These remained the responsibility of the Northern Ireland Office.
- 2.2.6 Additional functions under the Children and Young Person's Act, including Fit Person's Orders, in so far as they related to the treatment of children and young persons found guilty of offences were also reserved in the 1973 Order to the Secretary of State. Operational difficulties that this presented to HSSBs were overcome by a subsequent agency arrangement made under section 11 of the Northern Ireland Constitution Act 1973, whereby the Department undertook these functions on behalf of the Secretary of State. The Functions of Health and Social Services Boards (No 1) Direction (Northern Ireland) 1974 provided for the local discharge of these functions by HSSBs.

- 2.2.7 By virtue of the Departments (Transfer of Functions) Order (Northern Ireland) 1973<sup>1</sup>, all functions under the Adoption Act and all remaining functions under the Children and Young Persons Act transferred on 1 January 1974 to the Department from the Ministry of Home Affairs<sup>2</sup> subject to the provisions of the 1973 Order as referred to in paragraph 2.7. The No. 2 Direction (see paragraph 2.6) remained the applicable instrument of delegation for these functions.
- 2.2.8 Arrangements in respect of Youth Justice were subsequently included in the Criminal Justice (Children) (Northern Ireland) Order 1998<sup>3</sup> and all responsibilities for Youth Justice were transferred to the Department of Justice in The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010<sup>4</sup>.
- 2.2.9 With the introduction of the Adoption (Northern Ireland Order) 1987 (the Adoption Order) certain functions were conferred directly on HSSBs. Article 17 (1) of the 1972 HPSS Order was amended by that Order so that those functions under the Adoption Order are functions which the HSSB was required to exercise in accordance with regulations made by, and directions given by, the Department.
- 2.2.10 Prior to the commencement of the Children (Northern Ireland) Order 1995 (the Children Order) in November 1996, the Department amended the Exercise of Functions Regulations<sup>5</sup> to prescribe as relevant functions all functions under the Children Order.

The Department subsequently approved schemes to enable the Trusts to discharge specified relevant functions under the Children Order and the Adoption Order.

- 2.2.11 In 1998, the Department amended the Children Order to add to the duties of HSSBs in the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998<sup>6</sup>. This required each HSSB to review the services provided in its area under Part IV of the Children Order and prepare and review plans in light of the review of services.

Since the 2009 reforms, this function is currently fulfilled on a regional basis by the Children and Young People's Strategic Partnership (CYPSP).

- 2.2.12 In 2003, functions previously carried out by HSSBs under Articles 80 – 87 and 96 – 103 of the Children Order, which deal with the registration and inspection of children's homes and under Article 176 of the Order (which provides for the inspection of schools accommodating children) transferred to the Regulation and Quality Improvement Authority following the introduction of the Health and

---

<sup>1</sup> SR & O 1973 No 504

<sup>2</sup> See S.I. 1973/2162 (C.64)

<sup>3</sup> See 1998 No. 1504 (N.I. 9)

<sup>4</sup> See S.I. 2010/976

<sup>5</sup> SR 1996 No. 439

<sup>6</sup> SR 1998 No. 261

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

2.2.13 Section 1 of the Health and Social Care (Reform) Act (NI) 2009 (the Reform Act) dissolved the four HSSBs and replaced them with a single Regional Health and Social Care Board.

Section 1 of the Health and Social Care Act 2022 dissolved the Regional Health and Social Care Board.

Schedule 1 of the Act outlined amendments providing for the transfer of the Regional Board's functions to Health and Social Care Trusts or to the Department of Health and the amendments consequential on the transfer of those functions.

### **Community Care Reforms**

2.2.14 During the early 1990s, the changes introduced by the White Papers "Caring for People" and 'Working for Patients', (DoH, 1989) respectively set out proposals for improving community care services and health services in England and Wales. The equivalent Northern Ireland policy document, "People First" (DHSS, 1990) introduced for the first time a division between the purchasing and provider roles within health and personal social services in Northern Ireland.

2.2.15 The role of HSSBs as coordinators, purchasers and quality controllers was strengthened relative to their primary role, at that time, as service providers. Management at local level was also strengthened through the appointment of Unit General Managers. In the early 1990s this internal re-organisation changed the administrative structure from districts to General Units of Management, and reconfigured the geographical areas of the former administrative districts.

2.2.16 Under the People First policy reforms, HSSBs as commissioners and purchasers of services, were responsible for:

- assessing the health and social care needs of their resident population;
- strategic planning to meet need; and
- the development of purchasing plans.

2.2.17 People First required HSSBs to promote a mixed economy of care and a range of providers to maximise user choice and ensure the economic, effective and efficient delivery of services.

2.2.18 The Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991 HPSS Order) gave effect to these changes and enabled health services

bodies to enter into arrangements (HSS contracts) for the provision of goods or services to or by them.

2.219 Section 24 of the Reform Act provided that the functions of the HSSBs relating to health improvement and health protection functions (as defined in section 13 of the Reform Act) were then exercisable by the Regional Agency for Public Health and Social Well-being (the Regional Agency) established by section 12 of the Reform Act.

The other functions of the HSSBs were then exercisable by HSCB.

### **The Health and Social Care Board**

2.2.20 The Regional Health and Social Care Board was established in April 2009 under Section 7(1) of the Reform Act; it subsequently became known as the Health and Social Care Board (HSCB). It amalgamated and replaced the previous four area Health and Social Services Boards (HSSBs) that had been established under the Health and Personal Social Services (Northern Ireland) Order 1972. It had a range of functions that can be summarised under three broad headings:-

- **commissioning** the provision of health and social care and other related interventions, organised around a “commissioning cycle” from assessment of need, strategic planning, priority setting and resource acquisition, to addressing need by agreeing with providers the delivery of appropriate services, monitoring delivery to ensure that it meets established quality standards, and evaluating the impact and feeding back into a new baseline position in terms of how needs have changed.
- **performance management and service improvement** – developing a culture of continuous improvement in the interests of patients, clients and carers by monitoring health and social care performance against relevant objectives, targets and standards; promptly and effectively addressing poor performance through appropriate interventions; service development; identifying and promulgating best practice; and, where necessary, the application of sanctions.
- **resource management** – ensuring the best possible use of the resources of the health and social care system, both in terms of quality, accessible services for users and value for money for the taxpayer.

2.2.21 The HSCB was accountable for its performance and for ensuring that appropriate assurance mechanisms were in place. This obligation rested with the HSCB’s board of directors. It was the responsibility of the HSCB board to manage HSCTs’ performance and to manage emerging issues in the first instance.

2.2.22 The HSCB was responsible for monitoring and reporting to the Department on the implementation of statutory functions it had delegated to HSCTs under Schemes

of Delegation (Schemes) as part of its performance and assurance responsibilities.

In line with the key principles underpinning the performance and assurance roles of all HSC bodies, the HSCB maintained a relationship with HSCTs based on openness and the sharing of information, adopting an informal, supportive approach to clarify and resolve issues as they arose, and thereby minimising the need for formal intervention.

Only unresolved performance issues of HSCTs were escalated to the Department for intervention.

### **Health and Social Services Trusts**

- 2.4.1 Central to the community care reforms in England and Wales in the early 1990s was the concept that hospitals and community health providers were to be given the option to become self-governing Trusts.
- 2.4.2 As health and personal social services in Northern Ireland were integrated under the 1972 HPSS Order, account had to be taken of the HSSBs' responsibilities for the discharge of certain functions in relation to personal social services. Under the 1972 HPSS Order, these included services delivered under the Children and Young Person's Act and the Adoption Order.
- 2.4.3 Health and Social Services Trusts (HSSTs) were established under Article 10 of the 1991 Health and Personal Social Services Order. The first of these were established in shadow form in 1993 as corporate bodies, managerially and administratively independent of HSSBs. Further primary legislation was required to enable HSSTs to discharge personal social services functions on behalf of their respective HSSBs.
- 2.4.4 HSSTs were statutorily independent organisations within the HSC system, responsible for the delivery of health and social care services in line with Ministerial priorities, standards and targets and as commissioned by the HSSBs and subsequently by HSCB.
- 2.4.5 The number of HSSTs was reduced from eighteen to six under the Review of Public Administration in 2007. Subsection 1(3) of the Reform Act makes provision to rename the HSSTs as Health and Social Care Trusts (Trusts).

### **Health and Social Care Trusts**

- 2.4.6 The six Trusts provide goods and services for the purposes of health and social care and, with the exception of the Ambulance Trust, were also responsible for exercising, on behalf of the HSCB, the statutory functions which were delegated to them by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order).

Each Trust also had a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provided to individuals and the environment in which it provides them.<sup>1</sup>

- 2.4.7 Section 21 of the Reform Act placed a specific duty on each Trust to exercise its functions with the aim of improving the health and social wellbeing of, and, reducing the health inequalities between, those for whom it provides, or may provide, health and social care.
- 2.4.8 Each HSCT was accountable for its performance and for ensuring that appropriate assurance mechanisms were in place. This obligation rested with the HSCT's board of directors. It was the responsibility of the HSCT board to manage local performance and to manage emerging issues in the first instance. HSCT boards remain responsible for performance management and assurance in respect of all of the HSCT's activities.
- 2.4.9 Prior to the Health and Social Care Act (NI) 2022, HSCTs were accountable to the HSCB for the availability, quality and efficiency of the services they provided against agreed resource allocations. They were also accountable to the Minister through the Department and the HSCB for performance against Ministerial targets including compliance with any statutory obligations.
- 2.4.10 The roles and responsibilities of HSCTs in respect of Delegated Statutory Functions (DSFs) were set out in the 1991 HPSS Order, the 1994 HPSS Order and the Reform Act.
- They were further elaborated under formally agreed *Schemes for the Delegation of Statutory Functions* that were agreed between Trusts and HSCB and approved by DoH.
- 2.4.11 Under the Health and Social Care Act (NI) 2022 HSCTs became directly responsible in respect of their delivery of social care and children's functions to the Department.
- 2.4.12 To ensure legislative and service continuity in terms of HSCT responsibility for the exercise of relevant social care and children's functions, following the closure of the HSCB, the Act provides that the Department may by Order require HSCTs to exercise social care and children's functions. The means by which this is achieved is by way of amendment of the existing relevant Trust Establishment Orders.
- 2.4.13 These have been amended to revise the definition of social care and children's functions, and also, to update the functions of the Trusts and the DOH's power, by direction, to provide for specified functions to be undertaken by HSCTs on behalf of the Department. Thus ensuring that HSCTs retain the full range of duties, powers and responsibilities currently facilitated by the delegation of functions from

---

<sup>1</sup> Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003



the HSCB following its closure and thus safeguarding the continuation of current service delivery by HSCTs and maintaining their legal responsibility for same.

### **3 AUTHORITY AND LEGAL RELATIONSHIP BETWEEN THE SCCD WITHIN SPPG AND HSCTs IN RELATION TO THE DISCHARGE OF RELEVANT FUNCTIONS**

#### **3.1 Authority for the discharge of relevant functions**

3.1.1 From 1972-1994, the HSSBs were the 'named authority' responsible for the delivery of relevant statutory functions. Following the establishment of HSS Trusts in 1991 and the introduction of the purchaser/provider split within the HSS system, HSSBs were enabled through the 1994 HPSS Order to delegate the discharge of statutory functions to HSS Trusts.

'Relevant' statutory functions were thereafter referred to as 'Delegated Statutory Functions'.

3.1.2 The 1994 HPSS Order provided for certain functions of HSSBs to be exercisable on their behalf by the HSSTs. These functions were prescribed for the purposes of the 1994 HPSS Order in The Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 (The Exercise of Functions Regulations) and are known as "relevant functions." It includes functions under the Adoption Order and the Children and Young Person's Act.. The Health and Social Services Trusts (Exercise of Functions) (Amendment) Regulations (Northern Ireland) 1996 amended of the Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 to include all functions of the Children (Northern Ireland) Order 1995.

3.1.3 With the dissolution of the HSSBs and the establishment of the HSCB under the Health and Social Care (Reform) Act (NI) 2009 (the Reform Act), the responsibility for the delivery of the relevant statutory functions and oversight of same became the responsibility of the HSCB.

HSCTs also fulfil functions conferred upon them by the Carers and Direct Payments Act (Northern Ireland) 2002, the Children's Services Co-operation Act (Northern Ireland) 2015 and the Mental Capacity (Northern Ireland) Act 2016.

Section 21 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 has been amended to require the Department of Health to make arrangements to enable an "independent guardian" to be appointed to assist, represent and support a child to whom this section applies.

3.1.4 The Health and Social Care Act (NI) 2022 made HSCTs directly responsible to the Department in respect their performance of social care and children's functions.

### 3.2 The legal relationship between the HSCB and HSCTs in relation to the discharge of relevant functions

- 3.2.1 Under the 1994 HPSS Order, the HSCB could, by instrument in writing under seal (“an authorisation”) provide for such relevant functions of the HSCB as are specified to be exercised by a HSCT on behalf of the HSCB.

Authorisations required the approval of the Department.

The 1994 HPSS Order required that each HSCT submit to the HSCB for approval a scheme for the exercise by the HSCT of specified relevant functions.

The HSCB was then obliged to submit the scheme for the approval of the Department.

- 3.2.3 Schemes, known as “Schemes for the Delegation of Statutory Functions” were developed by HSCTs in co-operation with the HSCB, which subsequently approved each scheme and submitted it to the Department for approval.

As part of the approval process, the Department’s role was to ensure that proper provision has been made for the exercise of the relevant functions to be delegated to HSCTs and that the HSCB had appropriate arrangements in place to assure itself that HSCTs were exercising relevant functions effectively.

- 3.2.3 The HSCB could, with the approval of the Department, revoke an authorisation to a HSCT to exercise relevant functions, should circumstances have warranted such action.
- 3.2.4 The Health and Social Care Act (NI) 2022 dissolved the HSCB and responsibility for the discharge of the aforementioned relevant functions (described in the 2022 Act as “**social care and children’s functions**”) was placed directly onto HSCTs with a direct line of accountability to the Department.

### 3.3 The DoH Strategic Planning and Performance Group (SPPG)

- 3.3.1 The Health and Social Care Act (Northern Ireland) 2022 dissolved the HSCB and provides for the transfer of powers, duties and responsibilities including; commissioning, performance management and resource management held by the HSCB to the DoH.

Responsibility for the oversight and performance management of the Social Care and Children’s Directorate of the Board, is now placed within the Department under the new Strategic Planning and Performance Group (SPPG).

The HSCB Social Care and Children’s Directorate (SCCD) became a directorate within the Department’s SPPG and continues to perform commissioning,

resource management, performance management and service and quality improvement functions.

3.3.2 The Deputy Secretary of the DoH SPPG is responsible for the performance management of the SCCD and is accountable to the Department's Permanent Secretary, who in turn is responsible to the Minister, for the delivery of functions by the SCCD.

3.3.3 The Director of SCCD of the DOH SPPG is responsible for the professional oversight, governance, performance management and accountability, and strategic oversight of HSCTs in relation to the exercise of social care and children's functions. The Director of SCCD of the DOH SPPG is required to be a professionally qualified social worker registered with the Northern Ireland Social Care Council (NISCC).

3.3.4 Article 10A of the Health and Social Care Act (NI) 2022 provides for HSCTs becoming directly responsible for social care and children's functions directed to them under **Direction Delegations** by the Department.

Within DoH, SCCD of the SPPG is responsible for the oversight, governance, performance management and accountability in respect of how HSCTs perform social care and children's functions.

## 4 ACCOUNTABILITY

### 4.1 Legal accountability

4.1.1 In accordance with the common law principle of 'parens patriae', the State has the power to act as the public guardian for those who are incapacitated and/or unable to legally act on their own behalf, or for children whose parents are unable or unwilling to look after them.

4.1.2 Generally, the State exercises its powers to safeguard and promote the welfare of children or those who cannot care for themselves through statutory agencies, named as the responsible authorities in primary legislation. Legislation specifies, in broad terms, what the State considers is required to safeguard and promote the welfare of children or those who cannot care for themselves and provides the legal authority for responsible authorities to discharge statutory functions on behalf of the State. There are circumstances in which the State names the appropriate Government Department in legislation as the responsible authority. In these situations the Department is responsible in law for the exercise of the statutory functions unless it has delegated the functions to another statutory body.

- 4.1.3 Prior to the dissolution of the HSCB, in preceding primary legislation, where the HSCB was named as the responsible authority for the exercise of the functions, these functions were deemed to be a function which the Department had directed the HSCB to exercise under Article 17 (1) of the 1972 HPSS Order.

Where the HSCB delegated relevant functions to a Trust in accordance with the provisions of the 1994 HPSS Order, under Article 3(7) of that Order, the Trust:

“...shall be liable in respect of any liabilities (including any liability in tort) in the exercise of these functions in all respects as if it were acting as a principal and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the HSS Trust in its own name”.

- 4.1.4 The Children Order, Article 2(3), confirmed that “where a function was exercisable by a Health and Social Services Trust by virtue of an authorisation for the time being in operation under Article 3(1) of the Health and Personal Social Services (Northern Ireland) Order 1994, references to an authority were, to the extent that that function was exercisable by that Trust, references to that Trust”.

HSCTs, therefore, were responsible in law for the discharge of all relevant functions delegated to them by the HSCB.

- 4.1.5 With the dissolution of the HSCB by the Health and Social Care Act (Northern Ireland) 2022, the responsibility for the exercise of functions is placed directly onto HSCTs with direct accountability to the Department.

The Department confers responsibility for the exercise of social care and children’s functions on to a HSCT by a **Delegation Direction**.

**HSCTs therefore are responsible in law for the discharge of all social care and children’s functions they are required to exercise under the direction of the Department.**

## 4.2 Accountability for Implementing the Schemes

- 4.2.1 Accountability is a key element in the discharge of statute. Prior to the dissolution of the HSCB, the Department, as the parent sponsor body of the HSCB and HSCTs, carried ultimate responsibility for the oversight of the performance of these organizations, including the implementation of the Schemes within a system of delegation.
- 4.2.2 Within the system of delegation, there was a requirement for an unbroken line of professional oversight from HSCTs to the HSCB and ultimately to the Department to ensure that the Schemes are implemented in accordance with the law and in full compliance with relevant professional standards

- 4.2.3 Following the dissolution of the HSCB, HSCTs became directly accountable to the Department for ensuring that the Schemes for the exercise of social care and children's functions are implemented in accordance with the law and to all relevant professional standards.

Arrangements for the professional oversight of the discharge of functions is set out in:-

- Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions); and
- Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight

## **5 WORKING RELATIONSHIPS**

- 5.1 Collaboration is a core principle in securing the social well-being of the people of Northern Ireland.
- 5.2 Previous to the migration of SCCD into the SPPG of the DOH, a number of agencies were required to assist the HSCB and HSCTs with the discharge of certain functions in respect of children, in so far as this is compatible with that body's own statutory or other duties and obligations and does not unduly prejudice the discharge of any of its functions (Article 46 of the Children Order) and in the investigation of matters under Article 66 of the Children Order, unless to do so would be unreasonable in all of the circumstances of the case.
- 5.3 The HSCB and HSCTs were among a number of named agencies under Article 1 (3) of the Safeguarding Board Act (Northern Ireland) 2011 that together constitute the Safeguarding Board for Northern Ireland (SBNI).

The Director of SCCD of the SPPG of the DOH (or his/her delegate) will now represent SPPG of the DOH on the SBNI.

Article 10 of the Safeguarding Board Act (Northern Ireland) 2011 places a duty to co-operate on SBNI member agencies in respect of functions relating to safeguarding or promoting the welfare of children insofar as this is compatible with each member organisation's statutory duties and obligations.

- 5.4 Although not enshrined in law, the principle of collaborative working applies equally to working with adults, in particular in respect of adult safeguarding which

will be most effective when it has the full support of partners across the statutory, voluntary, community, independent and faith sectors.

- 5.5 The HSCTs are required to give priority to developing and maintaining good working relationships with other relevant agencies in the discharge of functions of statute to secure improvement in the social well-being of the people in Northern Ireland.
- 5.6 The SCCD Directorate of the Department's SPPG will work directly with HSCTs to ensure the development and maintenance of the good working relationships continues to be a priority.

**CIRCULAR (OSS) 02 / 2022:****SOCIAL CARE AND CHILDREN'S FUNCTIONS (STATUTORY FUNCTIONS):  
MANAGEMENT AND PROFESSIONAL OVERSIGHT****DEPARTMENT OF HEALTH (DOH) CIRCULAR****ROLES AND RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH, CHIEF  
SOCIAL WORK OFFICER AND OFFICE OF SOCIAL SERVICES; SOCIAL CARE  
AND CHILDREN'S DIRECTORATE IN THE STRATEGIC PLANNING AND  
PERFORMANCE GROUP, DEPARTMENT OF HEALTH AND THE HEALTH AND  
SOCIAL CARE TRUSTS (HSCTs), FOR THE MANAGEMENT AND  
PROFESSIONAL OVERSIGHT OF THE EXERCISE OF STATUTORY FUNCTIONS****1 INTRODUCTION**

- 1.1 The Health and Social Care Act (NI) 2022 dissolved the Health and Social Care Board (HSCB) and placed responsibility for the management and professional oversight of the exercise of statutory functions directly with the Department.
- 1.2 Under the 1994 HPSS Order, provision was incorporated for the discharge of functions to be delegated to and exercised by Health and Social Care Trusts (HSCTs) on behalf of the HSCB by way of an instrument in writing under seal ("an authorisation").

Authorisations required the approval of the Department.

The 1994 HPSS Order required that each HSCT submit to the HSCB for approval a scheme for the exercise by the HSCT of specified relevant functions. The HSCB was then obliged to submit the scheme for the approval of the Department.

- 1.3 Schemes, known as "Schemes for the Delegation of Statutory Functions" were developed by HSCTs in co-operation with the HSCB, which subsequently approved each scheme and submitted it to the Department for approval.  
As part of the approval process, the Department's role was to ensure that proper provision has been made for the exercise of the relevant functions to be delegated to HSCTs and that the HSCB had appropriate arrangements in place to assure themselves that HSCTs were exercising relevant functions effectively.

A review of the arrangement for the delegation of statutory functions undertaken in 2011/12 recommended that HSCB agree one single uniform

template Scheme with each of the five HSCTs to ensure that there was regional consistency in the Schemes approved.

- 1.4 The HSCB could, with the approval of the Department, revoke an authorisation to a HSCT to exercise relevant functions, should circumstances warrant such action.
- 1.5 The requirement for an unbroken line of assurance and professional oversight of the discharge of Delegated Statutory Functions from HSCTs to the HSCB and ultimately to the Department of Health (DoH) came into place in 1994 following concerns raised by the judiciary with the introduction of legislation<sup>1</sup> which enabled the delegation of relevant statutory functions from the legacy Health and Social Services Boards to HSCTs

Arrangements for professional oversight were designed to ensure that DSFs were discharged in accordance with the law and to relevant professional standards within a system of delegation.

- 1.5 The Chief Social Work Officer (CSWO) in the Department, the Director of Social Care and Children's Directorate in the HSCB (the HSCB Director) and the Executive Director for Social Work (EDSW) in each of the HSCTs' were individually and collectively responsible for the effective operation of an unbroken line of professional oversight of Delegated Statutory Functions.
- 1.6 Professional oversight arrangements were an integral part of the overall system of checks and balances that held the HSCB and HSCTs' to account for their performance. Professional oversight involved:
  - ❖ Approval of Schemes for the Delegation of Statutory Functions
  - ❖ The appropriate discharge of functions of statute
  - ❖ Performance management
  - ❖ Strategic oversight
  - ❖ Quality Assurance
  - ❖ Continuous improvement
  - ❖ Reporting
- 1.7 The Health and Social Act (NI) 2022 dissolved the HSCB.

To ensure the continued effective performance of functions of statute relevant to social care and children's functions the Social Care and Children's Directorate (SCCD) has been included into the Department's Strategic Planning and Performance Group (SPPG).

---

<sup>1</sup> Health and Personal Social Services (Northern Ireland) Order, 1994



- 1.8 The Director of SCCD of the SPPG is responsible for the performance management of the SCCD and is accountable to the Deputy Secretary of the SPPG who in turn is responsible to the Department's Permanent Secretary, and on to the Minister.

The Director of SCCD of the SPPG will work in partnership with the Department's Social Services Group (SSG) and the Office of Social Services (OSS) and will be accountable to the Deputy Secretary/Chief Social Work Officer (CSWO) regarding matters of professional advice, guidance and insights in relation to the provision of the full range of social care and services to children and families.

- 1.9 The Health and Social Care Act (NI) 2022, revised the HPSS Orders 1991 and 1994:

Articles 3 and 4 of the HPSS order 1994, which provided for relevant functions of the HSCB, as specified, to be exercisable on their behalf by HSCTs, with the approval of the Department, by instrument in writing signed under seal (an authorisation), and requiring HSCTs to submit a scheme for the exercise by HSCTs of functions on behalf of the HSCB were removed.

The addition of Article 10B to the HPSS Order 1991 under the Health and Social Care (NI) Act 2022 provided that the Department could direct, by way of a Delegation Direction, that specified functions would be exercisable by HSCTs on behalf of the Department; and, the addition of Article 6B (Schedule 3) provided that the HSCTs must submit to the Department a scheme for the exercise of its social care and children's functions. The requirement for approval by instrument in writing under seal (an authorisation) was removed.

## **2. PURPOSE OF THIS CIRCULAR**

- 2.1. This circular outlines the roles and responsibilities of the Chief Social Work Officer (CSWO)/Deputy Secretary of the Social Services Policy Group (SSPG), the Deputy Secretary of the Department of Health (DoH) Strategic Planning and Performance Group (SPPG) the Director of the DoH Social Care and Children's Directorate (SCCD) in the SPPG, the Deputy Chief Social Work Officer (DCSWO) and Director of the Office of Social Services (OSS) in the DoH SSPG, and the Health and Social Care Trust (HSCT) Executive Directors of Social Work (EDsSW) for the management and professional oversight of social care and children's functions exercised by HSCTs by virtue of a Delegation Direction in line with the role, function and responsibility of each body.
- 2.2 This circular should be read in conjunction with Circular (OSS) 01 / 2022: Social Care and Children's Functions (Statutory Functions) which sets out the legislative and structural arrangements in respect of the authority of the

Department and HSCTs in the exercise of statute related to social care and children's functions.

### **3. STATEMENT OF PRINCIPLES**

3.1 Arrangements for the management of and professional oversight of functions exercised by HSCTs on behalf of the Department by virtue of a delegation direction within and between the Department and the HSCTs should be based on a commitment to:

- (i) co-operation in the interests of improving and safeguarding the social wellbeing of children, families and adults;
- (ii) evidence-informed decision-making;
- (iii) the provision of quality services and securing improved outcomes for service users;
- (iv) regional consistency and fairness in availability, quality and effectiveness of services;
- (v) continuous improvement based on learning from the professional oversight processes;
- (vi) timely reporting, prompt responses and early resolution of issues;
- (vii) efficiency, proportionality and effectiveness.

### **4. ACCOUNTABILITY**

4.1 Accountability is a key element in the exercise of functions of statute.

The Department, as the parent sponsor body, carries ultimate responsibility for the performance of HSCTs, including the exercise of functions on behalf of the Department by way of a Delegation Direction

This responsibility is not transferable to any other body.

4.2 The Director of the SCCD in the DoH is responsible for the professional oversight, governance, performance management and strategic oversight of HSCTs in relation to the exercise of social care and children's functions (statutory functions).

4.3 The Deputy Secretary of the SSPG/CSWO, the Director of SCCD of the DOH SPPG, the DCSWO/Director of OSS, and the EDSW of each HSCT are individually and collectively responsible for:

- providing management and professional leadership on all social work and social care matters, including the exercise of social care and children's functions within their respective organisations, and, where relevant, to other organisations;
- ensuring appropriate internal organisational, managerial and professional arrangements are in place for the management and professional oversight of social care and children's functions in line with the requirements set out in this and other relevant guidance;
- providing authoritative managerial and professional advice and analysis in respect to the exercise of social care and children's functions to their Accounting Officer and board of directors;
- maintaining open and constructive working relationships and sharing information with each other as appropriate; and
- adopting a collaborative and supportive approach to clarifying and resolving issues as they arise thereby minimizing the need for escalation and/or formal intervention.

4.4 The CSWO, the Director of the SCCD of the SPPG, the DCSWO/Director of OSS, and EDsSW of HSCTs are required to be professionally qualified social workers in accordance with Article 8 (1) of the Health and Personal Social Services Act (Northern Ireland) 2001 (the 2001 Act) and registered with the Northern Ireland Social Care Council (NISCC). They are responsible for ensuring the availability of high quality professional advice within their respective organisations on the complex issues involved in the exercise of duties, powers and responsibilities particularly, but not exclusively, with regard to protecting individuals from risk of harm of neglect, abuse or exploitation.

## 5. Delegation Directions

5.1 The Health and Social Care Act (NI) 2022 empowers the Department of Health to make **Delegation Directions** to HSCTs to enable HSCTs to deliver social care and children's functions on behalf of the Department.

- 5.2 The Deputy Secretary of the SSPG/ Chief Social Work Officer will issue an instruction by way of a delegation direction to the HSCTs for specified functions of the Department to be exercisable by the HSCTs and requesting the HSCTs to submit a scheme confirming that they have proper provision in place for the effective exercise of these functions. The SCCD will provide a template to the HSCTs to be used in submitting a Scheme to the Department.
- 5.3 The SCCD will consider the submitted schemes in consultation with OSS in the DoH.
- 5.4 The SCCD will agree with the HSCTs any necessary modifications or amendments and will then recommend the Schemes to the CSWO for approval and issue.
- 5.5 The SCCD are responsible for the design and issue to the HSCTs of a single regional performance management and reporting template in relation to the exercise of social care and children's functions.

## **6. The DoH's Responsibilities for Delegation Directions**

- 6.1 The CSWO may approve a scheme recommended by the Director of SCCD either without modifications or with such modifications as are agreed with the SCCD and the HSCT concerned.
- 6.8.2
- 6.2 The Department will inform the HSCTs of all relevant changes in legislation which require an amendment or update to the Schemes in a timely way.
- 6.3 The Department may, by direction, provide for specified social care and children's functions to cease to be exercisable by a HSCT and to be exercised instead by; the Department, another HSCT by Delegation Direction, or by another specified person or body by Delegation Direction.<sup>2</sup>
- 6.4 The SCCD in the DoH will agree the HSCTs' internal monitoring arrangements, as well as direct the HSCTs regarding the information they must record in respect of the exercise of these functions, in what form it is to be recorded, at what intervals it should be provided and for how long it should be retained.
- 6.5 The SCCD should ensure that HSCT Schemes have been agreed by the HSCT Accounting Officer prior to submission to the Department for approval.

---

<sup>2</sup> HPSS (NI) Order 1991, Schedule 3, PART 3A DIRECTIONS THAT CERTAIN FUNCTIONS BE EXERCISED BY OTHERS 22A (1) as amended by the HSC (NI) Act 2022.

- 6.6 The SCCD is responsible for considering the submitted Schemes in collaboration with OSS and recommending approval and issue of the Scheme to the CSWO.
- 6.7 The SCCD, in consultation with OSS, are required to keep the Schemes and Delegation Directions under regular review to ensure their adequacy and fitness-for-purpose and should formally review Schemes along with HSCTs at a minimum of three yearly intervals
- 6.8 The SCCD is required to retain a copy of the approved Schemes of Directed Delegation.

## **7.0 Health and Social Care Trusts (HSCTs) Responsibilities Under Delegation Directions**

- 7.1 Under the provisions of the Health and Social Care Act (NI) 2022, HSCTs have a responsibility to submit a Scheme for their arrangements for the exercise of social care and children's functions under a delegation direction from the Department.
- 7.2 HSCTs must complete the single regional performance management reporting template, as provided by the SCCD, at intervals prescribed by the SCCD and retained as prescribed by the SCCD on the exercise of their social care and children's functions.
- 7.3 The SCCD will work with HSCTs at least every 3 years, to keep their Schemes under review. New, amended or updated Schemes require approval and issue by the CSWO in the Department,
- 7.4 The Chief Accounting Officers of the HSCTs are required to agree their Schemes for the exercise of social care and children's Functions under a Delegation Direction and prior to submission to the SCCD in the Department.
- 7.5 HSCTs are required to retain a copy of the Scheme agreed and approved by the CSWO in the DoH.
- 7.6 HSCTs are required to record and report such information with respect to the exercise of its functions as the SCCD in the DoH may direct.
- 7.8 An HSCT must give effect to any scheme approved by the Department.
- 7.9 An HSCT must, if so requested by the SCCD in the Department, submit a new scheme to the DoH for approval

- 7.10 HSCTS, as separate legal entities, are responsible in law for the discharge of relevant statutory functions delegated to them by the Department under a Delegation Direction.
- 7.11 HSCT EDSWs are responsible for ensuring approved Schemes for Delegation Directions are properly implemented and managed within all programmes of care. This includes ensuring:
- legal and professional responsibilities are assigned and necessary systems and procedures are in place;
  - compliance with all statutory, regulatory or professional requirements;
  - all staff responsible for the discharge of social care and children's functions have access to relevant training, professional support and supervision;
  - the maintenance and operation of an efficient data collection system and provision of data and reports to SCCD in the Department as required;
  - implementation of actions, including improvement plans agreed with the SCCD in the Department, to improve the safety, quality and effectiveness of services;
  - the Accounting Officer, HSCT board and the SCCD and OSS in the Department are informed, at agreed intervals, on the HSCT's performance in respect of social care and children's functions, including early notification of risks, resource pressures and legal challenges and proposed actions to address;
  - timely action to address and/or prevent the escalation of any identified issues;
  - the SCCD and, where appropriate, OSS are notified in a timely way of any relevant issues through established mechanisms<sup>3</sup> and proposed actions to address.
- 7.12 HSCT EDSWs will be supported in their responsibilities by a Social Care Governance Officer (HSCT Governance lead) who will report directly to the

---

<sup>3</sup> Established mechanisms include the Early Alert, Serious Adverse Incident, Adverse Incident, Untoward Incident and Complaints reporting systems.

EDSW in relation to the HSCT's compliance with social care and children's functions and related governance issues.

- 7.13 The HSCT Governance lead will be supported by an identified social work lead in each programme of care who is responsible for reporting to and informing the HSCT Governance lead in relation to their respective area's compliance with social care and children's functions and related governance issues.
- 7.14 HSCT Governance leads and identified social work leads are required to be suitably qualified professional social workers in accordance with Article 8(1) of the Health and Personal Social Services Act (Northern Ireland) 2001 (the 2001 Act).
- 7.15 Responsibility for the performance of HSCTs in respect of the exercise of functions rests fully with the organisation's Chief Executive Officer (CEO) who acts as the organisation's Accounting Officer. The CEO is required to account for the HSCT's performance as part of the formal Assurance and Accountability processes between the Department and the HSCTs.
- 7.16 Professional oversight arrangements ensure the Accounting Officer and the board of directors of each HSCT receive authoritative professional advice and analysis regarding their organisation's exercise of functions.
- This enables each Accounting Officer to account to the Department as appropriate. The Department's Accounting Officer is advised by the CSWO and the Deputy Secretary of the DOH SPPG on all relevant performance and professional matters, including the exercise of relevant functions of statute.
- 7.17 As such, arrangements for the professional oversight of functions exercisable by HSCTs on behalf of the Department are an integral part of each HSCT's internal corporate governance and accountability arrangements and should not duplicate reporting processes in place for these purposes.
- 7.18 Due regard will be given by the Department and HSCTs as to the views of individuals and/or agencies in terms of the performance of the HSC system in improving and safeguarding the social wellbeing of people in Northern Ireland.

## **8.0 PERFORMANCE MANAGEMENT RE Social Care and Children's Functions Under Delegation Directions.**

- 8.1 HSCTS are responsible for ensuring the approved Schemes for Delegation Directions are implemented by the HSCTs through agreed performance management and quality assurance mechanisms.

8.2 The Director of the SCCD is responsible for ensuring approved Schemes for Delegation Directions are properly implemented by the HSCTs to agreed standards. This includes:

- ensuring effective arrangements within the SCCD for monitoring and quality assurance of each HSCT's management and discharge of social care and children's functions in compliance with approved schemes and all statutory, regulatory and professional requirements;
- maintaining oversight of individual HSCT compliance with social care and children's functions through regular liaison with HSCTs and receipt and analysis of relevant information, data and reports;
- maintaining regional oversight of consistency of HSCTs' compliance with social care and children's functions and related governance issues and ensuring the best use of resources;
- taking prompt action to address and/or prevent escalation of any issues, including under performance or non-compliance;
- overseeing the implementation of HSCT improvement/action plans approved by the SCCD;
- advising the Deputy Secretary of SPPG and the CSWO/Deputy Secretary, at agreed intervals, on the HSCTs' performance in respect of social care and children's functions, including timely notification of risks, resource pressures and legal challenges and proposed actions to address;
- alerting the Deputy Secretary of SPPG, and the CSWO/Deputy Secretary in a timely way of any unresolved disputes, substantive issues or concerns regarding a HSCT's discharge of social care and children's functions and proposed actions to address.

8.3 The Director of SCCD will be supported by a Social Care Governance Officer. The Social Care Governance Officer will report directly to the Director of SCCD in relation to the HSCTs' compliance with social care and children's functions and related governance issues.

The Social Care Governance Officer will be supported by the professional social care commissioning leads for each programme of care in the SCCD of the SPPG and the HSCT Governance leads. The HSCT Governance leads will inform and/or report to the SCCD Governance lead on social care and children's functions and related governance issues to ensure a comprehensive overview of performance at programme of care level, individual HSCT level and regionally is available.



The Social Care Governance Officer and professional social care commissioning leads and HSCT Governance leads are required to be a suitably qualified professional social worker in accordance with Article 8(1) of the 2001 Act.

- 8.4 The Deputy Secretary of the DOH SPPG is ultimately responsible for ensuring approved schemes for Delegation Directions are implemented by the HSCTs through agreed performance management and quality assurance mechanisms.

## **9. STRATEGIC OVERSIGHT of Social Care and Children's Functions under Delegation Directions**

- 9.1 OSS/the CSWO is responsible for maintaining a strategic professional oversight of the effectiveness of the SCCD arrangements for professional oversight of each HSCT's exercise of their social care and children's functions.

- 9.2 The Deputy Secretary of the SPPG and the CSWO/Deputy Secretary are responsible for ensuring that each HSCT discharges their responsibilities as the named 'authority' for the discharge of relevant social care and children's functions in accordance with the law, approved Schemes for Delegation Directions and relevant policies, guidance, standards and directions. This includes:

- ensuring effective arrangements within the Department to maintain ongoing oversight of all relevant information including the receipt and analysis of data and reports in respect of social care and children's functions submitted by HSCTs;
- ongoing engagement with the HSCT EDSWs through established mechanisms and as and when required;
- providing authoritative professional advice and/or direction from OSS/CSWO/Deputy Secretary, and Director of SCCD to the HSCTs to address identified issues of concern, non-compliance or under-performance;
- advising the Permanent Secretary and Departmental board at agreed intervals on social care and children's functions, including timely notification of risks, resources pressures or legal challenges and proposed actions to address.

- 9.3 In the event of significant concerns arising from any HSCTs performance in relation to the discharge of social care and children's functions, the Department may use its powers under Articles 10B of the Health and

Personal Social Services (Northern Ireland) Order 1991 to direct the HSCTs to take specific actions that the Department deems necessary to improve a HSCT's performance.

- 9.4 The CSWO will be supported in his/her responsibilities by the Deputy CSWO who will report directly to the CSWO on the HSCTs' discharge of social care and children's functions.

The Deputy CSWO will be supported by professional and policy officers with responsibility for professional and/or policy lead for children's and adult social care services.

The Deputy CSWO and professional officers are required to be suitably qualified social workers, registered with NISCC in accordance with Article 8(1) of the Health and Personal Social Services Act (Northern Ireland) 2001.

## **10. CONTINUOUS IMPROVEMENT Re Social Care and Children's Functions Under Delegation Directions**

- 10.1 Arrangements for the professional oversight of social care and children's functions should support a systems-wide culture of learning and continuous improvement and contribute to HSCTs compliance with the statutory duty to monitor and improve the quality of services<sup>4</sup>.
- 10.2 Continuous improvement will continue to be supported by:
- evidence-informed improvement initiatives;
  - programmes of audit; and
  - Identification and promulgation of good practice.

### **Evidence informed improvement initiatives**

- 10.3 Proposals for improvement initiatives should be: designed and planned to improve outcomes for service users; informed by research, evidence and people's experiences of services; and measured for impact and outcomes.

### **Programmes of audit**

---

<sup>4</sup> Article 34, HPSS Quality, Improvement and Regulation (Northern Ireland) Order, 2003

- 10.4 Each HSCT is required to plan and undertake an annual programme of audit as part of the internal monitoring and quality assurance of the discharge of social care and children's functions. The learning and outcomes of audit activity will be used to inform improvements in each HSCT's arrangements for the discharge of social care and children's functions.
- 10.5 Each HSCT will report on its audit and improvement activity in its end year report to the SCCD.
- 10.6 The HSCTs will carry out and/or commission a programme of audit to be undertaken each year as part of its performance management and monitoring arrangements. The learning and outcomes of this audit activity will be used to inform improvements in individual HSCT and/or regional arrangements for social care and children's functions.
- 10.7 The HSCTs will report on its audit and improvement activity in its end of year overview report to the Department.
- 10.8 The Department ensures an internal audit of the SCCD's arrangements for the professional oversight of HSCTs' discharge of social care and children's functions is carried out at agreed intervals, but no longer than 5 yearly intervals. The learning and outcomes of this audit activity will inform improvements in the management and professional oversight arrangements.
- 10.9 It is imperative that the Department and HSC audit activity does not duplicate their efforts. The outcomes of other relevant audit activity should be used by the Department, and HSCTs as part of their compliance with the requirements of:-
- Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions); and
  - Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.
- 10.10 All audits of Direction Delegations and performance management in respect of social care and children's functions should be led by suitably qualified staff in accordance with Article 8 (1) of the Health and Personal Social Services Act (Northern Ireland) 2001 who have relevant experience and/or expertise in audit and/or social care governance.

## **11. REPORTING ARRANGEMENTS**

### **In-year reporting**

- 11.1 Effective performance management and professional oversight is a dynamic process and involves ongoing monitoring and reporting throughout each reporting year. This is done through established Departmental mechanisms.
- 11.2 Timely reporting in respect of the exercise of social care and children's functions is important and early reporting of emerging concerns or significant issues is crucial in order to facilitate appropriate decision making and, where necessary, timely responses.
- 11.3 Any substantive issues regarding the exercise of social care and children's functions should be reported promptly to the SCCD in the Department to facilitate timely action.

### **End year reporting**

- 11.4 End year reports provide an opportunity for both the HSCTs and the Department to take stock of performance throughout the year and plan for the future. End year reports should facilitate strategic decision making about actions required to further improve services and outcomes for service users.
- 11.5 Each HSCT is required to submit an annual end year report, approved by its HSCT board, on how it has exercised its social care and children's functions to the SCCD no later than end of May each year.
- 11.6 The HSCT end year report should include an analysis of data and performance to assist the HSCT board and the Department in their respective governance, accountability and strategic planning roles to identify the HSCT's:
  - compliance with the law and agreed standards and targets;
  - performance gaps and/or areas of concerns, including non-compliance with social care and children's functions;
  - effectiveness of HSCT's monitoring and reporting arrangements;
  - outcomes of in-year audit and improvement activity;
  - outcomes for service users;

- new or emerging trends or pressures.
- 11.7 The SCCD will produce an annual end year overview report to the Office of Social Services (OSS), approved by the Deputy Secretary of the DOH SPPG, by the end of June each year based on its analysis of HSCTs' end year reports and any other relevant data and information gathered as part of its professional oversight throughout the year.
- 11.8 The end year overview report should reflect both operational performance and strategic issues and assist the OSS, the CSWO/Deputy Secretary and the Permanent Secretary in their governance, accountability and strategic planning roles including:
- overview and analysis of HSCTs' performance in respect of social care and children's functions , including good practice and performance gaps;
  - level of compliance with the law, policy, procedures, guidance, professional standards and targets;
  - outcomes of in-year audit and improvement activity;
  - emerging pressures and/or concerns;
  - regional comparison and trends.
- 11.9 The SCCD will agree an action/improvement plan with agreed timelines for implementation with each HSCT by end of June each year.
- 11.10 The SCCD will also submit within the same timeframe, either separately or as an integral part of its end year overview report: data on the configuration of the Social Work workforce in all Programmes of Care across HSCTs; an update on the qualification profile of the social work workforce in HSCTs including numbers of relevant qualifications achieved in-year against Departmental targets; the volume and range of learning and development activity including spend against Departmental commissioning priorities.
- 11.11 The CSWO/Deputy Secretary will advise the Permanent Secretary and Departmental board of the key findings of the approved end year overview report from the SCCD within 6 weeks' of receipt and/or confirmation of approval.
- 11.12 Where a significant issue is identified in the process of compiling end year reports which has not been previously reported during the year, the OSS should be alerted immediately by the SCCD in advance of submission of the end year report.

## 12. Chief Social Work Officer – Role and Responsibilities

### Introduction

- 12.1 Chief Professional Officers, including a CSWO, are employed by the Department at a senior level to provide the Minister, Permanent Secretary and Department board with authoritative professional advice and insights in respect of the provision of the full range of health and social care.
- 12.2 The CSWO (who is also Deputy Secretary for the Social Services Policy Group) is the lead professional officer for social work and social care in Northern Ireland and sets the strategic direction for relevant service areas. S/he provides strategic professional advice and expertise to policy colleagues, government Departments, HSC agencies and other organizations as required.

The CSWO/Deputy Secretary of the SSPG sits as an executive member on the Departmental board.

- 12.3 The CSWO/Deputy Secretary of the SSPGD has a wide range of professional responsibilities including responsibility for the professional oversight of the exercise of statutory functions within an integrated HSC system. This oversight is part of the overall system within the Department for monitoring the delivery of the Department's policies by HSCTs and holding them to account.
- 12.4 The CSWO/Deputy Secretary is responsible for issuing and keeping under review all relevant Circulars, professional standards, guidance or directions in respect of arrangements for the exercise of social care and children's functions.

### Accountability

- 12.5 The CSWO is directly accountable to the Permanent Secretary (PS) and to the Minister for the provision of authoritative professional advice and insights in respect of all social work and social care matters and for reporting on relevant social care and children's functions across a range of children's and adult services.

### Professional Leadership

- 12.6 The CSWO is responsible for providing professional leadership for the social work and the social care workforces in Northern Ireland, including:
- Setting the strategic direction for social work and social care within an integrated HSC system;

- Promoting a strong voice for all adults, families, children and carers using social care services and for frontline workers delivering services in the development of policies, strategies and standards;
- Working collaboratively with others, including other Government Departments, the Executive Directors of Social Work (EDsSW) within the HSC system and other key stakeholders in the public, voluntary and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;
- Promoting and supporting evidence-informed approaches to decision making at practice, service and policy levels.
- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Building and maintaining East/West, North/South and international professional relationships and networks to share best practice and learning;
- Communicating the positive contribution of social workers and social care workers in improving and safeguarding social wellbeing based on evidence and outcomes.

### **Professional Advice**

12.7 The CSWO is responsible for providing authoritative professional advice and insights to the Minister of Health, and other Executive Ministers in respect of social work and social care matters including social care and children's functions, including:

- Providing authoritative professional advice and insights to the PS, senior policy colleagues, other Departments and their ALBs, the NI Assembly and its Committees, HSC agencies, community, voluntary and the independent sector, the Further and Higher Education Sector and the media.
- Working in collaboration with the Director of the DOH Strategic Planning and Performance Group, Social Care and Children's Directorate and HSCT EDsSW with regard to seeking and giving professional advice on social work and social care matters including social care and children's functions.
- Ensuring appropriate professional advice in the development and implementation of policies, strategies and standards and in Departmental responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions.

### **Senior Professional Practice Lead**

12.8 The CSWO is responsible for making authoritative and final decisions on complex/controversial professional practice matters, including intervention action through the SCCD, including;

- Providing professional advice on the most complex cases, where individual cases may be the subject of public and/or media interests and in which the Minister may be asked/be required to become personally engaged;
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;
- Professional endorsement of HSCT applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children (NI) Order 1995 Regulations and Guidance;
- Discharging the responsibility of the Department's Child Protection Officer;

### Professional Governance

12.9 The CSWO is responsible for ensuring effective arrangements within the Department for the approval of schemes for the exercise of Delegation Directions and professional oversight of social care and children's functions, including fulfilment of Corporate Parent duties, within an integrated HSC system in line with:-

- Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions): and
- Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.

12.10 S/he is also responsible for:

- ensuring effective arrangements within the Department for professional advice and responses to professional issues raised by MLAs, members of the public or through established reporting mechanisms<sup>5</sup> that relate to social care and children's functions;
- Contributing as a senior professional lead to the Department's formal assurance and accountability arrangements with HSCTs;
- Accounting directly to the Permanent Secretary and the Departmental Board on the discharge of the Department's social care and children's functions;
- Promoting (alongside those responsible in the Department for advice on the commissioning system) a robust framework for commissioning and delivery in

---

<sup>5</sup> Established mechanisms include Early Alert, Serious Adverse Incident, Adverse Incident, Untoward Incident and Complaints reporting systems.



social care and children's services, including the continuing development of standards for social care and children's services;

- Escalating any issues of concern and/or risks, including issues regarding performance or resource or service pressures on social care provision, to the Permanent Secretary and relevant policy leads;
- Sponsorship of the Northern Ireland Social Care Council (NISCC), the Northern Ireland Guardian ad Litem Agency (NIGALA) and the Safeguarding Board for Northern Ireland (SBNI).

### **Professional Capacity and Capability**

12.11 The CSWO is responsible for the promotion of professional standards, education, training and workforce regulation to ensure safe and effective practice and service provision, including social care and children's functions , and compliance with all relevant standards;

- Commissioning sufficient social work student places to ensure an adequate supply of qualified social workers to meet social care and children's service needs;
- Contributing to workforce planning to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- Setting the strategic direction and annual commissioning priorities and targets for the education and training of social workers and social care workers;
- Promoting a robust infrastructure for the professional development, supervision and support of social workers and social care staff
- Working collaboratively within the HSC system to agree strategic priorities in respect of building the capacity and capability of the social work and social care workforces;
- ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non- compliance;
- make recommendations, as necessary, to the Department in relation to professional and disciplinary matters regarding social services issues;

### **13.0 Deputy Chief Social Worker/Office of Social Services – Roles and Responsibilities**

#### **Introduction**

- 13.1 The Office of Social Services (OSS) is a Professional Social Work Group<sup>6</sup> within the Department of Health led by the DCSWO.

#### **Accountability**

- 13.2 The DCWO reports directly to the CSWO/Deputy Secretary of the SSPG.  
Role
- 13.3 The DCSWO and OSS support the professional social work role of the CSWO.
- 13.4 The DCSWO/OSS provides professional social work advice and expertise to the Minister, the DoH, other government departments, social care and criminal justice agencies, education, and the voluntary and community sector in the arena of social work and social care and children's functions.
- 13.5 The DCSWO/OSS works with others to ensure that social work and social care services are responsive to the needs of people living and working in Northern Ireland and are of the highest possible standard in keeping with the resources available.

The DCSWO/OSS is responsible for:

- promoting the quality of social work and social care services, improving their efficiency and effectiveness and ensuring the safety and well-being of service users and carers;
- providing professional advice and expertise to Ministers, government departments, agencies, statutory, voluntary, private and community sector organisations, where appropriate, on the formulation of policy and procedures;
- the implementation and review of social care and children's services and related health policies, and the efficient and effective delivery of social work and social care services;
- developing and promoting policy on training, qualifications and staff development for the social services workforce and ensuring effective policy implementation;

---

<sup>6</sup> In accordance with Article 8 (1), Health and Personal Social Services Act (Northern Ireland) 2001, anyone taking or using the title social worker, or any title or description implying same, is required to be a qualified social worker and registered on the Northern Ireland Social Care Council (NISCC) Social Work Register.

- Leading on social work and social care workforce policy and strategy in conjunction with DoH Workforce Policy Unit;
- The development of social work and social care professional and quality standards;
- sponsoring and holding to account the Northern Ireland Social Care Council (NISCC), which is the regulator of the social care workforce and professional social work training in Northern Ireland;
- facilitating the conduct of business between DoH, commissioners and providers of social work and social care services and other agencies;
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;
- Professional endorsement of HSCT applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children's (NI) Order 1995 Regulations and Guidance.

#### **14.0 Deputy Secretary of the DOH Strategic Planning and Performance Group Role and Responsibilities**

##### **Introduction**

- 14.1 The Deputy Secretary of the DOH SPPG is responsible for the performance management of the SCCD within the SPPG.
- 14.2 The Deputy Secretary of the DoH SPPG sits as an executive member of the DoH Board.

##### **Accountability**

- 14.3 The Deputy Secretary of the SPPG is directly responsible to the Permanent Secretary of the DoH.

##### **Role**

- 14.4 S/he is required to work collaboratively with the CSWO/Deputy Secretary of the SSPG who is responsible for providing professional leadership and strategic direction for social work and social care within an integrated HSC system.
- 14.5 The Deputy Secretary of the SPPG is also responsible for the performance management of the exercise of social care and children's functions by HSCTs and for providing strategic advice at board level on future developments and direction.

- 14.6 The CSWO/Deputy Secretary of the SSPG and the Deputy Secretary of the SPPG Group are together responsible for ensuring coherent regional arrangements for the delivery of relevant services.
- 14.7 The Deputy Secretary of the SPPG is responsible for the oversight, performance management and direction of the SCCD in relation to Social Care and Children's Functions and reports on same to the Department's Permanent Secretary, who in turn reports to the Minister
- 14.8 The SPPG is also responsible for providing strategic oversight and ensuring that each HSCT discharges their responsibilities as the named 'authority' for the discharge of relevant social care and children's functions in accordance with the law, approved Schemes for Delegation Directions and relevant policies, guidance, standards and directions; and for providing strategic advice at board level on future developments and direction.
- 14.9 The SPPG, working collaboratively with OSS, is responsible for reviewing Schemes of Delegation Directions received from HSCTs; and ensuring approved Schemes are implemented by HSCTs through agreed performance management and quality assurance mechanisms.
- 14.10 The SPPG consider and make determinations on recommendations and advice from the Director of SCCD, after consultation with the CSWO, for the revocation of Delegation Directions to HSCTs and recommend and advise Permanent Secretary on same.
- 14.11 The SPPG consider notifications of risk, resource pressure and legal challenges and proposed actions to address; escalating to the Deputy Secretary/CSWO, Permanent Secretary and the Departmental Board as necessary.
- 14.12 The SPPG approve annual end year overview report received from SCCD for submission to OSS.
- 14.13 SPPG, provide the approved end year overview report and any proposed actions to OSS, who provide the CSWO/Deputy Secretary with a professional overview of issues, who in turn, advises the Permanent Secretary and Departmental Board.

## **15.0 Director of the SCCD in the SPPG – Role and Responsibilities**

### **Introduction**

- 15.1 The Director of the Social Care and Children's Directorate is responsible for the professional oversight, governance, performance management and accountability and strategic oversight of HSCTs in relation to the exercise of social care and children's functions.

- 15.2 The Director of the SCCD is, in accordance with Article 8 of the Health and Personal Social Services Act (Northern Ireland) 2001, required to be a social worker and a registrant with the Northern Ireland Social Care Council (NISCC). S/he works collaboratively with the Deputy CSWO/OSS and the CSWO/Deputy Secretary of the SSPG who are responsible for providing strong professional leadership and strategic direction for social work and social care within an integrated HSC system.
- 15.3 The Director of the SCCD is also responsible for the review of the Schemes of Delegation Direction submitted by HSCTs, in collaboration with OSS, and recommending the approved schemes to the CSWO.

### **Accountability**

- 15.4 The Director of the SCCD reports directly to the Deputy Secretary of the SPPG, in respect of compliance and performance management issues related to the delivery of social care and children's functions and, through (OSS), to the Deputy Secretary of SSPG/Chief Social Work Officer, in respect of professional social work issues related to same.

### **Performance Management Accountability**

- 15.5 The Director of SCCD is responsible for providing managerial accountability for the performance of the social work and the social care workforces in Northern Ireland, including:
- Contributing to the strategic direction for social work and social care within an integrated HSC system;
  - Promoting a strong voice for all adults, families, children and carers using social work and social care services;
  - Working collaboratively with the HSCTs' EDsSW and other professional leads, agencies and key stakeholders in the public, voluntary and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;
  - Promoting and supporting evidence-informed approaches to decision making at practice, service and policy levels.
  - Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
  - Building and maintaining internal and cross-Departmental regional relationships and networks to share best practice and promote continuous learning;
  - Communicating the positive contribution of social work and social care services to improving and the social wellbeing of adults, families, children and carers;

- Providing strong managerial leadership across different staff groups, professions and Government Departments to plan, commission, secure and sustain social care and children's social care services based on assessed need, including child and adult safeguarding and protection services, to improve and safeguard social wellbeing of people in Northern Ireland;
- Building and sustaining effective partnerships with and between all relevant bodies in the statutory, voluntary, community and private sectors, to improve the health and social wellbeing of adults, children and young people and their families.
- Working in collaboration with the DCSWO/OSS, the CSWO/Deputy Secretary of SSPG and HSCT EDsSW to support their professional advice on social work and social care matters and in relation to social care and children's functions.
- Providing senior managerial advice in the development and implementation of policies, strategies, standards and guidance and in Departmental responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions;
- Responsibility for ensuring that the SCCD:-
  - discharges its duties in relation to social care and children's functions and in respect of children's services planning as required by the Children (Northern Ireland) Order 1995 as amended by the Children (1995 Order) (Amendment) (Children Services Planning Order) (Northern Ireland) 1998;
  - fulfils its obligations as set out in departmental circulars and guidance;
  - provides authoritative managerial and oversight advice and guidance and recommendations to Departmental Board in relation to the numbers of children in need<sup>7</sup> within the HSCT's area, the nature and extent of those needs and the services requires to meet those needs;
  - contributes professional social work advice to the CSWO on guidance and recommendations to Departmental Board on the most complex cases, where individual cases may be the subject of public and/or media interests.
- Taking a lead managerial role for the development of SCCD's strategic and operational policies for meeting the social care needs of adults, children and young people, families and carers;

---

<sup>7</sup> A definition of 'child in need' is provided in Article 17 of the Children (Northern Ireland) Order 1995

- Involving and listening to children, adults who use services , families and carers to ensure their views inform the SCCD's planning and commissioning of services for them;
- Ensuring compliance with professional and other quality standards through appropriately informed commissioning of social services at both regional and local levels and through audit and review of services;

### **Professional Governance**

- 15.6 The Director of SCCD is responsible for establishing and operating an efficient system to ensure effective social care governance arrangements within the SCCD and overseeing social care governance arrangements within SCCD;
- Ensuring, in collaboration with the CSWO/Deputy Secretary and OSS, that there are effective arrangements within the SCCD for the managerial and professional oversight of the discharge of social care and children's functions, including fulfilment of Corporate Parent duties within an integrated HSC system in line with:-
    - Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions): and;
    - Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight;
  - assuring the SCCD is discharging relevant functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, take remedial action;
  - Managerial responsibility and accountability for the effectiveness, availability, quality and value for money for social care and children's services commissioned by, and delivered on behalf of, the SCCD;
  - Providing managerial leadership and ensuring regional consistency of high standards of social work and social care services provided to adults, families, children and carers by HSCTs;
  - ensuring the appropriate collection, maintenance and analysis of data to monitor the discharge of social care and children's functions and sharing such information with the Department;
  - ensuring that resources allocated to and by the HSCTs are efficiently and effectively used to ensure the safe and effective discharge of social care and children's functions;
  - Providing feedback to HSCTs regarding their performance in respect of social care and children's functions and the agreement of action plans to address non-

- compliance and/or areas of concern, ensuring the resolution of any performance issues in respect of a HSCT's discharge of social care and children's functions;
- Oversight of the production of an Annual Action Plan for each HSCT identifying improvements required in relation to a HSCT's performance in respect of social care and children's functions and Corporate Parenting responsibilities, a prescribed timescale for actions required and arrangements for review and assurance that improvements have been achieved and maintained;
  - Ensuring, in collaboration with CSWO/Deputy Secretary, that the permanent Secretary and Departmental Board are appropriately briefed in relation to HSCTs' discharge of social care and children's functions, the Action Plans agreed with each HSCT in respect of social care and children's functions and Corporate Parenting responsibilities, and any instances of non-compliance
  - the production and submission to the Department of an annual regional Overview Report in respect of the HSCTs' discharge of social care and children's functions, including the SCCD's critical analysis of the HSCTs' performance;
  - escalating
    - issues that the SCCD has been unable to resolve with a HSCT
    - issues of concern and/or risks, including resource issues and/or service pressures in relation to social care and children's functions,

to the CSWO/Deputy Secretary and SPPG Deputy Secretary and in turn to the Permanent Secretary and the Departmental Board as appropriate.

### **Capacity and Capability**

- 15.7 The Director of SCCD is responsible for working, collaboratively within DoH and HSCTs, to ensure strategic priorities in respect of building the capacity and capability of the social work and social care workforces are met, including;
- Promoting and monitoring compliance with professional and regulatory standards/requirements for the workforce and commissioning relevant education and training to ensure safe and effective practice and service provision, including discharge of social care and children's functions ;
  - Specifying, in agreement with the OSS, DCSWO and CSWO, through the commissioning process, the workforce skills and qualifications required for high quality, safe and effective service provision;
  - Advising, in agreement with the OSS, DCSWO and CSWO the Permanent Secretary and Minister on staffing levels which are sufficient to ensure the safe discharge of social care and children's functions and delivery of commissioned social work and social care services by HSCTs for which the SCCD is responsible;
  - Promotion of professional standards, education, training and workforce regulation to ensure safe and effective practice and service provision, including the discharge of social care and children's functions , and compliance with all relevant standards;
  - Contributing to workforce planning to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;



- Ensuring that each HSCT has adequate numbers of professionally qualified social work staff and social care staff to ensure effective management and delivery of effective services to fulfil social care and children's functions;
  - Ensuring in agreement with the OSS, DCSWO and CSWO, that adequate, high quality education and training is provided for social work students and social workers and social care workers employed in HSCTs to ensure the safe and effective discharge of social care and children's functions ;
  - Promoting a robust oversight infrastructure to ensure that all social workers receive professional supervision in compliance with professional standards and regional guidance and that social care workers receive appropriate and adequate training, supervision and support;
  - Ensuring that systems are in place to ensure that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action to remedy non-compliance.

## **16.0 HSCT Executive Director of Social Work (EDSW) – role and responsibilities**

### **Introduction**

- 16.1 The role of a HSCT EDSW is to provide strong professional leadership for social work and social care across the full range of social care services provided by or commissioned within his/her HSCT for children and adults in the statutory, voluntary and private sectors; and providing assurance that satisfactory arrangements are in place for the exercise of social care and children's functions by the HSCT.

This includes professional responsibility for ensuring the exercise of social care and children's functions in accordance with the law, the approved Scheme for the exercise of Delegation Directions to agreed professional standards and for providing strategic advice at board level on future developments and direction.

The EDsSW have key responsibilities within the HSCT to provide professional advice and support to the CEO and HSCT Board to ensure that all legislative requirements and social care and children's functions are fulfilled in compliance with regulations, guidance and procedures and to a high quality standard, including high professional standards.

The EDSW is responsible for seeking assurances from any other Operational Directors who have responsibility and accountability for the relevant service area that all social care and children's functions are being fulfilled to the required standard.

HSCT EDSWs are prescribed members<sup>8</sup> on HSCT Boards and are required to participate in and share corporate responsibility for the work of the HSCT.

### **Accountability**

The EDsSW are responsible for the managerial and professional oversight of the social care and children's functions exercised by the HSCTs as directed by the Department and are directly accountable to their HSCT's CEO who reports to the HSCT Board in relation to the HSCT's performance in respect of social care and children's functions.

EDsSW are directly accountable to the HSCT CEO and HSCT Board for the provision of authoritative professional advice and insights in respect of all social work and social care matters, social care and children's functions and for reporting on relevant statutory functions across a range of children's and adult services.

### **Role**

A summary of the professional responsibilities of the EDsSW are provided below:

### **Professional Leadership**

- Providing strong professional leadership for the social work and the social care workforces in the HSCT , ensuring high standards of social work and social care provision and full compliance with legislative, policy and procedural requirements and compliance with standards established by the Department;
- Providing professional advice and support to the CEO and HSCT Board to assist setting the strategic direction for social work and social care within the HSCT;
- Promoting a strong voice for all adults, families, children and carers who use or need social work and social care services;
- Supporting HSCT managers, frontline social workers and social care workers delivering social care and children's functions and services on behalf of the HSCT;
- Working collaboratively with other EDsSW, the Director of the DOH SPPG and the CSWO/Deputy Secretary to deliver social care and children's functions and to improve and safeguard the social wellbeing of people in Northern Ireland;
- Working collaboratively within the HSC system and with other key stakeholders in the public, voluntary, community and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;

---

<sup>8</sup> Section 4(1)(d) The Health and Social Services HSCTs (Membership and Procedure) Regulations (Northern Ireland) 1994

- Promoting and supporting evidence-informed approaches to decision making at managerial and operational practice levels.
- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Communicating, at local and regional levels, the positive contribution of social workers and social care workers in improving and safeguarding social wellbeing based on evidence and outcomes.

### **Professional Advice**

- Responsibility for giving advice and assistance to the HSCT in determining its policies and strategies for personal social services and for executing those policies and strategies to deliver social care and children's functions;
- Advising the HSCT on professional social services issues and ensure robust professional governance arrangements for the exercise of social care and children's functions within Children's and Adult Social Care Services;
- Giving advice and assistance to the HSCT Board and CEO in determining its policies and strategies for social care services and for executing those policies and strategies ;
- Advising and assisting the HSCT Board and CEO in determining its expenditure on personal social services and securing the resources required to deliver social care services, including exercise of social care and children's functions , and in tracking expenditure on service delivery;
- Providing authoritative professional advice and insights to the CEO and HSCT Board in respect of social work and social care matters and social care and children's functions;
- Proving authoritative professional advice and insights to other professional leads, partner and key stakeholder organisations, the independent sector and the media.
- Working in collaboration with the Director of the DOH Director of SCCD, other EDsSW and the CSWO/Deputy Secretary with regard to seeking and giving professional advice on social work and social care matters and social care and children's functions.
- Ensuring appropriate professional advice in the development and implementation of HSCTs policies, strategies and standards and in responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions.

### **Senior Professional Practice Lead**

- Providing authoritative professional advice to the CEO and, when necessary, making authoritative and final decisions on complex/controversial professional social work and social care practice matters and social care and children's functions on behalf of the HSCT;
- Providing authoritative professional advice and, as necessary, making decisions/recommendations on the most complex social work and social care cases

and social care and children's functions, where individual cases may be the subject of public and/or media interests;

- Encouraging the development and maintenance of relationships with the voluntary and private sectors to foster constructive and collaborative relationships.

### Professional Governance

- Ensuring compliance with the general guidance issued by the Department of Health and within the terms of contracts with purchasers;
- Ensuring effective arrangements within the HScTs for the professional oversight of the exercise of social care and children's functions, including fulfilment of Corporate Parent duties, within an integrated HSC system in line with:-
  - Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions): and
  - Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.
- Ensuring effective arrangements within the HSCT for professional advice and responses to social work and social care issues and social care and children's functions raised through established reporting mechanisms;
- Accounting directly to the HSCT's CEO and HSCT Board on the exercise of social care and children's functions and ensuring they are briefed about the HSCT's performance in respect of social care and children's functions and Corporate Parenting responsibilities and any instances of non-compliance
- Implementing any actions or directions agreed within the HSCT to address any issues of under-performance and/or non-compliance;
- Promoting a robust framework for commissioning and delivery in social care services, including the development of standards for social care services to deliver services.
- Escalating any issues of concern and/or risks, including issues regarding performance or resource or service pressures on social work/social care provision, to the HSCT's CEO and HSCT Board;
- Submitting to the Department for approval the Schemes for the exercise of social care and children's functions ;

- Ensuring that the HSCT's legal responsibilities in relation to social care and children's functions are assigned and the necessary systems and procedures developed within the context of the scheme devised by the HSCT and agreed by SCCD and the Department;
- Monitoring the operation of those systems and procedures and reporting to the HSCT Board;
- Ensuring that an appropriate system of professional audit exists for assessing and reviewing the quality of social work and social care practice and services and the delivery of social care and children's functions;
- Monitoring, evaluating and quality assuring the provision of social care services commissioned by the Regional Group and in particular the exercise of social care and children's functions through audit and review;
- Establishing appropriate monitoring arrangements to assure the SCCD and Department that the HSCT is exercising social care and children's functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, taking immediate remedial action;
- Ensuring the appropriate collection, maintenance and analysis of data to monitor service provision, including the exercise of social care and children's functions, and sharing such information with the SCCD and Department;
- Establishing and operating an efficient system to ensure effective social care governance arrangements within the HSCT and to oversee social care and children's functions and the social care governance arrangements associated with them within the HSCT;
- Submitting an annual report, including a self-assessment and critical analysis of performance, to the SCCD, OSS and Department on the exercise of social care and children's functions;
- Escalating any issues of concern and/or risks, including resource issues and/or service pressures, to the HSCT Board and, where appropriate, to the SCCD and Department.

### **Professional Capacity and Capability**

- Contributing to workforce planning within the HSCT to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- Advising the HSCT Board and CEO on staffing levels which are sufficient to ensure the safe exercise of social care and children's functions and social work and social care services for which the HSCT is responsible;
- Ensure all social work staff have a working knowledge of and comply with all relevant legislation, regulations, Departmental Circulars, policies, procedures, protocols and guidance in their practice, exercise of social care and children's functions and delivery of social care and children's social care services;

- Promoting high standards of professional practice by identifying training needs and ensuring social workers and social care staff receive appropriate learning, training and development opportunities and professional supervision to support effective practice and the safe exercise of social care and children's functions;
- Working collaboratively within the HSC system to agree strategic priorities in respect of building the capacity and capability of the social work and social care workforces;
- Ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non-compliance;
- Make recommendations, as necessary, to the HSCT in relation to professional and disciplinary matters affecting social services staff.

**CIRCULAR (OSS) 03 / 2022: ROLE AND RESPONSIBILITIES OF THE DOH DEPUTY SECRETARY/CHIEF SOCIAL WORK OFFICER, DIRECTOR OF SOCIAL CARE AND CHILDREN'S DIRECTORATE, AND EXECUTIVE DIRECTORS OF HEALTH AND SOCIAL CARE TRUSTS FOR CHILDREN IN NEED<sup>1</sup>, CHILDREN IN NEED OF PROTECTION<sup>2</sup> AND LOOKED AFTER CHILDREN<sup>3</sup>.**

**1 PURPOSE OF THIS CIRCULAR**

1.1 The purpose of this Circular is to ensure that:

the DOH Deputy Secretary/Chief Social Work Officer (CSWO);

the Director of the Social Care and Children's Directorate (SCCD) within the DOH Strategic Planning and Performance Group (SPPG) (The Director of SCCD);

the Executive Director of Social Work (EDSW) in each Health and Social Care Trust (HSCT); and

the Board of Directors of each HSCT, **both executive and non-executive**

are aware of the responsibilities which they have under the Children (Northern Ireland) Order 1995 (The Children Order) towards all children in need, children in need of protection and, in particular, as "Corporate Parents" for 'Looked After' children and those young people in receipt of Leaving Care and Aftercare services.

1.2 The Director of SCCD and Directors within HSCTs have responsibility for the care and protection of all Children in Need (as defined by Article 17<sup>4</sup> and Article 17A<sup>5</sup> of the Children [Northern Ireland] Order 1995). HSCT Directors have responsibility for all such children and young people within the area of their Trust, and must take reasonable steps to identify them and ensure services are provided to meet their needs.

1.3 The roles and responsibilities of the organisations to whom this circular applies are outlined in **Annex A**.

1.4 The legislative framework that governs the roles and responsibilities of the Director of SCCD and Directors of HSCTs for children in need, children in need of protection and 'Looked After' Children and associated services delivery arrangements are outlined in Circular (OSS) 01 / 2022 Social Care and Children's Functions (Statutory Functions).

<sup>1</sup> The definition of a Child in Need is included in Article 17 of the Children (Northern Ireland) Order 1995.

<sup>2</sup> A child/young person is 'in need of protection' if he/she has suffered or is likely to suffer 'significant harm' as defined by the Children (Northern Ireland) Order 1995.

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

<sup>4</sup> <https://www.legislation.gov.uk/nisi/1995/755/article/17>

<sup>5</sup> <https://www.legislation.gov.uk/nisi/1995/755/article/17A>

- 1.5 This Circular **replaces** Circular (OSS) 01/2018 *Role and Responsibilities of Directors of Health and Social Care Board and Health and Social Care Trusts for Children in Need, Children in Need of Protection and Looked After Children.*

## 2. **ROLE AND RESPONSIBILITIES OF ACCOUNTING OFFICERS**

- 2.1 Chief Executive Officers of HSCTs act as the **Accounting Officer** for their organisations and are responsible for providing assurances that all social care and children's functions<sup>6</sup> are fulfilled in compliance with all statutory and procedural requirements and within a framework of quality service provision and continuous improvement.
- 2.2 The Department may by direction provide for specified functions of the Department to be exercisable, in relation to the operational area of a specified HSC Trust, by that HSCT on behalf of the Department.

The Department may also, by regulations, amend the list of social care and children functions set out in paragraphs 10A and 10B of the Health and Personal Social Services (Northern Ireland) Order 1991.

- 2.2 To fulfil their Accounting Officer functions, Chief Executive Officers must be assured that the Board of their organisation and their senior management staff can effectively satisfy them that their organisation is delivering its statutory responsibilities towards children in need, children in need of protection and Looked After children and young people in compliance with all legislative and procedural requirements and to a high quality standard.
- 2.3 As Accounting Officers, they also have responsibility to ensure high levels of social care governance and an obligation to demonstrate how the services are co-produced, reviewed and improved with service recipients' direct involvement.

## 3 **ROLE AND RESPONSIBILITIES OF DIRECTORS OF HSCTs**

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

---

<sup>6</sup> Described in Article 10a , added to Health and Personal Social Services (Northern Ireland) Order 1991 pursuant to the enactment of the Health and Social Care Act 2022



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

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

Directors set the strategic direction of the HSCTs' services and determine HSCTs' policy and priorities within the overall objectives set by Government and the Department.

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

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

- 3.4 Effective multi-agency responses to children in need and their families should begin at an early stage to prevent deterioration in a child's/young person's circumstances, to safeguard and promote his/her welfare and secure improved outcomes for the child/young person.
- 3.5 **All HSCT Directors** should ensure that continuous improvement in quality of service provision remains a demonstrable activity in all aspects of service provision and the Trust's Annual Quality Improvement Report should inform the Board of the organisation in relation to the achievements made to improve the quality of services delivered.
- 3.6 Executive Directors of Social Work have a lead responsibility to provide a high quality of professional social work advice to ensure the Board of Directors can fulfil this function effectively and efficiently.
- 3.7 All Directors of the board of a HSCT have responsibilities to ensure that this happens in a planned, strategic and coordinated way.

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

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

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

- the overall needs of children in their area and the likely demand for services;
- what methods have been used to assess children's needs in their area;
- what services are being provided and how much is being spent on them;
- what measures are being used to monitor whether needs have been met and to assess outcomes;
- how effective is the multi-agency system in the HSCT's area;
- how this information is used to inform the improvement of outcomes for children and young people in their area.

- 3.9 The SCCD of the SPPG of the Department of Health provides guidance, by Delegation Directions issued under Article 10B (1) of the Health and Personal Social Services (Northern Ireland) Order 1991<sup>7</sup>, in relation to the information it requires HSCTs to provide under 6B (Schedule 3) of same..

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

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

- Participating in and sharing the corporate responsibility for the work of the Trust;

---

<sup>7</sup> 10B.—(1) The Department may by direction provide for specified functions of the Department to be exercisable, in relation to the operational area of a specified HSC trust, by that trust on behalf of the Department.

Article 10B (6) of the Health and Personal Social Services (Northern Ireland) Order 1991 clarifies that "delegated functions" means functions exercised by the trust by virtue of a delegation direction.

- Fulfilling a functional role as a second line manager responsible directly to the chief executive of the Trust; and
- Providing professional leadership throughout the Trust.

3.11 The Annex to the letter (METL 2/94) provided detailed guidance on the professional role of the Executive Director of Social Work, including the specific role of providing the Trust with the necessary professional social work advice and expertise required to ensure the effective and efficient delivery of personal social services and the satisfactory discharge of the statutory functions delegated to the Trust.

#### 4. THE CORPORATE PARENT<sup>4</sup>

- 4.1 The HSCTs have a legal and ethical duty to provide children who are Looked After with the kind of support that any good parents would give to their children. In this context the Board of Directors of the Trust act as the “**Corporate Parent**”<sup>8</sup> for all children and young people who are Looked After by the Trust and are corporately responsible for all aspects of those children’s and young people’s well-being.
- 4.2 Children who are Looked After are vulnerable and one of the best safeguards against abuse or harm to these children is a high standard of management and practice in planning, monitoring and resourcing a range of social services for children and their families.
- 4.3 As well as ensuring that children are kept safe and well in the present, high standards of service and professional practice, managerial and corporate oversight will give children who are Looked After enhanced life chances so that when they cease to be Looked After they have much better prospects and ultimately a more settled adult life.

---

<sup>8</sup> When a child/young person becomes ‘Looked After’ by a Trust, the Trust becomes the ‘Corporate Parent’ of that child/young person and has a collective responsibility to provide the best possible care and safeguarding for the children/young people who are looked after by the Trust. A child/young person who is looked after by a Trust requires the whole Trust – its officers and employees – to have the same goals for the children/young people it looks after as those of every ‘good parent’, and to act as a ‘good parent’ would be reasonably expected to act for their child. The Trust must take seriously the moral as well as legal responsibility for enabling the children in its care to experience happy and fulfilling lives.

Every good parent wants the best for their child, to see their child flourish with good health, to be safe and happy, to do well at school, to enjoy good relationships with their peers, to make the most of leisure opportunities, hobbies and interests, and to grow into adulthood equipped to lead a fulfilling, independent life and to make his/her way as an adult in higher education, in a good career/ job, and to be financially secure.  
[Children and Social Work Act 2017]

## Annex A

### ORGANISATIONAL ROLES AND RESPONSIBILITIES

#### THE ROLE OF THE DEPARTMENT OF HEALTH (THE DEPARTMENT)

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

- the establishment and review of the legislative and policy context for the planning and delivery of health and social care services for children and their families;
- providing regulations, guidance and standards for services to help ensure the quality and effectiveness of social care services provision; and
- discharging, monitoring and accountability functions through collation and analysis of regional information and bilateral meetings with HSCTs on their discharge of their social care and children's functions (the statutory responsibilities that have been delegated to them for children in need and their families).

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

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order)<sup>9</sup> also places a statutory duty of quality upon health and social care organizations and requires the Department to develop standards against which the quality of services can be measured.

The Department provides oversight of HSCTs' social care and children's functions and, through established reporting arrangements and assurance and accountability processes, monitors the effectiveness and efficiency of service provision to meet the needs of children and families.

---

<sup>9</sup> <http://www.legislation.gov.uk/nisi/2003/431/contents>

## OFFICE OF SOCIAL SERVICES

A Professional Social Work Group is located within the Office of Social Services (OSS) in the Department of Health. OSS provides professional social work advice and expertise to the Minister, the Deputy Secretary/Chief Social Work Officer the department and social care and criminal justice agencies in the arena of social work and social care and children's function OSS works with others to ensure that social work and social care services are responsive to the needs of people living and working in Northern Ireland and are of the highest possible standard in keeping with the resources available

OSS is responsible for:

- promoting the quality of social work and social care services, improving their efficiency and effectiveness and ensuring the safety and well-being of service users and carers;
- providing professional advice and expertise to Ministers, government departments, agencies, statutory, voluntary, private and community sector organisations, where appropriate, on the formulation of policy and operational procedures;
- the review of social care and children's functions, services and related health policies, and the efficient and effective delivery of social work and social care and children's services;
- developing and promoting policy on training, qualifications and staff development for the social services workforce and ensuring effective policy implementation;
- sponsoring and holding to account the Northern Ireland Social Care Council (NISCC), which is the regulator of the social care workforce and professional social work training in Northern Ireland;
- facilitating the conduct of business between DoH, commissioners and providers of social work and social care services and other agencies;
- Leading on social work and social care workforce policy and strategy in conjunction with DoH Workforce Policy Unit;
- The development of social work and social care professional and quality standards.

- Professional endorsement of HSCT applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children (NI) Order 1995 Regulations and Guidance.
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;

## **THE SOCIAL CARE AND CHILDREN'S DIRECTORATE**

Following the closure of the Health and Social Care Board (HSCB), the HSCB Social Care and Children's Directorate (SCCD) 'migrated' into the Department of Health within the Strategic Planning and Performance Group (SPPG).

The SCCD reports directly to the Grade 3 Deputy Secretary of the Department of Health SPPG in respect of compliance and performance management issues related to social care and children's functions and, through OSS, to the Deputy Secretary/Chief Social Work Officer in respect of professional social work issues related to social care and children's functions.

The Deputy Secretary of the Department of Health SPPG and the Deputy Secretary/Chief Social Work Officer both report in collaboration with each other to the Department's Permanent Secretary in relation to their respective responsibilities for social care and children's functions.

The SCCD is responsible for professional oversight, governance, performance management and accountability as well as strategic oversight of HSCTs in relation to the exercise of social care and children's functions (statutory functions).

The SCCD of the Departmental SPPG plays a key role in the approval process in relation to the approval of Schemes of Delegation Direction. The Department (SCCD) will issue an instruction (delegation direction), signed by the Deputy Secretary / Chief Social Work Officer, for specified functions of the Department to be exercisable by the HSCTs and requesting the HSCTs to submit a Scheme on an approved template to assure the Department that proper provisions are in place for the effective exercise of the said functions.

The SCCD are responsible for the design and issue of a single regional performance management and reporting template in relation to the exercise of social care and children's functions.

## HEALTH AND SOCIAL CARE TRUSTS (HSCTs)

The Health and Social Care Act 2022 amended previous legislation and provided the legislative basis for the exercise of statutory functions by HSCTs by the addition of Article 10 A and 10 B to Health and Personal Social Services (Northern Ireland) Order 1991.

The arrangements for the exercise of statutory functions related to social care and children's are specified in Departmental Circular (OSS) 01 / 2022: Social Care and Children's Functions (Statutory Functions) and Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight

The HSCTs' Executive Director of Social Work (and the Department's Director of Children's Social Care) are the officers with prescribed responsibility for organisational oversight of the discharge of social care and children's functions (Statutory Functions) and their roles and responsibilities in relation to management and reporting arrangements are clearly outlined in:-

Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions); and

Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.

**However, as a Board of Directors, all Directors of HSCTs - executive and non-executive - have a duty to ensure that the management and other arrangements in place within HSCTs are appropriate to the delivery of high quality and well managed services for children and that all social care and children's functions (statutory functions) are effectively and efficiently delivered.**

## CHILDREN'S AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

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

CYPSP develops and reviews the Children's Services Plan which SCCD is required to deliver in compliance with the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998.<sup>10</sup>

**REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)**

The Regulation And Quality Improvement Authority (RQIA)<sup>10</sup> was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvement in the quality of those services.

---

<sup>10</sup> <https://www.legislation.gov.uk/nisi/2003/431/article/40>



**NORTH AND WEST BELFAST HEALTH AND SOCIAL  
SERVICES TRUST**

**The Discharge of Statutory Functions Report  
2004 - 2005**

**28th October 2005**



**CONTENTS**

	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>Physical Health and Disability Programme of Care</b>	<b>5</b>
<b>Older People's Services</b>	<b>24</b>
<b>Mental Health Programme of Care</b>	<b>60</b>
<b>Learning Disability Programme of Care</b>	<b>87</b>
<b>Family and Children's Services</b>	<b>121</b>

## INTRODUCTION

- North and West Belfast Health and Social Services Trust provides a comprehensive range of community-based health and social care services covering a population of approximately 145,000 people. The Trust also manages specialist services for people with a learning disability at Muckamore Abbey Hospital; in addition, the Trust provides social care services at the two acute hospitals within North and West Belfast, the Royal Group of Hospitals and the Mater Infirmorum Hospital.
- The report provides a comprehensive overview and commentary on the Trust's discharge of its delegated statutory responsibilities in accordance with the provisions of the Health and Personal Social Services (Northern Ireland) Order 1993. The discharge of these responsibilities is mediated through five Programmes of Care: Physical Health and Disability; Older Peoples Services; Mental Health; Learning Disability and Services for Children.
- The Director of Social Work is accountable for the efficient discharge of statutory functions. The Director regularly meets with colleagues from other Trusts to ensure consistency and effective inter-Trust collaboration in the discharge of delegated statutory functions. There is also a monthly Social Work leads forum which oversees each Programme of Care's discharge of Statutory Functions.
- During the year 2004-2005 activity levels continue to reflect the substantial demand for personal services within the Trust area. In the unique challenges of North and West Belfast, with their colleagues across the Trust's multi-professional /multi-disciplinary service spectrum, Social Work and Social Care staff provide a qualitative and enabling range of services in partnership with users, their families and community. I would like to take this opportunity to acknowledge the professionalism and dedication shown by staff in their work with and on behalf of the population of North and West Belfast.
- This year's report reflects the further amendments and improvements agreed by the EHSSB and the respective community Trusts integrating both quantitative and qualitative themes in a standardised format. It is complemented in respect of children's services by the Trust's Corporate Parenting reporting process
- 4 ■ The Trust's Social Work Forum continues to provide a vehicle for the consolidation and development of professional Social Work across the Trust. The Forum process offers a mechanism for the professional social work staff group within the Trust to reflect upon and contribute to the debate regarding the future direction of social work within the Trust. Staff have embraced this enthusiastically as evidenced by high numbers in attendance and significant interest in professional issues.

Within this framework the Trust is pursuing the pro-active participation of social work staff to its responses to the opportunities and challenges of the ongoing change context.

The Forum will facilitate the consolidation and further development of the profile and integration of social work within the Trust in the light of the new requirements of NISCC for registration of the Social Work and Social Care workforce and adherence to NISCC code of practice.

X

---

Ms. Bernie McNally  
Director of Social Work for Family & Childcare & Mental Health Services

## **STATUTORY FUNCTIONS REPORT 2004 - 2005**

### **PHYSICAL HEALTH & DISABILITY PROGRAMME OF CARE**

#### **INTRODUCTION**

#### **1 BACKGROUND**

- 1.1 The local Health Action Zone profiled the health status of the Trust's population in July 2002. The results, drawing on a variety of independent sources, concluded that the health status of the population is 31% poorer than the Northern Ireland Region as a whole
- 1.2 In numerical terms it is estimated that around 18,000 residents in North and West Belfast have a functional physical or sensory disability.
- 1.3 In meeting this challenge the Programme directly provides or purchases services for: chronically sick and disabled people; sensory impaired users; carers; and the families of disabled people.
- 1.4 This provision is mediated through a number of service deliver channels: community based social care provision; care management; hospital based services; day support centres; grant aid to the community sector; and commissioning arrangements with independent providers.

#### **UPDATE ON 2003-2004 STATUATORY FUNCTIONS REPORT**

##### **1.5 Community Care Packages**

- In response to the ongoing demand for community care packages the Programme prioritised avoiding delayed discharges. This target was achieved with the assistance of the addition Priority for Action monies (100k) in 2003-2004. Unfortunately the addition did not allow for the tackling of the significant wait list for packages, for users living at home.

##### **1.6 Children with a Disability**

- As proposed, cost pressure requests for children with complex needs were forwarded to the Commissioner. During the financial year, the two requests forwarded were fully met by the Commissioner.
- During 2005-2006 the Trust proposes to establish a working group to report on service models, in relation to its provision for children with complex medical needs.

##### **1.7 Mental Health Services for Deaf People**

- Notwithstanding the enhancement of Regional Services, there is no progress to report on the Programme's recommendation that localised specialised services should be commissioned for this user group

#### **1.8 Direct Payments**

- The Programme increased its usage of Direct Payments from 4 users to 8 users, with a corresponding increase in hours allocated for direct payments provision. The Trust also established a working group to further profile and encourage this source of provision.

#### **1.9 Supporting People (Capital Development)**

- The Programme are in consultation with providers (Oaklee Housing and Leonard Cheshire) in relation to a supported housing development in the Springfield Road area. The development, which will have 10 dwellings, is due to be completed in October 2006.

#### **1.10 Supporting People (Floating Support)**

- The Trust was allocated monies by the Supporting Partnership Board for the development of floating support for physically disabled people. The Programme has developed proposals, to be delivered through the community independent sector.

#### **1.11 Community Brain Injury Team**

- The Trust was unsuccessful in trying to recruit a Coordinator/Clinical Psychologist for the Team. The post will be re-advertised.

#### **1.12 Neo-Natal Social Worker Service (RJM'S)**

- The Trust has forwarded a bid, through the Royal Group of Hospitals bidding process, for the recruitment of a full-time social work post. In the meantime, the Trust is providing (unfunded) coverage of 8 hours per week.

#### **1.13 Regional Inspection of Services for Disabled Children in Hospital: Royal Group of Hospitals**

- The Trust agreed an Action Plan, and has commenced the implementation of same, to take forward the recommendations of the Inspection Report.

#### **1.14 Transitions Project**

- The project, provided by the Cedar Foundation, commenced in August 2004. The contract stipulates that the service should accommodate 20 young people at any given time, with capacity to track a further 10 young people who have left the core service.

#### **1.15 Services for Carers**

- The Trust issued a draft Carers Strategy for public consultation in December 2004. The draft strategy was forwarded to 302 key

individuals and organisations. The consultation process ended in March 2004.

- The Trust also provided 4 training sessions for front line staff in respect of completing Carers Assessments. Annual training sessions will be provided to existing and new staff.

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

- The Trust, in its response to the EHSSB (draft) Strategy for Services for Physically Disabled People have asked that, intermediate care schemes, which have been a success in services for older people, should be extended to under 65 year olds.

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

- The Programme audited the number of users who fell within this category. As previously suggested, it was found that a significant number of such users were in receipt of either residential or community care. In this context it was noted that for the majority of the users, the primary issue was alcohol abuse, with attendant secondary physical ailments.

## **2. STATUTORY FRAMEWORK**

### **2.1 The delivery of services within the Physical Health and Disability Programme of Care are primarily prescribed by statute:**

- ⇒ Chronically Sick and Disabled Persons Act 1978
- ⇒ Disabled Persons Act (NI) 1989
- ⇒ Children (NI) Order 1995
- ⇒ HPSS Order 1972 & 1991
- ⇒ Education and Libraries (NI) Order 1986
- ⇒ Human Rights Act 1998
- ⇒ Northern Ireland Act (Sect 75) 1998
- ⇒ Carers and Direct Payments (NI) Act 2002
- ⇒ Criminal Evidence (N.I.) Order 1999
- ⇒ HPSS (Quality, Improvement, and Regulation) (N.I.) Order 2003
- ⇒ Freedom of Information Act 2000
- ⇒ Housing Support Services (N.I.) Order 2003



### 3 QUALITY ASSURANCE

#### 3.1 Core Social Work Standards

##### A) Professional Accountability Line

- The Executive Director of Social Work has ultimate professional responsibility for social work staff in other Programmes of Care. In addition, the Director responsible for Programme (the Director of Social Care and Physical Disability) is a professionally qualified, and NISCC Registered social worker.

##### B) Significant Risk Cases

- i) The Programme has a written Referral and Allocation procedure. This procedure details the screening obligations of both social work staff and team managers. The procedure specifically highlights that all cases suggesting immediate risk must be brought to the attention of team managers. Further, the procedure mandates that all urgent referrals must be responded to within 24 hours.
- ii) A written Recording Procedure covers all aspects of the recording process from the point of referral to closure. Requirements to record decision making is also specified by the Programmes Supervision Procedure. Staff received training in respect of both of these procedures: both will formally be reviewed in September 2005.

In responding to significant risk cases, staff have received training in respect of the ACPC New Policy and Procedures. In addition the Trust on a rolling basis, provides for awareness training in respect of the EHSSB Vulnerable Adult Policy, and the Joint Protocol arrangements, for investigating suspected abuse of vulnerable adults. The Programme has two staff trained to Achieving Best Evidence level, in respect of investigating alleged abuse of vulnerable adults.

The Trust has an Interface Policy setting out arrangements between Programmes of Care in relation to investigation of child protection cases. In summary the procedures mandates, the Family and Child Care POC to carry on out investigations.

##### C) Looked After Children

- The Programme would rarely have to invoke the Looked After Children Procedures. Nevertheless, management in the community based social work teams, most of whom have recent Family and Child Care POC experience, are aware of the L.A.C. requirements.

**D) Supervision of Staff**

- A Supervision Procedure is extant; it explicitly states that supervision for all grades must occur, at least monthly. The procedure also includes guidance on the purpose of supervision, and stipulates for recording within the supervisory process. The procedure will be reviewed and re-issued in September 2005.

**E) Risk Assessment Protocol**

- The Programme does not have a specific protocol. However, analyses of risk, whether in respect of children or vulnerable adults, complies with Brearley Model. For example, at case conference, all risks are enumerated, and protection plans are implemented against these risks.

**F) Unmet Need**

- The Programme does not have a written procedure for recording or managing unmet needs. However, there are reporting mechanisms extant in relation: waiting lists for community care packages, monthly returns from the community bases teams, and the Programmes Risk Register. In terms of the management of unmet need, managers have received guidance on monitoring such cases by way of ensuring that any significant risk developments are immediately responded to.
- The Programme will ask the Trust to consider the drafting on unmet needs policy, covering all Programmes of Care.

**G) Annual Audit**

- In order to measure compliancy against extant Trust, Board, and DHSS&PS Policies and Procedures, the Programme has initiated an annual file audit of professional practice. The first audit was completed in February 2005.
- Overall, the audit signified a high level of compliance and good professional practice.
- A number of files indicated practice issues for individual social work staff. These included concerns about poor recording, and unfocused case intervention. These concerns were addressed with the individual staff concerned, and will be monitored by the respective team managers.
- The audit also noted that some managers needed to tighten up on the focus (and recording) within the supervision process.
- The next audit, which will include reviewing: individual case files; social workers composite files; and managers supervision files, is scheduled for February 2006.

### 3.2 Untoward Incidents

- The Programme is aware of and compliant with the interim guidance (Circular PPM 06/04) for the reports of Serious Adverse Incidents. Risk awareness training was provided to a number of nominated staff during the financial year.
- A designated APSW reviews and analyses all Adverse Incidents. None of the incidents listed below were categorized as Serious Adverse Incidents. The APSW's review of the incidents did not reveal any significant trends or issues.

### Adverse Incidents

The Programme recorded 9 Adverse Incidents from April 2004 – March 2005. The breakdown is as follows:

⇒ Burn or Scald	1
⇒ Collision with Objects	2
⇒ Fall from a Height, Bed or Chair	2
⇒ Fall on the Same Level/Slip/Trip	2
⇒ Struck by a Moving Object	1
⇒ Body Part Trapped	1

- In response to the anticipated finalised Departmental guidance on the reporting of Serious Adverse Incidents, the Trust will draft and issue a Serious Adverse Incident Policy and Procedure.

### 3.3 Social Care Governance

- The Trust has published strategies in respect of Clinical and Social Care Governance; and Risk Management respectively.
- Staff have received training both at an awareness level; and specialist training for a smaller number of staff.
- The Directorate has also established a multi-disciplinary Clinical and Social Care Governance Committee for Physical Health and Disability. The Committee's Action Plan has identified the following priorities:
  - ⇒ Evaluation of complaints and compliments.
  - ⇒ Maintaining and learning from Risk Registers.
  - ⇒ Audit, research, and development.
  - ⇒ Learning from Adverse Incidents.
- The Committee meets on a quarterly basis; sub groups are extant in relation to the Action Plan priorities highlighted above.
- The most recent review of Physical Health and Disability's Risk Register (February 2005), identified the following as the most serious risks:

- ⇒ An inability to respond adequately to referrals from the neonatal ward at the Royal Belfast Hospital for Sick Children – the Trust does not have contract coverage to meet the demand in this Ward.
- ⇒ Risk to quality of life, and loss or harm, of users attendant upon a waiting list for domiciliary care.
- ⇒ Risk of loss or harm to users delayed in hospital due to insufficient funds in the community care budget (residential and domiciliary).
- ⇒ Risk to service quality, due to Regional difficulties relating to the training and recruitment of rehabilitation officers (visual impairment).
- ⇒ Risk to service and financial targets attendant upon addressing the residential needs of chronic alcohol users.
- As part of the risk management process the Programme has identified current controls for managing these risks on a short term basis. Proposed actions which would fully address the risks have also been enumerated in the Risk Register.

### 3.4 Feedback From Users

- The Trust, during the year 2004-2005 issued a users involvement strategy. The strategy defined user involvement as consisting of three overlapping processes: information dissemination; consultation; and user participation.
- During this financial year the Programme surveyed users, at Beech Hall Day Centre and Woodlands Day Centre, in relation to the quality of provision. The responses to the surveys, whilst generally favourable, identified areas for improvement – action plans have been drafted to address the areas identified.
- The Programme, as Trust lead for carers co-ordination issues, also facilitated a public consultation exercise in respect of the Trust's draft Carers Strategy.
- During the next financial year, the Programme will take lead responsibility for issuing a questionnaire to carers, by way of further improving service delivery for this user group.
- The Programme currently facilitates two users groups at its respective day centres. In addition, the Programme seeks to enhance user experience by supporting 13 recreational and social clubs, self-managed by physically disabled / sensory impaired people.
- In 2005-2006, the Programme will also progress the restructuring of its Programme wide Focus Group. It is intended to both recruit new users on to the group, and increase the remit of the group to include involvement in service planning.
- At an individual case level, professional practice in the Programme places a high emphasis in fully involving users in the planning and delivery of services. This emphasis is also evidenced by the

Programme's ~~continuing~~ expansion of Direct Payments, as a key means of increasing user participation.

- The Programme received 5 complaints over the financial year in question. The breakdown by category was as follows:
 

⇒ Treatment and care	2
⇒ Staff and attitude	1
⇒ Communication or information to users	2
- 60% of the complaints were responded to in the stipulated 20 day time frame. All the complaints were resolved locally. As a consequence of one of the complaints a procedural change was required within the Programme.

## Trust Commentary on Discharge of Statutory Functions and Emerging Issues

### 4.1 Community Care

- The anticipated financial situation in 2005-2006, combined with the continuing incremented increase in demand, will put significant pressure on the Programmes Community Care capacity. In response, the Trust will continue to prioritise the discharge of patients from hospital, however, given the final situation and, the quite limited turnover in the use of care packages in the Programme, the Trust cannot guarantee that it will meet the Priorities For Action targets in respect of hospital discharges.

### 4.2 Children with a Disability

- An expansion of respite/social access provision is required to meet demand. The gap in provision refers to pre-school, and after-school clinical services. The Trust would welcome a focus in this area in the forthcoming EHSSB Children Services Plan.
- The Trust, in consultation with the Commission, will also take forward recommendations to be made in the pending Social Services Inspectorate Report on services for disabled children in the community.

### 4.3 Supporting People: Floating Support

- With the agreement of the Supporting People Partnership Board, the Programme has agreed four Floating Support schemes to commence in 2005-2006. The providers are: Headway, who will concentrate on brain injury users; Upper Springfield Development Trust, who will focus on disabled people in Greater West Belfast; the Blind Centre, who will provide a support worker for visually impaired people; and NIDYA, who will address the housing and attendant needs of young deaf people aged 16-25 years.

#### 4.4 Rehabilitation Services: Visual Impairment

- An increase in referrals, and difficulties experienced in recruiting Rehabilitation Officers, has resulted in an average response time of 4 months for new referrals.
- In response, the Programme successfully applied for inclusion in the Service Improvement Initiative Programme run by the DHSSPS Service Improvement Unit. The Programme will also seek to address both the quality and efficiency of provision, by involving the Sensory Support Team in a PCIS pilot programme within the Trust.
- The SSI is due to publish its report on adult services for adults with a sensory loss, in the forthcoming financial year. The Trust, in consultation with the Commissioner, looks forward to progressing the recommendations of the Inspectorates report.

#### 4.5 EHSSB – Strategy for Adults with a Disability

- The Trust, in co-operation with the EHSSB, will seek to advance service development opportunities arising out of the pending publication of the Strategy. The Trust is particularly keen to expand rehabilitation services for physically disabled people, along the lines of those extant in respect of Older People Services.

#### 4.6 Brain Injury Services

- With the planned opening of the Regional Acquired Brain Injury Unit at Musgrave Park Hospital, early in 2006, the Trust would welcome stakeholder discussions in relation to interface protocols in order to ensure continuity between the acute sector and community based teams.

#### 4.7 Direct Payments

- During the next financial year, the Programme will increase the availability of hours from the current 126 hours per week to 250 hours per week. To fund this increase the Programme will reduce the contracted hours to the select list of providers. It is unlikely that the Programme will be able to further expand direct payments usage, in the absence of new monies, as it would not be viable to further reduce contracted hours of these providers.
- As per the recommendation of the DHSSPS Review of Direct Payments, the Trust, in the new financial year, will have 3 staff trained, to provide Direct Payments training to the personnel throughout all Programmes of Care.

#### 4.8 Carers Strategy

- Early in the next financial year, the Trust will publish its Carers Strategy. This publication will be accompanied by a detailed 3 year Action Plan. At the point of publication, the Trust will also widely distribute an information leaflet on carers legal right to an assessment of need.
- The Physical Health and Disability POC will maintain the co-ordinating responsibility in the Trust for the progression of the Carers Strategy.

**4.9 Services for People with Chronic Alcohol Problems.**

- The in-year audit, previously referred to, also highlighted the lack of specialist or integrated provision, to meet the care and clinical needs of people with chronic alcohol problems. For example, the Programme does not have the means to adequately address the clinical needs of an increasing number of users with a Korsokoffs diagnosis.

**4.10 Day Support Centres**

- As part of the Trust overall Capital Utilisation Strategy (Phase 3), the Programme is to review both the location and functions of its two day centres. At present they provide generic services in respect of the: rehabilitation; respite; and social access needs of users. The proposed review will consider alternative models of provision, including a centre specialising in the rehabilitation needs of users.

**4.11 Community Development**

- The Trust is to establish a Community Development Investing For Health Project Team/Board, during the next financial year. The remit of the initiative includes: bringing greater coherence at a planning and delivery level, amongst the statutory stakeholders. The Programme will be represented on the Project Team along with colleagues from: other POC'S; Investing For Health Team; the HAZ Team; and the L.H.S.C.G.
-

**DISABLED CHILDREN****Table 1 – General Service Provision**

Nos of children known to services	95	
Specify services and activity levels delivered to this population in 2004 / 2005.	Crossroads:	10
	Childrens Home Care Service:	16
	Phab Nursery:	6
	174 Trust:	14
	Ardmonagh:	3
	Sense:	3
	Transitions Project:	13
	NIDYA:	21
	West Belfast Festival:	56
	Tullymore Afterschools:	2
	Oscailt:	17
	Summer Scheme:	17
	Sponsored Day Care:	8
Unmet Need		
1) Nos of children unable to access any service following assessment	Ardmonagh:	1
	Crossroads:	4
	Childrens Home Care Service:	4
2) Nos of children unable to access the indicated service level following assessment		

**Respite Provision**

Name of Unit	No of Children/Young People	Overnights per Year
Foster Parents	1	14
Childrens Hospice	2	
Forest Lodge	1	45
R.V.H.	1	26



**DISABLED CHILDREN****Domiciliary Provision**

Name of Service	No of Children/Young People	Sessions per Year
Crossroads	10	1536.50 hours
Childrens Home Care Service	16	832 sessions
Phab Nursery	6	480 sessions
174 Trust	14	728 sessions (1456 hours)
Ardmonagh	3	483 sessions
Tullymore Afterschools	2	132 sessions
Summer Scheme	17	51 weekly sessions
Sense	2	172 sessions
West Belfast Festival	56	174 hours
Oscailt	17	35 hours
Transitions Project	13	676 sessions
Sponsored Day Care	8	978 hours
NIDYA	21	48 sessions
RNIB Summer Scheme	1	20 days
RNID Saturday Club	20	800 sessions
RNIB Summer Scheme (Multiple Disability)	5	25 sessions

**Table 2 – Mental Health (NI) Order 1986**

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	0
	Applications by relatives leading to admission for assessment	0
Article 18	Reception into Guardianship	0
	Renewal of Guardianship	0
	Discharge from Guardianship	0
	No. of Guardianships in force	1
Article 73 (i)	Mental Health Review Tribunal Referrals	0

**DISABLED CHILDREN****Table 3 – Disabled Persons (NI) Act 1989**

		Numbers in Year
Section 4	Assessment and Care Planning	95
Section 8	Taking into account ability of carers	95

**Table 4 – Carers and Direct Payments Act (NI) 2002**

	Number by service type
Referrals for Direct Payment	2
Payments made	2
Carers Assessments	39

**Table 5 – Disabled Children placed in Adult Services**

	Numbers in Year
Hospital	0
Residential care	0
Nursing Care	0
Respite	1
Day Services (Domiciliary POC)	1

**PHYSICAL HEALTH AND DISABILITY (ADULTS)**

Table 1 – General Service Provision

<p>Nos of people known to Hospital social work services</p>	<p>R.V.H. 4,042 new referrals 3,953 closures RBHSC: 680 new referrals 625 closures RJMS: 442 new referrals 408 closures EDRU: 864 new referrals 862 closures Mater: 2,750 new referrals 2,874 closures</p>
<p>Nos of people known to Community services</p>	<p>PH&amp;D: 693  SST: 643 new referrals; 623 closures; 275 open cases at 31/03/05  Care Management: 252</p>
<p>Specify services and activity levels delivered to this population in 2003 / 2004.</p>	<p>M.S. Dalriada: 307 days Chilled Meals: 26 users Home Help: 162 users Crossroads: 10878.5 hours  Community Care Packages at 31/03/05: Residential: 47 Domiciliary Care: 99</p>
<p>Unmet Need</p>	
<p>1. Nos of people unable to access any service following assessment</p> <p>2. Nos of people unable to access the indicated service level following assessment</p>	<p style="text-align: center;">33</p> <p style="text-align: center;">4</p>

Table 2 – Accommodation/Respite

	Private		Voluntary		Statutory		Total	
	Users	Nights	Users	Nights	Users	Nights	Users	Nights
Supported Living			7	2,555			7	2,555
Nursing Home Placements	41	51,465	1	365			42	51,872
Residential Home Placements	4	1,460	10	3,650	2	473	16	5,585

	Users	Sessions	Users	Sessions	Users	Sessions	Users	Sessions
Respite	30	664 days						
Domiciliary	187							

Table 3 – The Disabled Persons (NI) Act (1989)

		Numbers in Year
Section 4	Assessments and Care Plans	1,336

Table 4 – Carers Recognition and Services Act (1997)

	Number undertaken
Carers Assessments	48

Table 5 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	11
Payments made	5

Table 6 – Vulnerable Adults Policy

	No. of referrals	25
	Details of outcomes as follows	
	No further action following assessment	-
	Investigations	
	- Social services	23
	- PSNI	-
	- Joint	2
	Confirmed abuse	
	- Physical	3
	- Sexual	-
	- Emotional	20
	- Financial	2
	Protection Plans	2
	Cases closed	1
	Multi-disciplinary Case Conference	71

**Staffing: Physical Health and Disability**

**Table 3.1:**

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1 (1.00)	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	0	0	0	0	0	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	3 (3.00)	3 (3.00)	0	0	3	
Care Managers	5 (4.50)	5 (4.50)	0	0	5 (1xNursing)	

**Table 3.2: Social Work**

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 56 (48.20)  Sen Pract 0 (0.00)  Sen SW 11 (10.50)	0 (0.00)	SW  0 (0.00)  Sen Pract 0 (0.00)
SW Qualification Profile	Qualified 67  Unqualified 0	Qualified 0  Unqualified 0	Qualified 0  Unqualified 0
Date of Qualification (years)	0-2 9  2-5	0-2 0  2-5	0-2 0  2-5

	4	0	0
	5+	5+	5+
	43	0	0
<b>Vacant Posts (W.T.E)</b>			

**Table 3.3: Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	7	52
PQ1 (Only PQ1 Completed)	9	33
PQ2-6 (Selection of Credits but not full award)	1	7
PQ Award (Full)	2	12
Registered Advanced Award	1	4
Advanced Award Credits	0	0
Advanced Award (Full)	0	2
Practice Teachers Award	1	7

Approved Social Worker (ASW)	0	0

**Please identify any recruitment and / or retention issues.**

- There has been a change of 4 staff in past year.
- Social Workers working with deaf community need B.S.L. Level 2; it takes 3-4 years to develop good skills – staff then move on. There is no recognition for this qualification.
- Ongoing recruitment difficulty with recruiting Rehabilitation Workers.

**Action or proposed action to address above.**

- Ongoing training in B.S.L.  
 Skills mix in Sensory Support Team to ensure effective service delivery.



**THE DISCHARGE OF STATUTORY  
FUNCTIONS**

**SERVICES TO OLDER PEOPLE**

**2004-2005**

## 1. INTRODUCTION

The Trust continues to provide social care to 7605 older people. This number has not significantly varied from previous years although demand for service provision in some areas continues to increase. There is some variance across the Trust with areas of higher demand when comparisons are made across the Social Work and Care Management Teams. The population of older people continues to be effected by deprivation factors. While the population has not changed, it is significant to note that 14 wards out of 27 in North and West Belfast have a higher percentage of 60 plus when compared with the Northern Ireland average of 17.5%. This figure is significant in some areas where population shifts of younger people have occurred, thus reducing the availability of carers to offer supports.

The focus of the Trust's Programme of Care for Older People remains the continued provision and development of services, which enable older people to remain living in their own homes as independently as possible. The following areas were highlighted as key areas to be implemented for 2004/05 and progress continued to be made to meet the targets set for achieving the action planned.

### 1.1. Programmes progress in meeting 2003/04's Action Plan

- Carers Strategy

This has remained a high priority with preparation and planning throughout the year for the launch of the Carer's Strategy. Staff from the Programme are represented on the steering group and staff training continues on completion of carer's assessments and awareness of carers needs in conjunction with the Trust's Carers Co-ordinator. The Programme also commenced its response to the Department's Inspection of Social Services to Carers of Older

People. It is expected the recommendations will have a significant impact on the direction and development of the Trust's Services for Carers of Older People. The Programme continued to support the Family Carer's Training Scheme managed by Extra Care and carers were identified who participated in the training programme. The Programme is currently awaiting an evaluation of this.

The Programme has continued to develop carer support across a wide range of services including education and training groups which continue to develop in conjunction with staff from the Programme and Voluntary Groups to meet the needs of carers. Support for carers has also been provided by way of carer's grants. The provision of alternative therapies for carers continued to be requested and there were 116 alternative therapy sessions provided to carers. Social work staff within the Programme have continued to ensure carers are aware of the availability of Carers Assessments and are made aware of their right to assessment. ✓

- Direct Payments

Staff have had difficulty in increasing the uptake of Direct Payments. There remain only two people in the Programme in receipt of payments. Staff report that older people within the Trust area are reluctant to apply. This may be due to the lack of the necessary organisation skills and stress in managing this. No progress has been made on the introduction of a central carers register, although staff in local areas are familiar with and can identify carers. The development with PCIS will assist with information needs re carers.

- Carer/User Views

Progress continues to be made ensuring carer/user views are incorporated in all care planning and agreement on interventions care supports offered.

- Information

Following the Joint Strategic Planning Conference held between the Trust's Older Peoples Services and VSB a strategy was agreed on provision of information and education on a wide range of issues to both individuals and Older People's Groups within the Trust. The partnership between the Trust and VSB has led to the Trust funding two community liaison officers to support and develop Older People's Groups. Social work staff also worked jointly with PSNI on the provision of information to Older People's Groups.

- Capture Unmet Need

Mechanisms exist to provide information on waiting lists for services. There is more work to be completed on collating and processing unmet needs identified in Carers Assessments.

- Compliance with Standards

Staff from the Programme responded to the Draft Standards on Residential Day Care and Domiciliary Care issued by HISRA. This provided an opportunity to benchmark current services against expected standards. As a result information was disseminated to staff and workshops organised with Day Care staff in preparation for the implementation of the standards.

- Registration and Regulation

Throughout the year considerable preparation was undertaken by the Social Work Leads to ensure information was disseminated to staff and preparations were made to meet the registration deadline. A registration record system was established.

- Quality Assurance Independent Sector

To ensure the Programme was able to monitor and ensure its contract compliance with the Independent sector, a Quality Assurance, Care Manager was appointed. This has enabled the Programme to assist with and monitor standards and contract compliance issues.

- Advocacy

The Advocacy Project in conjunction with Bryson House commenced and two advocates were appointed to work with residents in the Trust's Statutory Residential Homes and the Independent Sector. To date considerable progress has been made and an evaluation of scheme will be completed.

- Work Force Issues

The Programme was able to recruit professional staff to permanent posts with no difficulty in recruitment and there are no turnover problems among social work staff. Reliance on agency staff was considerably reduced in the Residential homes with the development of Trust's own bank staff. To address the recruitment difficulties previously experienced with social work assistant grade, the criteria was expanded which allowed a wider range of applicants to apply resolving the previous years recruitment difficulties. Staff were also proactive in recruitment, setting up information days for potential applicants to promote the social work assistant role as a career opportunity. A working group was

commenced to begin the recruitment of Home Care Workers for the pilot Home Care Domiciliary Service.

- Residential Review

The Residential Review commenced with the establishment of a Project Team to complete the Assessment of Need for the replacement of one of the Trust's Statutory Homes.

- Day Care

The review of Day Care commenced with a review of existing facilities as part of the outline business case for Day Care Services for Older People and Estates Review of current buildings.

- Mental Health Services for Older People

The specialist services continued to develop within existing resources with further development of multi-disciplinary Memory Clinics. A joint audit with the Mater Hospital examined discharge arrangements and standards. The recommendations of the KPMG audit continued to be implemented and an audit of young people with dementia who receive services from the teams was completed and published.

- User Representation

The Programme in conjunction with Voluntary Service Bureau moved from the provision of a befriending and driving scheme to supporting and developing older persons groups. Two Community Liaison officers were appointed, culminating a major conference held in March 2005 to launch the Trust's community development strategy and user involvement for older people. Significant short and long term goals were developed.

Other initiatives such as the Actively Ageing Well Project continue to progress and considerable work took place around community development and supports for older people. The Programme continue to support 70 voluntary groups providing a range of social care to older people including day care, respite care, support for carers, social outings, lunch clubs, transport and volunteering. Staff from the Programme monitor and support these groups. Users continued to be involved in service delivery via participating in reviews, care planning etc. Effects continue to be involved examining ways that service users can be more involved in the planning of older peoples services.

- Equality and Human Rights

Training for all staff in equality and Human Rights continued. All new staff attend training as part of their induction process. Any proposed change in service delivery continues to be informed by and screened against the requirements under Equality and Human Rights legislation.

## 2. **STATUTORY FRAMEWORK**

The Programme for Older People's Services discharges statutory functions in respect of a range of legislation.

- Health and Personal Social Services Orders (1972, 1991 and 1994)
- Chronically Sick and Disabled Persons Order (1978)
- Data Protection Act 1984
- Disabled Persons (NI) Act 1989
- The Registered Homes (NI) Order 1992
- The Mental Health Order 1986
- Carers and Direct Payments Act 2002
- The Housing Support Services (NI) Order 2003
- Northern Ireland Act (Section 75) 1998
- Human Rights Act 1998
- Criminal Evidence Order 1999
- HPSS (Quality, Improvement and Regulation) NI Order 2003
- Freedom of Information Act 2000

## 3. **QUALITY ASSURANCE**

### 3.1. **Core Social Work Standards**

- 3.1.1. A clear line of accountability continues to exist from the Executive Director of Social Work, the Director of Children and Mental health Services who has professional responsibility for social work staff in all Programmes of Care. The Social Work lead in the Programme meets regularly with the Director and other Social Work Leads as part of the Social Work Leads Forum. This forum provides a focus for exchange of information across the Programmes and to examine professional social work issues and developments within the Trust. Within the Programme considerable work was completed on the development of the Senior Practitioner role and the implications for practice within the Programme.

Within the teams social work tasks are clearly defined. The Programme has several multi-disciplinary teams and clear lines of professional accountability continue to exist through to delegated senior social workers who undertake professional supervision of social work staff

and ensure the discharge of statutory social work functions.

**3.1.2. (1) Protocol for Screening and Risk Assessment of all Referrals**

Compliance is achieved by:

- Duty Social Work System
- Procedures in place for allocation
- Senior Social Worker available for consultation at all times.
- Senior Social Worker allocates all referrals
- Care Management Protocols in place re screening and risk assessment of all referrals
- No initial waiting list for referrals – system for visiting all referrals and assessing urgency.
- Waiting times audited monthly

Within the Programme in order to ensure all staff are aware of risk management, training for all social workers and social work assistants on Risk Management is ongoing. All social work assistants received a days training on Risk Assessment and Risk Awareness and Guidance on managing risks. The outcome of the training raised issues for the social work assistant role in identifying risks and transfer of cases to social work assistants when a professional social work response is required.

The audit of response times for the social work teams is illustrated as follows.

	<b>No. of Referrals</b>	<b>Within 24 hours</b>	<b>Within 1 week</b>	<b>Within 2 weeks</b>	<b>Within 3 weeks</b>
<b>Beech Hall</b>	381	62%	36%	1%	1%
<b>Shankill</b>	281	65%	33%	-	2%
<b>Everton</b>	600	35%	59%	5%	1%

Within the Mental Health Teams for Older People waiting lists have had to be established because of the demand for specialist assessment, treatments and supports.

However clear protocols exist on referrals and procedures are in place to respond to emergency referrals. A one-point referral system in consultation with the Consultant Psychiatrist of Old Age has been introduced to centralise all referrals both to the community teams and Consultant. Joint weekly allocation meetings have been introduced.

- Last year's response to the Statutory Functions Report detailed lengthy response times for a small number of care management referrals as a concern. This year the care management response times were as follows:

No. of Referrals		
1026	< 1 week	93%
46	1 to < 3 weeks	4%
8	3 to < 5 weeks	1%
25	5+ weeks	2%

Initial screening was carried out for 1036 care management referrals during the reporting period. While 290 of all care managed referrals waited 5 weeks or more for the referral to be dealt with, they had been screened for risks at the referral stage with regard to requirement for an immediate response. These referrals already had some degree of service in place and were awaiting further assessments with regard to increased packages of care or other service increase.

### 3.1.2. 1. Compliance with standards

- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (DHSS&PS, 2003)
- Standards for the Inspection of Mental Health Social Work (SS1, 2004)
- Quality Standards for Approved Social Work (SS1, 2005)

Compliance Achieved by:

#### Adherence to

- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, DHSS&PS and PSNI
- North and West Belfast Health & Social Services Trust Draft Operational Policy on Protection of Vulnerable Adults, May 2004
- Eastern Board Policy and procedures for Protection of Vulnerable Adults 1997
- Establishment of Trust/PSNI Liaison group, which meets on a regular basis to examine protocols,



procedures and other areas of joint interest with regard to Vulnerable Adults.

- Trust Representative on Board's Vulnerable Adult Group
- Programme Representative on Regional Vulnerable Adult Training Sub Group
- Clear Procedures with regard to Designated Officers identified for Mater Hospital, Royal and Knockbracken Hospital sites. ✓
- Care Manager Co-ordinator holds Designated Officer status for all Care Managed Cases
- Collation of Vulnerable Adult Information monthly ✓
- Procedures for Reporting Vulnerable Adult issues to Mental Health Commission and Inspection and Regulation Authority
- Six monthly statistical returns to Board

In delivering services to vulnerable older people the introduction of the Joint Protocols has had a major impact on staff working in Older Peoples Services. A training programme has continued to be rolled out and during 2004/05 training was delivered in the following areas: //

	No. of Staff Trained
Basic Awareness	40
Joint Protocol	3
Joint Protocol/Achieving Best Evidence Awareness raising	12

This year ~~no staff completed the~~ Achieving Best Evidence training, which has been expanded to 8 days training. Within the Programme, two social work staff are trained in Achieving Best Evidence and throughout the year have been used across the Programme when a specialist interviewer is required. The Programme will continue to review its requirements for training needs with regard to specialist interviewers.

The Programme continued to provide support to the Independent Sector to assist with training staff in Vulnerable Adults.

The Trust's procedures are audited with regard to reporting to outside agencies. However because of the scope of the roll out programme needed for training in the new Joint Protocols, no audit has been completed with regard to their implementation. It is proposed that an audit will be completed in respect of the protocols, especially in relation to the records and information on

the Joint Protocol Forms, which are held for Trust and PSNI records.

The senior group within the Programme monitor at senior staff team meetings any issues with regard to the operation of the policy.

**Compliance with the Approved Social Work quality standards is achieved via the Trust's Operational Guide for the Discharge of Statutory Functions under the Mental Health Order.**

The Programme has increased its number of approved social workers from five to six. All the Approved Social Workers work as a Senior Social Worker or Senior Practitioner with the exception of a newly qualified ASW. The introduction of the Senior Practitioner grade has ensured considerable expertise exists in the delivery of a social work service to older people with mental health problems. These staff meet regularly as part of the Trust's Approved Social Work Forum. The forum gives an opportunity to discuss professional and practice issues. The Programme links in with the Joint Mater Hospital/Trust Mental Health Audit Group. Regular audits to include audits of standards required under the policies and procedures have taken place. An audit was completed on Social Circumstances Report to ensure social work staff were completing these within the time specified by the legislative framework. The outcome of this audit led to the introduction of clear communication protocols with regard to requests for reports. An audit of discharge arrangements from hospital was completed. This highlighted that social work staff within the Programme were responsive within specified time frames, ensuring appropriate discharge arrangements were co-ordinated and services were in place. The Operations Manager Adult Mental Health Services co-ordinates and audits all Risk Assessment forms completed by social work staff on application for admission for assessment. This includes information on older people. The Operations Manager liaises with the Operations Manager Older Peoples Services with regard to any issues concerning Approved Social Work admissions for assessment in respect of older people. Approved Social Work staff within the Programme have their names maintained on the Trust register to ensure they comply with the standards on number of admissions undertaken. Protocols exist for Approved Social Worker response times and all Approved Social Workers respond within one hour. This is monitored regularly and the

Approved Social Work daytime rota ensures availability of social work staff from within the Programme.

Approved Social work training requirements are regularly monitored with regard to re-approval and they participate in in-house training and other relevant training. Approved Social Work staff from the Programme participated in training for the PSNI with regard to mental health issues and the social work role. ✓

3.1.3. Standard C is not applicable to Older People's Services.

3.1.4. The Programme is compliant with this standard and professional social work staff are expected to have monthly formal recorded supervision. The Programme has introduced a supervision procedure for use in fieldwork services, which clearly sets out the aims, supervisory process and expected standards. Supervision records have also been standardised. Newly qualified social workers receive supervision fortnightly to comply with PQ requirements. ✓

Standards with regard to non-professional staff have also been set. This standardised approach is also driven by the planned developments within the Trust with regard to development and training, participation in the Investors In People and the introduction of the knowledge and Skills Framework. ✓

The Programme will examine the current supervisory practices across Residential and Day Care Services in preparation for the introduction of the new regulatory standards from the Regulation and Improvement Authority with regard to supervision of staff. The new supervision standards will be audited by the Assistant Principal Social Worker (Fieldwork Services) in the coming year. An Awareness/Training programme for staff (both qualified and unqualified) will be arranged to ensure every staff member has a copy of the supervision standards. ✗

3.1.5. Risk assessment and risk management processes in place in the Programme have been subject scrutiny throughout the year. The Programme continues to place an emphasis on risk management of cases across the fieldwork, residential and day care. The Programme continues to be compliant with a risk assessments process evidenced and well established within Residential Services and this is monitored and scrutinised by the Regulation and Improvement Authority. The social

work recording process currently in operation for fieldwork staff continues to identify and record risks together with management plans and social work inputs. The Programme has introduced a more formalised framework for risk assessment, which is based on the Brearly model. This will be piloted in the coming year. In order to ensure compliance with this standard the Programme placed a particular emphasis on risk assessment and risk management. Training was organised on risk assessment and risk awareness and this was targeted at the social work assistants within the Programme. It is recognised the importance of training this group of staff in risk awareness and management, as they are dealing with a large number of older people and need to be aware of risks and the necessity to report to their Senior Social Worker with a view to transfer when a professional social work response is required.

Senior social work staff are part of the Trust's Health Promotion Consortium and they promote and develop training for social work staff, together with home helps and wardens to ensure staff are trained in general risk awareness and prevention, in particular those vulnerable older people with whom they are in contact.

The Programme this year has placed a particular emphasis on risk assessment and risk management in institutional care. The necessity of this has been highlighted through the Trust's Risk Management and Adverse Incident reporting procedures. Ongoing work continues to ensure there are clear risk assessments in place.

All complex care managed cases have a risk assessment completed, which is forwarded to Providers as per the Care Managed Protocols and Procedures.

3.1.6. The Programme remains compliant with this standard, which is evidenced, in the current systems for identifying and recording unmet need. At the end of the reporting period the Programme was able to report the following unmet need.

- At the 31 March 2005 there were 83 older people living at home awaiting new or increased domiciliary packages. This number continues to rise with the increased demand for people to remain at home. Turnover has had to be directed towards PFA targets and hospital discharges. However there remains a review system in place to ensure there are no

unacceptable levels of risk. The introduction of the choice protocol has helped reduce the institutional care waiting list.

- The waiting list for EMI Residential and Nursing Care continues to grow. A worrying trend is the lack of available placements within the Trust. Demand for EMI nursing beds has meant an increase in people awaiting a move from EMI Residential beds, which results in delayed admissions to residential care. Occupancy rates in the Trust's EMI Residential Homes remains at 100%.
- There are no waiting lists for Home Help, Day Care, Meals Services or Statutory Residential places.
- The demand for a night sitting service continues with 8 people awaiting a service. In particular the demand for this service in respect of people with dementia continues to be highlighted as an area of unmet need. The numbers waiting does not reflect the demand as the turnover is slow and the lack of this service can often result in the breakdown of the caring arrangement resulting in admission to institutional care.
- The new specialist dementia home care service has had a waiting list since the scheme commenced. At the end of the reporting period there were 14 waiting for service.
- The Programme continues to audit unmet need highlighted Carers Assessments and to collate this information. The Department initiated as part of its Inspection of Social Services to Carers of Older People, a questionnaire to carers within the Trust. It is expected that this will highlight unmet need.
- In response to the waiting list for carers training, the new Extra Care Carers Training Scheme commenced and this scheme currently meets the need for carers training. Presently there is no waiting list for carers to be offered alternative therapies. Carers grants were made payable to assist with carers breaks, assistance with travel, holidays etc. Continued awareness of availability of these services following the launch of the Trust's Carers Strategy may result in increased demands with waiting lists having to be established.

- The referral rate to the Mental Health Teams for Older People continues to increase especially referrals from GP's and waiting lists for assessment have had to be established. There is also a waiting list for domiciliary reviews in respect of those older people who do not attend clinics. The aim of the teams is to ensure a review takes place of all those known cases to monitor their mental health needs.
- In response to identified need in the previous year the Programme was able to progress the implementation of its Community Rehabilitation scheme to meet the rehabilitation needs of older people. The outcome of the scheme was audited with significant outcomes reported. The scheme has not reached full capacity and there is no waiting list.
- An audit of younger people with dementia was completed and published. This highlighted the needs for services, which are currently provided within older peoples services.
- The planned additional nursing beds, which became operational while helping with some delayed discharges made little impact on the waiting list. In particular demand for EMI Residential and Nursing beds continues to rise.
- With the exception of those elderly people waiting in hospital for Homes of choice the Programme has been able to meet its PFA targets with regard to community care.

**CORE SOCIAL WORK STANDARDS – STANDARD B (1)**

**SCREENING AND RISK ASSESSMENT OF ALL REFERRALS**

Screening procedure in place in all Fieldwork offices
One point referral system in place for Mental Health Teams for Older People – screening procedures in place
Procedures in place for screening all care managed cases

<b>Training</b>
Training for all Social Work and Social Work Assistants and Care Managers in place

Induction Programmes for all Social Workers, Social Work Assistants and Care Managers to include screening and risk assessment procedures

#### Operation of Policies audited by

Weekly team meetings Mental Health Teams for Older People

Daily allocation of referrals (Fieldwork Offices)

Senior Social Worker allocates all referrals and available for consultation

Duty Referral systems in place

All referral waiting times audited by Senior Social Workers, Care Manager Co-ordinator

Care Management Protocols in place re screening and risk assessment of all referrals.

No waiting list for referrals – system in place to visit and assess urgent referrals

Supervision systems in place – monitors time response to all social work referrals as well as appropriate professional response

## CORE SOCIAL WORK STANDARDS - STANDARD B (II)

### QUALITY STANDARD FOR APPROVED SOCIAL WORK

Trust Operational Guidelines for the Discharge of Statutory functions under the Mental Health (NI) Order 1986 in place. Adherence to the DHSS & PS Approved Social Work Quality Standards

Protocols re discharge arrangements in respect of mental disordered people who could represent a risk to themselves and others

#### Training

Updated training regularly provided to Assistant Social Workers to ensure re-approval standards met.

- Training supports via Approved Social Work forum
- Identified professional Senior Social Workers provides Professional Support with regard to Approved Social Worker role
- Approved Social Worker training standards
- Mentor/Practice support programme in place for newly qualified Approved Social Worker

### **Operational Policies Audited from**

Risk Assessment returned to Operations Manager for all Approved Social Worker admissions. Copied to Operations Manager, Older Peoples Services (shared with Consultant, GP and Medical Staff) Trust's Training unit for training of Approved Social Workers)

- Joint audits with Mater Hospital and Trust's Mental Health Audit Group
- Audit completed on completion of Social Circumstances Report
- Audit of discharge arrangements from hospital
- Register of admissions completed by Approved Social Worker
- Audit of response times
- Guardianship renewals, applications monitored and audited through Chief Executives Office

## **CORE SOCIAL WORK STANDARDS - STANDARD B (II)**

### **PROTOCOL FOR JOINT INVESTIGATION OF ALLEGED AND SUSPECTED CASES OF ABUSE OF VULNERABLE ADULTS**

Vulnerable Adult Policy in Place. (Board and trust Policy together with Regional Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults. R&I Unit (EHSSB) Joint Protocol

#### Ongoing Training

An ongoing training programme is in place for:

- Basic Vulnerable Adult Awareness Training
- Joint Protocol
- Joint Protocol/Achieving Best Evidence Awareness Raising
- Achieving Best Evidence

### **The following staff receive training**

Care staff and Social Work Assistants

- Basic Awareness – Care Staff and Social Work Assistants, staff from multi-disciplinary teams, home help staff, staff from Independent Providers, Care Managers, Care Manager Assistants and Domiciliary Care Staff
- Joint Protocol – all Senior Social Workers, Social Workers, Managers of



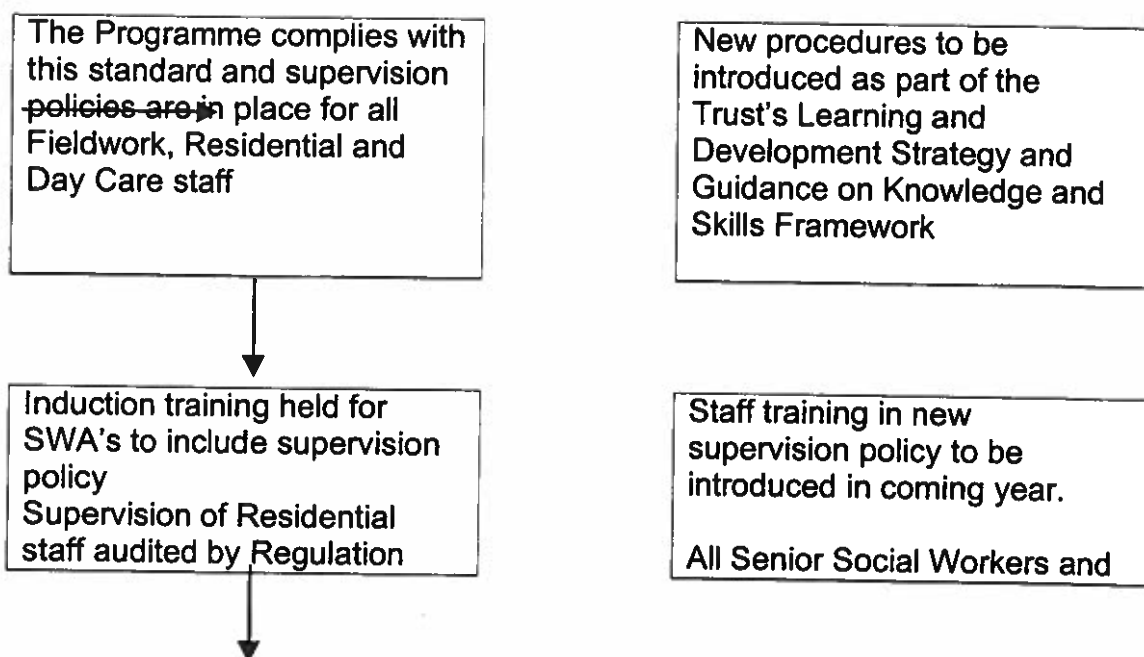
- Residential and Day Care, Care Managers, Team Leaders of Multi-disciplinary teams
- Joint Protocol/A.B.E. Awareness – Senior Social Workers, Social Workers
  - A.B.E. – Senior Social Workers, Social Workers

- Operation of the Policy is Audited from**
- Vulnerable Adult Returns – both to Trust and Board and Mental Health Commission
  - Untoward Incident Returns – to Trust Headquarters
  - Meetings with PSNI
  - Records of time scales for Joint Agency Consultation
  - Records of Strategy Meetings – collated centrally – forwarded to Social Work lead – copied to P.S.N.I.
  - Inspection Process – R&I – audit via Untoward Incident Returns
  - Trust Representative on Boards Vulnerable Adult Group

**CORE SOCIAL WORK STANDARDS - STANDARD D**

**SUPERVISION**

The Trust is ensuring that all social workers (including residential social workers) have at least monthly professional supervision sessions which are formal and recorded



and Improvement Authority via staff interviews

Managers to receive training on Knowledge and Skills Framework.

APSW Fieldwork and Residential to Carry out audit of supervision of Social Work staff and Residential staffs' supervision

New standardised Quality Assurance mechanisms to be introduced by Senior Social Work Group

## CORE SOCIAL WORK STANDARDS – STANDARD E

### RISK ASSESSMENT AND RISK MANAGEMENT

Trust's Clinical and Social Care Governance Strategy in place.

Adverse Incident Reporting Procedures in place.

Residential Procedures – Risk assessment and Risk Management guidelines and procedures in place.

Policy, Guidelines and Procedures in place for Residential Services on completion of Risk Assessments.

#### **The following staff receive training**

- Social Work staff
- Care Management Staff
- Social Work Assistants
- Residential Staff
- Day Care staff
- Neighbourhood Wardens
- Home Help staff
- Domiciliary Care Staff

### **Operation of Policies and Procedures is Audited from**

- Adverse Incidents Reported and systems in place to audit
- Initial assessments by Social Workers to include risks – to be audited
- Risk assessments completed for complex Social Work cases
- Risk assessments completed for complex care managed cases
- Reports to Regulation and Improvement Authority, Mental Health Commission and Eastern Board
- Older People's Services Governance Group – audit of incidents
- Risk Assessments completed for
- Vulnerable Adults Procedures (current system to be audited)
- Audit of Risk Assessments (Residential Services) by Regulation and Improvement Authority
- All Risk Assessments in respect of applications for assessment under Mental Health Order completed and audited.
- Risk Assessments carried out on all clients in receipt of IDSS and audited by Scheme Manager
- Audit of social work files by Senior Social Workers to ensure recording of risks ✓

## **CORE SOCIAL WORK STANDARDS – STANDARD F**

### **UNMET NEED**

Trusts have in place systems to identify and record unmet need in relation to Statutory Functions

The Programme complies with this standard by the following:

- Trust 6 monthly Departmental returns in relation to unmet need
- Compliance with PFA targets
- Fieldwork procedures in place for referral information to include waiting lists
- Criteria in place for domiciliary services
- Choice protocol in place for Institutional Care
- Procedure for waiting lists for assessment of referrals to Mental Health Teams for Older People
- Procedures for completion of Carer's assessments to capture unmet need
- Systems in place to report and review delayed discharges

Training for all Social Work Staff and Care Management staff on completion of Carers Assessment and identifying unmet need ✓

Audit of Carers Service for Older People commenced – action plan in respect of recommendations will be completed

Audit of younger people with dementia completed

Audit of care management waiting lists ongoing

Audit of Carers Assessments (unmet need) to be completed

Audit of rehabilitation services to be completed

### 3.2. **Reporting of Untoward Incidents as per DHSSPS Interim Guidance 2004.**

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the currency of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy sets out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/054.

Staff from the Programme participate in the on-going training programme on the above policies, which have been developed in accordance with the Trust's Risk Management strategy.

Clear reporting mechanisms exist within the Programme and the Trust's Datix information system continues to provide detailed management information, which is used to develop action plans and incidents are reviewed at the Programme's Governance Group. The analysis of incidents provides direct linkages to the Programmes Risk Register.

From April 2004 to March 2005 the Programme reported 583 incidents. This was an increase of 60 incidents from the previous year. Untoward incidents in Residential services

accounted for the majority of incidents. The table below highlights the most common incidents reported:

- Fall on the same level/slip/trip  
176
- Fall from a height, bed or chair  
129
- Assault by patient/client by patient/client 71
- Assault on staff by patient/client 46
- Absconding 26

Of the 583 incidents 187 were reported to the Regulation and Improvement Authority, 3 reported to the Eastern Health & Social Services Board and 1 reported to the Mental Health Commission.

<b>ELDERLY INCIDENTS REPORTED TO RIU 1.4.04 – 31.3.05</b>		
ABSCON	Absconding	18
ABUSE	Alcohol, drug or solvent abuse	1
ALARM	False Fire Alarm	1
ASTPTP	Assault by patient/client on another patient/client	54
ASTSTP	Assault on staff by patient/client	36
ASTVIS	Assault on Visitor by patient/client	1
BREATH	Breathing Difficulties	1
CHABEH	Challenging behaviour	4
CHOK	Choking or swallowing difficulties	1
COMMFA	Communications failure	1
DEATHN	Death of patient (natural causes)	1
FALLHE	Fall from a height, bed or chair	12
FALLSA	Fall on the same level/slip/trip	31
MEDDOS	Medication dosage mistakes	2
MEDI	Medication errors	3
MEDLOS	Loss of medication	1
NEAR	Near Miss	1
PATHAN	Patient lifting and handling	1
RTA	Road traffic accident	1
SEIZUR	Seizure or epileptic	1
SELHAN	Self harm (hanging)	1
SELHAO	Self harm (other)	1
SEXUAL	Sexually inappropriate behaviour	2
STRST	Struck by a stationery object	2
SUICTH	Suicide threat	1
THEFT	Theft or attempted theft	1
UNEX	Unexplained injury	6
VERABU	Verbal abuse	1
<b>TOTAL</b>		<b>187</b>

As a result of the high level of falls reported, the Programme set up a multi-disciplinary Project Team to examine falls prevention within Residential Services. As a result a successful application was made to the Service Improvement Unit and a project was initiated.

Assaults on residents by other residents and by residents on staff were also high and the vast majority of these occurred in the Trust's two EMI Units. The Programme in conjunction with the two Consultant Psychiatrists of Old Age and the multi-disciplinary teams offered supports and advice with regard to the management and reduction of such incidents. The Consultants visit the Trust's EMI Homes on a weekly basis and undertake mental health reviews of individual residents. Many of the incidents reported are of a minor nature due to individual confused residents misinterpreting situations. However some of the incidents were more serious resulting in injuries to residents and staff. All of the incidents, regardless of the severity are reported to the Regulation and Improvement Authority.

- Another trend reflected in the nature of the untoward incidents and highlighted by the Regulation and Improvement Authority is the increase in older people with functional mental health problems admitted to residential homes. There were some serious incidents, including self-harm. As a result the Programme has had to respond to individual residents needs, from increasing staffing levels on a one to one ratio on occasions, to a programme of training on awareness of mental health needs. The increasing number of older people admitted to the Trust's residential homes with mental health needs has had an impact on other frail elderly residents. There is an increased demand for placement in residential care for older people with complex mental health needs and this has resulted in increased levels of untoward incidents.
- One particular untoward incident highlighted serious concerns with a vulnerable adult attending for day care in an EMI Residential Unit. Joint Protocols were initiated as a result. This incident resulted in a complaint and the Trust established an investigating panel and a major investigation was undertaken to examine procedures and protocols and action taken. As a result a report was prepared and the complaint was investigated. A root cause analysis exercise was undertaken and a list of recommendations was made with a detailed action plan to be put in place. A further training schedule commenced on staff awareness around reporting untoward incidents. This is to be continued throughout the Programme.

The Programme analyses on a monthly basis via its Governance Groups all untoward incidents and any ongoing worrying issues and trends are included in the Programmes Risk Register.

### 3.3. SOCIAL CARE GOVERNANCE

Considerable progress within the Programme has been made with regard to consolidation of the governance arrangements. The local Governance groups established within the Programme continue to report to the Programmes Governance Group and analyse trends of incidents etc. This considers all aspects of governance within the Programme from monitoring of untoward incidents, complaints, quality issues, audit and maintenance of the Risk Register and action plans. These groups are multi-disciplinary and all professions within social care are represented. In order to ensure ownership of the Risk Register a group is to be set up within the Programme to ensure all first line managers are involved in the monitoring, review and identification of risks, which should be included in the register. All first line managers received training on risk management and risk assessors were identified who can undertake training on risk awareness for all staff. The Trust has produced a training video, which is available to all staff within the Programme.

The most serious risks highlighted in the Programme's Risk Register are as follows:

- Risk of staff injury through manual handling
- Risk and safety and well being of staff using Trust transport
- Risk of harm to staff working alone
- Risk to staff/clients through absenteeism
- Risk of harm to clients through mal-administration of medicine
- Risks to clients/staff due to poor working environment
- Risk of harm to clients who have been assessed and are not receiving adequate services
- Risk of injury to clients through falls in residential care

The Programme has a process via its Governance Group to examine the Risk Register against key indicators. With regard to some of the areas listed on the register an exercise was completed to examine the rate of incidence against event based indicators and tasks that need to be completed to reduce the risks. The Service Improvement Project on falls prevention was as a direct result of risks indicated on the Programme's Risk Register. This process was also applied to risk of staff injury through manual handling. Event based indicators and tasks have been identified and the Programme continues to make

progress on attempting to reduce risks with identified action plans. All levels of staff in the Programme feed into this process.

### 3.4. FEEDBACK FROM SERVICE USERS

The Trust Board endorsed a User Involvement Strategy, which sets out a plan to enhance user involvement within the Trust and to give guidance and information about involvement issues, in February 2005. The Programme continues to promote and develop user and carer involvement and feedback in all aspects of service delivery and planning. User views are routinely sought and recorded in the delivery of all services.

The following are methods used to ensure user/carer involvement.

- Within Residential Services, residents participate in reviews and sign their care plan. Users are involved in the residential quality group, which has been developed to include their participation. Friends of Groups for the homes and day centres promote user views on services offered.
- Users continue to be involved in the review of their domiciliary packages and they have an opportunity to sign their care plans, which are left in their home.
- Users continue to be asked to sign their reviews with regard to service satisfaction for home help and domiciliary care managed packages.
- User and carer groups are surveyed with regard to satisfaction. Groups vary from education and support groups for carers to anxiety management groups for older people with anxiety related problem.
- The Department commenced an audit of carer's views within the Trust as part of its audit of Services for Carers of Older People. The Trust will carry out any recommendations as a result of this audit.
- The Trust received funding for an Advocacy scheme in partnership with Bryson House and the service commenced in October 2004 providing a service to two of the Trust's Residential Homes and the Independent sector nursing homes. This service will be audited with regard to possible expansion.
- The Programme receives feedback from its users via its funding of and support to approximately 70 voluntary groups



who provide a range of social care activities to older people. Users are very active in many of these groups and organise the committees, applications for grant aid etc.

- The Programme gives particular emphasis to the views of its users via comments from the Regulation and Improvement Authority. A large focus of the inspection process, which takes place, is to seek the view of users.
- The Programme of Care is represented on the EHSSB Domiciliary Accreditation Project Board/Team. Part of the process in monitoring the performance of the Trust's Domiciliary Care Providers is to seek feedback from users and carers.
- A new development in the Programme this year has been to begin the process of establishing a Consortium of key stakeholders involved in older people's issues. This was launched at the Programmes conference with VSB and will take into account the existing Senior Citizens Fora within North & West Belfast.

And the Programme will continue to use this forum to promote user feedback.

- The Trust issued its User Involvement Strategy in February 2005. The Programme via its Governance Group continues to ensure that it remains user focused and is developing action plans aimed at enhancing and increasing user involvement within the Programme to ensure that the Trust complies with its legislative obligation towards older people.

The Trust sees complaints management as an integral part of feedback from service users. They are important part of the clinical and social care governance and risk management structures and a system is in place for recording, reporting and monitoring of all complaints and enquiries about the services provided by the Programme. A policy is in place on the Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims which sets out the framework and operational arrangements to facilitate the in-depth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

During the period 1.4.04 – 31.3.05 the Programme received a total of 9 complaints. This continued the reduction from last year.

Complaints received related to:

3.10* Communication or information to patients	2
3.19* Patients property and expenses	1

3.22 * Professional Assessment	1
3.23* Staff attitude or behaviour	7
3.27* Treatment and care quality	2
3.28* Treatment and care quantity	16

(9 complainants in respect of 16 areas)

\* (Categories used by DHSS & PS)

The following were the complaints by outcome

ASSES	Further Assessment/Further Input	3
EXGRA	Ex-gratia Payment	1
NFA	No Further action required	3
POLICY	Review of Policy required	1
STAFF	Personnel Issue	1
TOTAL		9

All complaints were acknowledged within two working days. 88% of complaints received had a response time of 20 days and the average response time was 13 days. One complaint is still ongoing. This complaint resulted in a major review of policy, procedures and highlighted training issues for staff. The Chief Executive established a review panel comprising three Directors to review the complaint and associated issues of concern. The Programme carried out a detailed investigation and response to the complaint, which involved liaison with both the Eastern Board and the Department. A detailed action plan as a result was devised with a view to sharing this with the complainant. The family were kept regularly informed of the developments by the Director. The Programme regularly reviews its complaints received with a view to examining information on lessons to be learned from these complaints and implementing best practice. Actions and improvements continue to be put in place as a result of complaints. One of the outcomes of a complaint was that revised guidelines would be issued to staff on the management of review meetings at day care centres for older people with mental health problems.

All complaints continue to be monitored by the Chief Executives Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and for public viewing.

#### 4. EMERGING ISSUES AND TRENDS

The following are the significant emerging issues and trends identified by the Programme.

- Domiciliary Care – the waiting list for domiciliary care is continuing to grow with continued pressure on community services to meet this demand. Work has commenced with the establishment of a Steering Group to oversee the review of domiciliary care, which will focus on the modernisation of the existing Home Help service with a view to creating a more responsive and flexible service. Home Help staff will be offered a new contract of guaranteed hours and will be trained for care for elderly people with more complex needs. It is hoped this will reduce the pressure on the current care management domiciliary waiting lists.
- The emphasis on the development of future Supporting People schemes for the community continues to be a priority.
- All of the current providers of domiciliary care are working at full capacity. This market requires ongoing monitoring until the regulatory authority is fully established and processes in place for inspection.
- Intermediate Care – the Programme's Intermediate Care Schemes continue to progress and expand as resources become available. These schemes will be targeted at the acute sector discharge and support older people discharged from hospital offering alternative services in the community. Future developments in respect of the Community Rehabilitation Scheme will be to commence an external evaluation of the scheme. One of the anticipated trends with the success of these schemes is that fewer older people will require a care managed response and may return home with a reduced domiciliary care package.
- The Trust, in partnership with the Royal Group of Hospitals, The Mater Hospital, the local Health & Social Care Group and the Eastern Health & Social Services Board has, as part of the Local Health Economy, began to address the modernisation agenda by focussing on-
  - Avoiding hospital admissions
  - Ensuring quicker hospital throughput by facilitating earlier discharge.

Social Care staff have submitted a proposal for a Rehabilitation Service Network which has three main components –

- a) A Consultant Geriatrician led service for 30 places mainly in a domiciliary care setting where a mix of rehabilitative services and domiciliary care would be provided.
- b) A transitional Step-Down facility within an Elderly Persons Home. This service would compliment the rehabilitation service as well as supporting people, discharged from hospital, who are waiting for domiciliary care packages to be arranged.
- c) Changes to the structure of the Trust's Intermediate Care Services with a view to coordinating and streamlining services on

a multi-disciplinary basis and by the appointment of an Intermediate Care Coordinator.

These proposals represent a significant challenge for Trust staff and if successfully implemented (and resourced) should provide a more seamless service for older people crossing the interface between primary and secondary care.

- The future of Statutory Residential Care has emerged as a major issue in the context of the overall market and the actual demand for this form of care. Several new independent sector developments in the Housing with Care and Supporting People field have impacted on statutory provision. Assessments of need for individual Trust homes will have to be commenced to determine future requirements. Early indications suggest there will need to be re-provision through a partnership model with an independent provider. The Programme will continue to seek opportunities under the Supporting People initiatives and other opportunities to develop intermediate care and respite schemes to reduce demands for domiciliary care packages.
- The trend in shortage of EMI nursing beds has continued and this has placed considerable pressure on domiciliary waiting lists and demand from carers for increased services to support older people with dementia in the community. This has been a particular trend especially in West Belfast with a large shortfall in availability of EMI nursing beds. Dependency levels within EMI Residential have also impacted on this. The Programme will continue to keep dependency levels within its EMI Residential Units under review in close consultation with the Consultant Psychiatrists of Old Age. While turnover in residential homes has increased with residents staying shorter periods before they need to move to nursing care, there has been a continuous trend in demand for residential beds for older people with functional mental illness and cognitive impairment. The necessity to balance the institutional market to ensure there are sufficient beds within the Trust area has become a priority, especially as 23% (203) of people are placed in homes outside the Trust's area.
- A continuing issue is the provision of community nursing supports to nursing homes providing care to those older people with complex nursing needs. This includes the provision of specialist equipment and specialist advice. Additional resources and staff capacity will be required to provide these supports.
- The Primary and Community infrastructure outline Business Case; Estates Review included Day Care Provision for Older Peoples Services. Developments will continue as provision of Day Care Services remains an essential element in maintaining and supporting people to remain at home, impacting on the demand for residential and nursing care. The trend is for day care to respond to

the increasing number of more dependent older people with complex needs including increased physical dependency, dementia and mental health needs. The Review of Day Care will continue to give priority to providing a service, which supports older people with complex needs and their carers. The developments will be targeted within specialist facilities to meet the day care needs of dementia sufferers and those older people requiring rehabilitative services to assist them remain at home.

- The introduction of the Care Standards and Regulation requirements in respect of Domiciliary, Day Care and Residential provision will be an ongoing issue to ensure these services meet the regulatory standards. X
- The continued development of the specialist mental health services for older people remains an ongoing issue with continued demands for early stage support services and development of a medical assessment unit to complement existing specialist domiciliary care service for dementia sufferers. This would require expansion to meet demands as the waiting list for this service continues to grow.
- The implementation of the Carers Strategy remains a priority. There has been an increase of carers availing of services such as alternative therapies, carer's breaks and respite. It is expected that the uptake of other carer's services will increase, especially the carers training. The Programme recognises the difficulties within the current socio economic environment of encouraging the uptake of Direct Payments for Older People. Positive steps to encourage uptake via a further staff training programme is expected to increase requests. The increased awareness of rights of carers for assessments is expected to significantly increase social work caseloads and the current carers budget may not be able to provide for services requested as demands increase. X
- The continued progress of the Health and Well Being Centres will have a significant impact on how services continue to be developed and delivered to older people. It is expected that there will be a continued drive towards better integration of the multi-disciplinary professionals, including social work delivering specialist services.
- Following the preparatory work to meet the requirements of social work staff to register with the Northern Ireland Social Care Council, the Programme will have to undertake a major drive with social care staff in readiness for the next requirements of staff to register. In conjunction with the introduction of the Skills and Knowledge Framework this will have a significant impact on the necessity to increase staffs' supervisory, training and development of skills in order to ensure these staff meet the expected standards of care in the delivery of quality services to older people. Ongoing training and support will also require to be provided to those social work ✓

staff who will have registered with regard to their continued professional and evidence based practice and requirements for re-registration.

- Following the success of the Programme partnerships with VSB to support and develop older persons groups, the progression of the development plans has become a priority. With the engagement of Belfast Healthy Cities (through an Investing for Health proposal) to assist in establishing a Healthy Ageing Consortium, which would further develop the work of the current partnership. This will have implications for encouraging key stakeholders in older peoples issues.
- The implementation of the Freedom of Information Act will increase significantly the requests for information. Resources will continue to have to be made available to respond to these requests and this will require further training for staff and demands on staffs' time to respond appropriately and within expected time frames.
- The progression of the Governance Agenda through the Programmes Governance Group to identify existing good practice, service improvements and improve the quality and safety of patient and staff care will require the necessity of ongoing training for staff on Risk Management. This will have significant implications for the Programme because of the large numbers of staff to be trained.
- A major development and trend within the Programme is to progress the Active Ageing Will Initiative in conjunction with the Government strategies on healthy ageing. The Programme will continue to work closely with Age Concern in its Active Ageing Well Initiative, to examine initiatives to improve the health and well being of the Trust's older population.

**OLDER PEOPLE'S SERVICES****Table 1 – General Service Provision**

Nos of people known to services	7605 (clients will have multiple services reflected in activity levels below)
Specify services and activity levels delivered to this population in 2004 / 2005.	<p>3509 Home Help Clients  682 Community Meals  61 in receipt of IDSS  254 Neighbourhood Warden Schemes  321 in receipt of Day Care Services (Statutory)  338 in receipt of Day Care Services (voluntary)  189 Residential (Statutory)  691 clients with Domiciliary Care Managed Packages  899 Nursing/Residential clients Care Managed  29 Preserved rights clients Care Managed  70 Self funding Care Managed clients (10 self funding in Statutory Homes)  <u>Intermediate Care Schemes</u>  ) 75 Early Discharge/Fractures Scheme  247 ) 150 Step up/Step Down  ) Community Rehab  315 in receipt of services from specialist Mental Health Teams for Older People</p>
Unmet Need	
1. Nos of people unable to access any service following assessment	<p>3 waiting Day Care Services  14 waiting for Specialist Domiciliary Dementia Scheme  8 waiting Dementia Sitting Service  12 waiting Night Sitting Service  29 waiting institutional placements (includes 20 waiting in nursing home choice) + 12 waiting EMI nursing care  25 waiting Care Managed Domiciliary Services</p>
2. Nos of people unable to access the indicated service level following assessment	<p>58 clients unable to access additional services Care Managed    16 Mental Health Teams waiting lists for first assessment</p>

**Table 2 – Accommodation/Respite**

	Private		Voluntary		Statutory		Total	
	Users	Nights	Users	Nights	Users	Nights	Users	Nights
Supported Living								
Nursing Home Placements	580	211,700	170	62,050	-	-	750	273,750
Residential Home Placements	72	26,280	77	28,105	182+7 assessment beds*	68,796	338	123,181

	Private		Voluntary		Statutory		Total	
	Users	Sessions	Users	Sessions	Users	Sessions	Users	Session
Respite	182 (Instit.)	2,555 days			148 users	255**		
Domiciliary								
Intensive Domiciliary					61	143,000 sessions per year (111,500 hours per year)		
Day Care Nursing/ Residential	Day Care (Instit.) 18 users	1,008 days			36 users	994 days (7,952 hours)		

\* Additional 30 people admitted to Bruce House Assessment Centre for assessment

\*\* Sessions counted in respite periods – not days



**Table 3 Mental Health (NI) Order 1986**

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	11
	Applications by relatives leading to admission for assessment	3
Article 18	Reception into Guardianship	1
	Renewal of Guardianship	2
	Discharge from Guardianship	1
	Guardianships in force	3
Article 73 (i)	Mental Health Review Tribunal Referrals	1
Article 107	Notification to office of Care and Protection	8

**Table 4 – Vulnerable Adults Policy**

	No. of referrals	31
	Details of outcomes as follows	
	No further action following assessment	16
	Investigations	
	- Social services	9
	- PSNI	3
	- Joint	3
	Confirmed abuse	
	- Physical	3
	- Sexual	3
	- Emotional	1
	- Financial	2
	Protection Plans	11
	Cases closed	7

**Staffing: Primary Care and Older People**

**Table 5.1:**

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1 (1.00)	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	2 (2.00)	2 (2.00)	0	0	2	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	3 (3.00)	3 (3.00)	0	0	3	
Care Managers	6 (6.00)	6 (6.00)	0	1	5 (2xNursing)	

**Table 5.2: Social Work**

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 10 (9.00)  Sen Pract 4 (3.50)  Sen SW 7 (7.00)	5 (5.00)	SW  Sen Pract
SW Qualification Profile	Qualified 21  Unqualified 0	Qualified 4  Unqualified 1	Qualified 0  Unqualified 0

Date of Qualification (years)	0-2 4	0-2 0	0-2 0
	2-5 1	2-5 0	2-5 0
	5+ 16	5+ 4 (1xNursing)	5+ 0
<b>Vacant Posts (W.T.E)</b>			

5 x Day Centre Managers (4 qualified + 5 years and 1 unqualified).

**Table 5.3: Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	6	22
PQ1 (Only PQ1 Completed)	5	11
PQ2-6 (Selection of Credits but not full award)	0	4
PQ Award (Full)	2	5
Registered Advanced Award	0	0
Advanced Award Credits	0	0
Advanced Award (Full)	0	0

Practice Teachers Award	0	3
Approved Social Worker (ASW)	1	5

**Please identify any recruitment and / or retention issues.**

While the previous years difficulties with recruitment of Social Work Assistants has been resolved there is a higher turnover now in Social Work Assistant staff leaving to complete further professional development

**Action or proposed action to address above.**

## **MENTAL HEALTH PROGRAMME OF CARE**

### **INTRODUCTION**

#### **1.0 BACKGROUND**

The Trust has been pursuing a strategy for the provision of an integrated, locally based mental health service in North and West Belfast. It aims to support people with mental health difficulties to live as independently as possible and without stigma in the community.

The Trust is also responsible on behalf of the EHSSB for the commissioning of medical consultancy, acute and continuing care hospital services mainly from the Mater Hospital Trust and South and East Belfast Health and Social Services Trust.

Statutory functions are discharged within the framework of a multidisciplinary community service. The Trust works closely with the Department of Psychiatry at the Mater Hospital and Knockbracken Healthcare Park in promoting continuity of care and seamlessness of service.

#### **1.1 ACTION PLAN 2003 - 2004**

##### **Better management of mental health crisis**

The Home Based Treatment Team with Emergency Response has been operational since June 2005. It provides a service between 9am and 9pm 7

days per week. These hours will be extended further as funding permits. Since operation the service has responded to 142 referrals and it is anticipated that the service will facilitate not only a reduction in hospital admissions but also earlier discharge of patients from inpatient units.

A single point of access and emergency clinics were established in July 2004 to provide improved response to mental health emergencies and to enhance support to primary care in their management of these cases. A review of the service was conducted in March 2005 and the service was evaluated highly by GP's and an appropriate use of in-patient beds was noted.

The Trust provides a 24-hour Approved Social Worker (ASW) service through an in-house 9am-5pm rota with all adult programmes participating and Emergency Duty Team (EDT) providing this service out of hours. EDT staff are employed by the Trust and supervision for this ASW role is provided by the Trust's Mental Health Programme.

### **Enhanced support for primary care and improved access to secondary community mental health services**

Community Mental Health Teams have been sub-divided into secondary/primary teams. Extended hours of operation have been implemented as part of the Home based Treatment service and will be extended to other areas of service as funding permits.

The Trust secured funding in June 2004 for Lenadoon Counselling Project and ICPD from the Health and Social Care Group to continue this service which was originally funded by BRO. An external evaluation of this service highlighted its value as a resource for primary care.

### **Support for Young Carers.**

A support service for young people who have caring responsibilities has been piloted since November 2004 with initial funding through BRO. The Trust is hopeful that successful evaluation of this first year will support a further two years of funding to establish this service.

### **Provide local services to support Victims/Survivors of Troubles related Trauma**

The Trauma Team became operational in January 2005 and it aims to improve the accessibility and quality of treatment for residents of North and West Belfast who have been affected by "troubles" related trauma. The team is currently accommodated in temporary accommodation at the 174 Trust but hope to move in the New Year to the Lower School, Everton Complex that is presently being renovated.

## **Support for individuals who may be suicidal**

A Task Group for the Prevention of Suicide and Self-Harm, chaired by the Director of Child and Mental Health Services has been established. The group is facilitated by the Health Action Zone and will be informed by five working groups that have been set up – Vulnerable Young People, Schools, Self Harm, Family Support and Communications.

✓ ASIST training continues to be rolled out to staff from statutory, voluntary and community sectors. In year 2004-2005 approx. 300 individuals have participated in the training in North and West Belfast.

## **Effective support to individuals resistant to engagement with mental health services**

An Options Paper for Assertive Outreach Service has been produced and is being considered in the context of the Resettlement & Rehabilitation Strategy. It is planned to employ dedicated staff for such a service when funding permits.

## **Development of Resettlement & Rehabilitation Strategy**

A review of the mental health assessment & rehabilitation supported accommodation unit has been completed, resulting in a modified focus for this unit in relation to admission criteria, assessment and care planning encompassing a recovery model of care.

An assessment of need of all North and West Belfast patients in Knockbracken Healthcare Park with regard to their resettlement requirements has been completed in June 2005 and a report is currently being developed.

## **User and Carer Involvement**

Users and carers continue to be involved in all aspects of planning and service delivery in the mental health programme. A proposal is currently being prepared for the Trust Executive Management Board for enhanced user and carer involvement in the recruitment and selection process. ✓

## **2.0 STATUTORY FRAMEWORK**

The Mental Health Programme discharges statutory functions in respect of a range of legislation:

- Mental Health (NI) Order 1986
- Health and Personal Social Services Orders (1976) and (1994)

- Registered Homes (NI) Order 1992
- Chronically Sick and Disabled Persons Order (1978)
- Disabled Persons Order (NI) 1989
- Sex Offenders Act 1997
- Housing Support Services (NI) Order 2003
- Carers & Direct Payments
- Children (NI) Order 1995

### **3.0 QUALITY ASSURANCE SECTION**

#### **3.1 Core Social Work Standards**

##### **3.1A An unbroken line of professional accountability should exist from social workers discharging statutory functions to the Director of Social Work on the Trust Board.**

A clear line of accountability extends from social work grade to Senior Social Worker, through the Operations Manager for Mental Health to the Director of Social Work.

##### **3.1B(1) The Trust should have a protocol for the screening and risk assessment of all referrals.**

The Programme's guidelines on referrals and mental health assessment process states that referrals received by the Community Mental Health Teams are screened daily and allocated according to urgency, GP alignment and appropriate discipline. Time scales for response are set according to the urgency of the referral as per Patient's Charter Standards

An initial assessment is completed on all referrals, and a comprehensive assessment is completed on those referrals assessed as appropriate for mental health intervention. Mental Health Risk Assessment Records are completed after consultation with the Team Leader. The risk assessment is countersigned by the Team Leader, a care plan agreed and recorded. Consideration is also given to the need for multi disciplinary review as appropriate. ✓

Risk assessments are completed by ASW's in respect of all assessments for compulsory admission under the Mental Health (NI) Order 1986. The Operations Manager for Mental Health quality assures these assessments. ✓

In order to comply with this standard the Programme has placed a particular emphasis on training staff in the use of risk assessments and risk management.

This policy is due for review in 2006.



**3.11B(II) Where a significant risk has been identified, that you are complying with the standards set out in the policy and procedures in the following documents concerning action, decision-making and recording:**

- **Co-operating to Safeguard Children 2003, The ACPC's Policies and Procedures 2005, Protocol for joint investigation by social workers and police officers of alleged and suspected cases of child abuse in N.I. Draft standards for the inspection of child protection services 2003:**

Mental Health staff have been made aware of these documents and the Trust has developed operational policies and procedures in relation to the managing of child care concerns by community mental health staff. These have been reviewed in 2005 to ensure staff take cognisance of the needs of all children within the family context and do not focus on the needs of the adults only or child protection concerns. Community professional staff, including all disciplines attend child protection training and will be expected to attend the Trust ACPC regional policies and procedures awareness training. Training has also been conducted for family and childcare social workers on mental health issues within the family and further multi disciplinary, inter-programme training on mental health and childcare is planned.

- **Standards for the Inspection of Mental Health Social Work- June 2004**  
The Trust completed an audit against the recommendations of the Inspection Report in August 2004 and repeated this exercise in March 2005, and complies with all 7 standards set.  
The Trust endorsed all the recommendations made by the Inspection and has cooperated fully with DHSSPS and EHSSB initiatives for inter-Trust working.

- **Quality Standards for Approved Social Work 2005:**  
An operational guide for Statutory Functions under the Mental Health Order is provided to all ASWs. This is updated annually. The Trust complies with the requirement for re-approval training and in addition, one-day refresher training is provided to all ASWs annually. Practice issues and operational matters, including those relating to issues of risk are discussed at the Trust ASW forum that meets 6 weekly.

- **Protocol for joint investigation of alleged and suspected cases of abuse of vulnerable adults 2003**  
The Programme complies with the Vulnerable Adults Policy. Staff from all disciplines attend vulnerable adults' awareness training. Three social workers have undertaken "Achieving Best Evidence" training and two social workers are currently trained as designated officers but it is hoped that all community team leaders whatever discipline will soon be trained in this role.

**3.1C The Trust is ensuring that Looked After Children regulations are adhered to in terms of care planning, monthly visits by social workers, reviews and recording:**

Not applicable to Mental Health Programme.

**3.1D The Trust should ensure that all social workers (including residential social workers) have at least monthly professional supervision sessions, which are formal and recorded.**

Formal supervision and consultation arrangements are obligatory for all staff. Social workers receive supervision from the Mental Health Team Leaders at least every 6 weeks. Professional supervision is provided by the Senior Social Worker at least quarterly or more often if required. From the experience of the programme, this is a realistic time frame for supervision within a multi-disciplinary context. In addition, social workers attend a bi-monthly social work forum. There is in place a system for random audit of case files to be conducted on a multi-disciplinary basis

**3.1E Trusts have in place risk assessment and risk management protocols in the area of statutory functions:**

Risk assessment and risk management protocols, based on the Brearley Model, are in place. These are reviewed on a regular basis and have been recently streamlined to avoid duplicating areas of recording.

**3.1F Trusts have in place systems to identify and record unmet need in relation to statutory functions.**

The Trust complies with the current reporting mechanisms required by the Trust and the Board on recording unmet need. The Mental Health Programme has recently developed a universal care plan for all its services and it includes a section for the recording of unmet need and how these are being managed in the interim. Staff have received training on careplans and carers' assessments and the importance of recording unmet need. It is planned that a specific tool for recording unmet need for planning purposes, both within the hospital and the community will be piloted in the Autumn. Training on applying this tool will be part of the implementation process.

**3.2 Reporting of Untoward Incidents as per DHSSPS Interim Guidance 2004**

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the currency of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy set out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/054.

A comprehensive and on-going training programme on the above policies has been developed in accordance with the Trust's Risk Management strategy.

The last year has seen an increased emphasis placed on the importance of incident reporting as a critical element in the Risk Management / Governance

process and also as an evidence base and catalyst for service improvement and change.

All local Governance Groups have established incident review sub-groups which analyse trends of incidents and provide direct linkages to the Directorate/Service area risk registers.

A Cross Directorate Incident Review Group has been established with a remit to review existing policy and procedures, establish incident trigger lists, clarify Directorate roles and responsibilities and improve communications up and down the organisation with regard to incidents.

In March 2005 the Trust embarked on a pilot project to electronically report incidents in an attempt to increase reporting and improve the quality of information.

During the year a total of 65 adverse events/incidents and near misses were reported within the Mental Health Programme of Care. The table below highlights the location/type of incidents reported:

Service

	Accidents	Health & Safety	Professional	Near miss	Security	other
CMHT	2	0	5	1	3	1
Day Care	2	0	2	0	3	2
Supported Housing	2	1	35	1	1	0
Other	1	0	1	0	2	0
<b>Total</b>	<b>7</b>	<b>1</b>	<b>43</b>	<b>2</b>	<b>9</b>	<b>3</b>

**Of these 65 incidents 20 were reported to the Mental Health Commission, breakdown as follows:-**

Alcohol, drug or solvent abuse	2
Allegations	1
Assault on patient/client by others	1
Death of patient	2
Near miss	1
Self harm minor (cut/bruise)	2
Self harm (hanging)	1
Self harm other	9
Verbal abuse	1
Total	20

## Feedback from Service Users

The Trust sees complaints management as an integral part of our clinical and social care governance and risk management structures and has in place a system for recording, reporting and monitoring of all complaints and enquiries about the services it provides.

The Trust policy for Reporting Complaints will be reviewed on receipt of the outcome of the Regional Review of HPSS Complaints Procedures by the DHSSPS.

In addition, the Trust endorsed a Policy on the Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims in March 2005 which sets out the framework and operational arrangements to facilitate the indepth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

A comprehensive and on-going training programme on this policy has been developed in accordance with the Trust's Risk Management strategy. Complaints Awareness is an integral part of the Trust's Induction Programme and Customer Care Strategy.

In 2004/5 there were 3 complaints regarding the Mental Health Programme. This is a reduction of 3 (50%) from the previous year.

The table below highlights the type of issues raised in complaints received;

communication/ information	1
confidentiality	1
Professional Assessment	1
Staff attitude/ behaviour	1
Other	1
<b>Total</b>	<b>5</b>

The average response time for handling complaints within the programme was within timescales.

The outcome of complaints received within the Programme are as follows:

Further assessment /input	1
NFA required	1
Review of policy	1
<b>Total</b>	<b>3</b>

All complaints continue to be monitored by the Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and internet site for public viewing.

### **3.2 Social Care Governance**

The Mental Health Programme risk register highlights the following risks as the most serious in relation to statutory functions:

- Risk of failure to identify individuals at risk due to suicidal and self-harm behaviour
- Risk of harm to individuals due to failure to provide services appropriate to their needs
- Risk of providing ineffective services due to failure to recognise the impact of the troubles upon users and staff.
- Risk of harm/poor practice due to failure to learn lessons
- Patient at risk of harm due to being unwilling to access services as a result of stigma
- Risk of ineffective services and potential harm to clients due to inability to recruit suitable levels of staffing.

A clinical and social care governance sub-group for monitoring the risk register is currently reviewing the risks to also incorporate those related to Mater Hospital In-Patient services.

### **3.4 Feedback from Service Users**

A User Involvement Strategy, which sets out a plan to enhance service user involvement within the Trust and to give guidance and information about involvement issues was endorsed by the Trust Board in February 2005.

The Mental Health Programme of Care have worked closely with the Clinical and Social Care Governance Co-ordinator and Community Development Unit with regard to the development of models of user and carer involvement in service planning and delivery.

The Trust continues to support the development of a user- led group, LAMP (life after mental health problems) and a carers group. New Way advocates provides an advocacy service to users in contact with both hospital and community services. The importance of their role has been further enhanced through the development of a joint protocol and issuing all advocates with Trust photographic ID. The carer advocacy service continues to grow and develop, providing education, information and support to carers.

Representatives from LAMP and the carers group actively participate on all aspects of planning and service delivery within the Mental Health Service.

## 4.0 Emerging Trends or Issues

### Direct Payments

There have been no applications/requests for Direct Payments in mental health services, However the Programme recognises that this service model requires promotion within the Programme. To this end the Operations Manager and Coordinator for Care Management & Resettlement are fully involved in a Trust wide working group which will take this forward. Systems and processes are being rationalised in preparation for an intensive training schedule to be delivered to staff at 'awareness' and 'assessment' levels throughout the Trust within the next year.

### Role of Appropriate Adult (PACE Legislation)

In 2004/05 there were 10 referrals to CMHTs to act as an 'appropriate adult' under PACE. These cases involved approximately 40 hours. This is proving to be an increasing demand on CMHT resources. The Trust would be keen to participate in any Board initiative which would review this activity and plan a way forward.

### Future user/carer involvement

In the last 10 years mental health services have encouraged and supported user/carer involvement in all aspects of service development and delivery and the Trusts achievements in this area have been endorsed by our user/carer partners eg LAMP, New Way Advocates, Praxis and CAUSE. User/carer involvement and advocacy is also fully endorsed by EHSSB Mental Health Strategy (June 2004) and the Bamford Review (June 2005). However, the Trust's success has emphasised the intrinsic part our users/carers will play in shaping and informing our future model of service. To this end the Programme is conducting a consultation process to inform what further developments are required to ensure enhancement of their capacity to enable them to participate fully in future strategic development.

### Young Carers Project

This purpose of this project is to raise awareness of needs of young carers, and provide practical help, support and information to those young people who have caring responsibilities for people with mental health problems. The original proposal to BRO involved 3 year funding, however the project was allocated funding for 1 year with subsequent funding for years 2 & 3 depending on positive evaluation of year 1. The project has been operational since November 2004, therefore year 1 will be completed in November 2005. The Trust is completing the evaluation of year 1 and is hopeful that funding for years 2 & 3 will be secured.

**Trauma Resource Centre**

The Trust received 3 year BRO funding to develop a Trauma Resource Centre in North and West Belfast. A multidisciplinary team consisting of a Psychologist, 3 Therapists, Physiotherapist, Occupational Therapist, Manager and 2 Administrative staff has been established and commenced work in May 2005.

The aim of the project is to improve the accessibility and quality of treatment for those individuals, children and families resident in North and West Belfast who have been affected by Troubles-related trauma. The project also seeks to support and co-ordinate the activities of statutory, voluntary and community partners providing services to people affected by the conflict.

The Trauma Resource Centre provides services for adults but has good links with the Family Trauma Centre who hold a weekly outreach clinic in North and West Belfast.

From May to August the team received 178 referrals from GP's (94), Primary Care teams (47) Psychiatry (33) and self referrals (4).

The team is using the CORE method of evaluation and have submitted proposals to undertake research on the work of the centre.

The Trauma Resource Centre is being launched in November 2005. The team will be moving to Everton Complex in January 2006 when building work is completed on the site.

**Rehabilitation/Resettlement of Patients at Knockbracken Healthcare Park**

For many years government policy has emphasised the need to resettle patients from psychiatric hospitals to community environments. There is also a small group of patients whose illness is of such severity that they pose a higher degree of risk to themselves or others. There is a need to determine how the needs of these patients can be most appropriately managed. The Trust has undertaken an assessment of need of all North and West Belfast patients in Knockbracken Healthcare Park. In partnership with the Mater Hospital Trust, the Trust is reviewing resources needed both for those requiring hospital care and those patients suitable for resettlement. It is clear that there are a number of patients who could be resettled now if community resources were available to meet their needs. It will require significant investment in community resources to enable this to happen.

**Early Intervention Team (EIT)**

In the period April 04 - March 05 EIT received 16 new referrals. Total caseload on the 31st March was 48 and during 2004/05 7 clients aged 17yrs of age were represented on the caseload.

The number of clients referred to the EIT at age 17yrs is increasing and is indicative of the incidence of psychotic illness within adolescence. It is



anticipated that the demand for this service will increase as practitioners improve their skills in recognizing first episode of psychotic illness and therefore will identify increasing numbers of young people suffering from this condition. Therefore the range of services available will need to increase to meet the diverse needs of this client group. Future development of the EIT service should include medical and psychology input, to further enhance the work of the team.

### **Interface between Mental Health and Children Services**

Although there has always been a good working relationship between the mental health and family and childcare programme of care, the Trust is keen to integrate our approach to families where one of the parents may have a significant mental health problem. Training has been provided to Family and Childcare social work staff on "mental illness and the impact on the family" and further joint training with mental health staff is planned. The Trust has developed joint policies to ensure that the holistic needs of the entire family are considered. ✓

### **CAMHS Services**

The Trust has participated fully in ongoing discussions with the EHSSB and the other hospital and community Trusts in the development of a coherent CAMHS Strategy through the auspices of the Greater Belfast CAMHS Group and related activities.

The Trust has shared its draft proposals for a local Tier 2 Service Model with the EHSSB. The Trust has consistently addressed its concerns with the EHSSB and the Department with regard to the accessibility of specialist CAMHS services.

The Trust intends to progress the refinement of its draft Tier 2 Service Model and to further engage with key stakeholders, including its local community with regard to the elements of same.

Pivotal to this process will be the securing of a resource base to meet the interim commitments to staff training essential to the recruitment and retention of a skilled staff base and a resolution of secure funding structure within which the Trust can plan for evolutionary and sustainable service development. X

Key themes informing the Trust's draft model are:-

- A central referrals point.
- Supports for Tier 1 staff within a targeted training framework.
- Management of interfaces across the respective Tiers and adult services.
- Development of mechanisms to engage users; parents / carers and the local community in service planning and developments.

The Trust has established an Embryonic Therapeutic Support Service to provide dedicated initial assessment and ongoing consultation supports to the Trust's residential units.

The Trust has pursued opportunities to secure specialist CAMHS training for two nursing staff as part of its longer-term strategy to secure its CAMHS skills base.

### **Community Well-Being Mental Health Manager Post**

A new appointment was made in August 2004. The mental health promotion manager is an ASIST trainer and works with the community trainers to deliver the ASIST workshops. The mental health promotion manager chairs the Change of Mind mental health promotion group who undertake the responsibility for the effective use of mental health promotion money from the EHSSB. She also co ordinates a range of mental health promotion requests for attendance at health fairs, schools etc including disability groups, travellers and ethnic minorities.

### **Expert Patient Programme**

Funding was secured through BRO for the development of an expert patient programme for those living with long-term anxiety. This programme, which will be delivered by trained volunteer tutors, has been widely used in England and Scotland. The programme consists of 6 sessions delivered over a six-week period focusing on self-management and lifestyle changes.

### **Suicide Task Group**

12<sup>th</sup> April 2005 was the first meeting of the Suicide Task Group. 5 working groups were developed from this and each group report back regularly to the task group on emerging ideas and issues. The five working groups are

1. Vulnerable Young People
2. Schools
3. Supporting families bereaved through suicide
4. Self harm
5. Communications

All groups have identified the need for a mapping exercise, which will demonstrate the number of groups and services available working in the area of mental health as well as identifying gaps and funding issues.

The task group will develop a report which will be presented at the Regional Taskforce and hopefully will influence the development of a regional strategy.

### **Partnership with the Community**

The enthusiasm of the community and voluntary sector in promoting good mental health in their areas requires focus and transparency. The Change of Mind mental health promotion group is engaged in developing proposals around the mental health promotion monies involving participation from a wide range of organisations. The proposals need to be within the context of the Investing for Health Strategy and the Promoting Mental Health Strategy and Action Plan.

Short term funding of many groups is a repetitive stress for them and the challenge is to generate an environment, which allows good practice to be supported, and includes evaluation and feedback systems.

The Trust is in discussion with the community representatives on how we might support and strengthen community resources and programmes, which reflect local need. The development of neighbourhood response teams to provide a 24hour first response service for those at risk of suicide or those who have been bereaved which is supported by a direct link to mental health services, is one such proposal.

#### Self Harm Service Improvement Project

This project aims to develop services following discharge, for those who self harm who have attended A&E in the Mater Hospital. It is a one year project but it is hoped that the lessons learnt can be incorporated into mainstream services.

#### **Developing services for clients with Korsacovs**

In conducting the review of continuing care population the needs of those suffering from Korsacovs syndrome was highlighted as a priority. This client group is represented on caseloads in all adult programmes of care. An audit was also conducted between mental health and physical health & disability care management caseloads, which evidenced that a total 38 people (7 in continuing care) were being provided with intensive packages of care in the community. This area of service development has been highlighted as a priority for 2005/06. A Trust-wide working group will be established to further investigate the future needs of this client group.

DISABLED CHILDREN

Table 1 – General Service Provision

Nos of children known to services	The Mental Health Programme is an adult service but there are 7 (age 17) known to Early Intervention Team.
Specify services and activity levels delivered to this population in 2004 / 2005.	
Unmet Need	
1. Nos of children unable to access any service following assessment  2. Nos of children unable to access the indicated service level following assessment	

DISABLED CHILDREN

Domiciliary Provision

Name of Service	No of Children/Young People	Sessions per Year

Table 2 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to	11 (5)

	admission for assessment	assessments for 1 individual)
	Applications by relatives leading to admission for assessment	Not known
Article 18	Reception into Guardianship	0
	Renewal of Guardianship	0
	Discharge from Guardianship	0
	No. of Guardianships in force	0
Article 73 (i)	Mental Health Review Tribunal Referrals	

Table 3 – Disabled Persons (NI) Act 1989

		Numbers in Year
Section 4	Assessment and Care Planning	
Section 8	Taking into account ability of carers	

DISABLED CHILDREN

Table 4 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	
Payments made	

Table 5 – Disabled Children placed in Adult Services

	Numbers in Year
Hospital	6 (2 -15 year old and 4-17 year old) In addition a baby under 1year old accompanied her mother twice during admission.
Residential care	
Nursing Care	
Respite	
Day Services	

MENTAL HEALTH SERVICES (ADULTS)

Table 1 – General Service Provision

<p>Nos of people known to services</p>	<p>1445 = CMHT caseload No., of referrals = 1830</p>
<p>Specify services and activity levels delivered to this population in 2004 / 2005.</p>	<p><b>Day Care</b> 16226 attendances = 80% outturn for year 2004/05 Total number of clients on register = 148</p> <p><b>Supported Housing</b> 603 Antrim Road – 2782 occupied bed days =85% outturn Other units; Trust provided = 14 places Vol.,sector = 36 places</p> <p>(details provided below)</p> <p><b>CMHT SW Caseload</b> 31/3/04=361</p> <p><b>Early Interventions Team</b> Number of referrals = 16 Under 17 years = 7 Caseload at 31/3/05 = 48</p> <p><b>CBT Service</b> Caseload = 72</p> <p><b>Addiction Services</b> Face to face = 2927 Number of referrals = 1012 Clinic Sessions = 513</p>
<p>Unmet Need</p>	
<p>1. Nos of people unable to access any service following assessment</p> <p>2. Nos of people unable to access the indicated service level following assessment</p>	<p>CBT Waiting List = 87 ( the Trust is presently recruiting a CBT therapist for 6 months to address the waiting list).</p> <p>Addiction waiting list = 65</p>

**Table 2 – Accommodation/Respite**

	private		voluntary		statutory		total	
	users	nights	users	nights	users	nights	users	nights
Supported living	0	0	39	14600	19	2292	49	16892
Nursing home placements	6	2190	1	365	0	0	7	2555
Residential home placements	2	730	11	4015	0	0	13	4745

**Table 2 –Includes 6 individuals with former preserved rights**

	users	session	users	session	users	session	users	session
Respite	0	0	0	0	0	0	0	0
Domiciliary	20	7436 hours						

The above information on domiciliary care is recorded as total hours delivered to the stated number of clients.

**SUPPORTED LIVING**

There have been a number of developments in recent years in the field of mental health supported living. This is an area of service which has been of considerable benefit to service users as it has offered them greater independence, choice and flexibility with regard to housing options. It has increased the opportunity for continuity of care for service users as they can move through the range of options depending on their assessed needs and abilities. This continues to be an area of service development and it is hoped that as opportunities arise further schemes will be developed. The Mental Health Programme has in partnership with Oaklee and Clanmill Housing Associations set up three developments, two shared houses and one-supported flats. A number of the voluntary mental health organisations have also undertaken such partnership developments; please find details as follows;

**STATUTORY DEVELOPMENTS**

Parkville Court 6 flats in partnership with Oaklee Housing Association (H/A)

13 Hughenden Avenue 5 bed shared house in partnership with Clanmill H/A

1 Evelyn Gardens 3 bed shared house in partnership with Oaklee H/A

The support is offered to each service user according to their assessed needs, this is funded by the Northern Ireland Housing Executive through Supporting People.

VOLUNTARY DEVELOPMENTS

- Threshold - Clearwater Flats 6 flats in partnership with Oaklee H/A
- Rethink – Skegoneill Avenue 5 bed shared house
- N.I.A.M.H – Rock Cottage 2 bed in partnership with Oaklee H/A
- Daisy Hill Court 4 flats in partnership with Oaklee H/A
- Conway Walk 2 - 2 bed flats in partnership with Habinteg
- Praxis – Upper Suffolk 12 flats in partnership with Open Door H/A
- Falls Road 3 Flats in partnership with Open Door H/A

The support is offered to each service user according to their assessed needs, this is funded by the Northern Ireland Housing Executive through Supporting People.

In 2003 a number of residential units deregistered to become supported living environments, the funding arrangements for these schemes became the responsibility of the Housing Executive and the Trust, with the care being funded by the trust and the domiciliary needs being funded by the Housing Executive. These providers became registered domiciliary providers with the Trust, this applied to the following units;

- Statutory – 603 Antrim Road
- Threshold – Clearwater House, Dunbarton House and Glencarn House
- N.I.A.M.H – Alitigaron Court
- Rethink – Fortwilliam Haven

ADULTS

Table 3 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	129 (this figure represents assessments by all Trust ASW's including Assessments for N&WB completed by the EDT)
	Applications by relatives leading to admission for assessment	15
Article 18	Reception into Guardianship	0
	Renewal of Guardianship	0



	Discharge from Guardianship	0
	No. of Guardianships in force	0
Article 73 (i)	Mental Health Review Tribunal Referrals	2
Article 107	Notification to Office of Care and Protection	0

Table 4 – ASW Standards (Revised 2004)

standards 1-6	Details of compliance to be supplied
1.1	The Trust continues to develop an ASW database, which will be update annually. This includes the information required for comprehensive workforce planning.
1.2	Arrangements are in place through the Training Department to facilitate social workers from mental health services for adults and younger people, learning disability and psychiatry of old age to attain the ASW status. At present there are no social workers from family and childcare ASW trained. This issue continues to be discussed with that programme of care.
1.3	The Trust is endeavouring to ensure that, normally, all social workers have ASW status on appointment or within three years.
1.4	Systems are in place for consultation, referral between programmes and joint working to ensure that the needs of service users who have mental disorders are met.
1.5	Through the daytime ASW rota and the EDT team after hours, the Trust has adequate arrangements to provide 24 hour cover.
2.1 – 2.9	The Trust complies with its responsibilities within this standards as selection for ASW training is organised through the training unit and support and supervision for candidates is provided by senior practitioners and SSW who are ASW trained. Senior practitioners also act as practice assessors and candidates attend the Trust ASW forum to discuss cases and review practice issues. Funding is provided via the ASW training budget to provide easement in candidates workload
3.1	Newly qualified ASW 's are supervised by the senior social worker. They are shadowed by an experienced ASW for at lease two assessments and are required to evidence the requirement for 2 assessments per year for re-approval.
4.1 and 4.2	Re-approval training is organised through the EHSSB re-approval group. The Trust monitors this to ensure that all ASW's are re-approved every 3 years. In addition, the Trust provides 1 day annual training for all ASWs which concentrates on core aspects of ASW practice, training needs and current theory and research

4.3	The Trust complies with this standard and systems are in place to ensure effective monitoring
4.4	The Trust maintains an ASW register that is updated annually and forwarded to the Mental Health Commission
5.1	The Trust complies with this standard. Supervision and support to ASW's is provided through formal professional supervision within each programme of care and via ASW Forum. The Trust also provides group supervision to the EDT on monthly basis.
5.2	ASW leaflet is currently being re-drafted. Leaflet 'Information on Your Rights' was devised in partnership with users and has been in circulation this year. The Trust is currently working with carer groups to devise a similar leaflet for carers.
5.3 and 5.4	The Trust adheres to these timescales.
5.5	An operational guide for the discharge of statutory functions under the Mental Health Order is provided to all ASW's. This is reviewed annually.
5.6 and 5.7	ASW Risk Assessments are forwarded to RMO and relevant teams within 5 working days of the assessment. The Trust has in place a protocol with the Mater Trust to ensure speedy referral of SCRs to be completed within timescales. This will be reviewed in 2005/06
5.8	ASW Risk Assessments are monitored by the Operational Manager for Mental Health, and SCR's are audited randomly by SSW and team managers.
5.9	The Trust commissions a Language Interpreting Service, and interpreters for the deaf are available on request.
5.10	This is achieved through the annual monitoring, and recording, of risk assessment reports and supervision with the senior social worker.
5.11	An ASW forum meets bi-monthly, attendance is recorded and monitored.

5.12	In addition to re-approval training on a 3 yearly basis, the Trust also provides an annual 1 day training for all ASWs at which current practice issues are discussed and research/good practice examples are shared. The Trust will continue to further promote the continued professional development of ASW's.
5.13	The Trust currently reports ASW activity and supervision arrangements to EHSSB, as part of the annual Statutory Functions Report.
6.1	LAMP and carers group are involved in the planning and delivery of all services. They provide feedback on ASW services through The Mental Health Focus group, when advocating on behalf of clients and at operational and strategic management meetings.
6.2	LAMP in partnership with the programme drafted the ASW Information Leaflet and 'Information on Your Rights' leaflet for patients. Carers are currently involved with the Trust in devising a similar leaflet. However other forms of communication media need to be considered.

Table 5 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	0
Payments made	

Table 6 – Vulnerable Adults Policy

	No. of referrals	3
	Details of outcomes as follows	
	No further action following assessment	0
	Investigations	
	– Social services	2
	– PSNI	0
	– Joint	1
	Confirmed abuse	
	– Physical	1
	– Sexual	

	- Emotional - Financial	
	Protection Plans	3
	Cases closed	3

**Staffing: Mental Health Services**

Table 4.1:

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	1 (1.00)	1 (1.00)	0	0	1	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	3 (3.00)	3 (3.00)	0	0	3	
Care Managers	0	0	0	0	0	

**Table 4.2: Social Work**

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 8 (7.50)  Sen Pract 3 (3.00)  Sen SW 1 (1.00)	0 (0.00)	SW  0 (0.00)  Sen Pract 0 (0.00)
SW Qualification Profile	Qualified 12  Unqualified	Qualified 0  Unqualified	Qualified 0  Unqualified



	0	0	0
Date of Qualification (years)	0-2 1	0-2 0	0-2 0
	2-5 4	2-5 0	2-5 0
	5+ 7	5+ 0	5+ 0
Vacant Posts (W.T.E)		Residential Unit managers post was vacant in March 2005 but has recently been filled.	

1 x Day Care Centre Manager (+5 years qualified)  
(Social Work trained)

**Table 4.3 Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	3	20
PQ1 (Only PQ1 Completed)	2	13 ✓
PQ2-6 (Selection of Credits but not full award)	3	5
PQ Award (Full)	0	6
Registered Advanced Award	0	1
Advanced Award Credits	0	0
Advanced Award (Full)	0	0

Practice Teachers Award	1	7
Approved Social Worker (ASW)	3	7

**Please identify any recruitment and / or retention issues.**

There have been some difficulties in the past recruiting SWs with post qualifying experience, however that has eased.

In December 2004 ASWs involved in daily rota achieved Senior Practitioner grade, within a job description which enhanced their role and responsibilities. Currently the mental health programme has 3 senior practitioner grades.

**Action or proposed action to address above.**

Mental Health programme is in discussion with Training dept to plan ahead for the management of new social work graduates due to qualify in 2007. The programme will develop innovative ways to ensure that new recruits are assured their protective year in practice while fully contributing to the work of the programme and benefiting fully from their experience ✓

**STATUTORY FUNCTIONS REPORT 2004/05**  
**LEARNING DISABILITY PROGRAMME**

**1. INTRODUCTION**

The programme continues to provide a range of social care services to adults and children with a learning disability against a backdrop of continuing economic and environmental need.

The follow issues were highlighted in the 2003/04 Report.

**1.1 Services for people who have offending histories, or those who are at risk of offending.**

The Trust highlighted this as a general concern and in relation to a number of individual patients in Muckamore.

With regard to the above issue we have continued to make representation to both the Board and Department about patients in the existing forensic ward in Muckamore whose treatment is complete but cannot be discharged due to the lack of appropriate community provision. A continuation of this situation will have a serious impact upon the operation of the new Forensic Service, which is due to open in 2006.



The Trust is working with the Probation Service to introduce the Home Office Adapted Sex Offenders Programme. This will cover people in the community and in Hospital.

- 1.2 The Trust highlighted the implication of decisions of Mental Health Review Tribunal to Board and Department in respect of patients with complex needs and offending histories. With regard to the proposal for a supported living package for those Forensic patients from North & West Belfast in Muckamore Abbey Hospital whose period of treatment has finished, the EHSSB has indicated that funding is not available and asked the Trust to submit a proposal for only one such patient. We have been working with a number of housing and care providers, exploring options and have submitted an outline proposal to the Board.

- 1.3 The Trust produced an action plan in response to the SSI Report on the inspection of services of children with a disability.

The Trust has been working on the implementation of this action plan.

- 1.4 The 2003/04 report noted that the Trust was developing a business case to plan the re-provision of childrens' assessment and treatment services off site from Muckamore Abbey Hospital.

The work was submitted to the Department in December 2004. The Department, EHSSB and North & West Belfast Health & Social Services Trust has raised a number of queries, which are being responded to.

The revised business case will be submitted to the Department by November 2005.

- 1.5 Young people with a learning disability leaving care

The Trust drew attention to the relatively small but significant numbers of young people with a learning disability coming from the looked after/ care system. We highlighted the need for joint planning with the Family and Child Care Programme and housing providers.

We welcome the introduction of the Children (Leaving Care) Regulation Northern Ireland 2005 which places a statutory responsibility upon Trusts in this area of work. We note that attention is drawn to the particular needs of young people with disability leaving care.

The Trust has examples of support plans which respond to specific requirements of individuals. For example, the development of a supported living service for two young women in conjunction with an existing Trust residential service in co-operation with the Northern Ireland Housing Executive's scheme. A direct payment for a young man in co-operation with his ex-foster-carers provides another

example. These packages are almost invariably complex and high cost.

This matter will be referred to again in Section 4.

#### 1.6 Move from residential care to supported living

It is important to highlight the development of supported living which resulted in former Trust statutory residential facilities now being beyond the scope of Health & Personal Social Services Regulation & Improvement Authority (with the exception of respite service).

In partial response to this the Trust has contracted with Bryson House to provide an independent advocacy service. This service continues and now is accessible to all service users including North & West patients in Muckamore Abbey Hospital.

## 1.7 Therapeutic Services

The programme outlined its plans to develop specialist therapy services. The service comprises a multi-disciplinary team, led by a Consultant Psychologist, a Psychotherapist, a Social Worker and a Speech & Language Therapist.

Unfortunately we have so far been unable to recruit a Psychotherapist further recruitment is planned for November 2005. Despite this, the Team became operational during 2004/05. The service has been working with individuals and with small groups. Areas of work include past abuse, assertiveness and bullying and consist of individual counselling and ongoing group activity.

## 1.8 Vulnerable Adults Policy

In 2003/04 the Programme drew attention to its requirements under the Vulnerable Adults Policy, in particular the Joint Protocol and Achieving Best Evidence. We continue to work to these procedures. Difficulties continue with the PSNI who tend to prioritise work with Children. This continues to be raised through the Police/Social Services Vulnerable Adults Liaison Forum. The Trust will continue to highlight the difficulties that delays or uncertainty about procedures for people with a Learning Disability.

## 1.9 Carers Strategy

The Trust's Carers Strategy remains an operational priority for the Programme and 04/05 saw the payment of twenty-one Carers' Grants for purposes as varied as paying for driving lessons for carers, short breaks, purchase of items to improve comfort for back pain sufferers and alternative therapies. Thirty-two Carers also availed of alternative therapies through this scheme. The grants are an extremely proactive and welcome development. Two "Time for Me" days were organised for carers in the Programme and were very well received. The Trust's Carers Co-ordinator liaises regularly with the Operations Manager who hold the carers' budget. Social Workers continue to make carers aware of the strategy and right to assessment. ✓

## 1.10 Partnerships

The Programme continues to develop partnerships with local voluntary organisations who support users and carers, notably Upper Springfield Development Trust.

### 1.11 Direct Payments

The Programme has 3 current and 1 suspended (iro hospital patient) direct payments. Staff report reluctance on the part of some carers to apply because of administrative expectations, however we have 19 requests for payments which are currently being assessed. A Cross Programme Working Group to develop policies and procedures is attempting to provide guidelines for staff. Direct Payments, whilst potentially providing carers and users with the opportunity to creatively plan their own packages of care, can be administratively burdensome. The impact on existing services of high numbers of direct payments is being monitored.

### 1.12 User and Carer Involvement

We continue to place high value on user and carer involvement in service planning. This is evidenced by :-

- Day Care Users Forum.
- User and Carer involvement in the development of a strategy for Day Services.
- Autism Advisory Group for carers of Children with Autistic Spectrum Disorder.

### 1.13 Unmet Need

A proforma has been developed to collate levels of unmet need with other monthly statistics (e.g. "waiting" for day care, a direct payment, carer assessment etc.). The Programme plans to address issues through Clinical & Social Care Governance Group and senior management as appropriate.

### 1.14 Registration

✓ In the past year a considerable amount of work was undertaken by Social Work Leads Forum to ensure the registration of the first tranche of social care staff (those in a designated Social Work post). In all but one (long term sick leave) case the registration deadline was met. Four staff have signified that they wish to retain their registration with "NMC" and have provided documentary evidence of the same.

### 1.15 Day Services Review

A review of Day Services is ongoing and the Programme has seconded a Manager to facilitate the development of a strategy and consultation with users/carers. We intend to continue to improve on our existing high standards in day services, but in a way which reflects the needs and demands of our users and the recommendations outlined in Equal Lives.

### 1.16 Specialist Childrens Unit

The Programme is delighted to have overseen the development and operationalisation of a specialist childrens unit at Willow Lodge. Three children live there, one permanent and two on a shared care basis and are formally "looked after children". Learning Disability Services worked closely with Family & Child Care and parents in planning the service and continue to do so now.

### 1.17 Floating Support

Funding has been achieved via the supporting people partnership board and staff have been recruited, to provide a directly managed housing support service in year, focusing on the needs of people with a learning disability with no family or network of support who live alone and receive minimal support from other services.

## **2. STATUTORY FRAMEWORK**

The Learning Disability Programme of Care discharges Statutory Functions under the following legislation:

- Health & Personal Social Services Order (1972 and revised 1994)
- Chronically Sick and Disabled Persons Act (1973)
- Disabled Persons Act (1989)
- Children (NI) Order (1995)
- Mental Health (NI) Order (1986)
- Registered Homes Order (1992)
- Carers and Direct Payments Act (NI) (2002)
- Northern Ireland Act (Section 75) (1998)
- Human Rights Act
- Protection of Children & Vulnerable Adults Order

### 3. QUALITY ASSURANCE SECTION

#### 3.1 The Six Standards

- A) An unbroken line of professional accountability should exist from social workers discharging statutory functions to the Director of Social Work on the Trust Board – Report by exception only.**

The Learning Disability Programme of Care continues to comply with this standard. The Trust's Director of Social Work remains accountable for the discharge of statutory functions in relation to children and vulnerable adults. There is a clear professional line from the Director of Social Work to Operations Manager (Social Work), to the Senior Social Workers and fieldwork teams and now also to one specialist children's home. Responsibilities of the Director are appropriately delegated via Social Work Leads Forum which in turn ensures the discharge of statutory functions in their respective programmes of care. The Programme delivers children's and adult services through professionally qualified staff in field work and Muckamore Abbey Hospital. Also via daytime opportunities and residential and respite services. ✓

The programme works to a multi-disciplinary ethos and there are good working relationships between professionals. Community Learning Disability Teams are directly managed along professional lines with 3 Community Learning Disability Social Work Teams and 1 Community Learning Disability Nursing Team. Professional supervision is provided to all social work staff by Senior Social Workers on a monthly basis. All Social Workers within the Programme comply with professional standards and have registered with NISCC, or have received confirmation of registration (copies held by Operations Manager (Social Work)). The Programme fully accepts and complies with NISCC's code of practice.

- B) (i) The Trust should have a protocol for the screening and risk assessment of all referrals. Please report on the monitoring mechanism used to ensure adherence to the protocol.**
- (ii) Where a significant risk has been identified, that you are complying with the standards set out in the policy and procedures in the following documents concerning action, decision-making and recording:**

The Trust has an operational guide for the discharge of statutory functions in respect of those deemed to be at risk of physical harm to self or others and this guide is reviewed, and if necessary, revised annually by the Programme of Care in conjunction with the Mental Health Programme of Care. Protocols exist for response to an

assessment of risk for children's cases, vulnerable adults and forensic offenders/patients (both within and without Muckamore Abbey Hospital). If it is obvious at the point of referral that there may be risk to the service user, or others, these protocols are employed at an early stage, in other cases, such action would follow appropriate assessment which flows from casework, or from more specific concerns relayed to staff. In the case of Child Protection or Mental Health Order and Vulnerable Adult work, standards and practice are monitored via:

- Allocation and Scrutiny of referrals by Senior Social Workers
- Staff Supervision
- Strategy Meeting
- Case Conference
- Scrutiny of forms and risk assessment
- Statistical returns
- Approved Social Work Forum
- Informal Duty System
- ASW Risk Assessments and ASW Standards
- Applications to MASRAM Committee as and when appropriate

The Programme of Care adheres as appropriate to standards outlined in Co-operating to Safeguard Children. The Programme of Care is compliant with Quality Standards and protocols listed in Standard Bii and has representation at a senior level on the Trust Child Protection Panel, Joint Strategic Planning Group and liaises appropriately with Family and Child Care Programme in relation to child protection and care issues and with Mental Health Programme of Care in relation to Approved Social Work standards and practice. The Programme of Care is represented at Operations Manager Level at PSNI/Social Services Liaison Forum (Vulnerable Adults). The Programme of care is compliant with the Trust Recording Policy.

The Programme complies with Health and Safety Regulations and Departmental Standards in Residential and Supported Living and our Respite facilities, regulated by HSSRIA.

The Trust has now operationalised regional child protection procedures and has appropriate referral and allocation policies (Trust Policies).

Urgent referrals (particularly Child Protection, Vulnerable Adults and Mental Health) are dealt with within above and different standards developed for other work regarding non urgent casework and support.

The Programme is compliant with ASW Standards as indicated below.



standards 1-6	Details of compliance to be supplied
1.1	The Trust ASW continues to develop a database which will update annually the information required for comprehensive workforce planning.
1.2	Arrangements are in place through the Training Department to facilitate social workers from mental health services for adults and younger people, learning disability and psychiatry of old age to attain the ASW status. At present there are no social workers from family and childcare ASW trained. This issue continues to be discussed with that programme of care.
1.3	The Trust is endeavouring to ensure that, normally, adequate numbers of social workers have ASW status on appointment or within three years – Learning Disability.
1.4	Systems are in place for consultation, referral between programmes and joint working to ensure that the needs of service users who have mental disorders are met.
1.5	Through the daytime ASW rota and the EDT team after hours, the Trust has adequate arrangements to provide 24 hour cover.
2.1 – 2.9	The Trust complies with its responsibilities within these standards as selection for ASW training is organised through the training unit and support and supervision for candidates is provided by senior practitioners and SSWs who are ASW trained. Senior practitioners also act as practice assessors and candidates attend the Trust ASW forum to discuss cases and review practice issues. Funding is provided via the ASW training budget to provide easement in candidates workload
3.1	Newly qualified ASW 's are supervised by the senior social workers. They are shadowed by an experienced ASW for at least two assessments and are required to evidence the requirement for 2 assessments per year for re-approval.
4.1 and 4.2	Re-approval training is organised through the EHSSB re-approval group. The Trust monitors this to ensure that all ASW's are re-approved every 3 years. In addition, the Trust provides 1 day annual training for all ASWs which concentrates on core aspects of ASW practice, training needs and current theory and research

4.3	The Trust complies with this standard and systems are in place to ensure effective monitoring
4.4	The Trust maintains an ASW register that is updated annually and forwarded to the Mental Health Commission
5.1	The Trust complies with this standard. Supervision and support to ASW's is provided through formal professional supervision within each programme of care and via ASW Forum. The Trust also provides group supervision to the EDT on monthly basis.
5.2	ASW leaflet is currently being re-drafted. Leaflet 'Information on Your Rights' was devised in partnership with users and has been in circulation this year. The Trust is currently working with carer groups to devise a similar leaflet for carers.
5.3 and 5.4	The Trust adheres to these timescales.
5.5	An operational guide for the discharge of statutory functions under the Mental Health Order is provided to all ASW's. This is reviewed annually.
5.6 and 5.7	ASW Risk Assessments are forwarded to RMO and relevant teams within 5 working days of the assessment. The Trust has in place a protocol with the Mater Trust to ensure speedy referral of SCR's to be completed within timescales. This will be reviewed in 2005/06 and standard extended to Muckamore Abbey Hospital.
5.8	ASW Risk Assessments are monitored by the Operational Manager for Mental Health, and SCR's are audited randomly by SSW and team managers.
5.9	The Trust commissions a Language Interpreting Service, and interpreters for the deaf are available on request.
5.10	This is achieved through the annual monitoring, and recording, of risk assessment reports and supervision with the senior social worker.
5.11	An ASW forum meets bi-monthly, attendance is recorded and monitored.

5.12	<p>In addition to re-approval training on a 3 yearly basis, the Trust also provides an annual 1 day training for all ASWs at which current practice issues are discussed and research/good practice examples are shared. The Trust will continue to further promote the continued professional development of ASW's.</p>
5.13	<p>The Trust currently reports ASW activity and supervision arrangements as part of the criminal statutory functions report.</p>
6.1	<p>The Programme is committed to carer and user involvement and is in the process of implementing a user involvement strategy through governance structure. We are concerned to use our extensive existing consultation methods to assist with compliance.</p>
6.2	<p>The Programme provides a significant amount of information in accessible formats using signs and symbols. Training has been provided for staff in the use of an IT system which facilitates the process. We will continue to make improvements in this area.</p>

- C) The Trust is ensuring that Looked After Children regulations are adhered to in terms of care planning, monthly visits by social workers, reviews and recording. Compliance rated with the regulations should be reported.**

All Looked After Children known to Learning Disability Programme of Care receive at least monthly visits from a qualified Social Worker and six months ("LAC") review. Planning is an ongoing process for all of these children, but the longer term accommodation and placement requirements are both complex and costly – and it should be noted, not readily available.

It is not yet clear exactly how disabled children will benefit from the Leaving Care Regulations and we are concerned to ensure that the needs of children with complex behavioural and emotional needs who remain extremely vulnerable, are addressed.

Notwithstanding the difficulties outlined, we continue to begin planning for adult services at least two and in some cases three years in advance of the date for leaving care, when we are aware of their needs. There are a very limited number of providers of such adult services, and, where available, they have significant ongoing revenue costs, which may not be secured until close to the young person's date for leaving care. The lack of both services and identified resource impacts on our ability to plan effectively and in a timely manner.

- D) The Trust is ensuring that all social workers (including residential social workers) have at least monthly professional supervision sessions, which are formal and recorded.**

The Learning Disability Programme of Care is compliant with the above standard as outlined in the Trusts supervision and recording policy.

- E) Trusts have in place risk assessment and risk management protocols in the area of statutory functions. Until the Departments Regional Assessment Framework is in place Trusts should use the Brearley Model to carry out risk assessments.**

As outlined earlier, the Programme of Care adheres to the Trust's Operational Guide for Discharge of Statutory Functions and uses the principles of the Brearley Model within the above protocol and within assessment generally.

- F) Trusts have in place systems to identify and record unmet need in relation to Statutory Functions**

Unmet need is primarily recorded on an in house proforma and is comprised of unmet need i.e. in carers assessments, care

management referrals, waiting lists and as of this year Senior Social Workers are asked to provide information along with monthly statistics on unmet need.

At times it has been necessary to create and manage day care waiting lists with the involvement of Operations Managers.

Significant issues within this data will be raised with Learning Disability Governance Group for consideration and prioritisation and appropriate action agreed.



### Quality Assurance Section – Proforma Core Social Work Standards

In order to assist with the clarity and consistency of information in this section the following proforma should be completed for each standard by Programme of Care

Standard Bi  
Screening and Risk Assessment

Does the Trust have a Policy  
(e.g. Risk Assessment &  
Screening)

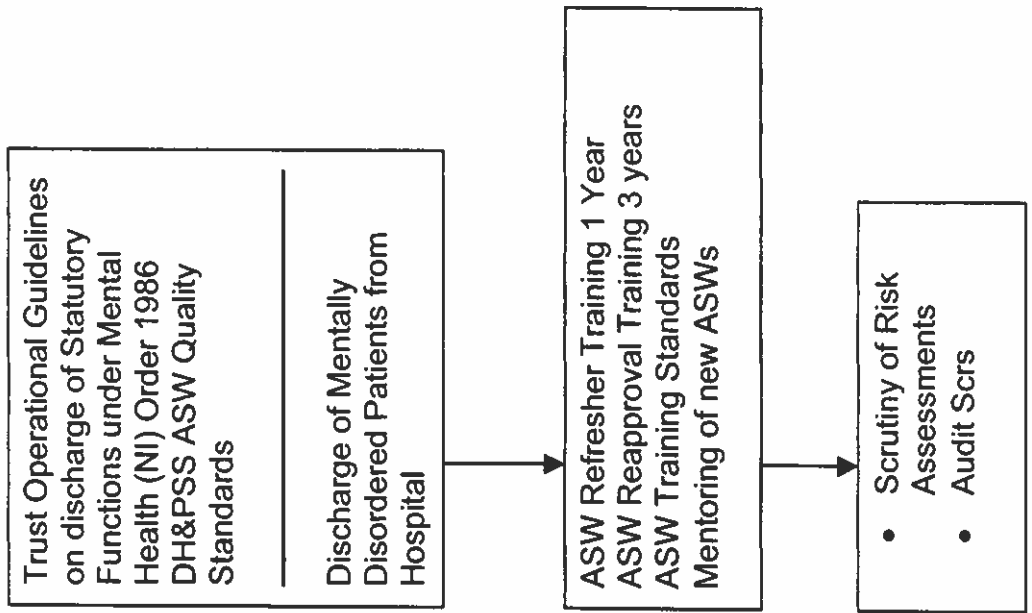
Yes

Training required will vary by standard but should include where appropriate awareness of policy and specific required knowledge and skills.



# Quality Assurance Section Core Social Work Standards

## Standard Bii Risk Management





# Core Social Work Standards

Standard C  
"LAC Policy & Procedures

Adherence to LAC Regulations  
Care Planning  
Monthly Visiting  
Review  
Recording  
Vol of Childrens Regulations

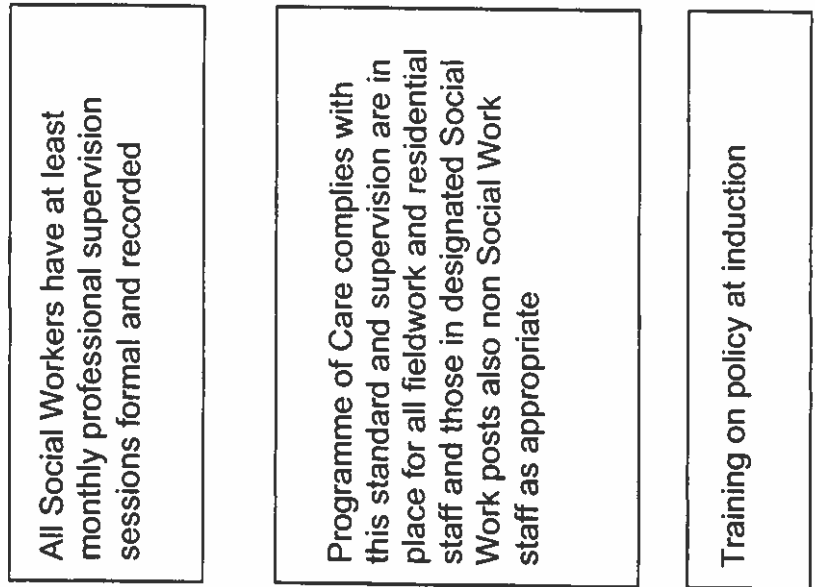
Staff Training

Training to be developed and delivered in year (05/06)

X

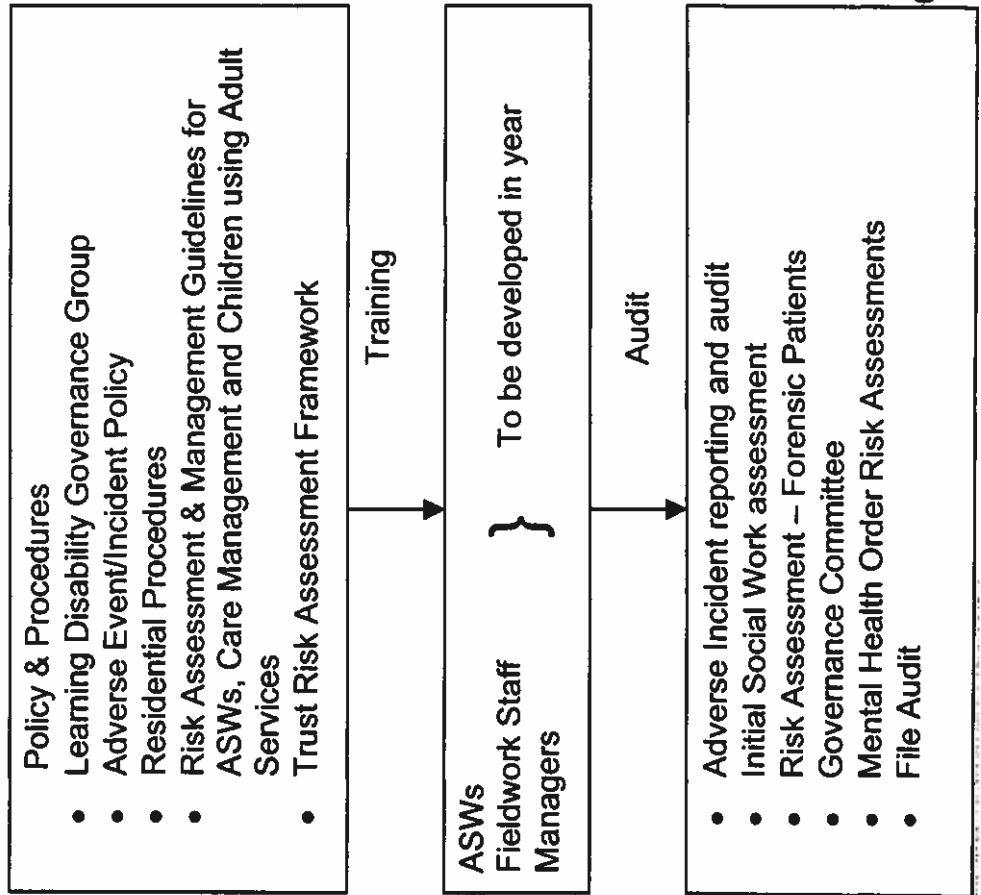
### Core Standards

#### Standard D "Supervision"



**Quality Assurance Section  
Core Social Work Standards**

**Standard E  
Risk Assessment and Risk Management Protocols**



X

**Quality Assurance Section  
Core Social Work Standards**

**Standard F  
Unmet Need**

- Departmental Returns
- Management of Waiting Lists (Day Care) (Direct Payments)
- Criteria for Domiciliary Service
- Systems in place to record and report delayed discharge
- New Unmet Need proforma

Training to be developed and delivered in year



### 3.2 Reporting of Untoward Incidents (DHPSS Interim Guidance)

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the currency of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy set out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/054.

A comprehensive and on-going training programme on the above policies has been developed in accordance with the Trust's Risk Management strategy. X

The last year has seen an increased emphasis placed on the importance of incident reporting as a critical element in Governance process and also as an evidence base and catalyst for service improvement and change.

Clear reporting mechanisms are in place and information produced using the DATIX system to inform Managers of the volume, nature and frequency of incidents. Senior Management Teams review and ensure appropriate outcomes. The Programme's Governance Group review this information and have working sub-groups on incidents and risk registers. The Assistant Director assures all incident reports. A significant contribution to the management of physical aggression has been made by the Physical Interventions and Behaviour Management Policies and training strategy.

A Cross Directorate Incident Review Group has been established with a remit to review existing policy and procedures, establish incident trigger lists, clarify Directorate roles and responsibilities and improve communications up and down the organisation with regard to incidents.

In March 2005 the Trust embarked on a pilot project to electronically report incidents in an attempt to increase reporting and improve the quality of information.

From April 2004 to March 2005, there were 569 adverse events/incidents and near misses reported within the Learning Disability Programme of Care. The table below highlights the most common incidents reported:

Assault by patient/client on another patient/client	51
---	----

Assault on staff by patient/client	119
Challenging behaviour	170
Fall on same level/slip/trip	70

Incidents were reported to external bodies as follows:-

Body	No. of Incidents
Regulation and Improvement Authority	1
Mental Health Commission	2
Eastern Health & Social Services Board	3
PSNI	15

### 3.3 Clinical & Social Care Governance

This is the second operational year of the Programme's Governance Group and progress has been made on establishing working sub-groups with active remits in the following areas:

- Complaints and compliments
- Learning from incidents
- Audit, research and evidence-based practice
- Maintaining and learning from the Risk Register

Action plans have been developed and the Programme is organising a number of learning days to share information on these issues.

The following risks were adjudged the most serious in the programme risk register.

#### **Children who are admitted to adult wards in Muckamore Abbey Hospital**

**Response:** Risks are being managed by Clinical Teams and risk assessments developed for each child.

- The implementation of LAC procedures for all children who are admitted.

The Trust has on-going discussion with Boards about the provision of adolescent services.

Staff or client and staff sustaining an injury during an episode of challenging behaviour.

**Response:** Last year the Programme of Care introduced policies and procedures in relation to physical interventions and restrictive practices; accredited training for all staff and information sessions for service users and parents/carers; introduction of behaviour support service to assist staff in supporting the most challenging service users. Processes are now in place for on-going review and amendment of practice updates on staff training and accreditation which will allow us to improve practice and standards. ✓

**Potentially high risk patients being discharged by the Mental Health Review Tribunal.**

**Response:** The Trust has highlighted this issue both as a general and specific issue with both Board and Department. Individual risk assessments, based for example on MASRAM are carried out, and detailed planning is carried out in response to each individual case. The Trust is currently working with other Learning Disability Hospitals in Northern Ireland and the Royal College of Psychiatry to produce a position paper on categories of mental handicap. This will help to inform the Mental Health Tribunals.

### 3.4 Feedback from Service Users

The Trust Board endorsed a User Involvement Strategy in February of this year and the Programme is continuing to develop user and carer involvement in relation to service delivery and planning. The following forums facilitate user and carer involvement:

- (Day) Centre based User Groups
- (Day) Centre based Carer Groups
- Day Care Users Council
- Involvement of users and carers in the Review of Day Care, includes several "User Consultants".
- Partnership with Upper Springfield Development Trust (and its Users)
- Day Time Opportunities Task Force (Multi Agency)
- Patients Focus Group at Muckamore Abbey Hospital
- Autism Advisory Group

As part of the user feed back process, complaints are managed and monitored and lessons learnt fed through to Senior Managers.

Compliments on service are shared with the Learning Disability Governance Group and staff are acknowledged for their good practice by the Director of Learning Disability Services.

The Programme sees the continued development of a person centred approach to services as vital to ensuring that service user involvement is central to service delivery.

The Programme has 3 formal service user groups, a Day Time Service Group, Residential and Supported Living Group and a Parents Carers Group. These meet quarterly with appropriate Trust staff.

The Programme is committed in principle to involving service users in the selection process for staff. We are working with colleagues in Human Resources on this issue.

The Programme continues to support the Sky's the Limit Drama Group. The group perform in a wide variety of settings, their work attempts to raise awareness on issues of disability.

We provide support to and are involved with the Upper Springfield Trust's Action on Disability Programme. This project seeks to offer opportunities to people with disabilities in aspects of community development.

Community Learning Disability Nurses have been involved with the Health Action Zone 'Hype' project, and the Programme will continue to explore opportunities under the Health Action Zone.

The Programme continues to offer support to the NØW group. NØW, a registered charity and a company limited by guarantee, is a voluntary group which seeks to explore opportunities for accredited training and work for adults with a learning disability.

The Trust sees complaints management as an integral part of our clinical and social care governance structure and has in place a system for recording, reporting and monitoring of all complaints and enquiries about the services it provides.

The Trust policy for Reporting Complaints will be reviewed on receipt of the outcome of the Regional Review of HPSS Complaints Procedures by the DHSSPS.

In addition, the Trust endorsed a Policy on the Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims in March 2005 which sets out the framework and operational arrangements to facilitate the in depth analysis of learning from events where there has been potential or significant harm, loss or death as a result.



A comprehensive and on-going training programme on this policy has been developed in accordance with the Trust's Risk Management strategy. Complaints Awareness is an integral part of the Trust's Induction Programme and Customer Care Strategy

From April 2004 to March 2005, 7 complaints were received from individuals within the Learning Disability Programme of Care (Community Services). The table below highlights the type of complaints received;

Complaints received related to:

3.19 Patients property and expenses	1
3.21 Policy and commercial decisions	1
3.22 Professional assessment	1
3.23 Staff attitude or behaviour	1
3.27 Treatment and care quality	1
3.28 Treatment and care quantity	4
3.99 Other	1
TOTAL	10

Analysis of complaints by outcome:

Further assessment/input	4
Ex-gratia payment	1
No further action required	2
TOTAL	7

Note: 7 complaints related to 10 areas.

The average response time for handling complaints within the programme was 16 working days.

All complaints continue to be monitored by the Chief Executive's Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and internet site for public viewing.

#### **4. TRUST COMMENTARY (EMERGING ISSUES & TRENDS)**

The following have been identified by the Programme as significant emerging issues and trends within the context of delegated statutory functions.

- 4.1 The Programme has embarked on a radical review of day services and is developing a strategy for development and improvement within day services. A Manager has been seconded and is co-ordinating the development of a strategy, user and carer involvement and consultation and communication with our own staff. It is clear that this is a major strategic development and has a high priority for the Programme.
- 4.2 Our Care Management service continues to co-ordinate the assessment and determination of residential and domiciliary care packages for people with learning disability. The ongoing increase in awareness of and application for direct payments is impacting on this small team significantly. Last year the Programme noted its welcome of the extension of legislation to children and concern about the lack of additional resources in both staff and finance. The existing number of pending referrals could potentially create extreme cost pressures for this Programme of Care.
- 4.3 Decisions by the Mental Health Review Tribunal to discharge patients with complex needs and often with offending histories is of serious concern to the Programme of Care in the light of the suspension of delayed discharge monies and the resettlement process. No progress can be made to develop appropriate and adequate specialist services without a significant injection of finance and commitment to safe services.
- 4.4 The Programme is concerned that we have two young people on adult wards in Muckamore Abbey Hospital, who are also looked after children. Neither of these young people have new placements and they cannot return home. Outline plans are being drafted and will be shared with the Board.
- 4.5 The continued emergence of young people with a learning disability from statutory residential and foster care is noted by the Programme. The Programme is working with Family and Child Care colleagues to look at identifying such children/young people earlier in order to facilitate better planning and to gain access to after care/leaving care services.

Young people on adult wards in Muckamore Abbey Hospital is also a significant issue and both the hospital and community teams wish to

highlight the inappropriateness of the situation and the need for the development of appropriate assessment and treatment services for this group.

- 4.6 The Programme is pleased to report significant progress in relation to Trench Park Respite and Supported Living services. The respite unit is now operational and providing much needed and wanted services in West Belfast, including domiciliary respite services. HPSSRIA have complemented the Trust on the design of furnishings of the facility and the vision of planning. An ongoing issue remains the lack of provision of respite care for those between the ages of 16-18, leading to the placement of young people in adult services. Whilst all such situations are properly risk assessed and carefully managed, the Programme remains concerned that this is not a long term solution.

Development of supported living and particularly supporting people schemes in the community will be required both in order to facilitate resettlement from Muckamore Abbey Hospital and to meet the accommodation and support needs of vulnerable adults in the community. The Trust has already expressed to the Board and to the Department, its view about the detrimental effect that the cessation of funding for resettlement and delayed discharge has had on the lives of people who need to leave Muckamore Abbey Hospital.

- 4.7 NISCC – significant work was undertaken to ensure that all relevant staff met the requirements of the Northern Ireland social Care Council. Registration of those in designated Social Work posts is complete and preparations being made for registration of the rest of the social care work force. Continued professional development supervision and training now require to be more robust and evidence based, both for NISCC and KSF and will create increased demands, particularly on first line Managers.

- 4.8 Day Care Standards – the Programme is committed to ensuring that our services meet the regulatory standards developed by the Department. The Trust has been involved in piloting the new standards.

- 4.9 We continue to place a high priority on the development and implementation of the Carers Strategy. Carers are now regularly availing of carers breaks, grants and alternative therapies. Next year we intend to develop further support and training for carers and are working closely with the Trust's Carers Co-ordinator to achieve this.

## LEARNING DISABILITY (CHILDREN)

Table 1 – General Service Provision

Nos of children known to services	200
Specify services and activity levels delivered to this population in 2004 / 2005.	Social Work Respite Services Behaviour Support Summer Schemes (targeted) Domiciliary Provision After Schools
Unmet Need	
1. Nos of children unable to access any service following assessment  2. Nos of children unable to access the indicated service level following assessment	

Respite Provision

Name of Unit	No of Children/Young People	Overnights per Year
Forest Lodge		
Lindsay House		
Breakaway Scheme	15	
Conicar	2	

LEARNING DISABILITY (CHILDREN)Domiciliary Provision

Name of Service	No of Children/Young People	Sessions per Year
Rogers Community Care	3	782
Quality Care Services	1	150
Ardmonagh F.C	6	4345
PHAB Day Care	3	654
CCA	1	821
Parkanuar College	1	22
Harmony Trust	1	15
Safari Day Care	2	276
Camphill Community	1	207

Table 2 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	2
	Applications by relatives leading to admission for assessment	0
Article 18	Reception into Guardianship	-
	Renewal of Guardianship	-
	Discharge from Guardianship	-
	No. of Guardianships in force	-
Article 73 (i)	Mental Health Review Tribunal Referrals	0

Table 3 – Disabled Persons (NI) Act 1989

		Numbers in Year
Section 4	Assessment and Care Planning	4
Section 8	Taking into account ability of carers	7

LEARNING DISABILITY (CHILDREN)

Table 4 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	
Payments made	

Table 5 – Disabled Children placed in Adult Services

	Numbers in Year
Hospital	2
Residential care	0
Nursing Care	1
Respite	4
Day Services	0

LEARNING DISABILITY (ADULTS)

Table 1 – General Service Provision

Nos of people known to services	678
Specify services and activity levels delivered to this population in 2004 / 2005.	Social Work Service Approved Social Workers Care Management Day Services Supported Living Respite (Statutory & Voluntary) Behaviour Support Therapeutic Services Community Support Workers
Unmet Need	
1. Nos of people unable to access any service following assessment  2. Number of people unable to access the indicated service level following assessment	Waiting for Day Care Waiting for Learning Disability Assessment Waiting for Crossroads Waiting for Residential Waiting for Supported Living Waiting for Respite

Table 2 – Accommodation/Respite Delivered During 2004 / 2005

	Private		Voluntary		Statutory		Total	
	Users	Nights	Users	Nights	Users	Nights	Users	Nights
Supported Living			20	X365	70	25,550	90	32,760
Nursing Home Placements	19	X365					19	6,916
Residential Home Placements			22	X365			22	8,000

	Users	Sessions	Users	Sessions	Users	Sessions	Users	Sessio
Respite			20		70			
Domiciliary								

LEARNING DISABILITY (ADULTS)Table 3 – Mental Health (NI) Order 1986

		Numbers in Year
Article 4	Applications by ASWs leading to admission for assessment	17
	Applications by relatives leading to admission for assessment	Not Known
Article 18	Reception into Guardianship	1
	Renewal of Guardianship	10
	Transfer into Guardianship	1
	Discharge from Guardianship	2
	No. of Guardianships in force	11
Article 73 (i)	Mental Health Review Tribunal Referrals	4
Article 107	Notification to Office of Care and Protection	0

Table 4 – Disabled Persons (NI) Act 1989

Section 8 (i)	Carer's Assessment	7
---------------	--------------------	---

Table 5 – ASW Standards (Revised 2004)

Standards 1-6	Details of compliance to be supplied	
---------------	--------------------------------------	--

Table 6 – Carers and Direct Payments Act (NI) 2002

	Number by service type
Referrals for Direct Payment	21
Payments made	2

LEARNING DISABILITY (ADULTS)

Table 7 – Vulnerable Adults Policy

	No. of referrals	38
	Details of outcomes as follows	
	No further action following assessment	5
	Investigations	
	– Social services	23
	– PSNI	1
	– Joint	14
	Confirmed abuse	
	– Physical	11
	– Sexual	19
	– Emotional	3
	– Financial	0
	Protection Plans	30
	Cases closed	0



### Staffing: Learning Disability

Table 2.1:

	Establishment Staff No (W.T.E)	Staff in Post Staff No (W.T.E)	Qualified (Years)			Vacancies (W.T.E)
			0-2 yrs	2-5 yrs	+5 yrs	
<b>MANAGEMENT</b>						
Assistant Director	1 (1.00)	1 (1.00)	0	0	1	
Programme Manager	0	0	0	0	0	
Senior Managers	2 (2.00)	2 (2.00)	0	0	2 (1 x Nursing)	
Principal Social Worker	0	0	0	0	0	
Assistant Principal Social Worker	2 (1.95)	2 (1.95)	0	0	2	
Care Managers	1 (0.73)	1 (0.73)	0	0	1	

Table 2.2: Social Work

	SW / Team Leader Grade	Head of Residential Unit	Residential Staff
Total No Staff in post (W.T.E)	SW 13 (10.55)  Sen Pract 6 (6.00)  Sen SW 3 (3.00)	5 (5.00)	SW  2 (2.00)  Sen Pract 0 (0.00)
SW Qualification Profile	Qualified 22  Unqualified 0	Qualified 2  Unqualified 0	Qualified 2  Unqualified 0
Date of Qualification (years)	0-2 2  2-5 0  5+	0-2 0  2-5 0  5+	0-2 2  2-5 0  5+

	20	5(1xNursing)	0
<b>Vacant Posts (W.T.E)</b>			

**3 Heads of Residential Units have a nursing qualification held for more than 5 years.**

**Table 2.3: Post Qualifying Education**

	2004/2005	Trust Total
Registered for PQ Award No Credits	3	22
PQ1 (Only PQ1 Completed)	1	11
PQ2-6 (Selection of Credits but not full award)	0	6
PQ Award (Full)	0	8
Registered Advanced Award	0	0
Advanced Award Credits	0	0
Advanced Award (Full)	0	0
Practice Teachers Award	0	5

Approved Social Worker (ASW)	0	9

21 October 2005

## FAMILY AND CHILD CARE PROGRAMME

### SECTION 1

#### Introduction

The Action Plan identified in the Trust's previous report incorporated the following elements:

- **Care Leavers**

Preparations for the pending implementation of the Leaving Care Act have continued. The Family and Child Care Programme has progressed the refinement of its information base in respect of the overall levels of potential service users by sub-categorisation across the range of entitlement status. Within this context the Programme has sought to confirm the resource position, to profile the range of projected needs against possible financial liabilities, to identify those key areas where available provision will be unable to meet needs arising out of the Trust's enhanced statutory remit and to specify priorities for service development.

Areas of particular significance in this regard include:-

- A continuum of appropriate, supported accommodation options.
- Peripatetic support services with sufficient flexibility to respond to individualised needs of vulnerable young people.
- Dedicated psychiatric and related services provision.

- The Trust has been engaged with the EHSSB, the Department, the NIHE and provider organisations in ongoing discussions with regard to the Supporting People agenda and the potential impact upon the range and stability of accommodation provision attendant upon the Trust's assuming responsibility for this area.

The Trust continues to pursue the adequacy of the available resource base to meet the additional responsibilities arising from the Act. In this regard, the Trust was particularly concerned about: the non-availability at the end of the reporting period of draft policy and procedures to inform the operationalising of the Act; lack of clarity in relation to the essential criteria for the Personal Advisor posts; the remit of this post; and a funding formula to facilitate appointments.

The Trust has established a Trust-wide multi-sectoral Implementation Group to take forward the operationalising of the legislation.

The following key priorities are being addressed.

- Resolution of mechanisms to facilitate management of income payments to 16 and 17 year old care leavers.
- Ongoing consultation with the EHSSB and the Department in respect of the Supporting People agenda, the overarching funding situation and in particular, the impact of the proposed changes to Supporting People on the Trust's financial liabilities for eligible young people.
- Stabilising of current accommodation provision and scoping of potential initiatives with voluntary and community sector re: same.
- Clarification of draft policy and procedures to facilitate a comprehensive appraisal of key service requirements and to refine priorities for future investment.
- Paralleling this theme, a review of the Programme's organisational structure to optimise and maximise the potential skills-base to respond to the responsibilities attendant upon the Act with a particular focus on the areas of skills mix and complement of the Trust's dedicated After Care Team.
- Clarification of the remit of and funding base for Personal Advisors and their practice interface with other Programme staff.
- Consolidation and further development of the multi-agency network to enhance the range and seamlessness of provision.
- In partnership with voluntary and community sector groups, to promote users' involvement and participation in strategic and operational processes in respect of service delivery.

- To promote host communities' potential to contribute to formal and informal services / supports to/ assimilation of care leavers and the After Care population.
- At this point the Trust are extremely concerned that the proposed savings of DSD which amount to approximately £2m regionally are at risk of reducing the service provision to young care leavers rather the enhancing the service

- **CAMHS Services**

The Trust has participated fully in ongoing discussions with the EHSSB and the other hospital and community Trusts in the development of a coherent CAMHS Strategy through the auspices of the Greater Belfast CAMHS Group and related activities.

The Trust has shared its draft proposals for a local Tier 2 Service Model with the EHSSB.

The Trust has consistently addressed its concerns with the EHSSB and the Department with regard to the accessibility of specialist CAMHS services.

The Trust intends to progress the refinement of its draft Tier 2 Service Model and to further engage with key stakeholders, including its local community, with regard to the elements of same.

Pivotal to this process will be the securing of a resource base to meet the interim commitments to staff training essential to the recruitment and retention of a skilled staff base and a resolution of a secure funding structure within which the Trust can plan for evolutionary and sustainable service development.

Key themes informing the Trust's draft model are:-

- A central referrals point.
- Supports for Tier 1 staff within a targeted training framework.
- Management of interfaces across the respective Tiers and adult services.
- Development of mechanisms to engage users / parents / carers and the local community in service planning and developments.

The Trust has established a Therapeutic Support Service to provide dedicated initial assessment and ongoing consultation / supports to the Trust's residential units.

The Trust has pursued opportunities to secure specialist CAMHS training for two nursing staff as part of its longer-term strategy to develop its CAMHS skills base.

- **Children in Need / Child Protection**

The Trust has participated in a Departmental working group in relation to a regional assessment model.

Within the reporting period, the Trust has continued to integrate the key elements of the Laming Report including: the implementation of draft Supervision and Assessment Policies and Procedures for Children's Social Services staff; the development of a Trust-wide Children's Services Planning process; the establishment of a Trust-wide multi-professional group to take forward corporate policies and procedures in relation to Children's Services; multi-professional child protection training; community based child protection training; and the development of service initiatives in relation to Autistic Spectrum Disorder and ADHD.

At a strategic level, the Trust's Child Protection and Domestic Violence Fora have sought to consolidate multi-agency / multi-professional partnerships including community representation.

The Programme is seeking to consolidate and develop mechanisms to enhance its links with community representatives and groups across the continuum of provision particularly in relation to Early Years, community-based adolescent provision and Family Support services.

Under the auspices of the Health Action Zone Council, the BELB and the Trust have developed a bid to the Integrated Development Fund. The bid is built upon an integrated approach to the promotion of enhanced educational and life outcomes for children within the Shankill and West Belfast areas through integrated service delivery approaches centred on local school communities.

The bid is seeking to act as a catalyst for a re-configuration of universal and targeted primary provision across the continuum of need which is predicated on local accessibility, user and community participation within integrated service delivery processes.

- **Early Years**

The Trust remains concerned that the area of funding for the community Early Years' sector is unresolved. In the Trust's view the development of a coherent strategic approach to the delivery of Early Years services within an appropriate funding framework is imperative.

The Trust is fully discharging its statutory functions in relation to Early Years services.

The Trust's current Article 20 Report provides a comprehensive overview of issues impacting on Early Years provision within the Trust.

- **Looked After Children**

At the end of the reporting period the Trust, in partnership with Glenmona Resource Centre and with the support of the EHSSB, was about to operationalise an Intensive Support Pilot Project on the Glenmona site.

The development of Intensive Support provision is, in the Trust's view, central to the implementation of the Children Matter Strategy.

The Trust has completed business cases in respect of 444 Antrim Road and the refurbishment of Somerton Road.

Central to the Trust's overarching Looked After Children's Strategy has been the retention and development of its residential staff base; the promotion of qualitative progress in relation to the educational attainments and health of its residential population; and the integration of its residential units within the local communities.

The Trust, within its evolving Tier 2 draft CAMHS Strategy, has established a therapeutic initial screening and assessment service to its residential units incorporating clinical psychology, nursing and social work inputs. [Therapeutic Support Service].

With regard to its foster carers' base, the Trust has focused upon the maintenance of its placement resource. The Trust is continuing to address the assessment, registration and post placement supports for kinship placements within a secure funding framework.

The Trust has participated fully in the process of the development of a regional fostering strategy.

Implications for adoption practice arising out of judicial decision-making in respect of Human Rights related themes will continue to inform future practice in this area.

The Trust promotes adoption as an option, where appropriate, within its child-centred permanency/ care planning framework for Looked After Children.

## **Staffing**

The Family and Child Care Programme has continued to address the challenging recruitment and retention environment. Although the Programme has achieved relative success in its recruitment and retention strategy, the staffing profile reflects ongoing difficulties in this regard.

As previously addressed with the EHSSB and the Department, an area of particular concern is the concentration of inexperienced staff in fieldwork and residential services. At the end of the reporting period approximately 40% of the Programme's staff group were under two years' qualified

In relation to residential care, as of 31 March 2005 83% of the whole residential staff group was professionally qualified. This situation, while relative positive in comparative terms, reflects the particular pressures in this sector.

The long-term vacancies profile [i.e. positions vacant on and from 31 December 2004] indicates 1 wte Senior Practitioner grade and 4.4. wte vacancies at Social Work level at 31.03.05.

As of the 31 March 2005 the Programme had the following vacancies: 3.4 Social Workers wte; 1 Senior Practitioner.

The Trust's strategy has continued to emphasise flexible and innovative recruitment approaches building upon the Trust's profile in general and practice teaching base in particular.

Retention incorporates a robust commitment to professional support, supervision and training within a learning organisational culture.

The Programme has consolidated its Senior Practitioner base across fieldwork and residential services.

The Programme is engaged in a Principal Practitioner Project which is seeking to develop and evaluate the potentiality of this grade within a practice career structure.

### **Training**

The Trust's Social Services' Training Unit has provided a comprehensive training programme across the reporting period including: assessment; risk management; communicating with children; multi-disciplinary child protection training; and supervision. The Programme is currently developing a Mental Health training initiative in partnership with the Mental Health Programme.



The Programme has continued to promote staffs' engagement in post-qualifying training.

### **Standards**

The Programme is engaged in a process of benchmarking across the continuum of services standards and is seeking to develop an action plan to inform compliance priorities.

### **Governance**

The Programme is seeking to consolidate and further develop its governance processes within the context of the Trust's overarching governance framework.

Over the reporting period, the Programme has focussed upon: operationalising of draft Trust Children's Services Policies and Procedures; completion of a number of audits in relation to child protection; the baselining of practice against draft standards in child protection, fostering and residential care; the progressing of staff group's social care registration; the maintenance and review of the Programme's Risk Register; and the ongoing profiling and promotion of governance - related themes within the Programme's practice culture through mechanisms such as the Trust's Social Work Forum.

### **Service to children and families Out of Hours are provided through the Board's Emergency Duty Team.**

The Team has a range of expertise and experience in relation to the discharge of Statutory Functions in respect of children and families.

The Team's practice is monitored through a supervision process which utilises the Trust's Children's Social Services Supervision Policy and Procedures.

The Team has operationalised local protocols for the management of the referral and information process to Trust fieldwork offices and an 'Alert System' for the notification by Trust staff to the Team of situations / matters of concern in relation to cases which might arise Out of Hours.

Accountability for the Team is informed by the cross-Trust agreement for the period 01 April 2002 – 31 March 2005.

Reporting mechanisms in relation to the Team's discharge of Statutory Functions in respect of family and children in North and West Belfast are through the Team Manager, Principal Social Worker, Director of Children and Mental Health Services / Director of Social Work.

The Team has access to a dedicated training budget, it accesses Children's Services training through the respective Trusts' Training Team.

## **SECTION 2**

### **The Statutory framework against which the Family & Childcare Programme is Reporting:**

The Statutory basis of the legislation relating to Childcare is to be found in the following:

- The Children (Northern Ireland) Order 1995
- Health and Personal Social Services (Northern Ireland) Order 1972, 1991 and 1994
- Judicative Act (Wardship) 1978
- Education and Libraries (Northern Ireland) Order 1986
- Adoption (Northern Ireland) Order 1987 (Separate Scheme)
- Mental Health (Northern Ireland) Order 1986 (Separate Scheme)
- Sex Offenders Act 1997
- Carers and Direct Payments Act (Northern Ireland) 2002
- Human Rights Act 1998
- Disabled Persons Act (Northern Ireland) 1989
- Chronically Sick and Disabled Person Act 1978
- Northern Ireland Act (Section 75) 1998
- Register Homes Order (Northern Ireland) 1989
- Housing Support Services (Northern Ireland) 2003
- Co-operating to Safeguard Children 2003
- Protection of Children and Vulnerable Adults Act 2003
- Data Protection Regulations
- Freedom of Information Act 2000
- Public Interest Disclosure (NI) Order 1998

The Programme is also preparing for the following proposed legislative developments:

- The Children (Leaving Care) Act (Northern Ireland) 2002

In addition service delivery is informed by: the range of departmental strategic plans and initiatives in respect of health and Social Care incorporating Priorities for Action, New Targeting Social Need, Investment for Health and ongoing Case Management and inspectorial processes and recommendations.

### SECTION 3

#### Quality Assurance

#### 1. The Six Standards ]

- [A] **An unbroken line of professional accountability should exist from social workers discharging statutory functions to the Director of Social Work on the Trust Board – Report by exception only.**

The Trust complies with this standard.

The Director of Social Work Children & Mental Health Services has operational and professional accountability for staff in the Family & Child Care Programme.

- [B] [I] **The Trust should have a protocol for the screening and risk assessment of all referrals. Please report on the monitoring mechanism used to ensure adherence to the protocol.**

The Programme adheres to the procedures detailed in the regional Child Protection Policy and Procedures and the Trust's Children's Services Referral and Allocation Policy and Procedures in relation to the screening and initial assessment of referrals.

The respective team leaders are responsible for the operational management of the referral system.

The individual Assistant Principal Social Workers exercise overarching managerial responsibility.

At an operational level monitoring mechanisms include: -

- Confirmation of appropriate search of database.
- Ensuring that, where appropriate, multi-agency / multi-professional checks have been completed.
- Initiation of Child Protection procedural response where warranted.

Managerial monitoring processes involve: -

- A sampling of the referral system on a six monthly basis by the respective Assistant Principal Social Worker incorporating key tasks as outlined above.
- The Referral and Allocation System was the subject of a number of audits during the reporting period. The audit outcomes were positive across the continuum of the process.
- The Trust has subsequently reported to the Board on a monthly basis with regard to allocations.

Training on risk assessment is an integral element of the Programme's Training Strategy.

**[B][III] Where a significant risk has been identified, that you are complying with the standards set out in the policy and procedures in the following documents concerning action, decision-making and recording.**

The Family and Child Care Programme is compliant with the standards detailed in the Policy and Procedures in the following documents: -

- Co-operating to Safeguard Children [DHSS&PS, 2003].
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and Suspected Cases of Child Abuse in Northern Ireland.


In relation to the Draft Standards from the Inspection of Child Protection Services [SSI, 2003] the Trust is progressing work to further enhance its compliance across the continuum of standards.

With regard to the A.C.P.C.'s Policies and Procedures [2005], in light of issues related to volumes and the availability of secretarial supports for case conferences, the Trust has not achieved full compliance with the

timescales for distribution of case conference minutes as specified at 6.71.

- [C] The Trust is ensuring that Looked After Children regulations are adhered to in terms of care planning, monthly visits by social workers, reviews and recording. Compliance rated with the regulations should be reported**

The Family and Child Care Programme is compliant with the regulations in respect of Looked After Children in relation to monthly visits by social workers, reviews and recording.

As a result of pressures associated with volumes and administrative staffing, the Trust is experiencing difficulties in meeting the timescales for circulation of the minutes of Reviews as specified at 8.7 Policy and Procedures Volume 2 Looked After Children. 

As previously addressed with the EHSSB, the Trust is not in a position to facilitate the chairing of all reviews at Assistant Principal Social Worker level. The respective Assistant Principal Social Workers do, however, chair at least one review in respect of each child per year.

The Trust's practice in relation to the management of Looked After Children is informed by the Handbook of Policy and Procedures Volume 2, Looked After Children.

The reviewing Officers at Assistant Principal Social Worker and Principal Social Worker levels respectively quality assure the Review System in respect of Looked After Children.

The Reviewing Officer role incorporates: -

- An overview of the quality of Looked After Children documentation.
- A monitoring of the details of statutory visits.
- An appraisal of the quality of completed documentation.
- An evaluation of the Care Planning process.
- The residential inspection system facilitates a parallel monitoring for those children in residential care.

The Programme's Permanency Panel affords a framework within which the effectiveness of Care Planning can be reviewed.

- [D] The Trust is ensuring that all social workers [including residential social workers] have at least monthly professional supervision sessions, which are formal and recorded.**

The Trust is ensuring that all social workers [including residential social workers] have at least monthly supervision sessions which are formally recorded.

During the reporting period the Trust had a Draft Children's Services Supervision Policy and Procedures in place to inform supervision.

The draft policy incorporated a mechanism at Assistant Principal Social Worker and Principal levels to facilitate monitoring and reporting in relation to the delivery of supervision.

This process has demonstrated compliance with the elements of the policy and procedures.

Supervision of residential staff has been addressed and reported upon positively within the residential inspection process.

Training on supervision for staff is an integral element of the Programme's Training Strategy.

**[E] Trusts have in place risk assessment and risk management protocols in the area of statutory functions. Until the Department's Regional Assessment Framework is in place, Trusts should use the Brearley Model to carry out risk assessment.**

The Trust has Policy and Procedures informing practice in relation to: -

- Risk Assessment and Risk Management
- Draft Children's Services
- Referral and Assessment Policy and Procedures
- Regional and Child Protection Policy and Procedures informing the prioritising and ongoing management of young people requiring secure care
- Trust's Serious Adverse Incident Policy and Procedures
- Investigation of Adverse Events/Incidents/Near Misses and Claims
- Regional Draft Leaving Care Policy and Procedures

All the above are characterised by clear reporting and reviewing processes at professional and organisational levels.

Training is provided for Programme staff in these areas.

The Trust has established reporting mechanisms through the professional / managerial line to the Director of Social Worker onto the Chief Executive and Trust Board in respect of the discharge of statutory functions in relation to children.

**[F] Trusts have in place systems to identify and record unmet need in relation to Statutory Functions.**

The Trust utilises the processes at [e] above to identify and record unmet need in relation to statutory functions.

The Corporate Parenting Reporting system provides a key mechanism for the collation of information and commentary in relation to unmet need.

The Trust completes the Departmental Return in relation to unmet need as required.

**2. Reporting of Untoward Incidents as per DHSSPS Interim Guidance 2004**

The Trust has in place a system for recording, reporting and monitoring of all adverse events/incidents and near misses which is compliant with Departmental Circular HSS PPM 6/04. This policy will be reviewed during the current of 2005/06.

In addition, the Trust endorsed a Serious Adverse Incident Policy and Procedure in June 2005. This policy set out the framework and operational arrangements for the management of serious adverse incidents within the Trust and is also compliant with Circular HSS PPM 6/04.

A comprehensive and on-going training programme on the above policies has been developed in accordance with the Trust's Risk Management strategy.

The last year has seen an increased emphasis placed on the importance of incident reporting as a critical element in the Risk Management / Governance process and also as an evidence base and catalyst for service improvement and change.

A Cross Directorate Incident Review Group has been established with a remit to review existing policy and procedures, establish incident trigger lists, clarify Directorate roles and responsibilities and improve communications up and down the organisation with regard to incidents.

In March 2005 the Trust embarked on a pilot project to electronically report incidents in an attempt to increase reporting and improve the quality of information.

During the year 636 adverse events/incidents and near misses were reported within the Family and Child Care Programme of Care.

- Table A: Highlights the types of Incident reported.
- Tables B & C: Highlights the number and nature of incidents emerging from the Programme reported to external bodies.



**Family & Childcare Incidents by Category and Type 1/4/04-31/3/05**

	Accidents	Health & Safety	Incidents Professional	Near Miss	Other types	Security Incident	Total
Absconding	0	0	269	0	0	0	0 269
Alcohol, drug or solvent abuse	0	0	63	0	0	0	0 63
False Fire Alarm	0	1	0	0	0	0	0 1
Allegations	0	0	12	0	0	0	0 12
Arson	0	0	0	0	0	2	2 2
Assault on patient/client by others	0	0	16	0	0	0	0 16
Assault by patient/client on another patient/client	0	0	27	0	0	0	0 27
Assault on staff by patient/client	0	0	49	0	0	0	0 49
Assault on Visitor by patient/client	0	0	2	0	0	0	0 2
Attitude	0	0	3	0	0	0	0 3
Break-in or attempted break-in	0	0	0	0	0	7	7 7
Car crime	0	0	0	0	0	5	5 5
Challenging behaviour	0	0	64	0	0	0	0 64
Civil disturbance or rioting	0	0	0	0	0	1	1 1
Collided with	5	0	0	0	0	0	5 5
Control/restraint	0	0	2	0	0	0	0 2
Other crime	0	0	0	0	0	1	1 1
Death of patient (natural causes)	0	0	1	0	0	0	0 1
Fall from a height, bed or chair	1	0	0	0	0	0	0 1
Fall on the same level/slip/trip	8	0	0	0	0	0	0 8
Actual fire	0	1	0	0	0	0	0 1
Refusal of medication	0	0	1	0	0	0	0 1
Near Miss	0	0	0	4	0	0	0 4
Other incident (please specify)	0	0	0	0	10	0	0 10
Road traffic accident	0	0	0	0	2	0	0 2

Incidents reported to EHSSB 1/4/04-31/03/05

Seizure or epileptic	0	0	0	1	0	0	0	0	0	0	1
Self harm minor (cut/bruise)	0	0	0	3	0	0	0	0	0	0	3
Self harm (hanging)	1	0	0	3	0	0	0	0	0	0	3
Asphyxiation	1	0	0	5	0	0	0	0	0	0	5
Death of patient (natural causes)	1	0	0	14	0	0	0	0	0	0	14
Sexually inappropriate behaviour		0	0	1	0	0	0	0	0	0	1
Suicide threat		0	0	0	0	0	0	0	0	0	0
Theft or attempted theft		0	0	0	0	0	0	0	0	18	18
Threats or threatening behaviour		0	0	0	0	0	0	0	0	8	8
Body part trapped		2	0	0	0	0	0	0	0	0	2
Unexplained injury		0	0	0	0	0	0	0	1	0	1
Vandalism		0	0	0	0	0	0	0	0	11	11
Verbal abuse		0	0	0	0	0	0	0	0	12	12
Totals:	16	2	536	4	13	65	636				

**Incidents reported to DHSSPS 1/04/04-31/3/05**

Absconding	1
Death of patient (natural causes)	1
Totals:	2





The Programme's Adverse Events Reporting profile evidences the predominance of episodes within the residential units reflecting the unique nature and challenges of that sector.

With regard to abscondings, the Trust has continued to refine its Draft Policy and Procedures in discussion with the PSNI.

In relation to the incidence of aggressive and challenging behaviours, as part of its overarching residential strategy, the Programme has sought to: maintain workforce stability; to develop therapeutic assessment and support services to the residential units; to enhance the staffs' skill base in relation to challenging behaviours; and to access a range of community-based initiatives to promote more positive attitudinal and behavioural responses.

Incidents of violence and intimidatory behaviours to staff, destruction to staff and Trust property and issues arising from the complexity / profile of specific situations have been the other principal Adverse Events Reporting categories across other Programme settings.

Through its Governance framework, the Programme has progressed an appraisal of thresholds for the triggering and reporting of Adverse Events with a particular focus on the key practice learning for dissemination across the Programme. This work is seeking to enhance a Programme-wide practice culture underpinned by pro-active, shared learning within a "no blame" ethos.

### **3. Social Care Governance**

The Family and Child Care Programme has identified the following most significant risks in relation to its statutory functions from its Risk Register.

- **The maintenance of staffing base.**

This remains a critical challenge for the Programme [please see attached Appendix 2]. The Programme has continued to experience relative success in recruiting and maintaining its professional staff base.

Programme initiatives have centred on: a strong profiling of the Programme across universities and colleges linked to practice training opportunities; profiling of the Trust's record in relation to training and its commitment to the post-qualifying framework / appraisal; and an emphasis on induction and innovative practice as reflected in the Principal Practitioner Project and related initiatives.

- **Access to Child and Adolescent Mental Health Services**

The Trust has participated fully in the range of discussions and fora with the EHSSB with regard to the development of an integrated CAMHS Services embracing all four tiers.

Difficulties in accessing specialist CAMHS provision for vulnerable young people presenting across the continuum of emotional / behavioural / mental health difficulties have given rise to significant concerns for the Trust with regard to its discharge of statutory functions.

Within this context, the Trust has pursued the development of a community-based, locally accessible Tier 2 CAMHS Service. A draft service delivery model has been presented to the EHSSB and the Trust is presently taking forward a consultation exercise with key stakeholders.

[Please see pages 5-7]

- **Services to meet the needs of vulnerable young people with a profile indicative of potential self-harming behaviours.**

In the context of the current situation with regard to CAMHS services, the Programme is seeking to respond to the area of vulnerable young people at risk of self-harming and suicidal ideation.

This is a particularly complex and challenging area which necessitates a coherent, integrated multi-agency / multi professional response in partnership with the local community and support groups.

Within the context of the Trust's overarching suicide prevention strategy, the Programme has sought to: -

- Develop its staff group's knowledge base of mental health issues through a dedicated training initiative.
- Profile emotional / mental health vulnerability indicators / predisposition within its initial assessment processes.
- Develop therapeutic assessment services to its residential population. [Trust's Therapeutic Support Service] with a particular focus on predisposing risk factors in relation to mental health / self harm ideation.
- Consolidate and further promote its links with the Young People's Centre / Child and Family Clinic.
- Manage interfaces with adult services through the operationalising of Trusts-wide protocols / joint training opportunities.

- Pro-actively engaged with the local community in promoting positive mental health well being.

- **Somerton Road Children's Home**

The risks to vulnerable children of sharing bedroom accommodation will not be resolved until such times as the necessary refurbishment work has been completed.

- **Risk Arising From Unmet Needs**

The Programme has detailed through its Corporate Parenting Reporting processes and parallel reporting systems the impact on its ability to discharge its statutory functions of those circumstances in which a primary service resource is not available.

The areas of particular concern in this regard include: placement availability, in particular Secure Accommodation; accessibility of specialist CAMHS' services; issues arising from the interface between Juvenile Justice and care in relation to the management of young people with chronic, serious, occasionally violent, offending profiles; the enhancement of statutory responsibilities attendant upon the implementation of the Leaving Care Legislation in the context of significant funding constraints; and the potential funding crisis in the community Early Years sector with its consequences for Family Support provision.

#### 4. **Feedback from Service Users**

The Trust sees complaints management as an integral part of its clinical and social care governance and risk management structures and has in place a system for recording, reporting and monitoring of all complaints and enquiries about the services it provides.

The Trust policy for Reporting Complaints will be reviewed on receipt of the outcome of the Regional Review of HPSS Complaints Procedures by the DHSSPS.

In addition, the Trust endorsed a Policy on the Investigation of Adverse Events / Incidents, Near Misses, Complaints and Claims in March 2005 which sets out the framework and operational arrangements to facilitate the in-depth analysis of learning from events where there has been potential or significant harm, loss or death as a result.

A comprehensive and on-going training programme on this policy has been developed in accordance with the Trust's Risk Management



strategy. Complaints Awareness is an integral part of the Trust's Induction Programme and Customer Care Strategy.

All complaints continue to be monitored by the Executive Management Board and Complaints Review Committee on a quarterly basis. An Executive Summary of the Complaints Monitoring Report is now published on the Trust's intranet site for access by all staff and internet site for public viewing.

A User Involvement Strategy, which sets out a plan to enhance service user involvement within the Trust and to give guidance and information about involvement issues was endorsed by the Trust Board in February 2005.

During the reporting period complaints were received from 22 individuals in relation to services provided by the Family and Child Care Programme of Care Programme.

[Please see Table D]

The Family and Child Care Programme of Care has sought to consolidate and enhance its engagement with and participation of service users and local communities at both individual delivery and strategic levels.

Initiatives include: -

- Engagement of VOYPIC to provide an advocacy service to the Trust's residential Units.
- Consultation with young people / participation of service user representative in the development of the Intensive Support Unit Project.
- Delivery of Services to the Travelling Community by multi-disciplinary Team incorporating a strong user involvement ethos.
- Consultation with young people in relation to the design and outlay of residential provision.
- Consultation with parents/carers in relation to the development of the Trust's ADHD Project and the Trust's Autistic Spectrum Service developments.
- Engagement with users and community representatives across the continuum of Early Years Services.
- Community representation on the Trust's Child Protection Panel and Domestic Violence Forum.

- The ongoing commitment to user involvement across the continuum of individual service delivery.

The Programme is seeking to consolidate and develop practice in the area of user consultation and involvement. This is complex and challenging in light of the Programme's primary statutory responsibilities to promote children's welfare and the enduring societal perception of an intrusive and policing agency role in this area.

The Programme considers the following as key elements of this process: -

- [a] Review of its present communications strategy with a view to enhancing and broadening its mechanisms for promoting the quality of its information dissemination.
- [b] Benchmarking current practice against relevant standards to identify priority areas for user focus.
- [c] Seeking to integrate the current practice position with regard to user involvement with its individual casework emphasis to a strategic approach incorporating user feedback on service performance and user participation, to inform delivery processes and future development of provision.
- [d] Specifically with regard to Looked After Children to consolidate and enhance independent advocacy and to further promote children's participation in consultation / decision-making with regard to both individual and strategic issues.
- [e] Explore mechanisms to engage marginalized groups in user processes.

**TABLE D****FAMILY & CHILD CARE COMPLAINTS 1 APRIL 2004 – 31 MARCH 2005****1. Numbers of Complaints Received**

During the year 29 complaints were received from 22 individuals:

Wilson: 21 Complaints from 14 individuals  
 PS: 8 Complaints from 8 individuals

**2. Number of Complaints Investigated under Children Order**

8 Complaints were considered under the Problem Solving Stage of the Children Order Representation and Complaints Procedure.

No complaints were considered under Stage 1 of the Procedure.

**3. Source of Complaints Received**

Complaint were received from:

MP	1
Solicitor	1
Parent	11
Relative	1
Foster Parent	2
Young Person/Child	4
Member of Public	2

**4. Service area from which the complaint arose**

With the exception of one complaint that arose from the Learning Disability Services area all complaints were received from the Family & Child Care Programme.

**5. Number responded two in timescales**

Problem Solving – 4 were outside the timescale [28 days]  
 Wilson – 4 were outside the timescale [20 days]

**6. Subjects of Complaints**

Wilson complaints subject:

Access to records [unavailability]	1
Communication or information to patients	3
Professional Assessment	2
Staff Attitude or behaviour	8
Treatment and care quality	2
Treatment and care quality	2
Other	3

Problem Solving Subjects:

Accommodation	4
Management of Child's Case	3
Denial of Service	1

**7. Outcome**

The outcome of complaints received have been categorised as follows:-

Problem Solving:

Further Assessment/Further Input	4
No Further Action Required	3
Change of Service	1

Wilson

Further Assessment/Further Input	7
No Further Action Required	5
Review of Policy Required	1
Ex gratia payment made	1

## **SECTION 4**

### **Emerging Issues**

The following are key areas of emerging significance in relation to the Programme's discharge of its Statutory Functions.

#### **1. Domestic Violence**

- The pending implementation of the Regional Domestic Violence Strategy and action plan.

Of pivotal significance in relation to the effectiveness of the strategy will be the provision of an adequate resource base to facilitate implementation.

- The piloting of the Domestic Violence Risk Assessment Model.

The Programme will pilot the model with a view to its implementation if positively evaluated.

#### **2. Early Years Services**

The outstanding issue of the availability of funding for community-based Early Years services attendant upon the ending of short-term funding streams remains unresolved.

#### **3. Family Support**

The Impact of the Children Act, 2004 on the strategic direction of Family Support provision within the context of the evolving regional Family Support initiatives.

Of particular significance in this regard will be: the development of more integrated planning and service delivery processes both within and across agencies; the promotion of preventive / early interventive provision and the role of statutory Social Services in the direct delivery of same; and the focus on outcomes as opposed to outputs in the measuring of service effectiveness.

#### **4. The Implementation of the Leaving Care Legislation**

In the context of the unresolved issues relating to the resource base to facilitate implementation, the major practice and service delivery

challenges attendant upon the operationalising of the legislation. Such challenges will include: the establishment of the Personal Advisor role; the Trust's assumption of responsibilities for financial maintenance in relation to eligible and relevant young people; the impact on the stability of the accommodation sector of the transfer of financial responsibility for housing costs of eligible and relevant young people to the Trust; the need to create flexible, peripatetic services in consultation with Care Leavers / young people in aftercare settings; and, following implementation, the potential for resource-intensive litigious proceedings re service entitlement.

## **5. Young People at Risk**

- Within a number of localities, the likely enhanced demands upon the Trust to 'manage' the perceived escalation in anti-social behaviours within a political and societal vacuum resultant from the impasse in policing and the substantial levels of residual community conflict.

It is imperative that a coherent, resourced multi-agency strategy is developed to address the interfaces across Youth Justice, Probation and Social Services incorporating strong community and voluntary sector participation.

- The Trust has highlighted its ongoing concerns with regard to the accessibility of CAMHS provision. The Trust's promotion of a community-based, multi-agency, multi-professional response to mental health promotion and early accessibility to services for vulnerable young people will necessitate an adequate resource base within a coherent Board-wide strategy to maximise accessibility to specialist services when warranted.

## **6. Child Protection**

- Issues arising from the implementation of the Regional Child Protection Policy and Procedures.
- The integration of Case management Review recommendations into a coherent practice and service delivery framework which enhances best practice.
- The proposed implementation of a Regional Assessment framework. It is imperative that a meaningful and responsive consultation process informs the implementation of a framework. Within that context, the areas of thresholds for referral and initiation of child protection procedures, the exercise of a proportionate professional discretion in assessment and case planning; and the availability of appropriate levels of information and administration supports will be essential.

A comprehensive training schedule will be required to facilitate implementation.

## **7. Fostering**

- Issues arising from the implementation schedule in relation to the regional Fostering strategy, in particular; the evolution of a professional dimension to the fostering role; payments for skills; and proposals in relation to recruitment.

## **8. Adoption**

- With regard to adoption the consolidation and expansion of the skills base with a particular focus on practice themes linked to the evolving implications of Human Rights judgements by the Courts.

## **9. Staffing**

- There are likely to be significant challenges for the Programme in recruiting and retaining staff across fieldwork and residential services.
- The implications of the ongoing Agenda for Change process.
- The need to continue the Programme's preparations for the implementation of the assessed year in practice.
- The outcome of the Trust's Principal Practitioner Project in the development of a practice career grade.

## **10. Governance**

The following will be key elements of the evolving Governance agenda for the Programme.

- A focus on users' involvement and participation at both operational and strategic levels within the Programme.
- Service Standards/Quality Agenda

Responding to the range of service standards which have been and are scheduled to be introduced on an ongoing basis. There will be significant resource demands arising from the processes of benchmarking, prioritising action plans and delivery within a practice context in which service volumes, demands and complexities of the social work remit are escalating.

- **HPSSRA**

Responding to the significant organisational and programme specific demands of the establishment of HPSSRA.

- **Community**

Consolidation and enhancement the Programme's engagement with community representatives and organisations in the development and review of service delivery mechanisms and contributions to the local community.

## **11. Societal Context**

The particular issues related to community conflict within North & West Belfast will continue to give rise to major challenges in the delivery of statutory functions at a time of political and social uncertainty and opportunity.

With this context the Programme will be preparing for the restructuring of service delivery processes arising from the establishment of Health and Well-being Centres.

## **12. Review of Organisational arrangements:**

The outcome of the pending Review of local administration and the importance of the maintaining stability of service delivery will be issues of key significance.

## **13. Carers' Agenda**

The emerging implications for the Programme of the evolving impact of requests for assessments of need and attendant services under the auspices of the Carers' legislation within the limited resources available. Within this context, the issue of Direct Payments is likely to become a significant theme for the Programme.



## Appendix 1

## CHILD &amp; FAMILY SERVICES

Table 1 – The Adoption Order [NI] 1987

Adoption Orders Under Article 12	8
Freeing Orders Article 17 [with agreement]	-
Article 18 [without agreement]	5
Interim Orders Article 26	-
Application from persons domiciled outside NI	-
No. of placement made by parents with relatives	-
No. adopted by parents [i.e. step parents]	3
No. of children on the Adopted Register	15
No. on Register of approved prospective adopters	6

Table 2 – The Adoption [Inter-Country Aspects] Act [NI] 2001

No. of children adopted within the Bead area as a result of an inter-country adoption	-
How many post placement care plans have fallen outside the stipulated time	-

The number of children on the Adoption Register relates to those children in respect of whom the Trust was pursuing adoption as the care plan within the reporting period.

With regard to a staffing return in relation to the Family and Child Care Programme, please see return forwarded to the EHSSB in August 2005