

**Muckamore Abbey Hospital Inquiry
Witness Statement**

**Third statement of Mark McGuicken, Director of Disability and Older People,
Department of Health
Date: 7 July 2023**

Further to my addendum statement dated 6 June 2023 (my second statement), I, Mark McGuicken, make this further statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry to correct errors in three paragraphs of my second statement.

In my second statement, at page 54, the response at paragraph 65.1 to the question “Does the DSF report from 2017 to 2018 specifically address the revelations of Muckamore? (p 129)” reads:

“The DSF report from 2017-2018 does not include any reference to MAH. I have included a copy of the of Chief Social Work Officer letter at MMcG/304, outlining the issues he wished to discuss following analysis of the 2017/18 DSF Report. Adult Safeguarding features but there is no direct reference to MAH in the letter.”

At page 54, the response at paragraph 66.1 to the statement “Other DSF reports after 2017 that refers to Muckamore to be provided to the Inquiry (p 129)” reads:

“I attach a copy of the 2017-2018 DSF report at MMcG/305. Muckamore is referred to in pages 118, 120, 125, 126, 128,129, 131, 132, 133, 138, 139, 150, 208 and 209. “

From further examination of the second statement, I have observed that these paragraphs are incorrect. I apologise for any inconvenience this has caused the Inquiry. These errors were caused due to some confusion which arose following review of a number of different DSF reports, including those submitted by the Trusts

and HSCB. This led to an internal Departmental report on DSF functions being reviewed, in relation to the question asked at paragraph 65.1 as opposed to the BHSCT or the HSCB overview DSF report.

Paragraphs 65.1 and 66.1 should read as follows:

65.1 “The Belfast Trust DSF report for 2017-2018 at MMcG/305 includes reference to Muckamore in pages 118, 120, 125, 126, 128, 129, 131, 132, 133, 138, 129, 150 and 209. I have included a copy of the Chief Social Work Officer letter at MMcG/304, outlining the issues he wished to discuss following analysis of the 2017/18 HSCB Overview DSF Report which also makes reference to the 2017/18 safeguarding issues .

66.1 In addition to the Belfast Trust DSF report at MMcG/305, Muckamore is mentioned in the Belfast Trust DSF reports from 2018-2019, 2019-2020, 2020-2021 and 2021-2022. I now exhibit these at MMcG/309 – MMcG/312. The main Muckamore related themes within these include the Adult Safeguarding investigation, SAI independent review, resettlement, RQIA inspections and the availability of beds.”

It has also come to my attention that an incorrect exhibit number has been included in paragraph 44:12, that is MMcG/267 instead of MMcG/254. The exhibit referenced should read:

“...The reminder was prompted following reports from the RQIA and the 2009 NIAO General report on the Health and Social Care Sector by the Comptroller and Comptroller and Auditor General for Northern Ireland (MMcG/254), which raised concerns about the procedures used in dealing with patients’ monies, and in particular, that no specific audits of Mental Health and Learning Disability inpatient wards were undertaken during the 2010/11 or 2011/12 financial years in any HSC Trust...”

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 7th July 2023

List of Exhibits – Second Addendum statement (Mark McGuicken)

[MMcG/309 - BT - DSF Report 2018-2019](#)

[MMcG/310 - BT - DSF Report 2019-2020](#)

[MMcG/311 - BT - DSF Report 2020-2021](#)

[MMcG/312 - BT - DSF Report 2021-2022](#)



BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2019

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Functions Report 2018/19

1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce (the social care workforce) during the reporting period 1 April 2018-31 March 2019. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies on-going and future challenges in the provision of such services.

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

The following themes underpin the delivery of statutory services:

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

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

- The powers and duties delegated to the Trust.
- The principles and values underpinning the delivery of statutory services.

- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.
- The organisational assurance arrangements in relation to the discharge of statutory functions.

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

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

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

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

SECTION 1: An introduction to the Report.

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

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

The individual Service Area reports include a number of information returns prescribed by the HSCB relating to statutory social care service delivery.

Appendices:

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

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

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

Carol Diffin

Executive Director of Social Work

Director of Childrens Community Services/ Director

May 2019

2. Executive Summary

GENERAL

Executive Director of Social Work:

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

2.1 Statement of Controls Assurance

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

Reference to RQIA should be included.

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

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Within the individual Services, the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service reports.

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

The Executive Director of Social Work:

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

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

Regional DSF Report for Year End 31st March 2019

Committee. It is authorised by the Trust Board to review the Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Divisional Social Workers) is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The role and function of this group will be reviewed during 2019/2020 to take account of the new roles of the Divisional Social Workers.

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

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

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

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

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

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

This has been a challenging year for the Trust in the context of the following issues: the demands, levels and complexity of need across all settings; enhanced public expectations and levels of scrutiny; the impact of the phased

re-structuring of regional commissioning and reporting structures; the overarching financial and resources context; and ongoing difficulties with the regional recruitment pathway.

The Trust has prioritised:

- Safe, effective, compassionate and qualitative service delivery.
- The embedding of a culture and underpinning values, which promote excellence, innovation and continuous learning as, reflected in its investment in its workforce's knowledge and skills base.
- Partnerships with local communities and voluntary, private and statutory agencies.
- Community capacity building.
- Co-production, partnership and purposeful engagement with service users, carers and communities to improve service delivery.

The following is an overview of a number of areas, which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service reports provide additional commentary on these themes.

DEPRIVATION OF LIBERTY:

Consistent with NISCC standards and RQIA advice, the Trust has worked ■■■■■ in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. .

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

REVISED REGIONAL ADULT SAFEGUARDING POLICY:

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

LARGE SCALE ADULT SAFEGUARDING INVESTIGATION

This has been a very challenging year in light of the high profile, large-scale adult safeguarding investigation in Muckamore Abbey Hospital, which has had a detrimental impact on our service users and carers and staff. A number of staff have been suspended and a number of staff are off on sick leave and staffing levels are reviewed daily. A police investigation is ongoing alongside a Trust investigation. An SAI was undertaken, chaired by an independent person, Margaret Flynn, the findings of which, alongside RQIA Inspection findings have provided the focus for work undertaken by the Trust in relation adult

safeguarding, service user and carer involvement, and planning for delayed discharges.

ASW DAYTIME ROTA

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

These include:

- The diminution over a number of years of the complement of designated social work posts in the Mental Health Service Area.
- The demands on available social work capacity within the Service of the rise in adult safeguarding activity, particularly in relation to Band 7 staff.
- The pressing need to develop a robust workforce planning approach to social work requirements in Adult Services (including ASWs).
- The resourcing of and supports for staff engaged in the Regional ASW Training Programme.
- The changing role of the ASW under the Mental Capacity Act (2016) once partially implemented in Oct 2019

PLACEMENT CAPACITY IN CHILDRENS SERVICES

Pressures with regard to placement availability across residential and fostering services in the context of the volume and complexity of needs of the Trust's looked after children population. The Trust has had to reconfigure the use of one of its residential homes to provide care for 8-12 year olds who cannot be cared for within the fostering due to their complex and challenging profiles.

WORKFORCE

The challenges of recruiting and retaining a social work and social care workforce are highlighted in each service areas report particularly at band 5/6 and band 7 level. An urgent regional approach to workforce is required to address the high levels of vacancies, the high turnover of staff and high levels of sickness absence to try to stabilise and retain the workforce. At a Trust level there is a pressing need to develop a robust Trust-wide workforce planning approach to social work and social care to secure the necessary workforce volume, skills and knowledge base to meet service delivery demands across, frontline children's services, adult safeguarding, ASW functions and domiciliary provision.

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

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

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

Within children's services, there have been significant challenges over the past year with both recruiting and retaining experienced staff in fieldwork and residential settings. High levels of vacancies and high turnover of staff, with lack of available newly qualified staff have led to increased pressures on existing staff within the system, growing caseload sizes, and rising numbers of unallocated cases. Towards the end of the reporting period, the Trust was unable to provide a named allocated social worker to a number of looked after children. The challenges in relation to workforce was added to the Trusts Corporate Risk Register. It is hoped that this situation will improve during the first quarter of the next reporting period following a successful recruitment campaign.

DOMICILLARY CARE

The lack of capacity within Domiciliary Care is a significant concern for the Trust. Despite remedial measures out in place demand continues to outstrip capacity for this service. Care providers continue to report ongoing challenges to recruit and sustain the workforce.

ASSURANCE PROCESSES IN RELATION TO CARE HOMES

The publication of the Commissioner of Older People's 'Home Truths' Report has significantly challenged the Trust. The implementation of the actions from recommendations has led to an increased level of monitoring and review activity in relation to a number of Homes within the Trust's area, requiring significant focus and resources. The Trust continues to strengthen its assurance processes in relation to Care Homes, through the ongoing implementation of the Care Review and Support Team and Commissioned Services Governance team.

CO-PRODUCTION

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

COMMUNITY INFORMATION SYSTEM (PARIS)

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

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

Statutory Functions Action Plans:

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

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

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

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

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

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

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

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

The ongoing development of software and its subsequent testing had presented substantial logistical and resource demands and had resulted in a series of delays and re-scheduling of implementation.

The Childrens Services Directorate continued with its phased implementation of PARIS across its service base with only adoption and fostering services still to be migrated. This has been a significant challenge for staff at a time of increasing pressures arising from staff vacancies, and increasingly complex caseloads.

INFORMATION

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

The implementation of PARIS across social care services has been a complex and challenging process. Significant difficulties in PARIS reporting functionality in Adult Services in particular have been significant. Implementation of the system in Childrens Services is progressing in the context of the implementation of the Signs of Safety model and further criticism of the efficacy of the UNOCINI Pathway model. Work is being led by the DOH in relation to reviewing the UNOCINI Framework and the Trust is participating in this review.

The Trust has secured a Trust-wide PARIS support-infrastructure to optimise the system's potential and to build information management capacity across both adults and children's services to meet Divisional performance, governance and improvement reporting and development requirements.

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

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

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

CONCLUSION:

The financial context has presented ongoing challenges to all Services during the reporting period. The position going forward remains unclear at this point. The volume and complexity of demand for services is unrelenting. The following are recurrent priorities across all service settings: workforce pressures particularly in relation to domiciliary care, Band 5/6 social workers, Band 7 capacity and ASW provision; the need for significant investment in residential care models to meet specialist needs; investment in the development of governance structures to support Divisional organisational arrangements; and investment in digital systems, data management and analytics.

The impact on service users and carers of both the 'Home Truths' report and the investigation into adult safeguarding at Muckamore Abbey Hospital cannot be underestimated although significant learning has emerged from both for the Trust.

Despite these challenges, significant achievements have been noted across the services:

- The implementation of Signs of Safety in children's services is underway and presents an opportunity to embed strengths-based, evidence informed and outcomes focussed interventions with children in need and their families.
- The development of a specialist children's home for 8-12 year olds
- The continued growth of the GEM scheme providing better outcomes for looked after children in foster care
- Successful partnerships eg Belfast Area Outcomes group, Employability Scheme for Looked After Children, collaboration with PSNI and IFA for young people in residential care
- Development of a trauma informed approach in children's services with increased support for frontline staff and their managers
- The continued work with ARBD service users
- Engagement of service users and carers in the delivery of training, peer support and direction with regard to SDS
- Development of a Memorandum of Understanding between Day Services and RESWS to support ASWs
- Continued embedding of Think Family across Mental Health and Children's Services
- Belfast Recovery College recognised for its excellence of ethos and education
- Completion of its first Positive Action Employability Programme recruiting adults with learning disabilities into vacant permanent posts within Patient and Client Support Services
- Appointment of a Carer Consultant within Learning Disability Services
- The development of the role of Principal Social Worker within the Hospital social work service.
- The embedding of the CREST bringing an additional level of assurance to people living in care homes
- Mobile technology project involving 3 community social work teams and hospital social work and Intermediate care teams
- Bedding down of a Quality Improvement Approach across the services

The Trust's Collective Leadership structures has continued to develop and when fully implemented will afford opportunities to strengthen the profile of community services, improve the management of internal and external interfaces and promote purposeful partnerships with and meaningful engagement of service users and carers.

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

Signature

Carol Diffin

Executive Director of Social Work/Director of Children's Community Services

May 2019

3. General Narrative

Programme of Care / Directorate:- Older People Services

3.1	<p>Named Officer responsible for professional Social Work</p> <p>Ms Tracy Reid is the Divisional Social Worker for Older People's Services. The Divisional Social Worker has responsibility for operational and professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> • The provision of operational management and professional leadership of the social care workforce within the Service Area • The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. • The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. • The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports • The promotion and profiling of the discrete knowledge and skills base of the social care workforce • Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. • Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Service Area report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
3.2	<p>Supervision arrangements for social workers</p> <p>Assessed Year in Employment</p> <p>The service area has supported 18 staff through their AYE year during this reporting period. These staff have been supported to integrate theory to practice. The service area has been vigilant in their governance arrangements for newly qualified staff in terms of caseload monitoring and supervision arrangements, as well as carrying out quality assurance checks. There continues to be an ongoing Trust AYE peer support group which has been critical to the development of these new staff.</p> <p>Supervision Arrangements</p> <p>Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. The Principal Social Worker monitors exception returns and trends are analysed to identify areas of concern. An</p>

	<p>audit to assure the quality of supervision is scheduled for May 2019. Within this reporting period the service area has continually struggled with recruitment into key Band 7 middle management roles and this has impacted at times upon the service areas compliance with the timescales related to supervision.</p> <p>A number of Band 7 managers have completed the Regional Supervision 3 day training course.</p> <p>Caseload weighting</p> <p>The service area welcomes the proposed development of caseload weighting tools, as presented in March 2019 by the Department of Health. The service area is developing a Quality Improvement project in two Community Social Work Teams to test caseload weighting tools, as set out in the regional document.</p> <p>Consolidation of Operational and Professional Structure</p> <p>Within this reporting year the Trust has consolidated a Collective Leadership model of accountability. The Divisional Social Worker for Older People's Services provides professional and operational leadership for professional Social Work across Older People and Physical and Sensory Disability Services.</p> <p>Within Hospital and Community Social Work operational and professional responsibilities are merged in a single Social Work and professional line of accountability from the Social Worker to the Divisional Social Worker.</p> <p>During this reporting period a Band 7 Social Care Governance Lead has been developed in the service area. This is a new role and the post-holder works closely with the Principal Social Worker to strengthen governance arrangements and processes, and to identify learning and training opportunities across Older People's Community Social Work.</p>
3.3	<p>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).</p>
	<p>Social Work and Social Care Review</p> <p>As highlighted in previous reports, the service area has been undergoing significant change in recent years. This has included the standing down of Care Management and the transfer of the management of people in long term care to a discrete Care Review and Support Team (CREST). This team has made significant inroads in improving the lived experience of people in long term care. The impact of this team will be further discussed throughout this report.</p> <p>Historically, one of the key issues that has challenged the service area is ensuring that each person accessing the service has an initial professional assessment. This has been particularly challenging due to the high level of Social Care staff undertaking the keyworker role in Community Social Work. During this reporting period the service area has undertaken a significant piece of work, in introducing new referral criteria and a screening system for the prioritisation of referrals, which includes redirecting low level referrals to more appropriate pathways, such as the Connected Community Hubs. Since September 2018, all new referrals accepted to the Community Social Work service, receive a professional assessment and have a Social Worker allocated to them, as well as having access to professional review. This has required a significant change in the role of the Band 4 Social Care Co-ordinator. This grade of staff have</p>

	<p>moved away from completing initial screenings and undertaking independent case management to a monitoring and support role in which they are paired with a professional Social Worker.</p> <p>These new systems have resulted in a better understanding of the demands upon Community Social Work and have given sight to the unmet need within the service area. The service area has developed new allocation timeframes, in order to manage these demands and has had to establish waiting lists to prioritise and manage referrals. However, it is abundantly clear that cases known to Community Social Work are increasing in their complexity and require a statutory response. This is being acutely felt amongst Social Work staff as case loads are increasing and waiting lists for key areas such as Carers Assessments have steadily grown.</p> <p>Community Teams continue to have a high level of Social Care staff, approximately 50 % of staff in Community Social Work Teams do not hold a professional Social Work qualification. In order to develop a sustainable model of Social Work that is fit for purpose in the future, the service area is of the view, that they need to prioritise a review of the role and purpose of Social Care Co-ordinators in Community Social Work Teams. The longer term aim, will be to reduce the number of Social Care Co-ordinators and increase the number of Social Workers. This is necessary to ensure that the service area is able to meet its statutory obligations and deliver a high quality, safe and effective professional service. During this forthcoming report period, as Social Co-ordinators leave, they will be replaced by Social Workers but this will create a cost pressure.</p> <p>Audits</p> <p>The Service Area took part in a Trust Wide BSO Audit regarding Compliance with the Care Management Circular. The Trust received Limited Assurance and has developed an action plan to address the areas for improvement. As an outworking of this, the service area intends to review its care planning documentation, the information provided to service users, how consent is recorded and to better utilise Trust IT systems, so that the process of Care Management is better evidenced. The service area had already identified these as areas for improvement, through its own audit systems and a number of actions have commenced.</p> <p>The CREST team has undertaken an audit of family involvement in Care Reviews for people living in permanent long term care and who are known to them. The audit identified that 97% of families had been invited to the Care Review and 76% of families attended. This reflects significant improvement and addresses a long standing issue of concern for the service area, as previous audits have indicated very low attendance by families at reviews.</p> <p>The service area has also audited compliance with Staff Development Reviews. Moving from a low position of compliance, the service area has noted significant improvement, with further improvement anticipated as newly stabilised management structures bed down.</p> <p>The service area is currently undertaking an audit of compliance in relation to the management and review of one to one supervision for people with complex care needs.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p>

	<p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>NISCC Registration The Service Area contributes to the Trust's assurance arrangements underpinning compliance with NISCC registration in respect of the social care workforce.</p> <p>Regulation Quality and Improvement Authority Overall the service area continues to achieve levels of reasonable to full compliance in most standards. All services inspected have demonstrated compliance with requirements around safeguarding and overall compliance with Quality Improvement Plans. Annual service evaluations are maintained and shared with service users and carers.</p> <p>Enhancing Quality Assurance for Commissioned Services The service area has strengthened its arrangements for assuring the quality of domiciliary care, through the implementation of a new Commissioning Services Governance Structure. This is led by an 8B Service Manager role who has oversight of the quality of commissioned care across the independent nursing home, residential home and domiciliary care sectors. Two service wide assurance groups with representation from safeguarding, CREST, commissioned services, complaints and community social work, continue to monitor complaints, patterns and trends in the Independent Care Home and Domiciliary Care Sectors.</p> <p>Contracts with Independent Domiciliary and Care Home Providers The service area has established systems that enables them to meet at least annually with all Independent Domiciliary Care and Care Home Providers to ensure that contractual obligations are met and to assure the Trust that the commissioned service is delivering quality, safe and compassionate care, as well as providing value for money.</p> <p>Guardianship The service area continues to support one person through the framework of Guardianship. The Trust has recently been challenged through the Mental Health Review Tribunal in relation to the use of Guardianship in this context. It was the outcome of the Tribunal that the Trust's use of Guardianship was appropriate.</p> <p>Significant Court Judgements The Trust has continued the Declaratory Order process in a small number of cases. During this reporting period:</p> <ul style="list-style-type: none"> - The service area has renewed one High Court Declaratory Order, relating to a person who did not wish to move from hospital to a care home. The initial Order required them to transition to the care home from hospital. The person remains in a care home and the Court remains satisfied that the Trust are meeting their statutory and Human Rights obligations. In another case the Trust sought and achieved a Declaratory Order regarding the unreasonable delayed discharge of a Trust resident in a Hospital outside of the Trust area. This also involved a significant piece of work in setting out the Trusts position regarding Continuing Health Care, which was to the satisfaction of Court. - A Declaratory Order has been sought and achieved for a person who was subject to a significant family dispute regarding where they should reside. Staff worked closely with all family members and the hearing was not disputed. This will be due for renewal

early next year.

-The Service Area has two cases pending. One involves the protection of an individual from harassment and interference by 3rd party. Another involving a capacity decision, as current decision making, renders the person at high risk of death if not cared for in a suitable setting.

These cases highlight the complexity of issues that Social Work in Older People's services involves. These High Court processes have placed a significant pressure on our front line staff and the Service Area welcomes any clarity which the implementation of Capacity Legislation will bring to this area of consent and capacity.

Home Truths Report

The Service Area has been significantly challenged during this reporting period, in relation to the Commissioner of Older People's Home Truths Report into Care in Dunmurry Manor. We continue to be involved in processes associated with the report, including actions from recommendations made by the Commissioner, the ongoing independent review by CPEA Ltd, the adult safeguarding audit commissioned by the Department of Health and the ongoing PSNI investigation. In response to the report, the Service Area contacted families of all people residing in Care Homes by letter. The purpose of this was to reiterate the Trust's commitment to safe and high quality care and support, for people in Care Homes. They were also encouraged to raise any concerns in relation to the care of their relative, which they may have had. This resulted in a spike of reported concerns and the Trust increased its enhanced monitoring of some 12 homes during the late summer and autumn period. The impact of this on normal business cannot be over stated, in terms of the monitoring of the homes and the additional review activity required by keyworkers. The vast majority of these homes have been de-escalated during this time, but this has required significant focus and resources.

The Service Area continues to strengthen its assurance processes in relation to Care Homes, through the ongoing implementation of the Care Review and Support Team and Commissioned Services Governance Team.

Risk register

The Service Area has a process in place that ensures the risk register is regularly reviewed and updated. All risks are reviewed at least annually and this process is fully integrated into the service areas/corporate governance arrangements.

Accidents and Incidents

These are monitored and reported on at the Service Area's governance meetings.

Reflective Practice

There are a number of reflective practice fora within the Service Area to support staff practice, such as support groups for investigating officers, DAPO's, ABE trained interviewers and Approved Social Workers. The service area has developed a SDS reflective practice group to support the implementation of SDS. The CREST team undertake focused reflective practice sessions on a regular basis. The service area has also developed reflective practice fora for Social Workers within the first year of their service in Older People's Services.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>1) Domiciliary Service Provision</p> <p>The Service Area continues to be challenged in the demand and supply of domiciliary care. The service area has continued to be significantly impacted by the lack of availability in domiciliary care, particularly in South and East Belfast. On the 31st March 2019 there were 645 unsecured care packages equating to 4023 hours. These ongoing supply issues are affecting the availability of sustainable and flexible Domiciliary Care to support people to live safely in their own homes and is delaying people in hospital. There is also reduced flow through intermediate care services such as reablement, community rehabilitation and bed based provision, due to the lack of available packages for those people exiting these services, who require long term support. This is resulting in multiple people having to await packages of care in a bed based facility. This creates significant risk and distress for service users, many of whom are in the last 1000 days of their life, as</p>	<p>1)The Service Area intends to modernise the Statutory Homecare Service through the recruitment of additional home care staff and the introduction of a revised job description that may result in the newly recruited posts and some/all existing posts being re-banded. The aim of modernisation is to:</p> <ul style="list-style-type: none"> • Increase the capacity of the Home Care service to deliver an additional 1500 hours per week • To reduce the current waiting list for domiciliary care • To free up transition services by providing domiciliary care at the point of exit from those services • To reduce spend in the use of transition bed-based services. • To reduce the number of joint packages currently in place. • To ensure the Trust home care service provides care to a wider and more complex base of home care clients and bed down a 	<p>This is recorded as a principal risk on the Corporate Risk Register.</p>

	<p>well creating additional pressure on family carers.</p>	<p>reablement focus for those service users with lower levels of need, to support flow through the homecare service</p> <p>In order to achieve this, the service area will require additional resource to re-band new and current Homecare staff from a Band 2 to Band 3. This will enable the Trust to compete with other Trusts and other service areas, in the recruitment of staff.</p> <p>2) The service area in response to the high demand for Domiciliary Care, particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective is to improve hospital discharge and intermediate care flow, and to reduce unmet need. Additional localities were added in October 2018. This service has been targeted to support hospital discharges, but there have been challenges in maintaining flow through these pilot services. In reality, these pilots have not brought additional capacity to the domiciliary care sector, rather it has ensured that some independent sector provision has been reconfigured, and targeted alongside the Trust's RAPS service to support discharge from hospital.</p>	
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	<p>2) Instability of the Independent Domiciliary Care Sector The challenges in accessing new and timely Domiciliary Care from the Independent sector has been articulated.</p>	<p>3) The service area has continued to utilise interim care beds as a way of supporting hospital discharges. The service area has brought a small additional number of beds into its portfolio this year, with the current provision being 120 available beds, with a 94% utilisation at the end January 2019.</p> <p>4) The service area has implemented twice weekly collective telephone conference calls to prioritise high risk cases and has developed an information system to capture daily activity/demand & flow.</p> <p>5) Service users are being encouraged to avail of Self Directed Support in the form of Direct Payments in lieu of Dom Care service.</p> <p>6) The Trust is fully engaged in regional work focusing on the remodelling of domiciliary care and is leading on a Concept Testing with the CLARE project, looking at earlier intervention. The service area has been successful in appointing an 8a Project Lead.</p> <p>The service area in recent months has been approached by Colin Care Domiciliary Provider</p>	<p>This is recorded on the service area risk register.</p>
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<p>However, during this reporting period the service area has become increasingly concerned about the sustainability of current provision. The service area has been approached by a number of providers, in relation to unsustainability of service in specific areas of the city. Providers are citing challenges in recruiting staff, primarily due to being unable to compete with other service industries in relation to offering competitive rates of pay and attractive terms and conditions. On these occasions the service area has had to offer enhanced financial rates to maintain services in hard to recruit areas. The service area has done this with assurance that this enhancement is passed directly onto staff.</p> <p>3) Instability in the Independent Care Home Sector</p> <p>The service area has also noted fragility within the Independent Care Home Sector during this reporting period. The Trust has been approached by a small number of Care Home providers who are opting to change provision from General or EMI Nursing to Residential EMI. Providers are citing challenges in recruiting staff, primarily Nurses and being unable to</p>	<p>and advised that they could no longer continue to operate. The provider were unable to secure an alternative buyer. In the absence of an alternative option and to sustain provision, the Trust is having to TUPE the workforce into the Trust Homecare Service. The Trust is currently engaging with Colin Care staff, Trade Unions and HR to manage this transition. This is a very complex, costly and challenging process and the Trust is concerned that it may find itself in this position again, given the instability across the market.</p> <p>The service area in recent weeks been approached by Cedars Residential Care Home and advised that they could no longer continue to operate. They have registered their intention to close the Home by the end of June 19. The proprietor has advised that a reduction in referrals to this category of care and the regional rate has made the business model unsustainable. This is directly affecting 18</p> <p>This is recorded on the service area risk register.</p>
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	<p>compete with other services in relation to offering competitive rates of pay and attractive terms and conditions, as well as having to pay high agency rates. They are reporting decreased financial viability in their business models.</p> <p>4) Challenges In Delivering Statutory EMI Residential Provision</p> <p>The Trust has been undertaking a review of its current model of Residential EMI homes using an Appreciative Inquiry approach. Engagement has taken place with all key stakeholders and this review has now been concluded. A number of key outcomes and recommendations have been identified and these will be presented to the Director of Adult Social and Primary Care, with a view to consultation on the proposed future model.</p>	<p>Belfast Trust residents and the service area is currently working to find suitable alternative care arrangements. Availability in this category of care is limited and reflects the changing model of Residential Care, with fewer people requiring this category of care.</p> <p>A number of recommendations have been made from this review, including a proposal to close at least one home. The service area wishes to ensure that any resource arising from future modelling is redirected to improve the quality of the remaining EMI Residential Homes and to develop improved care and support for people living with dementia in the community. The review recommends the development of enhanced respite and enhanced dementia home care provision. The service area is exploring options to locate Dementia Specialists in the Trust Homecare service to support the development of high quality and responsive home care for people with dementia.</p>	<p>A risk assessment has been shared with RQIA and Executive team and is regularly reviewed.</p>
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3.8	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.
	<p>This reporting period has been very challenging for Older People's Social Work, in relation to the stability of the management and professional structure across the Community Social Work Service. This has been particularly felt at the Team Leader level, with 50% of teams having no permanent manager in place for over 18 months. The service area has struggled to recruit to this post, with staff perceiving equivalent Senior Practitioners grades and non-managerial posts more attractive. Despite multiple attempts to recruit Team Leaders both internally and externally, the service area has been unable to do so. These challenges have been further exacerbated, as the Service Manager Post for OPS Social Work was vacant for 75% of the last reporting period.</p> <p>The service area can advise that the Team Leader role has now been stood down and replaced with an 8a Locality Manager role. This combines operational team management with enhanced strategic and budgetary responsibilities. The service area is pleased to report that as of 1 April 2019, all posts within the management and professional structure, for Community Social Work have been recruited to. This is a significant achievement in securing the future of the Community Social Work and giving a platform to enable the service to establish and maintain performance standards, as well as innovating in response to increasing complexities.</p> <p>A recruitment day for Social Workers in June 2018 provided a significant waiting list, although HRPTS and Shared Services still present challenges in the management and timeliness of filling vacancies. We have worked to reduce the levels of agency cover and temporary contracts with a focus on permanent recruitment, where possible.</p> <p>There are no vacancy controls in place.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	<p>Home Help Service The Trust operates in accordance with the Model Scheme for the provision of a Home Help Service</p> <p>Residential and Nursing Home Charging The Trust operates in accordance with the DHSSPS April 2018/19. Charging Residential Accommodation Guide (CRAG) to determine charges.</p>
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	This is reported in a separate DSF report for Hospital Social Work
3.11	Provide a summary of actions undertaken to adopt a Human

	Rights based approach in your work with service users and carers.
	<p>A Human Rights approach is central to Social Work practice in Older People's Services.</p> <p>The service area has implemented a Best Interest approach to supporting people without mental capacity when developing care plans. This issue is discussed further in Section 3.12.</p> <p>The service area works closely with independent advocacy services. During this reporting period, Social Workers have on a number of cases, accessed this support for service users.</p> <p>The service area has a Human Rights focused process in place for the management of one to one supervision in care settings, which considers any Deprivation of Liberty issues and ensures the least restrictive option is achieved.</p> <p>Human Rights training is available to staff on an on-going basis and is provided by the Social Work and Social Care Learning and Development Team.</p> <p>The Service Area is planning a Social Work Forum in June 2019 with a particular focus on Human Rights as it relates to people in Residential or Nursing Home settings. This is in response to recommendations made in the Home Truths report.</p> <p>Social Workers in the Palliative Care and Oncology Team are leading in the delivery of Human Rights at End of Life training. This will compliment our mandatory Human Rights training. We are continuing to work to ensure that all of our staff are articulate and competent in the integration of Human Rights to core and routine decision making.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>Deprivation of Liberty Issues The service area continues to be concerned regarding the management and support of people, who lack the mental capacity to make their own decisions, particularly where that decision results in a deprivation of their liberty. We welcome the anticipated implementation of the Mental Capacity Act NI 2016 and the guidance that it will bring to this complex area.</p> <p>Challenges in Domiciliary Care Provision and the impact on Article 8 rights. As has been previously stated, the service area has very significant challenges in relation to the supply of domiciliary care. In able to maintain flow through the system the service area has had to increase its interim bed base. This has resulted in a significant number of people having to await their package of care in an intermediate facility, when it was their wish</p>	<p>Staff continue to fully engage in use of the Best Interests Toolkit which has provided a useful guide to safe decision making in the absence of legislation.</p> <p>The service area has implemented a number of controls which has included:</p> <ul style="list-style-type: none"> • No service user incurs a cost for a placement whilst awaiting their package of care • Social Workers work to identify interim beds that are closest to the persons home, where possible, so as to support a person's right to family life 	<p>The Service Area is considering the arrangements which will need to be in place regarding the implementation of the Mental Capacity Act.</p> <p>The Service Area is planning a Social Work Forum specifically to consider the Human Rights of people in Residential or Nursing Home settings in June 2019</p> <p>The Trust continues to highlight the challenges in the supply of Domiciliary Care at a regional level. The Trust is fully committed to working with the HSCB in developing new models of sustainable Domiciliary Care</p>

	<p>to be in their own home.</p> <p>The Trust are acutely aware of the engagement of rights when a person is unable to immediately return to their own home following a hospital admission. This can have a particular impact on family life and all the rights inherent in Article 8</p>	<ul style="list-style-type: none">• All people in these circumstances have Social Work and AHP support whilst awaiting their package of care <p>The Trust has in place systems to monitor length of stays for those awaiting a package of care.</p>	
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3.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>CREST</p> <p>The CREST has become embedded during this reporting period and is bringing an additional level of assurance to people living in care homes. The team are building positive and effective working relationships with care home providers, residents and families. There is a Crest practitioner aligned to every home in Northern Ireland with a Belfast Trust resident. A clear escalation protocol has been developed and implemented to support homes of concern. The incidence of family involvement in care planning and review has significantly increased. Furthermore, CREST is achieving much improved compliance with annual reviews, as set out in the circular.</p> <p>The service area has engaged with the University of Kent to explore the utilisation of an Social Care Outcomes ASCOT model in care homes, which has not yet been developed in Northern Ireland. This validated tool has the potential to bring a fresh methodology to assuring the quality care experienced in care homes. CREST staff have recently attended a two day training programme facilitated by the University of Kent and are currently developing pilots, to test this model in the care home setting.</p> <p>Opening of Cullingtree Meadow</p> <p>The service area has welcomed its 5th Supported Housing facility, which opened in West Belfast in June 2018 in conjunction with Clanmill Housing. This is a significant investment in this part of the city and builds on an already successful model of supported housing, which has been implemented in other parts of the city. This new service is working to develop meaningful social integration and a dementia friendly community, to ensure tenants are connected to their local community.</p> <p>QI project</p> <p>Further to the Patient Client Council report in June 2018, which focused on Complaints in Care Homes, the service area led a Quality Improvement project with an aim to increase the confidence of residents and families to make complaints in care homes. Staff from the service area have worked in partnership with the Patient Client Council, a care home provider, residents and families to develop improved information and clearer processes to support the timely reporting of complaints. These have been developed in co-production with residents and families, and learning is to be shared across the care home sector.</p> <p>Mobile Technology Project</p> <p>3 Community Social Work Teams along with Hospital Social Work and Intermediate Care staff have been included in the roll out of mobile devices to 225 staff. The aim of the project is to support staff to be more mobile across their working environment and to support improved assessment and recording. The service area has been</p>

	working with developers, in the development of a Paris App to support improved connectivity. Staff have been very positive regarding the benefit of the devices and there is ongoing evaluation.
3.16	SUMMARY
	<p>This reporting period has been a very challenging year for Older People's Social Work, particularly in sustaining service delivery during significant staffing and operational challenges. The service area continues to challenge itself, to strengthen the identity and impact of Social Work and Social Care and to identify improved and more innovative ways of working.</p> <p>Priorities for the Service Area in this forthcoming year will focus on</p> <ul style="list-style-type: none"> - strengthening assurances in relation to the quality, safety and sustainability of independent sector care homes and domiciliary care - to continue to embed and refine the newly developed CREST team, with a focus on identifying and implementing best practice - remodelling the Trust's Homecare service to maximise and increase capacity, and to unlock current blocks in flow through hospital and intermediate care - remodelling the Trust's EMI Residential provision in line with the recommendations set out in the EMI review - reviewing professional standards and strengthening governance arrangements for Community Social Work - reviewing the current skills mix in Community Social Work to enable the service to respond to statutory duties in a more timely way - creating new learning and development opportunities for staff and managers in Community Social Work - to develop a better understanding of the needs of carers and to develop better ways of identifying and supporting carers

Programme of Care / Directorate:- Hospital Social Work

3 Teams - Royal Victoria Hospital
 2 Teams- Belfast City Hospital
 1 Team - Northern Ireland Cancer Centre
 1 Team - Musgrave Park Hospital
 1 Team - Meadowlands Intermediate Care Wards
 1 Team - Mater Hospital
 1 Team - Weekend Hospital Social Work

3.1	Named Officer responsible for professional Social Work
	<p>Ms Tracy Reid, Divisional Social Worker for Older People's Services.</p> <p>The Divisional Social Worker has responsibility for operational and professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> • The provision of operational management and professional leadership of the social care workforce within the Service Area • The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. • The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. • The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports • The promotion and profiling of the discrete knowledge and skills base of the social care workforce • Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. • Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
3.2	Supervision arrangements for social workers
	<p>AYE</p> <p>The service area has 6 AYE staff, during this reporting period. Assurance can be given that AYE social workers have a supervised caseload and receive the mandatory training and supports required, through day-to-day case management, direct supervision and the opportunity to be involved in the AYE peer support group.</p> <p>Supervision arrangements</p>

	<p>The service area continues to audit performance around professional supervision compliance and where appropriate develops action plans to address issues and provide assurances around meeting the requirements of the revised policy. Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. These returns are monitored by the Principal Social Worker for the service area with patterns or trends analysed.</p> <p>Within this reporting period, the service area has struggled to sustain a consistent Band 7 Senior Social Work group due to prolonged periods of sickness absence. This has meant that the service has operated with 22-44% of this middle management group for approximately half of the reporting period. This has impacted at times upon the service areas compliance with the timescales related to supervision. This has been acknowledged and recorded within the service area's risk register.</p> <p>Consolidation of Professional Structure</p> <p>Within this reporting year the Trust has consolidated a Collective Leadership model of accountability. The Divisional Social Worker for Older People's Services provides professional and operational leadership for professional Social Work across Older People and Physical and Sensory Disability Services.</p> <p>Within Hospital and Community Social Work operational and professional responsibilities are merged in a single Social Work and professional line of accountability from the Social Worker to the Divisional Social Worker.</p> <p>The post of Principal Social Worker for Hospital Social Work has been developed during this reporting period. This is a new role and it is envisaged that the post-holder will work closely with the Divisional Social Worker to oversee and implement governance arrangements and processes, and to identify learning and training opportunities within the hospital setting. The Principal Social worker will also work with their counterpart in the community setting to help identify interface issues and opportunities for Quality Improvement Projects, training and development.</p> <p>Recruitment and retention of staff</p> <p>This reporting period has been challenging in terms of the stability of Social Work staffing across Hospital Social Work. The service has been particularly reliant on Band 6 temporary and agency staff social workers across the acute hospital settings at Royal Victoria, Belfast City and Mater hospitals.</p> <p>Furthermore, there has been significant sickness absence within the Band 7 Senior Social Worker group, with the Assistant Service Manager and Principal Social Worker for Hospital Social Work providing day to day cover and support to the remaining Senior Social Workers and directly to Social Work staff. This has significantly impacted on the delivery of core management and assurance processes. This will be further discussed in 3.5.</p>
3.3	<p>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).</p>
	<p>Review of Procedures</p> <p>The Trust is currently undertaking a review of the procedures and standards concerning the admission, care and treatment of children and young people on adult inpatient wards.</p>

	<p>Accidents and Incidents These are monitored and reported on at the Service Area's governance meetings and at local level through DATIX Analysis.</p> <p>Processes for staff exiting service area The service area has introduced a system by which all agency, temporary and permanent staff leaving employment with Hospital Social Work completes an exit interview with the Principal Social Worker. This reflective exercise provides an opportunity for the service area to explore positive working experiences and to identify learning opportunities from the staff member's time in post. This initiative has been well received by staff and is helpful in shaping service developments.</p> <p>Reflective Practice There are a number of reflective practice fora within the Service Area to support staff practice, such as support groups for investigating officers, designated officers, ABE trained interviewers and Approved Social Workers. Unfortunately, due to the high level of sickness absence amongst Senior Social Workers, the service area has not been able to take forward planned Reflective Practice Fora. However, it intends to do so in this forthcoming year.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>NISCC The Service Area contributes to the Trust's assurance arrangements underpinning compliance with NISCC registration in respect of the social care workforce.</p> <p>RQIA A recent RQIA Review of Outpatients Services on hospital sites has highlighted the issue of awareness of Adult Safeguarding across multi-disciplinary teams in these departments. An action plan has been put in place to provide these departments with Safeguarding posters and information for display in waiting areas and awareness raising training for staff is currently being rolled out.</p>

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Staff Recruitment And Retention Issues Within this reporting period, the service area has struggled to sustain a consistent Band 7 Senior Social Work team due to prolonged periods of sickness absence. This has meant that the service has operated with 22-44% of this middle management group for approximately half of the reporting period. Furthermore, there has been a high turnover of Social Work staff within Hospital Social Work and many staff report the challenges of working in this highly pressurised and relentless setting. During 75% of this reporting period the service was also without a Service Manager.</p>	<p>In relation to the management structure supporting Hospital Social Work, the service area is able to report some progress. The service area has now appointed a Social Work Service Manager who is supported by an Assistant Service Manager for Hospital Social Work and Principal Social Worker. Furthermore, a number of Senior Social Workers will be returning to post in the immediate future. However, there remains 2 Band 7 vacancies in the Royal Victoria Hospital site. The service area has attempted to recruit to both of these posts during the period, through HSC Recruit and Internal Trawls, but has been unable to do so. These posts are currently being advertised on HSC Recruit. The challenges in maintaining a stable management structure, significantly impacts upon the performance and delivery of the Social Work Teams. The service area is working, to fill all vacancies and temporarily filled posts at Band 6 level on a permanent basis. Some 11 Hospital Social Work posts are expected to filled over the forthcoming weeks.</p>	<p>This is recorded on the service area risk register</p>

	<p>Professional Standards Hospital Social Work operates within a highly contested setting, in which there are many continuous demands and scrutiny in relation to the meeting of hospital discharge targets and ongoing periods of hospital escalation. It is of concern for the service area, that the opportunity to review and develop professional standards can be deprioritised in this context. Due to pressures within this environment, for both practitioners and managers in terms of attendance at ward rounds, discharge meetings and continuous reporting in these matters, that there is limited opportunity for staff training and development, reflective practice opportunities, staff meetings and to update practices. The service area has particularly struggled to manage historical case file closures and freeing up time for staff to attend training opportunities.</p> <p>Maintaining Hospital Flow The pressures within hospitals to maintain flow during and beyond the winter period remain significant. Whilst the service area performs better in relation to complex discharge targets and through the weekend Hospital Social Work service,</p>	<p>The service area has appointed a Principal Social Worker for Hospital Social Work to take forward these issues. Whilst the post holder has been consumed in operational issues during this reporting period, they will be taking forward professional governance issues in the forthcoming period. This will include a review of training needs for Hospital Social Workers and will consider the development of a training programme for Senior Social Workers in a first line management role. They will undertake a review of professional standards for Social Work, including the implementation of new closure process for Social Work cases. Significant investment in training and revisiting of core assessment skills and professional standards is required.</p> <p>The service area, in response to the high demand for Domiciliary Care particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective was to improve hospital discharge</p>	<p>No</p> <p>The implications of shortages in Domiciliary Care is recorded on the Principal Risk Register for the Trust.</p>
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<p>this remains challenging. The service area has continued to be significantly impacted by the lack of availability of domiciliary care, particularly in South and East Belfast. During this reporting period a daily average of 600 people are awaiting a domiciliary care package across various settings, including their own home, intermediate care beds, reablement and hospital. This equates to 3500 - 4000 hours of unmet domiciliary care hours, with most people awaiting these hours in their own home or a community setting. These ongoing supply issues are affecting the availability of sustainable and flexible Domiciliary Care to support hospital discharges. There is also reduced flow through intermediate care services such as reablement, community rehabilitation and bed based provision, due to the lack of available packages for those people exiting these services, who require long term support. This has impacted upon the ability of the service area to provide primary pathways from the hospital setting. The out workings of this is a continued dependency on interim beds as an alternative to an appropriate pathway, with multiple people having to await packages of care in a bed based facility.</p>	<p>flow and reduce unmet need. Additional localities were added in October 2018. This service has been targeted to support hospital discharges, but there have been challenges in maintaining flow through these pilot services. In reality, these pilots have not brought additional capacity to the domiciliary care sector, rather it has ensured that some independent sector provision has been reconfigured, and targeted alongside the Trust's RAPS service to support discharge from hospital.</p> <p>The service area has continued to utilise interim care beds as a way of supporting hospital discharges. The service area has commissioned a small number of additional beds this year, with the current provision being 120 available beds, with a 94% utilisation at the end January 2019.</p> <p>The Division are currently undertaking a review into bed based rehabilitation services, particularly considering the role and purpose of Hospital Bed Based provision.</p>	
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	<p>Meeting The Needs Of People With Complex Social Care Needs</p> <p>There are a small number of service users who are delayed unnecessarily in hospital due to the lack of availability of specialist pathways and provisions to support safe, timely and effective discharge.</p> <p>This is particularly evident in relation to people presenting with a delirium in the acute setting. Whilst these service users would benefit from a specialist recovery pathway, in a bed based setting or in their own home, this is not available to them. These service users are often declined admissions to care homes, as their behaviours can be perceived as too complex for general settings. However, they are excluded from current EMI provision as they do not have a dementia diagnosis. This has led to protracted and unnecessary delays in an unsuitable acute setting or an increase in the likelihood that they will need to discharge with a one to one supervision provision.</p> <p>There are also challenges in assessing and managing the needs of people with dementia within the acute setting. This can</p>	<p>The service area is currently implementing a delirium policy, which will require staff to proactively identify people with delirium to ensure improved recognition, diagnosis and management. 2 Delirium Lead Band 7 posts have been developed for the acute setting and their role will be to imbed this new policy through a Quality Improvement approach. The Trust is also part of the regional discussions with RQIA and the HSCB, who are considering current provisions for those people who require the support of EMI provision for a period of time, but who do not have a dementia diagnosis.</p> <p>The service area has also appointed 2 Band 8a Service Improvement Leads for Dementia. The aim of these posts is to lead key work streams to implement the outcomes from the regional audit on the needs of people with dementia in the acute setting. One of these Leads is to be based in the acute setting and will lead on key improvement projects in this setting. The Trust has also appointed a small team of Dementia Companions, who will work as part of the nursing team at ward level in the acute setting, to provide meaningful engagement and support to people with</p>	No
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	<p>lead to challenges in care planning for discharge, as these service users can at times present with distressed and complex behaviours at the ward level as they react to the environment around them. This can create a skewed view of their long term needs and this group of people are at high risk of discharging to institutional settings and/ or being identified as having needs that require one to one provision.</p>	<p>dementia.</p> <p>The service area is currently undertaking a review of Trust EMI provision and this is detailed further in the Older People's Service DSF report. The outcomes and recommendations from this review require further consultation, but does include recommendations to enhance respite and homecare provision, to support people with dementia in the community</p>	
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3.8	<p>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.</p>
	<p>Recruitment and Retention</p> <p>As previously detailed in section 3.5 - 3.7 there have been significant recruitment and absence issues in Hospital Social Work during this reporting period.</p> <p>On 31st March 2019 there were no vacancy controls in place across the service area.</p> <p>Social Care Workforce Review</p> <p>As reported in previous years it has always been the intention of the service area to reform and modernise the role of the Hospital Social Workers across acute and specialist settings. The aim of the service area is to significantly change how the hospital social work service is planned, designed and delivered. The vision for the service area is to develop a more community facing and integrated model that will ensure continuity of care across interfaces and promote a recovery model to improve health outcomes and quality of life experiences for adults.</p> <p>The establishment of Community Complex and Discharge Hubs within acute settings has made significant progress in the centralisation of information and coordination of community support services. These Hubs operate as a gateway to community pathways. Strongly interfacing with the community, the vision for the service is that people will be discharged from hospital within the standard timeframes, as soon as they are declared medically fit, through effective assessment and identification of an appropriate pathway, working to the principle of home first. Whilst the implementation of the Hubs has brought added benefit in relation to the centralisation of information and coordination of community support services, there continues to be a need for the further integration of Hospital Social Work into these community facing Hubs. To this end, work is currently being undertaken, to develop a more integrated model of service delivery, by bringing together the current Hospital Social Work service for unscheduled and acute care with the current Community Discharge and Support Hub, under an operational and professional collective leadership model. This further developed model will be renamed the Community Discharge and Social Work Hub and will provide a single point of referral for all Hospital Social Work and Intermediate Care pathways. It is intended that this next stage of implementation will commence on the Royal Victoria Hospital site, with a plan to implement it on other acute hospital sites. The aim of this improvement is to ensure that service user is triaged to the most appropriate professional and pathway for support and discharge planning at the earliest opportunity.</p> <p>A key aspect of the vision for Hospital Social Work is to improve flow</p>

	<p>and the service user experience, through a hospital outreach model and community in reach for those people already known to community services. This will promote continuity of social care and enable older adults to move from hospital to home in a more timely and seamless manner. Time limited support with social workers reviewing and assessing service users in their own home utilising reablement, rehabilitation and making connections with community support networks would undoubtedly improve the experience of service users. Due to the pressures within the management structure for Hospital Social Work, the service area has not been able to progress this aspect of the model, to the extent that it would intend. However, this continues to be the vision for the service area and it anticipated that this should be progressed in the forthcoming year.</p> <p>7 day working The service area has also been working on the normalisation of a 7 day working model across Hospital Social Work. The service area currently provides a 7 day Social Work model across all acute sites in the Belfast as well as a Discharge Co-ordinator to the Ulster Hospital across 7 days. The current model for weekend provision is supported by a bank of Social Work staff, but the service area intends to deliver the weekend service as part of normal service provision working across 7 days. The service area is at an advanced stage in its move to 7 day working and is engaged in an HR change process with staff and trade unions.</p>
3.9	<p>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</p>
	<p>Home Help Service The Trust operates in accordance with the Model Scheme for the provision of a Home Help Service</p> <p>Residential and Nursing Home Charging The Trust operates in accordance with the DHSSPS April 2018/19. Charging Residential Accommodation Guide (CRAG) to determine charges.</p>
3.10	<p>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</p>
	<p>Role of Hospital Social Work Hospital Social Work in the Belfast Health and Social Care Trust uniquely operates across a broad range of acute and specialist hospitals. These include areas, such as the Regional Acquired Brain Injury Unit, Northern Ireland Cancer Centre, Older People's Services, Unscheduled and Acute Care, Regional Spinal Injury Unit, Cystic Fibrosis and HIV. In recent years, Hospital Social Work has been broadly understood in the context of maintaining flow, with a focus upon functional assessment of need to progress patient discharge. This has impacted upon the professional role of social work in hospital and shifted practice to being service led rather than service user led. The complexity of bureaucratic pathways and processes necessary to maintain flow information and coding has consumed</p>

professional time. This has resulted in a significant change in the Social Work role.

The service area is currently working to develop a better understanding of what type of Social Work service and intervention is required, specific to the setting in which it operates. The model of Social Work required to support the necessary and timely discharges through unscheduled care is different to the model of social work required to support a young adult receiving intensive chemotherapy for an acute leukaemia or a person with a new life changing and traumatic brain injury. Each of these settings are equally challenging but require different levels of Social Work assessment and skills. In some areas, due to the short term and episodic nature of admissions, the social work assessment has been replaced by a social work screening or short term intervention. This is appropriate given that it is recognised that professional social work assessment is, where possible, best completed in a community setting. However, in other areas of Hospital Social Work complex assessment and intensive social and family support in the Hospital setting is required.

Hospital Social Work in contrast to the Community Social Work setting is predominantly made up of professional Social Workers with a limited skills mix. This model is no longer sustainable or appropriate in the hospital setting. The service area intends to introduce a skills mix into some areas of the Hospital Social Work service, in this forthcoming year. The service area is confident that the introduction of a Social Work Assistant role, working alongside a Social Worker in acute settings has the potential to improve flow and maximise current resources. This will lead to a reduction in professional Social Work resource being directed to low level and non-complex work.

Adult Safeguarding

Processes and staff resources are in place to provide a response to Adult Safeguarding referrals across the hospital sites in Belfast Health and Social Care Trust. Designated Adult Protection Officers and Investigating Officers are available on each of the hospital sites and cover arrangements are in place, if required. Hospital Social Workers work closely with BHSC Adult Protection Gateway Team to screen and manage referrals. Hospital Social Work also support residents from other Trust areas coming into regional hospital facilities for care and treatment. When Adult Safeguarding issues arise, staff work with Gateway Teams from other Trusts to ensure referrals are made to the appropriate area and immediate protection plans are agreed.

Social Work staff in safeguarding roles provide a sensitive and professional response in the management of safeguarding referrals taking cognisance of issues such as physical and psychological vulnerability, illness, trauma and mental capacity. These can often affect a service users ability to engage in the investigatory process and protection planning. Staff have been challenged at times by colleagues when Adult Safeguarding issues have impacted upon

	<p>discharge planning. However, staff continue to advocate for service users in these circumstances</p> <p>Monthly returns are provided to the Adult Protection Gateway Team (BHSCT) by way of collection and monitoring of referrals for BHSCT referrals. The service area has initiated a new reporting process for 2019/20 to capture the number of referrals to other Trust Adult Protection Teams, as the extent of this work has been hidden.</p> <p>A recent RQIA Review report into Outpatients Services on the hospital sites highlighted the issue of awareness of Adult Safeguarding. An action plan has been put in place to provide these departments with Safeguarding posters and information for display in waiting areas and to develop training for staff.</p> <p>Carers Support</p> <p>The service area is concerned that due to operational challenges, there has been a loss of focus on the needs of Carers, particularly in the acute setting. Whilst the service area had previously completed a Quality Improvement project in relation to this, these improvements have not been sustained. There is a need to engage with carers to understand, how best to identify and support them and this has been identified an area for improvement during this forthcoming year.</p>
3.11	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>A Human Rights approach is central to Hospital Social Work practice. The service area has implemented a Best Interest approach to supporting people without Mental Capacity when developing discharge plans from Hospital. This issue is discussed further in Section 3.12.</p> <p>The service area works closely with independent advocacy services. During this reporting period, Social Workers have on a number of cases, accessed this support for service users in hospital settings.</p> <p>The service area has a Human Rights focused process in place to analyse requests for one to one supervision on discharge from hospital, which considers any Deprivation of Liberty and ensures the least restrictive option is achieved.</p> <p>Human Rights training is available to staff on an on-going basis and is provided by the Social Work and Social Care Learning and Development Team.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>DEPRIVATION OF LIBERTY ISSUES</p> <p>The service area continues to be concerned in relation to the Human Rights issues specific to the adults who lack mental capacity and who are Deprived of their Liberty. The service area has highlighted previously their concerns about the absence of a legal framework or regional guidance to support staff in managing these complex issues</p> <p>IMPACT OF DOMICILIARY CARE CRISIS</p> <p>As has been previously stated, the service area has very significant challenges in relation to the supply of domiciliary care. In able to maintain flow through the system the service area has had to increase its interim bed base. This has resulted in a significant number of people</p>	<p>The Service Area has implemented a “Best Interest Toolkit for Social Workers” and has delivered training on this human rights-based approach. This is an interim measure in the absence of the full implementation of Mental Capacity legislation. The service area has completed in house training with Senior Practitioners and Team Leaders across Hospital and Community settings to disseminate learning from Declaratory Judgement cases focusing on Deprivation of Liberty Issues.</p> <p>The service area has implemented a number of controls which has included:</p> <ul style="list-style-type: none"> • No service user incurs a cost for a placement whilst awaiting their package of care 	<p>Regional guidance is required in the absence of statutory safeguards and the service area welcomes the phased implementation of the new Mental Capacity legislation from October 2019, which will provide a framework within which Deprivation Of Liberty issues can be managed.</p> <p>The Trust continues to highlight the challenges in the supply of Domiciliary Care at a regional level. The Trust is fully committed to working with the HSCB in developing new models of sustainable Domiciliary Care</p>

	<p>having to await their package of care in an intermediate facility, when it was their wish to be in their own home.</p>	<ul style="list-style-type: none">• Social Workers work to identify interim beds that are closest to the persons home, where possible• All people in these circumstances have Social Work and AHP support whilst awaiting their package of care <p>The Trust has in place systems to monitor length of stays for those awaiting a package of care.</p>	
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3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<p>The development of the role of Principal Social Worker for Hospital demonstrates the service area's commitment to delivering a safe, high quality and continuously improving Hospital Social Work service. The purpose of this role is to improve the governance arrangements and professional development supports for Hospital Social Work. The challenge for the service area is to ensure that this new role is not consumed by operational challenges.</p>
3.16	SUMMARY
	<p>This reporting period has been a very challenging year for Hospital Social Work, particularly in sustaining service delivery during significant staffing and operational challenges. Hospital Social Work continues to challenge itself, to identify improved and more integrated ways of working across the range of hospital settings. However, Hospital Social Work is acutely aware of the need to balance operational and system demands, with a need for a relentless focus on quality and professional standards.</p> <p>Priorities for the Service Area in this forthcoming year will focus on</p> <ul style="list-style-type: none"> - strengthening the Community Discharge and Social Work Hubs, to improve integration and performance across the hospital and community settings - reviewing professional standards and strengthening governance arrangements - introducing a change in the skills mix in Hospital Social Work to maximise current resources - creating new learning and development opportunities for staff and managers in Hospital Social Work - to develop a better understanding of the needs of carers in this setting and to develop better ways of identifying and supporting carers

Programme of Care / Directorate:- Physical and Sensory Disability Services

3.1	<p>Named Officer responsible for professional Social Work</p> <p>Ms Tracy Reid is the Divisional Social Worker for Adult Community and Older People's Services. Ms Bernie Kelly is the Service Manager and Social Work Lead for the Physical and Sensory Disability Service Area (PSD). They are accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> • The provision of operational management and professional leadership of the social care workforce within the Service Area • The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. • The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. • The collation and assurance of the Service Area Interim and Annual Statutory Functions Reports • The promotion and profiling of the discrete knowledge and skills base of the social care workforce • Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. • Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements <p>The Social Work Lead is responsible for:</p> <ul style="list-style-type: none"> • Professional leadership of the social work and social care workforce within the Service. • The establishment of structures within the Service to monitor and report on the discharge of statutory functions. • The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. • The collation and assurance of the Service's Interim and Annual Statutory Functions Reports. • The promotion and profiling of the role of the social work and social care workforce in contributing to the Trust's strategic objectives and key service delivery priorities. • The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service. • Ensuring that arrangements are in place within the Service to facilitate the social care workforce's learning and development opportunities. • Ensuring that arrangements are in place within the Service to monitor compliance with NISCC registration requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service line</p>
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	management and professional structures to the Executive Director of Social Work and onto the Trust Board. As of June 2017, all of the first line manager posts within the Service have a designated Social Work status.
3.2	Supervision arrangements for social workers
	<p>Assessed Year in Employment The Service Area currently has two social workers currently undergoing their Assessed Year in Employment (AYE). These social workers work within the Physical Health and Disability and Sensory Support Teams. These staff have restricted caseloads and increased supervision arrangements in place. They receive additional input from an AYE support group led by the training team</p> <p>Supervision All staff have access to regular supervision and there is generally high compliance with the Trust's supervision policy for adult services. The Service Area continues to submit exception returns on a monthly basis to monitor its ongoing compliance with the delivery of professional social work supervision. The eleven regulated day care services are inspected by RQIA and through their inspections they continue to demonstrate that they are compliant with the Trust's supervision policies.</p> <p>In addition to staff having access to formal and informal supervision, they also complete their Staff Development Reviews on a yearly basis and have access to peer support groups. Staff also attend Investigating Officers, Designated Adult Protection Officers and Achieving Best Evidence practice development and support fora. All of these initiatives enable and promote reflective learning, facilitate opportunities to address practice and service delivery challenges and to enhance the professional development of staff.</p> <p>Caseload Weighting Arrangements At present no formal caseload weighting tool is being used within the Service Area, as having participated in a pilot previously it was felt this did not enhance service delivery or provide additional support to staff with caseload management. The Team Leader overview of quantity and complexity of caseloads remains the core mechanism for addressing equity of workloads. Currently the service area utilises supervision as a method to provide a regular, focused opportunities to review the supervisee's caseload and to determine allocation of work. This is held under review and a caseload weighting tool may be employed in future.</p>
3.3	Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).
	<p>Duty Referral and Allocation Procedure/Process The service area ensures that each team adheres to its Duty, Referral and Allocation Procedure which details referral screening and allocation processes and related professional responsibilities. The Sensory Support Service continues to adhere to the Regional Sensory Services guidelines and procedures. Team Leaders and Senior Practitioners are responsible for ensuring adherence to the procedures. Day care within the service area adheres to the Trust's procedures for day care services which address the processes required to ensure compliance with RQIA standards.</p> <p>Audits, Reviews and Evaluations Social Work The social work teams continue to provide comprehensive assessments of need using</p>

the NISAT tool. There is a strong focus on preventative work, to reduce hospital admissions, improve quality of life and reduce social isolation.

During this reporting period one of the social work teams took part in the piloting of a Department of Health Social Well-being Tool. This was an initial test of a tool co-produced with service users to assist conversations between service users and social workers in relation to the person's social wellbeing. Whilst the tool was effective and led to meaningful conversations, the feedback from social workers was that these conversations are already being facilitated through the existing tools of NISAT, ASCOT and SDS support planning.

Adult safeguarding continues to be a significant area of work for the social workers and this client group presents with many complexities, as detailed in the Adult Safeguarding report.

The service area promotes a peer support model within individual teams, managers groups and social work forums. These groups are invaluable in terms of communicating and discussing lessons learned from research and considering implications for practice.

Commissioned Services

The service area has a dedicated team which commissions services for those with complex needs with the aim of linking identified needs of service users and carers to service delivery. The team works closely with Domiciliary providers, Residential care, Nursing care and Supported Living providers with the key function being the monitoring and review of care packages/ placements.

Links are maintained with the Trust Governance team and Care Review and Support team (CReST) in respect of quality indicators and performance management of Independent providers. In light of recent challenges the service area has ensured that comprehensive reviews of all residential and nursing home placements have been carried out.

Across the Trust there are difficulties in securing care packages and the issues pertaining to this are referenced in Section 3.5 of this report. The team continues to scrutinise assessments and work alongside colleagues across community and hospital settings to agree appropriate discharge pathways and service delivery. The team participates in the Trust twice weekly Priority call with managers from across Adult Social & Primary Care and hospitals to agree those service users that are in urgent need of service delivery. Those prioritised are referred into the Trust Care Bureau to seek urgent packages of care and establish patient flow from hospital. There are significant challenges in respect of domiciliary care provision and these are detailed in sections 3.5/3.6 and 3.7. The service area has been involved in Trust meetings with key stakeholders, including providers to reflect on the challenges both now and into the future, to consider short term and long term remedial measures.

There has been significant increase in the number of patients that are needing complex nursing care needs at home and the team participates in the regional group meeting with BSO to assist with planning for how these complex care needs can be met longer term in the community.

Within the last few months staff have worked closely with Speech & Language Therapy

staff to identify service users with Speech & Language Therapy assessments that required translation due to implementation of International Dysphagia Diet Standardisation Initiative (IDDSI). Staff completed case finding and undertook the translation for service users.

Staff meet with the Trust Finance team on a regular basis to review debts owed and recover monies due for Care home placements. This includes cases with complex financial circumstances and working through these with service users, their families and representatives to ensure that correct charges are applied. The team also ensure that appropriate measures are in place to prevent debt accruing, protecting service users and referring to the Office of Care and Protection when required.

Community Brain Injury Team

The Community Brain Injury Team (CBIT) offers community based rehabilitation and support aimed at promoting independence, wellbeing, and maximising participation in family life and community life after brain injury.

The team has a range of professionals including Social Work, Physiotherapy, Occupational Therapy, Speech & Language Therapy and Clinical Neuro-Psychology.

The Community Brain Injury team continues to work closely with other professionals within the Trust; various statutory, voluntary and community organisations in order to progress the 23 recommendations made by the RQIA Review of Brain Injury Services in NI (2015). The team continues to work with the Acquired Brain Injury Alliance (ABIA) a Belfast Trust forum configured following the 2015 review and is looking at improving service provision to acquired brain injured service users and their families.

The Community Brain Injury team has worked collaboratively with Headway and Reconnect on behalf of ABIA in reviewing and updating information for people with ABI, families and carers. This piece of work had been commissioned by the HSCB and the outcomes were launched during Brain Injury Awareness week in May 2018. This launch coincided with a successful public engagement event run by the Community Brain Injury team during Brain Injury Awareness week which brought together carers, advocacy, statutory and independent sector groups.

The Community Brain Injury team collaborated with various partners and service users following the re-tendering of HSCB contracts for training of persons post-brain injury, assisting service users to transition to the organisation successful in the tender process and also identifying alternative, appropriate supports when needed.

During this reporting period, the CBIT again breached the 13 week maximum waiting time from referral to assessment and treatment on three occasions, and the HSCB have been advised accordingly. Breaches have occurred due to workload pressures, ongoing recruitment difficulties and long-term staff sick leave within CBIT. In August 2018 a new Clinical Lead (Consultant Clinical Psychologist in Neuro-psychology) took up post. There have been substantive staffing challenges in the team due to staff taking up new appointments. Sick leave and maternity have presented additional challenges. Refilling vacancies has been challenging due to a dearth of appropriately trained and experienced staff being available across the region. The Community Brain Injury team is seeking to proactively manage this by engaging staff on a rotational basis with aligned services. The availability and function of rehabilitation assistants is currently being explored.

Reviews of the core business of the Community Brain Injury team, as well as internal processes have been ongoing in order to provide a timely response to referrals and ensure effectiveness of service provision. Within the team there is an increased focus on ensuring the service provided is as responsive, efficient and person-centred as possible, with feedback from our service users proactively built into team processes.

The tendering process for a HSCB funded Community Link Service has been progressed, with the intention this should be operational by mid-2019. This service will be delivered by the third sector and embedded within the CBIT. The Community Link Service will work in partnership with community, voluntary, statutory, and independent sector organisations to provide access to a wide range of community based services and opportunities in the areas of education, training, volunteering, employment, social, leisure, recreation and culture in order to meet identified needs of people with ABI. The Community Link Service will be supported by CBIT colleagues in order to help address the cognitive, emotional, and behavioural issues of service users who have become, or at risk of, social isolation. When operational it is intended that the Community Link Service will implement the Bridges Self Management Approach to rehabilitation focussing on the social aspects in order to improve individuals' health and wellbeing.

Providing care for adults with extremely challenging behaviour or with complex needs continues to be a major issue for the Trust. The Trust continues to make slow progress in sourcing appropriate placements and accommodation for service users with complex neuro-disability needs (including alcohol-related brain damage and acquired brain injury). This is mainly due to lack of suitably experienced services within the independent and third sector. Between April 2017 and March 2018 CBIT staff have worked in partnership with Glebe Nursing Home who have re-configured to a residential unit for service users with ABI. To date there have been a number of very successful placements therein. From discussions with operational and management staff within Glebe a recurring issue relates to the elicitation and involvement of outside services, particularly adult mental health in the day-to-day management of service users.

Interface issues between Community Brain Injury team and Adult Mental Health services remain a concern. The risk of mental health issues, in persons with a brain injury are substantial. However, there have been a number of incidents where the accessing of appropriate mental health support in a timely way has been lacking. From experiences with Glebe (where Belfast Trust service users are hosted in a service outside of Belfast, i.e. Northern Trust area) it would appear that the scenario of persons with a history of a brain injury struggling to access support via mental health services is not specific to Belfast Trust. The Community Brain Injury team continue to meet on a monthly basis with a Consultant Neuropsychiatrist to ensure a combined approach to management of current psychiatric and behavioural considerations within CBIT caseloads. However, this provision, on its own, is not sufficient to meet the substantial mental health needs of the population CBIT serve. Collaborative, co-working arrangements between CBIT, Adult Mental Health and neuropsychiatry might make some progress towards enhancing this service provision, but professional training and understanding of brain injury and its implications for service involvement is central to this.

Alcohol Related Brain Damage

Alcohol related brain damage (ARBD) describes cognitive impairment directly related to chronic alcohol consumption. This group of service users frequently fall through the net

conferring huge costs to healthcare services. Service users with ARBD are often placed in care homes totally unsuited to their recovery. With figures forecast to increase, there is an urgent need to address the lack of suitable care options regionally.

It has been proven that with the right treatment, service users with ARBD can recover and transform their lives. Services in the UK with similar drinking populations to NI have shown impressive outcomes such as a reduction in hospital admissions for people with ARBD by 85%, highlighting the impact of providing treatment. ARBD is a reversible condition and up to 75% of patients can make partial or complete recovery given personalised treatment and care.

Due to significant numbers of ARBD service users within Physical & Sensory Disability, the service area is working with others internally and externally to address this unmet need. Working in collaboration with Leonard Cheshire and an independent provider, plans are well established to re-configure an Older Peoples Home into a residential rehabilitation unit for ARBD service users. It is anticipated that this unit, based in South Belfast, will be sub-regional i.e. targeting appropriate service users from Belfast and South Eastern Trusts and will be operational in Spring 2020.

Day Opportunities

Following the transfer of seven Older Peoples day centres into Physical & Sensory Disability in 2016, and due to the Trust's commitment to Quality Improvement (QI), a number of quality improvement initiatives were established. One such initiative was to realign and standardise the referral process of these services to ensure quality and governance are at the centre of day opportunities.

With this in mind the day centres personnel developed a more appropriate referral pathway. This included a Day Opportunities Admission panel. A key feature of this work was piloting the utilization of Pre-placement Comprehensive Occupational Therapy Assessments. The process has been extant for one year and a review for performance and assurance will take place in the next reporting period.

As part of the Regional Quality Improvement in Social Work Programme, two day centre managers began a Co-production QI initiative to review and standardise Day Care Initial Assessment Document for all service area day centres. The new document was developed with the help of the mentors and facilitators on the Regional QI Social Work Programme. The new document will be rolled out in all centres later in the year.

A review of Older People's day centres has been completed during the reporting period using an Appreciative Inquiry (AI) approach, engaging service users and staff in the process. The review has been very well received and the service area is currently working on implementing identified outcomes. RQIA Inspection reports are also generally positive with few recommendations for improvement.

A Service User Council has been established with service users from each centre which meets on a quarterly basis. These meetings give service users an opportunity to be involved in planning, evaluating day care services and developing best practice across the day opportunities framework. These meetings empower and enable service users to voice their opinions and ensure that their knowledge and expertise is taken into consideration. The meetings have been very successful and the impact has been validated by service user feedback across all centres.

The two Community Access staff continue working in partnership with service users, their carers and family members towards the goals of social inclusion, community

integration and active participation based on the principles of equality, consent, dignity and respect.

They engage with the individual to identify strengths, qualities, interests and goals for the future and develop a one page profile and person centred plan. Community Access promotes social wellbeing, reduces social isolation and promotes independence. An audit and review of intervention confirmed an evidence base to date that has been extremely positive and preventative in outcomes.

Sensory Support

During the past year the Regional Sensory Implementation Group (RSIG) has continued to implement the actions set out within the Physical and Sensory Disability Strategy.

As reported last year, following the public consultation on the provision of Communication Support Services for people who are profoundly deaf and hard of hearing, there was overwhelming agreement of the recommendation for a Regional Communication Support Service (RCSS) supplied by BSO. The Health & Social Care Board approved the implementation of this in May 2017 and the Service Area continues to be represented on the RCSS Steering Group. The focus of this work is to develop and deliver a Regional Communication Support service that includes robust governance and accountability arrangements. It is anticipated that this work will continue throughout the next reporting period as this is a complex piece of work that involves many stakeholders and has implications for the profoundly deaf and hard of hearing community.

The Sensory Support team continue to implement the actions and recommendations of the Deafblind Needs Analysis Review. Training continues to be provided across the Trust and also to external agencies, such as nursing homes, to raise awareness of dual sensory loss. The two staff members who obtained the Diploma in Deafblind Studies hold a specialist role within the team in completing deafblind assessments. They also continue to provide support and education to colleagues in the assessment and delivery of effective care planning for deafblind service users. In addition, a regional sub group has been set up to develop services for deafblind people regionally and this group meets on a bi-monthly basis.

With regards to specialist training, the service area is pleased to report that developments continue; one staff member completed a course in sight loss and dementia and this has already proved to be of benefit to service users. Regional training days have been arranged funded by the HSCB and these have provided invaluable training to staff. A comprehensive training plan has been developed by a regional sub-group and this is awaiting ratification. The service area continues to provide a tinnitus support group for service users, in partnership with the British Tinnitus Association. The service area has also worked in partnership with Action on Hearing Loss to deliver tinnitus management programmes, awareness raising events, and one to one supports to service users. One staff member who is a trained Lip-reading teacher continues to deliver lip reading courses for hard of hearing service users throughout the year. The service area has noted that demand for this provision remains low and one trained staff member is an adequate resource at present.

The service area is currently involved in ongoing work to develop a regional equipment framework in order to ensure compliance with procurement legislation. This work is

expected to continue during the next reporting period and representatives from the service area are meeting regularly with other Trusts, HSCB and BSO to ensure equitable and accessible provision of sensory equipment.

The Trust participated in the Developing Eyecare partnership and a sub group was set up within this to review and update the certification of visual impairment process in NI. As part of this co-production between the Trust and Service Users they processed a certification ID card which will be distributed regionally to people certified with a sight loss. This was launched on 15th April 2019.

Self-Directed Support

Phase 1 of the implementation of Self- Directed Support (SDS) ended on 31st March 2019, and Phase 2 (2019 – 2023) will commence on 1st April 2019. The Strategic Development Priorities for Phase 2 over the next 4 years include the following:

- Managed Budgets - Develop and Implement Procurement Framework to support Option 1, Direct Payments, and Option 2 Managed Budgets
- Provider Engagement
- Resource Allocation System –HSCB to research best model for SDS in Northern Ireland
- SDS Measuring Outcomes – ASCOT and Outcome Star
- SDS Activity Toolkit – develop information systems to capture this data across Trusts

As recurrent funding for Self-Directed Support has been agreed by the Department of Health, the Belfast Trust has appointed the SDS Trust Implementation Officer on a permanent basis.

With regard to structures in the Trust for the implementation of Self-Directed Support, the Trust SDS Steering Group continues to be chaired by the Director of Adult Social and Primary Care and meets quarterly. The SDS Implementation Group continues to be chaired by the Service Manager for Physical & Sensory Disability Services and meets bi-monthly. There is representation from all service areas, service users, carers, contracts, training team, information management, and the voluntary sector.

There is also a SDS Service User and Carer Advisory Group, chaired by a carer, and supported by the SDS Trust Project Manager. One of the service user representatives in this group completed the Safer Quality Belfast Quality Improvement Programme in June 2018, being the first ever service user to do so. His project was *'To support Social Workers to increase the completion of Support Planning'*. His quality improvement project has been presented at a number of Quality Improvement events in Belfast Trust.

The Trust has adopted a co-production model with regard to the training on SDS, with engagement of service users and carers. Their lived experience and contribution has been positively evaluated, following feedback from staff at the training. A quarterly reflective practice group for SDS was established to embed the SDS approach into social work practice. However, due to low uptake, the SDS Project Manager and SDS Practice Development Lead from the Learning and Development team have offered to attend team/staff meetings to address any practice or implementation issues. A SDS training calendar is in place until March 2020.

The on-going use of resource allocation panels across three service areas, including Physical & Sensory Disability, ensures that staff are engaging in the SDS approach, and there is consistency of allocation of resources to service users and carers.

All service areas are engaged in the SDS process, albeit at different stages, and are using the SDS approach when assessing or reviewing service users or carers.

Adult Social Care Outcomes Tool

The Department of Health advised in January 2015 that the Adult Social Care Outcomes Toolkit (ASCOT) would be the tool adopted by all Trusts moving forward to monitor qualitative data, as it could be readily integrated into service user review processes. The ASCOT data constitutes a key component of the Department's reporting against Programme for Government commitments and is referenced in the Departmental Business Plan for 2017/18.

All Trusts were advised by HSCB that full implementation of ASCOT must be in place by 1st April 2018. Physical & Sensory Disability Services commenced ASCOT Implementation on 8th January 2018, with all other Adult Service Areas commencing on 1st April 2018.

A SharePoint site has been established by BSO for collation of ASCOT data from Belfast Trust. HSCB view this information quarterly.

Carers

The Service Manager in Physical & Sensory Disability has operational lead for Carer Support Services. Work on the Trust Carers Strategy, 'Caring Together in Belfast 2017-2020', is ongoing. The Belfast HSC Trust continues its commitment to implementation of the key priorities as agreed with carers and a summary of activity is reported below:

Reaching Carers and Developing Carer Support Pathways

Carer information packs have been reviewed in year and 8,000 packs have been reprinted for distribution. In response to Carers requests for a central point of contact, a central email account has been set up. Carer Service infrastructure has been reviewed, with recommendations to increase allocation of resources to assist with telephone support, information and advice for carers. The Trust Carer Coordinators continue to provide input with teams to maintain the profile of carers within service areas.

The Trust launched a Framework for Staff with caring responsibilities during 18/19. Its aim is to promote awareness with staff and managers to ensure that staff carers are supported to manage their caring role alongside their employment. They are also made aware of wider carer supports available within the Trust.

A number of new initiatives have commenced during 18/19 2019 including:

- A new partnership with Community Pharmacy; seeking to identify carers, not known to services, and refer them for support.
- Trust Carer Coordinators have developed a Belfast Trust Carer Workers Network to strengthen links with and improve communication between the Trust and organisations in the voluntary and community sectors.

The Trust continues to ***Support Carer Health and Wellbeing*** by offering a range of services including: information sessions, group activities, relaxation days, evening events and ongoing provision of carer therapies, grants and direct payments. A significant number of carers continue to be supported through the provision of day care opportunities, domiciliary support and residential short breaks.

Carer Coordinators are currently undertaking an evaluation of the Trust Carer complementary therapy service to determine the value of this service and how it may be improved.

Communicating With & Involving Carers

The Physical & Sensory Disability Service continues to deliver the Cathos model to profile the role and needs of carers for people with physical and sensory disabilities. This aims to keep the views of carers central to service planning and development; during this reporting period there was a range of successful activities arranged. Each team continues to have a staff member with a designated responsibility to progress carer engagement and ensure effective communication with and on behalf of carers.

The Trust Carer Coordinators have an integral, advisory role within service areas. In addition, they provide carer awareness training as part of the induction programme for new staff and carer assessment and support planning training to staff carrying out carer assessments in order to ensure best practice and outcomes for carers.

Generic Reviews, Audits and Evaluations

Service user engagement via specific working groups or fora continue to be utilised and are viewed as an integral part of service development as their feedback is vital in modernisation initiatives. These are undertaken in all departments within the Service Area.

The Service Area continues to audit and review service delivery to improve and sustain good practice. Team leaders carry out random case file audits during each supervision session and Assistant Service Managers complete audits to ensure supervision standards are met.

Each team and day care facility is required to complete a wide range of statistics which include caseloads, referral and closure numbers together with carer, direct payment and adult safeguarding activity. These figures are monitored and analysed by the Service Area to identify any emerging issues or trends. As previously noted, this data has been improved upon since the implementation of the Business Support Team.

The Service Area continues to monitor issues related to safety and quality themes emerging from adverse incidents, Departmental queries, complaints and compliments via quarterly Service Governance Meetings which are chaired by the Service Manager and supported by the Governance Lead for the Service. The purpose of these meetings is to identify key themes and trends and discuss the learning which is shared and disseminated to staff via team meetings and professional support fora. The Governance meeting also has processes in place to review and manage the Service Risk Register for Older People, Physical & Sensory Disability. The Service Area has participated in one Serious Adverse Incident in this reporting period and the draft report has been issued. This was a complex case with three Service Areas involved and

	<p>while there has been some generic learning, there has been no specific recommendations for the Service Area.</p> <p>Contracts with Voluntary Sector All contracts are monitored by staff at managerial level. Key staff hold regular meetings with the voluntary agencies throughout the year to ensure targets are met and quality of service and value for money secured. Any concerns are raised with the individual provider. The service area participates in at least annual reviews to agree performance and to determine the appropriateness of contract renewal. Voluntary agencies also complete their internal audits to ensure service user satisfaction and outcomes are achieved.</p> <p>Contracts with Independent Domiciliary Care Organisations The service area meets with all commissioned providers at least annually to ensure value for money through a qualitative and quantitative scrutiny process. As previously noted, during this reporting period the service area has also actively participated in Trust meetings with domiciliary care providers to determine how best to meet the increasing demands on this service, especially with limited capacity from providers. This is referenced in section 3.5 of the report as an area of concern.</p> <p>Contracts with Independent Residential/Nursing/Supported Living Organisations The service area continues its negotiations, along with Contracts personnel, independent nursing and supported living providers regarding re-configuration/extending provision to include service users with Alcohol Related Brain Damage (ARBD) and brain injury/complex needs. Please refer to section 3.5 for further details of work progression.</p> <p>Reflective Practice Groups The service area has continued to promote a peer support model within individual teams, service management groups and social work fora. These groups are invaluable in terms of communicating and discussing lessons learned from research and considering implications for practice.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>NISCC The service area continues to be compliant with the regulatory requirements in relation to the registration of the social work and social care workforce. The Service Area promotes and facilitates staff access to training and other learning opportunities so that they are able to complete their NISCC/PRTL re-registration requirements.</p> <p>RQIA Day Care services continue to be compliant with the RQIA standards and are subject to ongoing inspection and monitoring. Any recommendations or requirements are acted on as priority actions. The service area also ensures effective communication and engagement with RQIA when concerns are raised regarding nursing, residential, supported living placements, domiciliary care provision or adult safeguarding concerns.</p>

Community Emergency Response Team

The Service Manager in Physical & Sensory Disability is the Co-ordinator of the Trust Community Emergency Response Team (CERT) which is activated during a declared major incident in the community.

The Trust responded to three critical incidents which required a multi-agency response during the reporting period. Additionally, relevant Trust staff attended three multi-agency training exercises; one organised internally on cyber security and two multi-agency exercises on responses to cruise ships incidents and EU exit arrangements.

Members of the CERT team continue to participate in the work of the multi-agency Belfast Emergency Preparedness Group, co-ordinated by Belfast City Council, and the Trust's Emergency Preparedness, Planning and Implementation Group, chaired by the Deputy Chief Executive. This helps to ensure effective preparedness and response to incidents along with relevant partners internally and externally.

Vulnerable Persons Resettlement Scheme

The Vulnerable Persons Resettlement Scheme (VPRS) was introduced in 2014 by the UK Government with the aim of providing a safe and legal route for certain categories of the most vulnerable Syrian refugees to travel to the UK.

The service area actively participates in the Trust's Syrian Refugee Planning Group, which comprises of representatives from all relevant service areas within the Trust. The group meets on a regular basis to plan for the arrival of each group of Syrian refugees. Information is provided in advance which enables staff to prepare for the needs of the refugees arriving.

The service area has recently assisted in welcoming Group 20 to Northern Ireland. The scheme has assisted in resettling nearly 2000 vulnerable individuals and families in various locations throughout Northern Ireland and the scheme is due to continue until 2020.

The service area assists in identifying adults with physical or sensory disabilities prior to their arrival in Northern Ireland; this allows for the planning of services, equipment and housing needs for these individuals. Service area staff attend the two Welcome centres following the arrival of the Syrian refugees and complete a further assessment of needs and risk, and identify any immediate needs the individuals may have. As not all of the Syrian refugees remain in the Belfast Trust area therefore staff liaise with other similar teams throughout Northern Ireland. This allows the receiving Trust to be prepared for any needs the individuals may have.

During this reporting period service area staff have been involved in supporting a particularly complex Syrian family with physical, sensory and child care needs, requiring considerable input across service areas and agencies. The Trust has been commended on their work with this family by DOH.

In November 2018, a member of the service area was invited to attend the IOM/HO Mobility Workshop in London; the purpose of this was to allow staff from the VPRS's throughout the UK to meet and discuss the issues or difficulties in meeting the needs of individual refugees with physical disabilities, mainly the lack of appropriate housing. Trust staff gave a presentation to their colleagues from throughout the UK and met with the medical staff from the five refugee camps. This allowed staff the opportunity to

communicate the information required in the assessments received prior to the refugees arriving in the UK and NI. The workshop enabled staff to understand some of the difficulties faced by the medical staff completing the assessments in the refugee camps and to gain a better understanding of the cultural differences.

PSNI

Following the implementation of the regional Adult Safeguarding Policy, the service area has noted a decline in the engagement of the Joint Protocol arrangements with the Public Protection Unit to safeguard Vulnerable Adults. This is due to Trusts and PSNI interpreting the policy differently. This is reported in detail in the Adult Safeguarding report. As referenced above, the service area also partners and engages effectively with the PSNI in the Belfast Emergency Preparedness Group.

MARAC and PPANI

The service area continues to participate as appropriate in local MARAC and PPANI Panels.

LASP

The service area is represented on the Belfast LASP Group.

Office of Care and Protection

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

Judicial Reviews and Significant Court Judgements

The service area has not had any Judicial Reviews or significant court judgements in this reporting period but takes cognisance of any significant judgements that have implications for practice.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	<p>Lack of Capacity within Private Providers</p> <p>As previously reported there continues to be significant concern with the lack of capacity across the independent provider sector. The reasons and concerns regarding instability in the domiciliary care sector have been well documented. Providers are frequently unable to secure new packages resulting in delays in service provision which has had a severe detrimental impact on service users and carers.</p> <p>Regrettably the situation remains largely unchanged as domiciliary care providers continue to have limited capacity to meet the demand. Providers report that they are unable to sustain their workforce due to low pay and poor recognition for the role they undertake.</p> <p>There is notably more challenges to meet the need in specific areas of Belfast. Service users in these areas can wait</p>	<p>The service area continues to put in place remedial measures. Risk assessments are completed for all cases where the providers are unable to implement care packages. Further to this family engagement is sought for assistance with personal care tasks and the service user is offered Self Directed Support via Direct Payments. Nursing or residential placement if appropriate are also offered, however these placements are also limited as they struggle to meet demand too.</p> <p>The service area actively participates in twice weekly priority calls to identify those most at risk and in need. Currently these service users tend to be patients who have palliative care needs and wish to return home to their families.</p> <p>The Trust has commenced pilots with a small number of providers for those areas where there is significant challenges however this has tended to focus on hospital discharges. There</p>	<p>Issues pertaining to the lack of providers are on the service area Risk Register and categorised as High.</p>

	<p>lengthy periods before a service can be secured.</p> <p>Care providers report that service users within this service area place additional pressure because their complex care needs require additional times and the verbal and physical aggression of service users with cognitive challenges place additional strain on care staff to provide a sustainable service.</p> <p>Lack of appropriate domiciliary care provision is not only impacting on service users and families, but it is also has a direct negative impact on hospital discharges, service delivery and meeting performance targets as there is limited flow within the system.</p>	<p>is also a concern that this will not be a sustainable long term solution.</p> <p>On-going and timely review of cases remains to ensure assessed needs are being prioritised.</p> <p>.</p>	
2.	<p>Appropriate Accommodation for Service Users with Complex Needs</p> <p>As previously reported, the service area continues to struggle to source appropriate accommodation and placements for service users with complex needs, particularly those with Huntington's disease, bariatric care, brain injury and Alcohol Related Brain Injury (ARBD).</p> <p>These service users tend to be placed in</p>	<p>The service area is pleased to report that the nursing home unit for acquired brain injury continues to provide much needed accommodation for this client group. The facility has employed additional staff and provided specialist training to enable them meet the needs of this complex group. Feedback from stakeholders about the performance of the unit is positive and indeed</p>	<p>Issues pertaining to the lack of appropriate accommodation for service users are on the service area Risk Register and are categorised as Low.</p>

	<p>generic residential and nursing facilities and staff can often lack the specialist skills and knowledge required to manage these service users. This can result in additional spend to procure one-to-one supervision to reduce risks to service users.</p> <p>The service area continues to receive the majority of referrals for service users who have a diagnosis of ARBD and notes that there is significant spend required to meet the need of this service user group.</p> <p>The situation is exacerbated if capacity assessments are required. Finding medical personnel who will undertake them and the £500 average charging fee continues to remain challenging for the service area.</p> <p>Whilst there have been positive developments in securing accommodation, the service area would note that the charges for these units are over double the regional rate and this has significant concern from a budgetary perspective and the detrimental impact on People First monies for other parts of the service area.</p>	<p>additional beds within the unit are being reconfigured for this client group. Our service users are receiving a high standard of care and there is an increased understanding of their complexities. There have been challenges at times due to the inability to access psychiatric/mental health support at times of crisis.</p> <p>Following on from last year's report the service area continues to work in partnership with a voluntary organisation who, in partnership with a housing association, have secured a building in South Belfast which is currently being reconfigured into a residential rehabilitation unit for people with ARBD. It is envisaged that this unit will open in Spring 2020.</p>	
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3.	<p>Self-Directed Support (SDS)</p> <p>The Departmental indicator identified that <i>'By March 2019, all service users and carers will be assessed or reassessed at review under the Self Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified'</i>.</p> <p>There are currently 2223 service users and carers in receipt of SDS within the Trust, who have a 7 criteria Support Plan in place. The service area is pleased to report that PSD hold 1094 of these cases which represents over 49.2% of the total figure.</p> <p>All service areas are now engaged in the implementation of SDS and are working under the SDS framework in respect of all new referrals and reviews.</p>	<p>The Trust has both a SDS Steering Group as well as an Implementation Group with service user and carer representation to ensure the effective implementation of Self Directed Support.</p> <p>The Trust continues to work internally and with colleagues across the region to develop SDS. One of the key measures of SDS is the number of clients and carers in receipt of Direct Payments. The Trust has exceeded the Direct Payment target by 4.5% in 2018/2019.</p> <p>In addition, engagement with provider organisations is ongoing to ensure that the full range of options under SDS are available. The HSCB are currently refining the specification for Managed Budgets.</p> <p>The Learning and Development Service report that staff continue to attend training from all service areas to support implementation of SDS. To date, 1855 staff throughout the Trust have been trained at various levels of SDS. The SDS Project Manager and the Practice Development Officer for SDS have reviewed and updated the content of SDS training based on staff feedback and evaluation. This has been in partnership with the service users and</p>	<p>There is a separate risk register for Self-Directed Support, as requested by HSCB.</p>
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	<p>carers who co-produce the training. Their lived experience and contribution has been positively received by staff.</p> <p>A manual data collection process was implemented by the SDS Project Manager in March 2017. This has been rolled out across all service areas, and training provided to team managers with regard to the completion of the data return documentation.</p> <p>In Autumn 2018 the HSCB Information department and the three Trusts that use CIS, commenced a project to examine how CIS could manage the data collection required for HSCB Activity returns. This work is on-going across the region.</p>	
4.	<p>Acquired Brain Injury</p> <p>There continues to be difficulties for the Community Brain Injury team (CBIT) in providing home-based support packages for service users with prolonged disorders of consciousness (PDOC). These service users are potentially vulnerable, have very intensive and specialist requirements and present as challenging, particularly for non-family carers. There are often practical difficulties including the recruitment and retention of suitably trained staff.</p>	<p>All previous actions continue which is to ensure home care arrangements are subject to risk assessment and are adequately supported by social work and care management staff.</p> <p>This is not on the Risk Register at present but the service area is monitoring the concern.</p>

	Due to limited bed capacity in RABIU some service users are being discharged from acute hospital settings to CBIT which do not have the staffing resource, skills or facilities to manage their complex needs. These service users are potentially very vulnerable and require high levels of support.		
5.	<p>Recruitment and Retaining a Sustainable Workforce</p> <p>The service area continues to experience staff vacancies due to staff retirements, maternity and sick leave. Experience to date has demonstrated that recruiting and sustaining a stable workforce with the requisite skills and knowledge base is a significant challenge.</p> <p>BSO recruitment processes contribute to significant delays in replacing posts. These delays give rise to significant increased pressures on staff in relation to the management of existing caseloads and trying to prioritise waiting lists for assessment of need and respond to targets. This adversely impacts on providing timely services to service users and their families as well as impacting on staff morale.</p>	<p>Remedial measures for managing this issue remain the same as previously reported-the scrutiny process requires confirmation of the ongoing need for a post and details of the implications for the discharge of statutory functions if a post is not filled.</p> <p>Teams affected by staff vacancies are aware of the need to manage waiting lists as a measure of managing service demand. Referrals are screened on a regular basis to ensure that service user needs are prioritised appropriately and casework continues to be reviewed with staff within the supervision process.</p> <p>The service area has had to recruit an increasing number of agency social work staff to ensure the safe discharge of statutory functions.</p>	Issues pertaining to recruitment are on the service area Risk Register and is categorised as High.

6.	Adult Safeguarding Issues pertaining to adult safeguarding are referenced in the separate Adult Safeguarding report.	Please refer to the Adult Safeguarding Report which outlines a summary of the challenges and measures put in place to address same.	Issues pertaining to Adult Safeguarding are on the Trust Risk Register and categorised as Low.
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3.8	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.
	<p>Workforce issues including recruitment and retention Issues pertaining to workforce have been highlighted as a concern in section 3.5.</p> <p>There are robust vacancy control systems within the Trust. All vacancies are scrutinised to ensure the post is still required. Any vacancy must be approved by an internal Directorate Scrutiny Process before recruitment of new staff can be progressed. Following this the HR process for recruitment is currently experiencing significant delays in securing positions in an appropriate timeframe.</p> <p>There are currently three social work vacancies within the Physical Health & Disability Teams. In addition to retirements and promotions, the service area also has temporary vacancies due to sickness and maternity leave. This compounded with an increased demand on services and recruitment delays has meant that the service area has had to increase the number of agency staff to ensure the safe discharge of statutory functions. There are currently three agency social workers recruited to the Physical Health & Disability Teams.</p> <p>CBIT experienced difficulty in this reporting period with ongoing difficulties recruiting and retaining AHPs and are working with the Head of AHPs to consider rotational posts and other measures to meet the gap.</p> <p>Flexible Working Arrangements The service area facilitates flexible working and promotes family/carer friendly arrangements to accommodate staff needs where possible via part-time, flexi-hours, compressed hours and term time options. The service area continues to ensure that these arrangements are regularly reviewed so that service delivery is not adversely affected.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	<p>Home Help Service – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service.</p> <p>Residential and Nursing Homes Charging – The Trust has been operating in accordance with the DOH March 2017 Charging for the Residential Accommodation Guide (CRAG) to determine charges.</p>
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	The service area has no direct responsibility for social work within designated hospitals. However, it does recognise their significant role in assessing and arranging services in a timely manner at the

	<p>point of discharge. The service area supports hospital social work staff to comply with the hospital discharge targets.</p> <p>The Sensory Support service provides direct social work and rehabilitation intervention at the Royal Victoria Hospital Audiology and Low Vision Clinics. The Team recognises the benefits for service users of having access to timely interventions to prevent deterioration in service users' mental health post-diagnosis.</p>
3.11	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>The service area remains committed to incorporating human rights considerations into all aspects of its work. Staff work with service users and stakeholders to support, promote and uphold the UN Convention of the Rights of People with Disabilities. It is recognised by staff within the Service Area that people with disabilities should be treated as individuals whilst being empowered to live their lives as independently as possible and treated with respect and dignity. All of these themes promote a human rights based culture within the Service. The service area participates in the Trust's Disability Steering Group which aims to improve accessibility and services for people with disabilities.</p> <p>The service area continues to promote, uphold and foster individual and community human rights. It undertakes a human rights based approach in its work with service users, their families and carers. Human Rights are integral to social work values and practice.</p> <p>All Trust policies are screened and proofed to ensure compliance with Equality and Human Rights considerations.</p> <p>All staff are supported to attend mandatory and additional equality training. Staff adhere to procedural requirements which inform the documentation of human rights based considerations in decision making regarding service delivery:</p> <ul style="list-style-type: none"> ➤ Vulnerable Adults Safeguarding ➤ Capacity, Consent and Best Interest meetings ➤ Risk Assessment and Risk Management ➤ Care Planning Documentation <p>If particular concerns are raised regarding the infringement of individual human rights, staff will record this and provide written explanations as to why such proportionate actions are necessary. This is shared with service users to ensure and promote service users' rights and demonstrate respect via open and transparent engagement.</p> <p>The service area is committed to engaging with service users and carers through consultation groups. These groups support and assist staff to develop and implement a human rights based approach and to ensure it is embedded in service delivery.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to Manage this challenge?	3.14 What additional actions (if any) do you propose to manage any On-going challenges?
	<p>Adult Safeguarding</p> <p>With regards to Adult Safeguarding, there continues to be an ongoing challenge in balancing the service user's right to a private life and promoting his/her individual choice to make their own decisions which may place them at risk of abuse.</p> <p>In addition, conflict can also arise if service users are reluctant to engage as they may not want PSNI involvement and/or information shared with or about family members. This is particularly pertinent when working with service users who are suspected of being victims of human trafficking. This has adversely impacted on the relationship between social workers and service users on those occasions when they have refused any further service provision from the Trust which has no legal basis to impose such interventions.</p>	<p>With regards to the Joint Protocol arrangements for reporting to the PSNI, the service area has noted in the Adult Safeguarding Report the current concerns with the interpretation of this policy.</p> <p>Staff continue to access training on Human Rights and Adult Safeguarding including Joint Protocol arrangements.</p> <p>Staff have one to one supervision and access to peer support to reflect on their practice and decision making.</p> <p>Staff complete risk assessments and protection plans which have prompts for staff to record human rights considerations in partnership with the service user.</p>	All ongoing
	Deprivation of Liberty		

	<p>This is an ongoing and significant challenge for staff within the service area when they are required to balance the statutory duty to promote the safeguarding of vulnerable service users while affirming the importance of their right to self-determination and the exercise of informed choice.</p> <p>It is recognised that there is a need to support individuals in placements, including supported living and ensure that they are not deprived of their liberty. This is particularly relevant for service users with cognitive difficulties who may require that restrictive practices are put in place such as locked doors, cupboards etc. Staff find this area challenging. When completing care plans they are required to demonstrate that they have balanced the individual's human rights with the need to protect them or the wider public from potential harm.</p>	<p>Staff attend mandatory training on Human Rights and have one to one supervision and access to peer support to reflect on their practice.</p> <p>Staff complete risk assessments and hold best interest meetings with service users, their families and advocates as appropriate and promote a transparent and open engagement to ensure that human rights are considered and promoted.</p>	All ongoing
	<p>Service Users with capacity who are Non-compliant with Care Plans</p> <p>Service users who are deemed to have capacity to make their own informed choice and decisions about their care needs but who choose not to comply with their care plans continue to pose</p>	<p>Staff complete risk assessments with service users, their families and advocates as appropriate and promote a transparent and open engagement to ensure that human rights are considered</p>	All ongoing

	significant challenges for staff. In these circumstances staff are required to balance the risk of harm associated with the individual's non-compliance with an individual's right to self-determination in the delivery of services.	and promoted. Staff also attend mandatory training on Human Rights and have access to one to one supervision and peer support which facilitate reflective discussion and learning on complex practice decision-making.	
	<p>Acquired Brain Injury Longer term service users with ABI who are managed at home and have very intensive and specialist care requirements can present particular challenges in relation to engagement with non-family carers and social work staff. There are often practical difficulties including recruitment and retention of suitably trained staff to manage their complex needs.</p> <p>The role of consulting with family and friends in providing information to help determine the best interests of a service user who lacks capacity is not always easy for staff.</p>	<p>Staff complete risk assessments and prioritise and manage their responsibilities and the relationships and communication between all involved.</p> <p>Best interests are not restricted solely to medical considerations. Evaluation of best interests is a holistic exercise, and best addressed through a team-based approach.</p>	All ongoing

3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<p>Despite the challenges that Health and Social Care have experienced in this reporting period the service area has delivered key achievements and improvements in promoting the independence and lives of people with physical and sensory disabilities. Senior managers and staff promote the rights of people with disabilities through regional working groups and the Trust's Disability Steering Group.</p> <p>Members of the service area attended a celebratory event in Stormont during this reporting period to acknowledge the work progressed through the Physical & Sensory Disability Strategy which has now ceased.</p> <p>Great efforts are being made to extend provision and care pathways for those with very complex physical and mental health needs which straddle a number of Service Areas. A recent report from the Royal College of Psychiatrists commends the service area for their work with ARBD service users despite the acknowledged gaps in service provision for this cohort.</p> <p>The service area has lead operational responsibility for the Carers agenda in the Trust and has made significant efforts to promote awareness of carers needs and improve services to carers throughout the Trust in community and acute settings. The service area has taken the lead in the development of the new Carers Strategy. This has been co-produced with carers and reflects and re-affirms a commitment to significant engagement and involvement of carers in the design of services for carers.</p> <p>The service area also has lead operational responsibility for the roll-out of Self-Directed Support in the Trust. The service area has consistently led on the personalisation agenda and is promoting a culture of personalisation in other relevant Service Areas to ensure that the Trust will meet the challenging targets with regard to SDS. One of the strengths of the Trust approach has been the engagement of service users and carers who are providing training, peer support and direction with regard to SDS.</p> <p>The Sensory Support team was a finalist in the regional 2018 Social Work Awards under the Adult Team category in recognition for the DVD they produced in co-production with service users.</p> <p>Following the review of Physical and Sensory Disability Day Care, the service area has reviewed day care for Older People using an Appreciative Inquiry Approach and is following up on recommendations.</p> <p>Improving services is a key objective for the service area. Staff are encouraged to consider new innovative ways to improve practice and this is facilitated via peer support groups and staff development workshops. Several senior managers have successfully completed a range of quality improvement courses and embed this training into their operational practice.</p> <p>Building capacity within the workforce together with recognising and rewarding work is ongoing and many staff in the service area are</p>

	<p>undertaking post qualifying social work training and other specialist training. This ensures that we are abreast of updated knowledge, skills and research so that we can deliver services which meets the needs of people with physical and sensory disabilities.</p> <p>The Trust has been working towards Investors in People re-accreditation in March 2019 and await the outcome. The service area is engaging all staff in the IIP leading, supporting and improving agenda.</p> <p>The Service Area continues to ensure communication with service users and carers via established newsletters:</p> <ul style="list-style-type: none"> ➤ Newsletter for Carers ➤ Newsletter for the Mourne Project ➤ Newsletter for People with Sensory Loss ➤ Newsletter for Community Access <p>These newsletters include information on services, new developments and articles from service users and providers associated with the service area. It enables the service area to communicate better with service users and promote partnership working. In addition, the service area continues to recognise the significance and importance of engaging with our service user groups, particularly when modernising and developing services.</p>
3.16	SUMMARY
	<p>The service area welcomes the principles and strategic direction of the Bengoa, Delivering Together and Power to People reports. It recognises the significant challenges in progressing the strategic direction outlined in these documents. In particular, meeting the demands and complexity of service user needs and expectations at a time of constrained resources remains a challenge.</p> <p>The lack of capacity within domiciliary care is a significant concern for the service area. Despite remedial measures being put in place demand continues to outweigh capacity for this service. Care providers report ongoing challenges to recruit and sustain this workforce. It is recognised that this workforce is crucial to enable the aforementioned strategic themes to be met, but also to ensure safe and timely discharge and flow from hospital to community settings.</p> <p>This is compounded by the shortage of specialist facilities to meet complex needs. Despite the challenges, the service area continues to improve care pathways for ARBD service users and those with acquired brain injury needs.</p> <p>There are improvements currently underway within the Community Brain Injury Team which the service area anticipates these will impact positively on service delivery in the next reporting period.</p> <p>The Sensory Support Service continues to utilise funding to improve specialist training for staff and work collaboratively with other Trusts and stakeholders to create better outcomes for service users.</p> <p>Within day care we continue to extend the range of day opportunities in</p>

	<p>consultation with service users, carers and relevant staff. A review of day centres for older people and significant improvement agenda throughout all day centres is being progressed.</p> <p>The service area is leading on the promotion of self-directed support, ASCOT, carers, and community emergency planning and response within the Trust.</p> <p>Delays in recruitment continue to adversely impact on staff caseloads and staff morale. The service area workforce remains highly motivated, resilient and committed to continuous service improvement with a focus on delivering person centred, qualitative and innovative services.</p>
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Programme of Care / Directorate:- Mental Health Services

3.1	<p>Named Officer responsible for professional Social Work</p> <p>During the reporting period, Ms Mary O'Brien discharged the role of Divisional Social Worker.</p> <p>The Mental Health Service has assumed shadow Divisional status within the Adult Social and Primary Care Directorate and the collective leadership model has been implemented.</p> <p>The post holder has had responsibility for professional issues pertaining to the Social Work and social care workforce within the Mental health Services. She has been accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> • The provision of professional leadership of the social care workforce within the service. • The establishment of structures within the service to provide assurance to the Executive Director on the discharge of statutory functions. • As a member of the Directorate's senior management group, the provision of specialist advice on professional issues pertaining to the social care workforce and social care service delivery. • The collation and assurance of the Service's Interim and Annual Statutory Functions Reports • The promotion and profiling of the discrete knowledge and skills base of the social care workforce • Ensuring that arrangements were in place within the Service to identify and provide access to training and post-qualifying accredited learning and development opportunities. • Ensuring that arrangements were in place to provide assurance with regard to workforce compliance with NISCC registration and regulatory requirements. <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Mental Health Service's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
3.2	<p>Supervision arrangements for social workers</p> <p>The Service is compliant with the DHSSPS Circular 02/2015, which details the responsibilities of employing organisations in relation to AYE Social Work staff.</p> <p>In total, there were thirteen Social Workers in the Service completing AYE during the</p>

reporting period, three of which have completed AYE, two have left the service and eight are still completing AYE at the time of reporting.

Line managers are asked to fully consider the needs of AYE staff in regard to caseload protection arrangements by their professional supervisors. Any concerns regarding the caseload weighting or the capacity of the AYE staff member to manage work allocated is addressed directly with the line managers by professional supervisors. There have been significant pressures during the reporting period within community mental health teams due to the ongoing challenges of nursing vacancies and sick leave. As a result, it has not always been possible for caseloads to remain protected. This is kept under regular review by the line manager and professional supervisor.

Adherence to professional supervision arrangements underpinned by the Trust Adult Services Social Work Supervision Policy has been assured despite an increase in agency and temporary Social Work staff recruited to backfill into nursing vacancies to ensure service delivery is maintained. This has been a challenge due to ten agency and four temporary Social Work staff being recruited within the reporting period. Professional Social Work supervision is provided to all Service Social Workers on at least a three monthly basis and runs in tandem with operational supervision arrangements. There are a limited number of Band 7 Social Work Team Leaders in the Service, seven currently with one vacancy soon to be filled and, consequently, a high proportion of Social Work staff are line managed by non-Social Work operational managers across the thirty seven community based mental health services (excluding six inpatient wards). Currently there are seven permanent Social Work trained Team Leaders in post, with a further one acting Social Work trained Team Leader.

Two additional Clinical Services Managerial posts have been developed to support community mental health teams which have been taken up by Social Work trained managers. This has significantly bolstered support to Social Work staff within primary and recovery teams since October 2018 and has further supported professional supervision of nine Social Work staff and helped to support Social Work professional development particularly in regard to delegated statutory functions such as Adult Safeguarding, Mental Health Review Tribunals (MHRT) and Guardianship. The Service's Professional Social Work Governance Team consists of an acting Principal Social Worker (PSW), two acting Social Work Development Leads (Band 7) and one Senior Social Work/DAPO practitioner (only 1.5 of these two posts is currently permanently funded). There is also a Social Work Lead in CAMHS who provides professional supervision to eight of the thirty six Social Work staff within CAMHS the remainder of staff receive professional supervision through their Team Leader or a senior professional lead within their service. In total, thirteen professional Social Work trained staff are providing professional supervision across all adult mental health services (41 in total following the addition of the Lifeline service) to 81 Social Work staff. There is a total of 117 Social Work staff in the programme at this time.

The Acting PSW provides professional Social Work supervision to fifteen staff, nine Band 7 Senior Practitioners, three 8a managers and three Team Leaders. The PSW is also practice assessor to one ASW Programme candidates and in addition delivers ASW supervision to five staff.

The Service currently achieves compliance with the requirements of the Trust's Adult Services Professional Social Work Supervision Policy in regard to provision on a three monthly basis. However this is in most cases offered more frequently as a means to

support developing Social work staff.

Performance Review

The Trust's Staff Development Review (SDR) Framework has been well established with updating of KSF Social Work outlines. This has been adopted and undertaken with all Social Work staff throughout the service with compliance audited through the Divisional Social Work lead and Human Resources (HR). The Trust compliance contributed to the Investors in People awards with compliance at 60% approximately. The SDR process is completed in partnership by operational managers and professional supervisors annually to ensure that the Social Work and social care staff are afforded a holistic, personalised review of their personal and professional development, highlighting good performance and areas for future development and learning. This also takes cognisance of the Professional in Practice framework and mandatory training requirements. Clear objectives for the year enable the staff member to focus on key goals underpinned by evidence-informed, recovery-focused and person centred practice.

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

AYE

There are currently eight Band 5 AYE agency staff in post. They receive one-to-one supervision on a two-weekly basis in conjunction with a Band 7 professional social work supervisor to ensure work is meeting agency and professional standards and to ensure NISCC gateway requirements are met. The supervisor audits and reviews work in terms of agency and professional standards that will demonstrate personal and professional development. Feedback and recommendations are given to provide advice and guidance on improving the quality standards and analysis of information linked to critical decision making. Where issues are identified in regard to the staff members practice, the supervisor will review with the team leader and devise a supervision support plan to meet the staff member's needs and that of the service.

Temporary Social Work Staff

A further four Band 5/6 Social Work staff have been recruited on temporary contracts (back fill for nursing vacancies) and ten agency staff took up posts in the last year. A bespoke induction programme is being developed for primary care and recovery teams which will further support recently updated corporate induction which now runs on a monthly basis to ensure staff have access at the beginning of their employment. The programme will include the Trust's strategic context, child protection and adult safeguarding policy and procedure, statutory functions such as guardianship, carers assessments and MHRTs; MARAC; role of the Social Worker in a multidisciplinary team; Think Family ethos of working; recovery-orientated practice; person-centred planning; training in key therapeutic interventions and accredited post-qualifying development.

The challenge of providing professional Social Work supervision has been improved due to recruitment of two Social Work trained Clinical Services Managers and five Social Work trained team leaders with one further temporary Social Work trained team leader across the service area and a soon to be filled team leader inpatient post. There are currently eleven Band 7 Senior Practitioners within the community mental health teams, with six of these providing professional supervision to other community teams without Social Work Team Leaders.

Work will continue to support and further develop the Social Work profile, representation of Social Work within multidisciplinary teams and the diverse contribution of Social Work to mental health Services.

The Supervision Support Group for the fifteen Senior Social Work practitioner/managers who are providing professional supervision is undertaken quarterly with the acting PSW assuming chairing responsibilities. Focus has been on the development of new team leaders in regard to statutory functions, standard setting, reflective supervision and service development initiatives supported by the balanced scorecard goals such as service user feedback, the reduction of waiting times, improving governance systems, embedding adult safeguarding processes and building a more resilient workforce through reflective practice.

Quarterly Mental Health Social Work Forum

The Social Work Forum has grown in size in the past year due to the introduction of agency and temporary Social Work staff. This has been an opportunity to further enhance learning and development in regard to agency and professionals standards. Each forum has a different focus such as relaunching the use of a social history based on a 'Think Family' perspective, drawing on the strengths of the think family Social Work Assessment Pilot in 2017-2018. The forum has also delivered training by the Social Work development lead on Declaratory Orders exploring good practice and introducing a template for the completion of applications to court, developed by the Social Work development lead which was commended by DLS.

In addition, the service has experienced an increased need to consider the use of Guardianship (with three currently pending transfers into guardianship and one further considered case) in addition to seven current guardianship cases considered for renewal annually. This has illustrated the need for further training to be provided to Social Work staff and work by the acting PSW to develop a template and operational guide to inform staff and ensure consistency across the service area. The Forums continue to embed the unique contribution that Social Work brings to the experience of mental health service users, carers and the public.

Approved Social Workers

There are currently twenty five active ASW's on the day-time rota with 2 additional ASW's pending ratification by QUB and six ASW candidates in training (due pending successful completion to be able to participate on the rota from February 2020). This includes one fulltime ASW to support the demands on the rota and the limited number of ASW's available to participate on the daily rota sixteen slots per month are provided by this member of staff. There is also one agency ASW who provides approximately 5 slots per month.

Approved Social Work Forum

The acting PSW has developed a bespoke ASW Forum which takes place on a bi-monthly basis. It provides a mechanism for the development of ASW practice skills, shared learning, dissemination of policy and legislation, and practice development.

The PSW or an experienced ASW/DAPO provides bespoke 1-1 professional ASW supervision on an eight-weekly basis. Each ASW has face to face supervision at bi-monthly intervals.

	<p>ASW Supports in practice</p> <ul style="list-style-type: none"> ➤ ASW manager co-ordinating the rota daily ➤ Yearly ASW audit – pending appointment of ASW trainer. ➤ ASW risk assessment review arranged currently due to limited ASW cohort due to recent staff leaving posts and to continue focus on ASW recruitment and retention. ➤ Buddying system being considered ➤ NHSCCT model of operation being explored but is not currently operational due to lack of sufficient numbers to operate this model. ➤ Service user feedback being implemented following MHO assessment – QI initiative been planned currently. ➤ Regional ASW forum to share learning and develop practices e.g. documentation, information leaflets. ➤ Current audit of GP availability and impact on service. ➤ Representation on the regional bed management protocol meetings, ➤ DATIX recording of all prolonged assessments or impact on service delivery which has an impact on risk management. ➤ 8a on call out of hours practical support offered by the 8a service rota as and when required. ➤ The regional ASW working group has reviewed the information that is given to the service user and the nearest relative at the point of assessment under the Mental Health Order and this will be utilised on completion by all Trusts to ensure consistency across the service area. The Acting PSW has also reviewed the information provided by the medical records department to the service user and nearest relative at each stage of the detention process. ➤ ASW Training 3 Year refresher training ➤ Bespoke training matrix for ASW staff being developed. <p>See sections 3.3, 3.5-3.7 for further updates on ASW practice</p>
3.3	<p>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).</p>
	<p>Mental Health Service Adult Safeguarding Audit</p> <p>An audit of adult safeguarding processes was undertaken across mental health teams including inpatients, in March 2019. While there were some areas for improvement, the audit illustrated that in 87% of cases, adult safeguarding referrals were appropriately made and detailed, with line manager decision making and in 97% of cases there was a protection plan fully completed or an appropriate alternative response. Completion of significant interview ASP3 was completed in 97% of cases where this was required and ASP4 risk assessment completed in 38% of appropriate cases. The use of ASP4 has been limited and may have influenced the outcomes. This has been addressed through support groups, an aid memoire developed for community teams and bespoke refresher training to be provided this year for mental health teams. The main areas for improvement identified were in regard to confirmation of the capacity of service users on the referral ; details of the alleged incidents including dates/times etc, updating CRA tools; care plans and Paris recording with adult safeguarding investigations/referrals; completion of detailed line manager decision – making; specific actions taken in alternative responses should be detailed more clearly; timescale for completion of adult safeguarding investigation linked to team pressures and capacity; detail included in documentation at times could be improved; evidence of copy of the protection plan being given to service users and being signed by them was unclear; clarity on the</p>

outcomes and future actions, e.g. in GP letters ; more consideration of the completion of ASP7 where appropriate and completion of service users comments including wishes and understanding of plan agreed.

While there is work to be completed in regard to further embedding the regional policy and procedures (2015; 2016), the audit indicated compliance with the majority of processes necessary. Further work will be completed with the implementation of adult safeguarding onto Paris and use of the APP forms which will be undertaken in the months to come. This will also facilitate the implementation of a single integrated gateway for adult safeguarding across the directorate with consistency of documentation and systems being developed across each programme of care.

See LASP report for further detail.

Supervision File Audits

Team Leaders are required to audit two case files during supervision sessions. While Operations Managers retain responsibility for assuring this process, professional supervisors also audit work completed by supervisees to give assurance regarding competence and meeting agency and professional standards. This includes at least two pieces of work at each supervision session, with feedback provided by the professional supervisor. Where concerns in relation to performance/professional competencies emerge, the professional supervisor, in consultation with the team leader and supervisee, is responsible for identifying the necessary actions/supports/timescales to progress requisite improvements.

Audit of ASW requests from GP's for Mental Health Order Assessments

There has been a noticeable trend in requests for assessment under the MHO by GP's to be made in the afternoon or where joint assessments are delayed due to lack of GP availability resulting in assessments increasingly occurring after hours. This has had a significant impact on the delay in assessments taking place which may potentially increase the risks to the service user and others and also reduces the ability of keyworkers to be able to support the GP and ASW during assessments if delays are lengthy and significantly after working hours. Additionally this has had a significant and negative impact on current ASW's whose working hours can span up fifteen hours due to commencing the assessment and conveyance process later, resulting in protracted after hours working. This has an impact on the working arrangements of the ASW, impacts on family life and also on the ASW's substantive post the following day. This has impacted on recruitment and maintaining the current ASW team on the rota.

An audit of ASW requests by GP's was undertaken by the acting PSW from September to December 2018 to quantify the frequency of requests made by GP's later in the daytime impacting significantly on the assessments taking place out of hours. The audit indicated that 15% of all requests for MHO assessment were delayed due to GP availability and 25% of all assessments requested after 3.30pm by GP's which will require ASW's on the day time rota to work after hours. Outcomes identified will be replicated at a regional ASW audit facilitated through the regional ASW forum and will be considered where there are local and regional implications for service delivery.

The Service has continued to explore options to address recruitment and retention pressures in respect of the ASW Daytime Rota with some success although underlying workforce challenges remain significant. This has been further highlighted by workforce planning in regard to the Mental Capacity Act which suggests that ASW recruitment will

need to be a priority. See below and section 9 for further discussion.

Workforce Review

The Service has been reviewing on an ongoing basis, the Social Work workforce and the needs of the service area in regard to the discharge of statutory functions and also in regard to future planning. This has been influenced by the departmental review of recruitment of Social Workers across the region and development of pathways to maintain Social Workers within the HSC workforce. At the recent Social Work Workforce Workshop 14th March which illustrated the key areas where recruitment and career development may be impeded, innovative ways to recruit and maintain staff within the workforce were considered. Consideration was also given to the working environment and job satisfaction in an effort to retain experienced staff.

A further factor is the impact of the roles and responsibilities identified with the forthcoming Mental Capacity Act, which has recently been recommended by the department to be partially implemented by October 2019 in regard to consideration of cases where there may be deprivation of liberty. The acting PSW recently arranged a regional workshop with ASW's and leads from across the five Trusts to consider the Mental Capacity Act draft Code of Practice and implications for ASW's currently trained and their current posts. In summary, the issues of concern in regard to the draft code have been summarised in section 3.8

Further work will be undertaken at the forthcoming Mental Capacity Act workshop in May 2019 to consider the social care workforce requirements which will need a focus on the issue of normative staffing levels to ensure capacity to discharge current and anticipated designated statutory Social Work responsibilities conferred in the Capacity legislation. This will have particular importance if the Act is partially implemented this year.

Recruitment and Retention

The previous year has seen continued difficulty in recruitment of nursing staff into community teams. While this has impacted on teams in regard to professional skill mix this has been an opportunity to increase the Social Work compliment as temporary Social Work posts have backfilled generic vacancies to meet service need with mainly band 5 AYE staff. This has increased the need for increased professional Social Work supervision and increased frequency of supervision for AYE staff.

The recruitment and retention of Band 7 Team Leaders has been a challenge but has improved with the recruitment of five permanent Team Leaders, one acting Team Leader and two clinical service managers all of which are Social Work trained and therefore provide Social Work professional supervision and developmental guidance to Social Workers in community teams. Social Work trained team leaders also have additional responsibilities relative to their non-Social Work peers as they also undertake DAPO and ASW roles. This has been an issue regionally and has impacted on team leader responsibilities. Increased operational demands arising out of the ASW and DAPO roles for team leaders is not sustainable. This is being supported currently by the recruitment of two Senior Social Work practitioners to support the community mental health teams, currently six teams which will be integrated into 4 teams to cover north, south, east and west Belfast. These roles will support team leaders in statutory functions.

Assessment Centres

The Service's Assessment Centre model was developed in 2018 as an innovative approach to service delivery to meet the increasing demands for mental health assessment following GP referral. The service is currently providing 60 slots per week for mental health assessment and 10 slots per week for psychiatric assessment across Belfast with an attendance rate of 70% and a reduction in waiting times. Assessments are provided in a multi-disciplinary model and are based in two Belfast sites, in north and east Belfast. The model is an evidence-based approach, which aims to address waiting list pressures.

The two Assessment Centres have workforce complements comprised of two Band 6 Social Workers, two Band 7 Senior Social Work practitioners (only one currently recruited), four psychiatric nurses, and two co-ordinators located at two sites- Woodstock Lodge and Old See House. The two senior practitioners have responsibility for providing professional supervision to the Band 6 Social Work staff, DAPO role and Think Family considerations.

Think Child, Think Parent, Think Family Strategy

The Think Family Social Work Assessment (TFSWA) pilot commenced in January 2017 to March 2018. The model seeks to deliver improved services and supports to families in which a parent has mental health difficulties with the aim of reducing the potentially negative impact of parental/carer mental illness on children through holistic assessment of the individual family members within a collaborative, inclusive, multi-professional and multi-agency assessment tool and enhanced 'family support plans' underpinned by 'The Family Model' (Falkov 2012).

The outcomes of the regional pilot (of which the Trust completed over half of all assessments) were significant and illustrated key themes from feedback from service users and carers;

- 83% advised they had better understanding of the impact of their illness on child and family.
- (92%) of respondents, also perceived that the family conversation had improved relationships with children and other family members
- In (92%) adults indicated satisfaction with family focused practice.
- In (62%) of adults, the family conversation had helped increase understanding of cultural and community influences.
- MDT feedback was very positive in promoting family conversations and understanding between family members regarding mental illness.

The outcomes of the pilot have been far reaching and have fuelled the development of several other projects as follows,

1. A Think Family symposium held 17th May 2018 hosted by Queens University Belfast and the Health and Social Care Board which focused on international examples of family focused practice of which the TFSWA pilot was featured as an example of practice and as part of an international study. The acting PSW presented on the regional outcomes of the TFSWA pilot and in regard to use of 'The Family Model' (Falkov 2012) within the Trust. This is further supported by the Champions model and by the four champions who have been trained in use of 'The Family Model' by Dr Adrian Falkov.

	<p>2. The PSW has also written a submission to the Journal 'Advances in mental health' which is being considered for submission in the special edition journal 2019 in regard to Family Focused Practice. The article is based on the findings of the regional TFSWA pilot and the benefits for family focused practice.</p> <p>3. The Acting PSW will be attending an international conference in OSLO conference 'it takes a village' in May 2019 to present the findings of the TFSWA regional pilot based on the findings of the research. This is an opportunity for the Trust to demonstrate their commitment to the 'Think Family' ethos, how this has been embedded into practice and how this model can demonstrate significantly positive outcomes for families without significant resource implications.</p> <p>4. The Family Model (TFM) e- learning – so that TFM can be accessible to all staff working with families, in conjunction with the HSCB, filming of TFM based on real sessions undertaken with champion staff who were involved in the pilot will take place on the 7th May 2019. One of the champions from the Trust will be a participant in the filming based on real case studies. This will then be used as educational material and accessible through the leadership platform to enable training of staff in use of the model at beginners, intermediate and advanced levels. Again the Trust is fully participant in this exciting venture and in evidence informed practice.</p> <p>5. A Think Family audit being undertaken by QUB on behalf of HSBC of team files in mental health and addictions services is in the process of being completed in the Trust. This is part of a regional audit of how the 'Think Family' approach has been embedded into practice in regard to family focused approaches to working with families. The outcomes will be shared regionally.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>The Service interfaces with a number of other statutory agencies in relation to the discharge of its statutory functions responsibilities. These include:</p> <p>NISCC The Service continues to remain compliant with NISCC's registration requirements pertaining to the social care workforce, and work actively to ensure the Trust and its workforce meet NISCC requirements for Standards of Practice and Conduct.</p> <p>RQIA The Service Area continues to comply with required reporting of all notifiable incidents in accordance with regulations, also working in partnership with RQIA to address concerns and/or seek clarification on statutory functions where required.</p> <p>The Service complies with recommendations emerging from RQIA inspections of regulated services. A recent inspection of inpatient wards within the Trust indicated good adherence to the Adult Safeguarding Operational Procedures (2016) by inpatient staff and in regard to procedure being followed during DAPO co-ordination of investigations.</p> <p>The Director of Social Work updates RQIA in relation to the appointment of ASW's</p>

within the Trust, guardianship applications, transfers and renewals, application to the MHRT as well as automatic application for MHRT as required.

Declaratory Orders

Consistent with NISCC standards and RQIA advice, the Trust has worked in [REDACTED] attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. In the last review period, the Trust has sought and withdrawn one Declaratory Order application, with a further two applications currently pending.

PHA

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

The Drug Outreach Team is a PHA-funded service providing an outreach function targeting 'hard-to-reach' injecting drug users, with the aim of encouraging harm reduction approaches to drug misuse and facilitating engagement with Tier 3 services to provide Oral Substitution Therapy. The service has continued to focus on the needs of this vulnerable and at risk service user group with particular focus on adult safeguarding with an increase in referrals in regard to service users at risk of sexual violence in the context of drug misuse. This will be kept under review with a view to considering how interface agencies can best meet the needs of service users, particularly close working relationships with community policing.

Further transformational funding has contributed the inclusion of health care services in the development of a Homeless Hub at Townsend street nearby the Welcome Centre. It is envisaged that this will be a multi-disciplinary resource with a 'one stop' access to a range of support advice and physical care services for the homeless community with the aim of enabling those who are most vulnerable to achieve health and stability in improving their quality of life. Currently premises have been secured and a band 6 nursing post with a view to a Band 7 senior Social Work Practitioner post.

Other Statutory Services

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

3.5	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>➤ <u>Approved Social Work</u></p> <p>Recruitment and Retention</p> <p>There is a continued challenge in recruiting and maintaining ASW's on the daytime rota. While numbers have increased due to the Trusts commitment to training six ASW's per year, there has been a loss of six ASW's during the reporting period due to planned retirement (1); the demands of the role (3); and due to promotion and staff moving post (2). Recruitment of ASW candidates has also proved challenging due to the impact of lengthy and unpredictable working hours as a result of limited resources (GP, ambulance, police and beds). The Service is taking forward the development of data collation, management and analysis on PARIS as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity. This will aid current and future workforce planning regarding the ASW service.</p>	<p>Development of a full time ASW who completes sixteen slots per month and an agency ASW staff member provides five slots per month on the rota which has substantially enhanced the ability to cover the daily rota and provide assurance of the Trusts ability to deliver statutory functions.</p> <p>There are currently twenty five ASWs maintaining the Trust's Daytime Rota with two additional ASW's pending ratification by QUB and six ASW candidates in training (due pending successful completion to be able to participate on the rota from February 2020).</p>	<p>The Daytime ASW Rota is reviewed yearly under the risk assessment framework within the Trust Governance department. This is being reviewed currently as there have been six ASW's who have left the day time rota in the last year due to various reasons which has impacted significantly on the SW cohort. This may necessitate the ASW service being again added to the Trust risk register following removal last year due to improvements in service provision.</p>

	<p>Two further ASW's will be leaving the rota in the next few months due to commencing new posts. There are three ASWs on the Rota per working day and, as required, there is a need to increase this number when more than three assessments are taking place simultaneously.</p> <p>Mental Capacity Act The Draft code of Practice for the Mental Capacity Act identifies key statutory roles for ASW which entail a significant extension to the current roles under the Mental Health Order. Therefore profiling of future ASW numbers in this context is a priority with the need for representation across all key programmes of care given the brevity and scope of the Act.</p>	<p>For the third year the Trust has funded six ASW candidates per year to enhance the current ASW cohort. Three candidates successfully completed the Programme in the reporting period, with two pending ratification and one to resubmit in September. The Trust will continue to fund six places per year.</p> <p>The Trust has continued to engage in the regional consultation processes linked to the development of Regulations, guidance and policy related to the implementation of the Mental capacity legislation. The Trust in partnership with the Norther Trust recently convened a regional ASW group to consider the draft code of practice and regulations to provide feedback to the department. This will also inform the forthcoming Mental Capacity Act workforce planning on the 2nd May. The potential breadth and scale of the legislation across all services, the substantial logistical and organisational challenges in respect of workforce training delivery, service delivery processes and governance structures will be reviewed following this consultation.</p> <p>Following significant difficulties in securing</p>	
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	<p>Acute admission beds There remains ongoing challenges for ASW staff due professional, logistical and organisational demands of the role. Working alone/autonomously, co-ordinating increasingly complex situations further exacerbated by limited GP, police and ambulance availability, and at times there continues to be limited bed availability.</p> <p>The regional bed protocol can add to delays in waiting for a consultant to consultant agreement on out of area admissions which are increasingly common due to limited bed availability. During delays the ASW has to support acutely unwell service users, at times where there can be risks to staff and others while also supporting often concerned and frustrated family members.</p>	<p>inpatient admissions in the last reporting period, a new model has been developed by the Trust on all admissions to adult psychiatry wards called PIPA (Purposeful Inpatient Admission). The model is based on the Toyota production business model and aims to chart the patients admission from day one with the aim of planning discharge by reviewing all patients daily and reporting on outstanding actions at the 'report out' this is consolidated with a Formulation meeting within three days of admission. This has improved the admission process with a reduction in bed occupancy resulting in more bed availability and resulting reduction in prolonged assessments for ASW staff and patients.</p> <p>The Acting PSW attends the regional bed management group to participate in action planning regarding bed management regionally.</p> <p>Following a temporary suspension of the Trust established Multi-Agency Working Group due to changes to senior management, this group has recently reformed. This includes representation from PSNI, NIAS, GPs/ Primary Care, Acute Hospital Services and Mental Health</p>	
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	<p>Length of time to complete ASW Assessment</p> <p>The time scale for completed assessments remains similar to last year, approximately 7 hours on average. Key delays in assessment and conveyance remain the same in regard to GP limited availability to react to assessments when requested, reduced prioritisation when ambulance requested, police use of interagency protocol (2017) has continued to impact on police assessment of the need to assist in assessments and bed availability. The latter has been further impacted on a reduction in admission to Muckamore Abbey Hospital thus requiring the admission of service users with learning disabilities who require admission to adult psychiatric beds.</p> <p>In addition, the recent audit of GP requests for Mental Health Order assessment indicated that 15% of all assessments were delayed due to reduced GP availability to attend an assessment when requested and 25% of all assessment requested after</p>	<p>Services, to provide a forum to promote collaborative interagency practice under the Mental Health Order.</p> <p>A recent regional bed pathway for learning disability patients has been developed while this is welcome it has not improved delays.</p> <p>As part of cross-Divisional efforts improvements in interface working, the acting PSW will deliver training on the role of the ASW within MHO assessments to Emergency Department staff. This has been delayed in provision due to a lack of mental health trainer. This will be provided by a social work consultant in conjunction with medical staff</p> <p>The Service is taking forward the development of data collation, management and analysis on PARIS as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity.</p> <p>The Regional ASW forum will continue to review patterns in MHO activity and practices to ensure that service delivery is</p>	
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	<p>3.30pm resulting in ASW's working after hours.</p> <p>Conveyance to Hospital The Regional Interagency Protocol on the Operation of Place of Safety and Conveyance to hospital under the Mental Health Order (1986) (2017) provides the current operational framework for PSNI attendances at ASW-managed admissions for assessment.</p> <p>Demands on ASW workforce The cumulative impact of these demands on the ASW workforce give rise to significant reduced role satisfaction and challenges in recruitment and maintaining staff on the rota. Engagement with staff members, staff side and professional representatives, the Service is seeking to further services and supports to ASW staff in this complex and challenging role.</p>	<p>meets the needs of service users and carers with assessment of the impact on staff and service provision.</p> <p>The Department has requested a review of the Protocol in light of the issues associated with PSNI capacity and attendance referenced above</p> <p>ASW Provisions;</p> <ul style="list-style-type: none"> ➤ Memorandum of Understanding between RESWS and BHSCT: Due to the increase in prolonged assessments under the MHO due to issues aforementioned, the agreement enables day time and RESWS ASW's to hand over assessment to each other where timescales for assessment are extended beyond reasonable working hours. This has been in place since May 2018 which has been successful where there is availability in each service. ➤ ASW Supervision: each ASW has 	
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		<p>face to face supervision at bi-monthly intervals, ASW forums run bi-monthly, multiagency interface meeting being reconvened, service user and ASW feedback on service development and supports being implemented.</p> <ul style="list-style-type: none"> ➤ ASW Supports: ASW manager co-ordinating the rota daily ➤ Yearly ASW audit – pending the recruitment of the co-ordinator ➤ ASW risk assessment ongoing review. ➤ Buddying system being considered ➤ NHSCT model of operation being explored but is not currently operational due to lack of sufficient numbers to operate this model. ➤ Service user feedback being implemented following MHO assessment – QI initiative been planned currently ➤ Regional ASW forum to share learning and develop practices eg documentation, information leaflets. ➤ Current audit of GP availability and impact on service. ➤ Representation on the regional bed management protocol meetings, ➤ DATIX recording of all prolonged assessments or impact on service 	
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	<p>ADULT SAFEGUARDING</p> <p>The referral numbers for 2018/2019 were 825. This is an increase of 20% from levels recorded during the preceding year. Completed investigations during the reporting period were 41. This is also an increase of 10% on the previous year's figures. Protection Plans 417, an increase of 15%. Joint Protocol 10, a decrease of 50%. ABE interviews 3, a decrease of 70%</p> <p>The Adult Safeguarding Policy has identified the Designated Adult Protection Officer (DAPO) role as a Band 7 senior practitioner or a Social Work Manager. There have been continued demands upon a limited pool of Band 7 Social Work staff within the Service arising out of limited</p>	<p>delivery which has an impact on risk management.</p> <ul style="list-style-type: none"> ➤ 8a on call out of hours rota support offered if and when required for practical issues. ➤ ASW Training: three year refresher training, training sessions at ASW forum, ASW supervision, bespoke training matrix for ASW staff being developed ➤ Bespoke mental health adult safeguarding training developed and provided to new staff. ➤ Refresher training to existing staff with focus on completion of documentation and recording skills. ➤ IO/DAPO support groups ➤ Aid memoire developed to aid completion of safeguarding documentation by MH ASG team ➤ Meeting with staff side and divisional social work and nurse leads to improve understanding of the IO/DAPO/ line manager roles ➤ Development of single integrated referral gateway across the directorate ➤ Implementation of APP forms onto 	
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	<p>number of designated Social Worker and Senior Social Work practitioners within teams to take on the role. There has also been an increase in adult safeguarding activity and their related ASW and operational management duties are unsustainable.</p> <p>At present there are 14 DAPOs delivering the role into forty one services, with the most substantial remit carried by the Adult Safeguarding Team providing DAPO support to twenty-three services.</p> <p>For the nine ASW trained DAPO staff the role also includes;</p> <ul style="list-style-type: none"> ➤ The provision of advice and guidance to staff (all professions) and outside agencies on safeguarding issues. ➤ Liaison with the PSNI regarding whether investigations should be single agency or joint protocol managed. ➤ The provision of Social Work professional supervision to Social 	<p>Paris across the service area to improve governance arrangements and to aid data collation.</p> <ul style="list-style-type: none"> ➤ It has been agreed that an *a lead for ASG is required, a job description will be developed and it is hoped that the post can be advertised in the next number of months. 	
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	<p>Work staff who have a non-Social Work operational manager.</p> <ul style="list-style-type: none"> ➤ Practising as ASWs on the Daytime Rota ➤ Practice Assessors for ASW Programme. ➤ MARAC lead role and collation of adult safeguarding data returns. <p>There continues to be challenges in the embedding of adult safeguarding awareness and practice knowledge, particularly in those services in which there is no current Social Work, these are as follows;</p> <ul style="list-style-type: none"> ➤ Refusal of band 6 nurses to undertake IO training. ➤ Completion of documentation to Trust standards in regard to appropriate content ➤ Understanding of the role of the IO ➤ Further embedding understanding of alternative responses ➤ Further development of line manager decision making ➤ Completion of documentation within timescale due to prolonged reduced team capacity. ➤ Workforce planning also needs to be cognisant of parallel responsibilities 		
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	for Band 7 social work staff in the context of adult safeguarding duties, ASW role and Team Leader functions.		
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3.8	<p>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.</p>
	<p>Vacancies Currently there are six Band 6 temporary social work vacancies due to secondments, two permanent Social work vacancies, and two permanent team leader vacancies with the permanent PSW post to be recruited imminently. All these posts are currently in a recruitment process but there are delays evident in the recruitment processing systems outside of Trust control. Vacancies can create instability within teams, and with a significant number of expressions of interest currently, the focus within community teams is to fill positions permanently.</p> <p>The challenge of recruiting into Social Work positions both locally and regionally was explored at the Social Work Strategy: Workforce Workshop on the 14th March 2019. The focus was on processes used in recruitment systems, competition between Trusts in recruiting from the same pool of applicant, difficulty in retaining staff in positions due to the high number of temporary posts and number of Social Workers who prefer the flexibility of agency working which can result in a high staff turnover and impact on service consistency and stability. The OSS Workforce Data based on 2018-2019 OSS statistics was explored in workgroups focused on Succession Planning, Agency and AYE Working and scoping the structural issues that need to be addressed to increase regional consistency for the future workforce.</p> <p>The OSS will analyse current trends and implementation issues to make recommendations that will shape the future workforce and action Social Work Strategy outcomes. The issues of limited protected posts/normative staffing for Social Work was also highlighted in the context of the Mental Capacity Act implementation.</p> <p>Social Work and Team Leader Recruitment and Retention Fortunately the service has supported Social Workers to take up team leader positions in five community mental health teams (including drug outreach team) which has bolstered the Social Work development and prioritising of delegated statutory functions within teams. This was supported by negotiations with staff side representatives in the previous reporting year in securing two of the Service Team Leader posts to be designated Social Work posts. This will provide much needed professional supervision and DAPO capacity. This was further supported by the recruitment of two temporary Clinical Services Managers who are both Social Workers to support the team leader role, Social Work delegated statutory functions and service development.</p> <p>It has been acknowledged that the team leader role for Social Work trained managers is challenging as in addition to the Team Leader responsibilities, (incorporating line management and professional supervision), they are required to undertake the DAPO role and also participate on the ASW Daytime Rota. This is a regional issue, profiled as a workforce priority in the regional Workforce Social Work Strategy.</p>

The Service management structure of community mental health has been redesigned during the reporting period to provide further support to primary and recovery teams. The structure of those teams providing front line assessment and interventions to service users within the service area is being reviewed to provide a model of care that targets need effectively, is responsive and timely, recovery and service user focused and accessible to service users and carers.

A focus of the review process will consider the skill mix within teams and further consideration to the need to protect posts to ensure current and future service needs in regard to delegated statutory functions can be met for example in regard to MHRT provision, IO and DAPO roles, professional supervision and developing ASW candidates. There is a pressing need to establish a robust workforce planning approach to ensure sufficient Social Work capacity to discharge bespoke statutory functions and to contribute to a range of core skills and knowledge essential to the delivery of safe, qualitative, evidence based, co-produced services.

MHRT Social Circumstances report requests

The last reporting period has seen an increase in requests for tribunals to be heard within the assessment period (6 within the reporting period). This has been a trend in recent years. In the context of the volume of service delivery demands, this can be a pressure on involved Social Work staff to complete the necessary report in adequate detail within the specified time-scale. Good practice guidance requires the report is lodged with the Mental Health Review Tribunal (MHRT) two weeks prior to the Tribunal hearing, which is not feasible within the 14 day assessment timescale.

Approved Social Worker Service Provision

The Service has outlined the major workforce challenges, which are impacting on the delivery of the ASW Daytime Rota and its ongoing efforts to address recruitment and retention of ASW staff in the short and longer-term. Please see 3.2, 3.3, 3.5-3.7 above.

Mental Capacity Act (2016)

The draft Code of Practice for the Mental Capacity Act issued in December 2018 details significant roles for Approved Social Workers. These roles include:

1. Making a short-term detention authorisation;
2. Consultation where a nominated person objects to a short-term detention authorisation;
3. Membership of Trust panels that will authorise;
 - a. Treatment with serious consequences where the nominated person objects;
 - b. Detention amounting to a deprivation of liberty;
 - c. Attendance requirements;
 - d. Community residence requirements

As previously discussed, the Acting PSW had arranged in partnership with the

	<p>NHSCT, a regional ASW workshop on the 16th April 2019 to enable ASW's across the five Trusts to explore and review the draft code of practice and regulations in consideration of the impact on their current role as ASW and also in consideration of the future requirements of the role with extended responsibilities. Key themes emerged which inform a regional Mental Capacity Act Workshop being held by the Department on the 2nd May 2019;</p> <ol style="list-style-type: none"> 1. Emergency interventions: completion of statement of incapacity, request for emergency assessment for intervention and process, guidance on the process of disregarding Safeguards in an emergency. 2. Short-term detention authorisations: Sequence of short term detention process, completion of Capacity assessment and best interests, where assessment will take place, definitions for example POH, POSH and 'the meaning of liable (to be detained)' in different contexts, definitions of Prevention of harm and type. 3. Legal Power to convey, use of Warrants, process of application and documentation and in what circumstances can these be used. 4. ASW report completion and governance arrangements. 5. Trust Authorisation Panels: planning in regard to operationalisation, extent of the ASW role on the panel, responsibility for making applications to be clarified. 6. Review Tribunals: process for applying to a tribunal roles and responsibilities for practitioners, legal supports. 7. Need for dual training of ASW's on both pieces of legislation. 8. Training timescales and resource implications given current challenges to ASW recruitment and retention of staff.
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	<p>Residential & Nursing Homes Charging – The Trust operates in accordance with the DHSSPS April 2015 Charge for Residential Accommodation Guide (CRAG) to determine charges. Updated guidance has been circulated to staff.</p> <p>Home Help Service – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service The Trust does not currently require service users to contribute for assessed domiciliary services.</p>
3.10	Social Workers that work within designated hospitals. Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>Currently the Hospital Social Work team is made up of five Social Workers and one discharge co-ordinator. At the time of reporting there has been one long term permanent vacancy of the discharge co-ordinator (soon to be filled) and one Social Work post vacancy. The service is provided at each of the current hospital sites, the Mater (three wards) and Knockbracken Healthcare</p>

	<p>Park (Avoca, Rathlin, Clare and NRU) however the new acute inpatient centre at City hospital site is due to open on the 20th June 2019 where all wards will be relocated to one site. This will provide significant benefits for service users and carers with accessibility to major transport routes and will also remove the need for service users to be transferred between sites should they require psychiatric intensive care. The facilities are of a high standard providing service users with individual rooms, surrounded by gardens to aid their recovery with family contact room for each ward and various therapeutic activities on site.</p> <p>Social Work has advocated for the role within the multi-disciplinary context particularly within the PIPA framework. Social Work is a core function of the hospital MDT with specific roles in relation to all new patient admissions to the service. Key Social Work interventions are;</p> <ul style="list-style-type: none"> ➤ Formulating a social history with the service user and their carers, ➤ Developing service user's treatment and care plans ➤ Co-ordinate links with other statutory agencies e.g. children's services, probation, physical disability services, care management, and also community services. ➤ Wellness Recovery Action Planning (WRAP) ➤ Carer and young carer assessments ➤ Think Family ethos (participation in the completion of the TFSWA pilot in the last reporting year) ➤ Adult safeguarding referral and investigation – completion of the IO and DAPO roles by the hospital Social Work team. ➤ Delegated statutory functions in regard to MHRT completion, guardianship and liaison with children's services. ➤ Family and carer liaison and consultation ➤ Discharge and contingency planning to include care management referral and accommodation planning ➤ Psychosocial interventions and use of models to underpin relational working with service users and carers to promote a recovery based person centred approach to care and self- determination. ➤ Trauma informed practice for example signs of safety and Adverse Childhood experiences. ➤ For those service users already known to a community Social Worker, hospital Social Work staff will liaise with community services to manage service delivery continuity across the discharge pathway. <p>Currently the acting PSW is contributing to the inpatient review of role of Social Work within the MDT along with other professional leads to consolidate key interventions within the hospital environment and to agree outcomes based measures. This will ensure that outcomes for service users continue to be tracked and there is a benchmark to demonstrate the unique contribution that Social Work makes to the acute inpatient experience.</p>
3.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	<p>The principles and ethos of a Human Rights approach is of central importance to all aspects of Social Work and Social Care interventions. It is the foundation upon which we base all aspects of care, support, advice and</p>

professional practice. In ensuring that a Human rights based approach remains pivotal in all aspects of care and governance arrangements, it is necessary to review and ensure adherence to both Trust roles and responsibilities in terms of person centred, recovery focused interventions based on a partnership approach in meeting the needs and rights of Service Users, carers and families in ensuring timely, appropriate and effective access to service provision.

Consolidation of a human rights approach is integrated into all aspects of Social Work practice in several ways;

Discharge of statutory functions

Mental Health Order Assessments

The use of statutory powers under the Mental Health Order is mandated only in those circumstances in which, following rigorous application of the Mental Health Order, there is a significant risk of harm to the individual or others thus necessitating compulsory powers to be used which are proportionate and lawful. Such assessments take place where there is no alternative options available that can safely provide the level of care required for the Service User and the least restrictive option has been explored. In such complex situations, it remains necessary for the ASW to remain cognisant of their roles and responsibilities in working in partnership with the Service User. It is necessary to be transparent where this is possible and to uphold the dignity and respectful treatment of Service Users in all situations where this is not contrary to the safety of the Service User and others.

Monitoring of ASW practice is undertaken in professional supervision and professional responsibilities and good practice standards are reiterated at the ASW forums that take place bi-monthly which have a human rights focus. In addition, ASWs are required to undertake refresher training every three years and to undertake at least 2 assessments per year to maintain their ASW registration. ASW reports are also reviewed at professional supervision to ensure that professional and Trust governance standards are met alongside ensuring that any interference with the Service Users Human Rights have been clearly explained and evidenced in regard to proportionate and lawful practice.

The Service User and nearest relative have the right to appeal a compulsory admission to hospital via the mental health review tribunal which ensures that the Service Users human rights are enforced particularly in regard to Article 5, article 6 and article 8 of the Human Rights Act (1998). Consideration of Guardianship also follows this ethos.

Declaratory Orders

Consistent with NISCC standards and RQIA advice, the Trust has worked ■■■■■ in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. In the last review period, the Trust has sought and withdrawn one Declaratory Order application, with a further two

applications currently pending.

Deprivation of Liberty

Human Rights considerations are central to professional decision-making. Documentation co-produced with Service Users in regard to the Regional Mental Health Care Pathway illustrates partnership and joint ownership of equality and ethically based assessment and service provision. Reports linked to the discharge of statutory functions involving restrictions of personal liberty must be explicitly justified and evidenced in terms of practice and regulated. Any Deprivation of Liberty must be explained, recorded, reviewed and shared with the Service User, All statutory agencies such as RQIA, and reviews undertaken by the MDT with family members must explicitly explain and address those situations where a deprivation of liberty is of absolute need to maintain the safety of the Service User and/or others.

Specific training is provided in relation to the Human Rights implications of the use of the Mental Health (NI) Order 1986 i.e. compulsory admission to hospital for assessment and treatment, applications for and renewals of Guardianship, MHRT and referrals to the Office of Care and Protection. Training for all Social Workers on preparation for and presentation at a MHRT including a focus on the Human Rights Act (1998) was provided in training at the Social Work Forum on the 7th June 2017. This is also addressed through mandatory training within the Trust and mandatory 3 yearly ASW renewal training.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>The use of compulsory powers under the Mental Health (NI) Order 1986 requires balanced consideration of the criteria for assessment, representation to the mental health review tribunal, application for and renewal of guardianship and undertaking the ASW role in the Supervision and Treatment Orders to be fully interpreted with reference to the Human Rights Act (1998). Adherence to both pieces legislation needs to ensure that actions taken are lawful, necessary and proportionate.</p> <p>This is also applied to increasing applications made to the court in respect of Declaratory Orders where deprivation of liberty requires court directed interventions.</p> <p>There are implications for the balancing of rights with the proposed partial implementation of the Mental Capacity Act recommended by the Department by October 2019. Current legislation does not</p>	<ul style="list-style-type: none"> ➤ Provision of training session in respect of guardianship and Declaratory Order application at social work forums within the reporting period and last year in regard to MHRT training. Also the provision of training on disability discrimination Act. ➤ Mandatory training matrix is being updated for all mental health services in conjunction with the acting PSW which will highlight all corporate workforce training including human rights training. ➤ Champions Model continues to grow. Each quarterly meeting (four per quarter) has encouraged ongoing attendance by champions across the service area adopting a think family ethos of inclusion, family recovery, advocacy and a rights based approach to holistic intervention with families. ➤ Ongoing emphasis on learning from practice experience and sharing of knowledge through attendance at ASW forums (bi-monthly) and Social Work 	Ongoing work as detailed

	<p>make provision for current consideration of deprivation of liberty, hence the new legislation is welcome. However, there are significant resource, financial, operational and training implications for the Act to be implemented and further guidance is required to action this regionally.</p> <p>Balancing of service user Article 2, 3, Article 5, 6 and 8 rights, and statutory duty to safeguard adults at risk of harm and in need of protection.</p> <p>Consent to make a referral and to share information during investigations require a partnership approach based on transparency and openness in enabling service users to understand the duty of the Trust in reporting crime. This can be a difficult process where the service user does not wish to make a complaint. While IO's are guided by the Adult safeguarding policy and Procedures (2016), further work is being undertaken in conjunction with the training team to enhance IO/DAPO/line manager decision making with regard to thresholds and criteria for considering situations where consent is overruled in the interests of public safety.</p>	<p>forums (quarterly) to enhance decision-making, risk analysis and interpretation into recovery based action planning with service user participation, human rights focus based on dignity, respect and advocacy for service users and carers to fully participate in decisions regarding their lives in this complex area.</p> <ul style="list-style-type: none"> ➤ Provision of quarterly DAPO and IO support groups to share learning and to disseminate practice developments in regard to further embedding a rights based approach to adult safeguarding investigation. ➤ Bespoke mental health DAPO and IO refresher training is being developed with a focus on decision making skills and recording of investigation documentation. ➤ Ongoing training with regard to MARAC and PPANI processes. ➤ Mandatory corporate data protection training. ➤ Use of Best Interests toolkit developed by the Trust training provided at the social work forum. ➤ Continued consideration for the need for applications to High Court in those cases where significant deprivation of 	
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		<p>liberty is identified pending Mental Capacity Act Legislation. [REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none">➤ Regional ASW meeting undertaken to consider the implications of the Mental Capacity Act for the ASW role. This will contribute to the feedback provided to the Mental Capacity Act Reference Group and workforce planning workshop.➤ Engagement with and participation of carers/extended family in all circumstances where a deprivation of liberty is identified.➤ Engagement of independent patient and carers advocacy.➤ Adherence to Adult Safeguarding Policy and Procedures.➤ Engagement with the service user to establish their wishes. If lacking capacity, use of Best Interests framework to facilitate multi-disciplinary decision-making.	
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3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<ul style="list-style-type: none"> ➤ Recruitment of Senior Social Work practitioners and Social Work managers – to support the delivery of statutory functions in community teams, there have been 5 Social Work trained team leaders appointed, two Social Work trained Clinical services managers and six Senior Social Work practitioners being trained per year across the directorate in adult services with the ASW training. ➤ Memorandum of Understanding – close working relationships with ASW managers within RESWS and the day time rota has developed this agreement which serves to support ASW in both services where there are prolonged delays in conveyance of a service user who requires assessment under the mental Health Order. This agreement has fostered closer working relationships between both services and ensures a seamless service for service users and carers while supporting ASW's to undertake a role that can oftentimes lead to excessively long working hours impacting on substantive post. ➤ Regional audit of GP response times and ASW requests will serve to inform the development of services particularly in regard to the forth coming Mental Capacity Act. ➤ Adult Safeguarding Audit - A recent service adult safeguarding audit indicated 87% compliance with the regional operational policy with recommendations in regard to completion of adult safeguarding referrals and 97% adherence in completion of protection plans. In addition, there has been increased use of alternative response in regard to safeguarding actions which indicates an improvement in understanding of thresholds. Areas of improvement continue to be focused on recording detail, accuracy of information, line manager decision-making being completed clearly and in detail and updating of recording systems with safeguarding outcomes. This will be further supported through bespoke refresher training to be provided to IO's and DAPO's and line managers in regard to the recording on adult safeguarding documentation and will further support quality assured standards with the implementation of safeguarding recording onto Paris. ➤ The Service continues to promote and embed the Think Family ethos. This is through a variety of methods such as continued use of The Family Model (Falkov 2012) and forthcoming pilot to further adopt use of the model within children services (by the Social Work development lead), adopting principles of Think Family in the social history template, presentation at the Think Family Symposium and conference in Oslo 'It Takes a Village' whereby the acting PSW will present the regional pilot and case study from the pilot at the conference to highlight the outcomes of

	<p>this successful piece of research. The acting PSW has also submitted an article based on the regional pilot to the 'Advances in Mental Health' Journal for consideration for submission. The Champions Model continues to expand with seventy seven champions across children and mental health services and more recently learning disability services and in embedding Think Family practice across both Services.</p> <p>The Recovery College Awards</p> <ul style="list-style-type: none"> ➤ 2018/19 Belfast Recovery College awarded a CPD 2018 accreditation mark (UK wide) in recognition of its excellence of ethos and education, which gives CPD, points to courses. The College is first in N. Ireland to achieve this and the second Recovery College in the UK to achieve this mark. ➤ 2019/20 All Ireland Aontas Star Award Winners 2019 – Large Organisations – Adult Learning Initiatives that Support Health and Wellbeing for making an outstanding contribution to adult learning in this field. We are the first Recovery College North and South to receive this Award. ➤ 2019/20 CPD Provider of Training Excellence Award 30.4.2019 The Award is a Quality Award as a Centre of Training Excellence from the CPD Standards Office (UK based). CPD means Continuing Professional Development. Accreditation is given to Colleges of learning UK wide from this Awarding Body. <p>This accredits the full Recovery College. Student one to one feedback, tutors, paperwork, qualitative and quantitative data are assessed. If successful, we are the first Recovery College UK wide, North and South to receive this quality kite-mark of education excellence.</p> <ul style="list-style-type: none"> ➤ The Recovery College now has 1707 students and has grown from strength to strength as demonstrated by the awards above. ➤ Homeless Hub - Further transformational funding has contributed to the inclusion of health care services in the development of a Homeless Hub at Townsend Street nearby the Welcome Centre. It is envisaged that this will be a multi-disciplinary resource with a 'one stop' access to a range of support advice and physical care services for those individuals who are homeless with the aim of enabling those who are most vulnerable to achieve health and stability in improving their quality of life. Currently premises have been secured and a band 6 CPN post with a view to a Band 7 Senior Social Work Practitioner post.
3.16	SUMMARY
	<p>There are several areas that remain as a priority in terms of service targets;</p> <ul style="list-style-type: none"> ➤ Recruitment and retention of ASWs for the daytime rota and

	<p>operational pressures associated with interfaces that impede completion of assessment, for example, bed availability and the frequency of dependency on out of area beds.</p> <ul style="list-style-type: none">➤ Continue to support increased recruitment and retention of band 7 Social Workers into the roles of SSWP and team leaders across the mental health service to increase Social Work representation in multidisciplinary teams.➤ Continued need for support of teams on processing adult safeguarding referrals due to the lack of DAPOs in situ and need to further strengthen the investigating officer role within teams.➤ Creative exploration of options to improve Social Work workforce planning and improving capacity within the Service particularly in relation to ASW recruitment and retention particularly in relation to the requirements indicated by the Mental Capacity Act and ongoing consideration of the duality of ASW and DAPO roles within community mental health teams.➤ Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings- an immediate focus on ASW and adult safeguarding.➤ Progress of the assessment centre in conjunction with current planning for reintegration of community mental health teams in the forthcoming year to improve service delivery based on the right time in the right place and right person ethos.➤ An increase in designated Social Work staffing levels in the Mental Health Service to improve skills mix and to prepare for future demands in meeting delegated statutory functions.➤ Planning for the transfer of inpatient services to the new acute inpatient centre at the city Hospital site which will provide accessible, central, consistent care to inpatients on the one site.
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Programme of Care / Directorate:- Learning Disability Services

3.1	Named Officer responsible for professional Social Work
	<p>In the reporting year, Ms Rhoda McBride has discharged the role as Associate Director of Social Work and then as Divisional SW in Learning Disability.</p> <p>The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service.</p> <p>The Divisional Social Worker is responsible for:</p> <ul style="list-style-type: none"> ➤ The professional leadership of the Division's social work and social care workforce. ➤ The assurance of arrangements for the discharge of statutory functions relating to the delivery of statutory social care services by the Divisional workforce as detailed in the Regional Scheme of Delegation. ➤ The provision of expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions. ➤ The establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work. ➤ The establishment of arrangements and ongoing responsibility for the completion of the Divisional Interim and Annual Statutory Functions Reports. ➤ The establishment of arrangements to facilitate the completion of other reporting requirements (both internal and external) relating to the discharge of statutory functions. ➤ The establishment and assurance of Divisional arrangements to ensure the social work and social care workforce's compliance
3.2	Supervision arrangements for social workers
	<p>The service area had 6 agency AYE staff during the reporting period. One of these staff successfully completed their Assessed Year in practice within the service area. They all received a robust induction including orientation to the service area, opportunity to shadow staff, mandatory training and familiarisation with relevant policies/ procedures. In compliance with the Regional Guidance for Registrants and their Employers, NISCC July 2010 the AYE staff received professional supervision on a fortnightly basis. They have a protected caseload, which is regularly reviewed at supervision.</p> <p>Professional SW supervision to AYE staff ensured their training and development needs were identified and addressed. It also provided regular opportunity for staff to reflect on their practice in a safe and supportive environment. Constructive feedback forms part of each supervision session following regular audit of records against agency standards and procedures and from direct observation.</p> <p>AYE staff have also availed of attendance at the AYE peer support group and the SW forum within the service area. All AYE staff also have a self-development review (SDR) completed to identify how they are contributing to the corporate objectives of the Trust.</p>

The Service continues to work within the Belfast Trust Adult Social Work Supervision Policy, which covers both line management and professional supervision arrangements. The Policy provides for line management supervision for social workers at least every six weeks and, where the line manager is not a social worker, additional professional supervision on a quarterly basis. All supervisory staff have received training on this Policy. Supervisory staff have also completed the Trust's professional supervision course.

Within the service area the 4 Community Learning Disability teams are managed by Band 7 Team Leaders from a SW background. This ensures that all Band 6 staff within these teams receive professional SW supervision from their line manager. All SW staff therefore within these teams and the Hospital SW team are supervised on a 4-6 weekly basis as per the Trust policy. The Team Leader also audits service user files on a regular basis and provides feedback to staff at supervision.

All Team Leaders who are qualified SW are in turn provided with SW professional supervision by the 8A Operations manager on a 6-8 weekly basis. The 8A Social Work Operations Manager audits supervision files on a 3 monthly basis.

In addition to 1:1 supervision, all SW staff attend the Service Area SW Forum which meets every quarter. This is an excellent opportunity for SW staff to meet with other SW staff across the service area. This forum has provided the opportunity for learning to take place through visiting speakers and or training sessions being incorporated into it. It also provides a valuable space for SW staff to reflect on practice.

A number of SW staff within the service area act as Approved Social Workers (ASW). All ASW staff now receive 1:1 professional supervision from an ASW manager (band 7 and above). This supervision takes place 4-6 weekly. Given the pressures placed on the ASW staff to participate of the ASW daytime rota and the complexity of the work associated with the discharge of statutory functions the service area now has also established a service area ASW practice forum, which meets quarterly. The Service area ASW Practice Forum allows newly qualified ASWs and more experienced practitioners to share practice learning in a safe and supportive environment. This Forum also provides opportunity for shared learning, to reflect on practice, to network with other ASW colleagues and to provide feedback regarding any issues to the larger ASW forum, which all ASWs from across the Trust attend on a quarterly basis.

The Service area also provides support to staff who are Designated Adult Protection Officers (DAPOs), Investigating Officers (IOs) and those trained in Achieving Best Interest (ABE) as the service area holds its own DAPO/IO Forum to give practitioners opportunities to discuss issues regarding adult protection work. A Service area DAPO support group ensures shared learning and consistency across the programme. This has proved to be extremely useful in transitioning to practice and service delivery requirements of the Revised Adult Safeguarding Policy, giving practitioners opportunities to keep up to date with research and to explore practice issues within a supportive setting.

SW staff are also supported in other roles they fulfil through attendance at the Trust Designated Adult Protection Officer (DAPO) /Investigating Officer (IO) Support Fora and Achieving Best Evidence (ABE) Support Fora. These are highly valued sessions, which ensure staff, have access to support in these complex areas of practice and are kept apprised of developments in these fields.

	<p>The service area has also recently established a social care forum which will meet quarterly. The focus of this forum will be on the reform of social care and how the recommendations from this can be taken forward. It will also provide the opportunity to offer support, for shared learning and compliance with NISCC standards.</p>
3.3	<p>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).</p>
	<p>In May 2018, the service area completed an audit of the Families Matter Shared Lives Service delivered by Positive Futures. This is a family based service. It provides long-term caring arrangements or short breaks support for people with a learning disability, acquired brain injury or autistic spectrum disorder. The audit addressed a number of service delivery areas, including overall quality of the service users' placement experiences and engagement of service users and principal carers in placement review and planning arrangements. The audit outcome was positive across all standards reviewed.</p> <p>All Team Leaders and Operations Managers within Community Learning Disability have attended training sessions on ASCOT. ASCOT is designed to measure the impact of and outcomes for service users of social care service delivery. The Service acquired two easy-read versions of the ASCOT tool to assist in engaging service users. The service area has now completed 9 ASCOTs since 1/4/18.</p> <p>Given the large-scale investigation into the service area's hospital several initiatives have been implemented to support staff post incident or injury. For example, a pathway for staff who have been injured on duty whilst working in the hospital has been devised. This is currently in draft form but is due to be rolled out across the hospital site. Similarly a pathway for staff following an incident in the service areas hospital is currently being developed.</p> <p>There are regular monthly audits completed in relation to adherence to Promoting Quality Care (PQC): Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability, May 2012. To take forward learning from these audits a working group has been established looking at current practices, the development of a flowchart and ensuring documentation is compatible to the service information system PARIS. Additional training in PQC has also been provided to the community and hospital staff across the service area.</p> <p>An audit of the use of antipsychotic medication has also been carried out across the hospital site and we are awaiting the findings. In addition, a review of physical health checks was recently completed across the hospital and the outcome of this review is soon to be forwarded to the service area.</p> <p>Given the large scale, investigation into the hospital a review of seclusion has been completed and the Seclusion policy has been reviewed. The consultation period is still ongoing and it is envisaged this policy will be implemented prior to June 2019.</p> <p>The service continues to provide a governance information dashboard on a monthly basis, encompassing governance indicators; complaints; compliments; absence rates; SAI/incident, RIDDOR and RQIA inspection data.</p>

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

The introduction of safety pause has been a new initiative designed to provide the opportunity for the hospital staff to 'pause' for a one hour period and reflect on safety as the conversation. Since mid-March these weekly meetings (Wednesdays 2pm – 3pm) are facilitated by a Senior Manager and staff are encouraged to attend to represent their area, subject to care needs on the wards. One initiative that safety pause has discussed and is being piloted is a multi-disciplinary safety huddle in one ward area.

The weekly 'Situation Report' or SITrep is an executive reporting tool that summarises key aspects of care delivery, experience, safety and quality and any issues over the previous 7-day period. It provides a high-level overview of weekly patient numbers, admissions and discharges, occupancy, Patient care pathway, safeguarding, complaints, incidents, seclusion, patient feedback, staffing and staff support, Communications, finance, emerging issues and next steps / decision making. Population of the reporting tool has been incrementally developing over the last two month period.

During the current reporting period the service undertook a reassessment of service users who had been on community caseloads who have required minimal intervention. To date a social worker has reassessed all the clients living in West Belfast who had not been in touch with services for a considerable period of time. Service users and/or families were contacted and offered a social work assessment and care plan. A small number of service users and families did not wish to engage with services and they were provided with details of how they could easily access services in the future. For those who wished to engage, a social work assessment and care plan was completed, and a Carer's assessment offered. In many cases, the social worker was able to signpost the service user or their family to services within their community who could offer support re benefits issues, housing etc.

Following the reassessment, the service user either could be referred to the team for ongoing support / services or, with their agreement, could be discharged from the service, if no services were required at this time. For those service users not requiring further support the service user/family were then given a copy of a letter with contact details for the West Belfast team detailing how they could access the service in the future and a copy of this information was also forwarded to the service users' GP.

The social worker involved is currently working with the East Belfast team and will then move to the South and North Belfast teams.

There have been a number of Quality Improvement initiatives across the service area.

- Within the Children's Learning Disability Hospital and across a number of the community learning disability teams there are 'Joy in work' initiatives taking place.
- There is an improvement project taking place in a male ward in the hospital which is entitled 'On the move'. The objective of this project is to "To improve the physical

health and mental well-being of patients (8) in the ward as they will complete a minimum of 7 hours physical activity each week by June 2019”.

- Another quality improvement initiative project ‘Safe Spaces’ aims to reduce incidents of violent aggression on the female ward. The project forms part of a wider quality improvement initiative working on the same objective across adult mental health, PICU and CAMHs wards.
- These are all linked to the Safety Quality Belfast (SQB) improvement programme or the Scottish Improvement Leader (ScIL) programme, both of which require participants to action learn and utilise improvement methodology through delivering a project. ‘Safe Spaces’ gathers daily incident data which is used to produce a ‘safety cross’ that visualises and shares incident data for the staff team. A current PDSA cycle is testing amended safety brief documentation to share, classify and discuss incidents and identify patients whose day may be stressful or who are cause for concern.
- A daily safety huddle is being piloted in one ward.
- There are weekly live governance meetings.
- The hospital SW team are also piloting receiving real time feedback from service users and their families in relation to whether they feel safer following Adult safeguarding intervention.
- The hospital SW team have also been piloting a Checklist for all new admissions, to ensure that at the point of admission all the relevant information is provided from community staff. This will ultimately assist in timely decision-making.

Over the last 25 years, the service area has been working in partnership with a variety of Housing partners, including the NIHE, registered Housing Associations, and the private sector to develop and provide a range of Supported Housing accommodation for adults with Learning Disability

Following the Bamford review recommendations and the associated capital & revenue investment from the DHSSPS and DfC for supported Housing a total of 12 new schemes creating 91 new tenancies were developed across Belfast for adults with Learning Disability between 2012 and 2018. This has significantly helped people with Learning Disability realise their right to live Ordinary lives in the community by enabling them to secure their own tenancies.

At 1st April 2018 there were 315 adults with Learning disability supported to maintain Housing tenancies across Belfast. The average weekly cost is £282 per week, with an annual care cost of approximately £12 m and £3m Supporting People income.

These supported housing schemes are almost always fully occupied with demand for new tenancies growing steadily. In order to best meet the emerging accommodation needs of this population a new five year Supported Housing development plan has been devised based on an accommodation needs assessment.

The service area has also developed a supported living scheme, Cherryhill. This is located opposite the hospital site. It is a Trust owned facility and registered with RQIA. Although Trust staff are employed in this scheme they are separate from the staff at the hospital site. This facility will accommodate 9 patients who are being discharged from the hospital in the near future.

Based on an analysis of the data the following Supported Housing priorities have been identified:

- **Care leavers.** The Trust has identified the need to provide specialist supported housing environments for young people leaving care often with learning disability and challenging behaviours. (Approximately 2- 3 persons per year). The Trust is engaged with one service provider in developing transitional housing for young adults wishing to develop independent living skills.
- **Forensic.** The Trust has identified the need for specialist supported housing for a number of people with learning disability and a forensic profile. The Service has identified twelve service users in this cohort, six of whom require accommodation urgently. There are 3 BHSCT patients from the hospital identified for a placement in an extension of an existing scheme. This is due to be completed in December 2019.
- **Challenging Behaviours.** Currently there is need for six to eight tenancies for adults with challenging behaviour including the return of people on ECR's. There are currently 6 patients in Muckamore and 1 patient in Iveagh who require tenancies for adults with complex challenging behaviour and the service is liaising with various providers in relation to this. There are plans in place for the return of two individuals on ECR's this year following the development of supported housing to meet the patients specific needs. There is also a need for the development of accommodation options for people currently living in placements, which are breaking down because of challenging behaviour.
- **Adults with lower level needs.** Currently there is a need for 5 to 10 tenancies per annum for adults with learning disabilities who require lower levels of support, and who prefer a shared living experience synonymous with L'Arche provision. There is a requirement for the service area to develop more single occupancy tenancies with 24 hour support, for those people who find it difficult to share accommodation.

The Trust has successfully completed its first Positive Action Employability Programme recruiting adults with learning disabilities into vacant permanent posts within Patient & Client Support Services.

The Service Area continues to utilise its Day Opportunities in a wide range of new opportunities for service users. The service has incorporated many different community based activities including hill walking, film making and creative and expressive arts projects into the ongoing programme. The community choir, Equal Notes, continues to grow from strength to strength and are in constant demand for public performances. It has also invested in personal development, training for work and independence programmes for individuals which will support them to take up day opportunities. These additional activities have provided a significantly enhanced range of day opportunities for service users and have been greatly welcomed by service users, carers and staff. There has been a focus on trying to secure city centred based opportunities to encourage service users to utilise and access a range of activities outside of their local community.

Through USEL (Ulster Supported Employment & learning) a Social Enterprise "Ability Café" based in a BHSCT Wellbeing & Treatment Centre has been established providing paid employment for 3 people with learning disabilities, in addition to a 6 further training opportunities. USEL have employed a Training Officer specific to the Café to provide the necessary skills for trainees to secure employment within the hospitality sector.

A review of the Intensive Support Service has been completed including a full scoping of the patients admitted to hospital and those on community caseloads who required

	<p>intensive support as an alternative to hospital. The Collective Leadership team has now agreed in principle to the establishment of an intensive treatment team and a project group is being established. This service will provide a wrap around service to those service users on the cusp of hospital admission. They will gate keep beds for the service areas hospital and will provide a 7 day per week service working into the evenings. They will reduce hospital admissions by providing alternative supports in the community as well as facilitate early discharges from the inpatient wards. This team will be clinically led by a Consultant Psychiatrist and be multidisciplinary including SW, Nursing, Psychology and OT. It is also anticipated that they will clinically manage a small number of beds in a community facility for a short period of time as an alternative to hospital admission.</p> <p>The transition from children's services to adult services is often very challenging for young people with a learning disability and their families. It involves a change of service delivery arrangements at a time when they are also experiencing wider changes in their lives, for example in their educational circumstances. As a result of the process mapping exercise conducted last year the Service area, in conjunction with the Children with Disabilities Team, is reviewing current transitional arrangements with service users and carers and has now identified an action plan for improvement. This includes scoping of the needs of the young people long before they are transitioned to adult services to assist adult services to identify early their identified needs, greater engagement with young people and their families and better collaborative working with the educational authority. Additional funding has also been secured to assist in strengthening the work done by the service areas community teams in working better with children's disability teams to facilitate smooth transition from children's to adult services.</p> <p>As a consequence of the review of care management last year it was recognised that there were significant pressures on the workforce related to increased complexity of caseloads, particularly in relation to those service users with a forensic history, transitioning from children's services and the re-settlement/delayed discharge of patients from hospital. The service area is now pleased to report that an additional Care Manager and Assistant care manager is being recruited to address the workload pressures and work with those young people transitioning from children's disability services to adult Learning Disability services. Currently there is 1x 8a who operationally manages care management. There are 4x Band 7 SW trained Care managers and 1x Band 7 nurse-trained Care Manager. There are 2.5 WTE assistant care managers.</p> <p>A review across Community Learning Disability and the Hospital Social Work Team has identified the need to standardise documentation and processes to improve the safety, quality and seamlessness of service user pathways through the Service. The SW assessment and SW care plan has been reintroduced across the service replacing the About You, which was previously used by the service area.</p> <p>In order to enhance better multidisciplinary working each ward across the hospital site now has a dedicated social worker. They are also now based at ward level. This has improved working relationships and communication.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>

During the reporting period, there were twenty-nine announced and unannounced RQIA inspections leading to fifteen recommendations.

The breakdown of inspections was as follows-

- 8 RQIA inspections for residential accommodation resulting in four recommendations; These were addressed via Quality Improvement Plans (QIPs).
- inspections to supported housing schemes with 3 recommendations; These were addressed via Quality Improvement Plans (QIPs).
- 2 RQIA inspections to day care resulting in no recommendations.
- There were 2 RQIA inspections to the hospital with 8 recommendations. These matters are still currently being addressed by the service area through an agreed action plan. These recommendations relate to a range of issues- staffing levels in the hospital, physical health care checks, financial governance, safeguarding practices, restrictive practices and hospital governance.

RQIA has also been involved in the ongoing adult safeguarding investigation in relation to the large scale investigation in the service areas hospital.

The Service area has been liaising with RQIA on adult safeguarding issues as they arise in relation to any registered facility. The Service area notifies the RQIA of any untoward incidents as per their reporting requirements.

During the reporting period the Service area had 4 social care staff referred to NISCC as a result of adult safeguarding investigations. NISCC has closed two of these referrals and a further 2 are in the process of being reviewed by NISCC.

All social work and social care staff are supported to meet NISCC's PRTL requirements through the provision of training and learning opportunities. Staff have been supported to complete Professional in Practice (PIP) post-qualifying bespoke programmes or to submit portfolios of learning to secure PiP accreditation. All Service-based social workers and social care workers have an annual Self Development Review (SDR). All social work and social care staff in the Service are compliant with NISCC registration requirements.

Each new staff member avails of a local induction and are required to attend the Trust's Corporate Induction. The Service area also provides a two-day bespoke induction for newly appointed staff. This induction is delivered by the Service Area twice per year with direct input from service users and carers.

The Service carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and Mental Health Review Tribunals.

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

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

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

A Declaratory Judgement in relation to deprivations of liberty regarding one community service user, who is also subject to Guardianship, was initially granted on 20/1/17, reviewed on 22/3/18 and is to be further reviewed in April 2019 by the High Court. No changes were made to the Order.

The service area is currently in the process of seeking a further 4 Declaratory Orders in respect of service users who have or will be transitioning from hospital to a community setting and 1 Declaratory Order relating to a service user moving from a family home to supported living.

Across the service area service users, who are currently subject to any deprivations of liberty, are subject to a Best Interests meeting. These meetings are chaired by a SW Team Leader and involve input from the multidisciplinary team, service user and carer. Any restrictions of liberty are clearly documented and the rationale for why they are in place is recorded.

The Service area currently has responsibility for the management of two Supervision and Treatment Orders. One has been in place for almost 2 years and the second was made during the previous reporting period. Both require the service user to continue to live at a family address. In the first case, the Service commissioned specialist assessment by a Forensic Psychologist to enhance the risk assessment and management planning. This report was received in February 2018 and a multi-disciplinary meeting was held to update the risk management plan. Both these clients are subject to PQC/CRA and are reviewed regularly under this policy.

There have been ongoing difficulties in securing additional resource through the NIHE for new supported Housing schemes. In the reporting year, the service was successful in making the case for the reprovion of Altnagarron Supported Living Scheme in West Belfast using capital only. However, the NIHE can no longer provide capital for new schemes and as a consequence, future schemes have halted and there has been a need for the service area to forge links with other private providers to meet the needs of our service users in respect of supported housing. This has impacted on service delivery, in particular for those patients in hospital whose discharge has been delayed due to a lack of community infrastructure.

3.5	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>Lack of access to Physical Health care There have been ongoing issues in relation to patients within the adult and children's hospitals not having adequate access to primary health care. There have been ongoing discussions with HSCB for GMS services to be available to inpatients. A GP has been appointed for 2 sessions per week for the hospital and recruitment is underway for the children's learning disability hospital. A pharmacist has also recently appointed to the hospital to assist in medication management.</p>	<p>Recruitment is underway for GP sessions in the children's Unit.</p> <p>Physical health checks have now been offered to all inpatients across the hospital and the Trust is awaiting the report following this review.</p> <p>There has also been an audit completed in relation to antipsychotic monitoring in the hospital.</p>	<p>Risk to the quality of outcomes for patients in the adult and children's Hospital relating to lack of access to primary health care- This is categorised as medium on the LD Risk Register</p>
	<p>Staff levels across the hospital site. Given the ongoing large scale adult safeguarding investigation a number of staff have been suspended and others have gone off sick from work. Alongside this a number of staff have retired or resigned to take up career opportunities in other Trusts. This has resulted in difficulty maintaining the substantive acceptable</p>	<p>Recruitment processes are ongoing. Recruitment is being managed by central nursing. There has been backfill provided though an increase in the use of agency staff. The PICU ward is temporarily closed. The progression of the opening of Cherry Hill, a supported living scheme to support</p>	<p>Staffing levels across the adult hospital- this risk is categorised as Extreme on the LD risk register</p>

	<p>staffing levels across the hospital site. The Trust has a contract with external agencies and they have provided registrants which address the current deficit of staff.</p> <p>The staffing difficulties are exacerbated due to increased staffing required for special observations of patients whose hospital discharge has been delayed due to lack of suitable community placement. There are also current regional challenges in recruiting registrants across N. Ireland due to the limited number of available registrants for recruitment.</p> <p>Despite ongoing attempts to recruit registrants, this has proved difficult but the service has continued to be proactive in organising a job fair due to take place in May, to recruit substantive staff.</p>	<p>the discharge of 9 patients from the adult hospital is ongoing.</p> <p>Staff from Day Services in the Community are providing additional daytime activities for patients primarily at the weekends to support ward staff.</p> <p>Staffing levels are monitored on a daily basis.</p> <p>There is now a Manager On call at all times. There is now a minimum of 2 registrants on duty per ward per shift.</p> <p>At weekends (daytime) the aim is to have a minimum of 2 ward managers on duty across the hospital site.</p> <p>Ad hoc senior management walkabouts take place every week.</p> <p>Special observations are regularly reviewed by each MDT.</p> <p>An activity coordinator has been in place since Jan 2019. This has significantly improved the level of activities for inpatients across the Hospital Site. Therapeutic Day services are now also provided within the hospital at weekends and evenings activities.</p> <p>An E-Rostering review has taken place to ensure consistency of approach in allocation of shifts by Senior Nurse Manager. There is ongoing auditing in respect of this.</p>	
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		<p>All staff on sick leave have attended a meeting to support them back to work. The admissions to the hospital have been very tightly monitored to ensure only necessary admissions take place. Recruitment is ongoing for 1x band 7 managers.</p> <p>1 additional night coordinator is due to start in April.</p> <p>7x band 3 (health care support workers) are also due to commence employment within the next month.</p> <p>Band 4 administration staff have now been recruited and appointed for all wards. Further roster reviews by senior managers. Review of non-mandatory training activities. Reduction of beds across the hospital site. Continuous workforce review including the re-profiling of wards and reallocation of staff and a review of all wards in relation to required staffing levels.</p>	
	<p>Accommodation</p> <p>Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for our service users with complex and challenging needs.</p>	<p>In the reporting year, the service area has completed a full scoping of the accommodation needs of our service users across the hospital and the community. This has enabled the service area to draw up a 5</p>	<p>Potential failure to meet assessed need due to lack of availability of appropriate service provision. This is categorised as medium on the LD risk register</p>

<p>Care management staff have forged links with a range of providers in order to meet the needs of the service users. Given the complexity of the issues, particular attention has given to ensuring that the appropriate staff, care, accommodation and contracts are all in place to meet the needs of service users. Across the private and independent sector there remains ongoing difficulties recruiting and retaining social care staff. In order to try to address this, the Trust have agreed to pay increased costs for the placements so that pay rates for staff can be increased to reflect the complexity of the work role and therefore assist with recruitment and retention of staff.</p> <p>The Service has also been proactive to support the providers in order to help develop the skills base of their staff but also to try to maintain the placements for our service users. There has been outreach from hospital staff, input from the Intensive Support Service and the community teams to assist the providers but also to provide additional training in respect of the implementation of positive behavioural support plans. In addition, for those patients being resettled there has also been in reach into the hospital from</p>	<p>year supported housing development plan and thus begin to plan services in order to meet the needs of our service users. The service identified a total of 223 adults with a Learning Disability who are assessed as requiring supported housing tenancies over the next 5 years.</p> <p>The Service has been continuing to work jointly with external agencies from England to purchase, at risk, accommodation options.</p> <p>There are accommodation and support plans in place to return two very complex service users currently in hospital in England, back to Northern Ireland this year.</p>	
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	<p>the providers to improve understanding of the patients' needs and ensure smooth transition from hospital to community. The Trust have also encouraged Providers to employ Behaviour Support staff and have agreed increased placement costs for this service. The Trust have also agreed to provide funding for transport for complex service users, in order to improve their quality of life and make community activities and facilities more accessible to them.</p> <p>There are a number of service users who require supported accommodation but due to their history of substance abuse and contact with the criminal justice system, providers are reluctant to offer placements because of the vulnerability of other tenants and potential risks towards them. This is an increasing population, which the service area continues to find difficult to support, and this will require the development of bespoke services.</p>		
	<p>Lack of appropriate acute admission beds Given the difficulties experienced by the service area in terms of staffing the admissions to the adult hospital have been very tightly monitored.</p>	<p>There have been a series of workshops with other Trusts looking at the admission pathway. A draft pathway to handle admissions from the BHSCT has also been drafted. There has been partnership working with</p>	<p>Lack of appropriate acute admission beds due to a lack of appropriate community placements is categorised as high on the LD risk register</p>

	<p>A number of service users requiring admission have therefore been admitted to adult mental health beds or in learning disability beds across the region. There remains a high demand for acute admission beds due to the lack of appropriate community placements.</p>	<p>adult mental health services in relation to the admission of patients with a learning disability to an adult mental health hospital. Notification of delayed discharges are made to HSC Board.</p> <p>There are plans for delayed discharge patients and they are discussed regularly with owning Trusts.</p> <p>There are established links with PHA, board and senior medical management to assist with out of area admissions when at full capacity.</p> <p>Realignment of male/female beds completed.</p> <p>Recent discharges have helped but the ongoing development of discharge plans is essential for patient flow.</p> <p>There are plans in place for the ongoing development of community treatment infrastructure to provide treatment options in the community to prevent admissions.</p>	
	<p>Adult Safeguarding- see separate report on Adult Safeguarding</p> <p>There have been several cases, historical and recent, of alleged abuse by staff to patients within the Adult Hospital. These have been identified on CCTV footage. Those incidents deemed to meet a criminal threshold have been referred to the PSNI.</p>	<p>There is currently CCTV running 24 hours per day in the inpatient settings.</p> <p>All adverse incidents and incidents alleging abuse by staff are reported through the Adult safeguarding team (ASG) and senior management are involved in the</p>	<p>Categorised as High on the LD Risk register</p>

		<p>investigation.</p> <p>Any incidents that require reporting to PSNI are reported immediately.</p> <p>A new ASG team has been established to address the historical CCTV incidents.</p> <p>Further CCTV footage is still to be viewed.</p> <p>Protocol re. disciplinary hearings has been agreed.</p> <p>There is ongoing liaison with Trade Unions, affected patients, families and staff.</p> <p>A series of workshops for families have taken place following the SAI.</p> <p>A Carer Consultant has been appointed to take forward a carers forum with families on the hospital site.</p> <p>A series of workshops for staff have also been facilitated to provide information, advice regarding supports available.</p> <p>Contemporaneous CCTV viewing is ongoing.</p> <p>There is a counsellor employed at the hospital to offer support to staff.</p> <p>Reflective practice sessions are also available to staff.</p> <p>Health fair is planned for staff.</p>	
	<p>Adult Safeguarding- see separate report</p> <p>Risk of abuse and injury to vulnerable adults in shared settings, from other patients/service users (including inpatients medically fit for discharge). Resourcing</p>	<p>Safeguarding procedures including use of special observations to minimise targeting of vulnerable patients.</p> <p>Analysis of incidents.</p>	<p>Categorised as Medium on the LD Risk register</p>

	difficulties in meeting the demands of adult safeguarding protection plans.	<p>Timely discharge once patients are deemed medically fit.</p> <p>Discharge meetings convened to expedite community placements and notify Trusts of the number of safeguarding concerns for each patient remaining in hospital.</p> <p>Ongoing analysis of incidents.</p> <p>Pilot of live time feedback from service users and carers in respect of adult safeguarding input and whether they feel safer as a result.</p> <p>Ongoing training.</p> <p>Increase in activity levels of patients across the hospital site since appointment of activity coordinator in Jan 2019.</p> <p>Introduction of positive behaviour support to reduce incidents of challenging behaviour.</p>	
	<p>Re-settlement</p> <p>The Independent SAI report completed in respect of the hospital in relation to adult safeguarding this year advised that 'no one should have to call hospital their home in future'. This view was fully endorsed by the DOH Permanent Secretary who expects the resettlement process to be completed by the end of 2019. He also advised that the issue of delayed discharge should also be addressed as a top priority, with the HSC system tasked to provide an action</p>	<p>The Service area will continue to work with other Trusts and the HSCB in achieving the retraction plan for the hospital.</p>	<p>This issue is on the LD Risk Register and is categorised as a medium risk.</p>

<p>plan to the Permanent Secretary in January.</p> <p>The Trusts meets with the HSCB finance and performance managers monthly to report on progress in achieving the resettlement of the remaining Community Integration Project PTL patients. There are currently 5 PTL patients still in the hospital. One of these patients will move back to the community in May 2019 and there are plans in place for the other 4 PTL patients to move back into the community in December 2019.</p> <p>The Trust have successfully resettled 6 very complex people to specialist supported living schemes within this reporting period.</p> <p>The Trust continues to work proactively with a number of providers including Positive Futures, Praxis, Triangle, M Care, Mencap and Autism Initiatives to identify appropriate accommodation and support options for a number of hospital and community service users in an effort to ensure appropriate plans are in place to ensure that no-one is delayed in hospital..</p>		
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	<p>They are currently assessing individuals and scoping accommodation options in respect of the inpatients to meet the December deadline.</p> <p>When an analysis was done in relation to the inpatients in the hospital there are a number of inpatients who require specialist nursing care. The Trust is currently liaising with one Provider about providing specialist nursing support.</p> <p>In addition, there are a number of inpatients with forensic backgrounds who have been extremely difficult to resettle in the community. Currently there are discussions with Triangle and Extern to provide support and accommodation to those with a forensic background.</p> <p>The Trust continues to work with providers to build their capability and resilience to maintain these patients in the planned community settings.</p>		
	<p>During 2018/19, the Trust successfully resettled 1 PTL and 3 Complex Delayed Discharge patients into a specialist residential service.</p>	<p>The Service has been working proactively with a number of providers to plan for the discharge of a number of complex delayed discharge patients. This has included the</p>	<p>Potential failure to meet assessed need due to lack of availability of service provision is included on the Trust's Risk Register as a medium risk.</p>

<p>Dympna Mews was completed in February 2018. This facility has supported the discharge plans for service users with complex needs. There are currently 8 people living in this service. Two service users returned to hospital and alternative plans are being developed to meet their needs. A further 3 service users will be moving in between April to June 2019.</p> <p>Lack of placement availability continues to be a major barrier to achieving discharge targets for those patients categorised as complex delayed discharges. There are currently nine complex delayed discharges in the adult hospital.</p> <p>One of these complex delayed discharges is living in a supported living environment but is awaiting an MHRT before he can be discharged from hospital. Another has completed his first overnight stay in a supported living environment and is expected to be discharged pending the outcome of the MHRT.</p> <p>Discharge plans are in place for six patients. One Patient does not have a confirmed discharge plan but the Trust are</p>	<p>residential and nursing home options.</p> <p>The Service strives to achieve discharge as soon as possible by commencing planning for discharge from the point of admission.</p> <p>The Service has scoped key data to profile its adult and children's population to inform its long-term planning priorities and resource requirements. A Service Development plan has been drawn up.</p> <p>The Service notifies the HSCB of delayed discharges while engaging directly with inpatients own Trusts on a regular basis to update on and review discharge-planning options.</p> <p>The Service has prioritised the development of community treatment infrastructure to provide treatment options in the community to prevent hospital admissions.</p> <p>There are weekly meetings between Co-Director, Service Manager and Operations Managers to update on discharge plans for all patients including those in core treatment.</p>	
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	<p>working with a variety of providers in an effort to develop an appropriate placement.</p> <p>The Service continues to have difficulty in sourcing appropriate accommodation options for a range of complex needs including autism, challenging behaviours and complex health care needs. The Service Area is very dependent on independent sector providers choosing to make provision available.</p> <p>The Trust has developed a supported living service Cherryhill across the road from Muckamore, to facilitate 9 hospital discharges. Three Belfast Trust patients have been offered placements in this scheme which will be opening in June 2019.</p>		
	<p>The Service Area continues to struggle to make admission beds available as required. In this reporting period, there were 43 admissions to the hospital (20 detained- 7 BHSCT, 5 NHSCT and 8 SET) This level of activity is significantly lower than other years due to all admissions being closely monitored to ensure they were necessary. This has resulted in the admission of two patients to the Lakeview unit and three to the Mater with one</p>	<p>The service area continues to try to place delayed discharge patients in the community. A review of the Community Intensive Support Team is addressing service provision to reduce hospital admissions and, at the same time, facilitate early discharge from hospital.</p>	<p>Lack of appropriate admission beds is on the LD risk register as high</p>

	transfer back to the service areas Learning Disability hospital, one to Avoca x2.		
	Domiciliary Care The Service has continued to experience increasing difficulties in providing domiciliary care packages across the service there are 27 outstanding care packages. This is primarily due to a lack of capacity to meet demand levels across independent sector providers.	There are currently plans underway to access the Care Bureau to enhance the service areas potential to source care packages. The Service continues to proactively promote SDS uptake and the accessing of Direct Payments to obviate demand pressures for domiciliary packages	The issue of the potential failure to meet assessed need is on the Trust's Risk Register as a medium risk.
	Deprivation of Liberty During the reporting year the Service has remained significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service remained of the view that the Departmental guidance of 14/10/10 was not sufficiently robust in light of the current legislative vacuum. The Service therefore adopted a pragmatic approach to decision-making in relation to applications for Declaratory Judgements. The Service pursued such Judgements only in those circumstances service user is actively resisting or a carer/relative is objecting to a placement. In all other cases, the Service uses a "Best Interests" approach to inform key decision making. The Mental Capacity legislation, which is	Consultation with HSC Board and DHSSPS in relation to Trust's requirements and responsibilities. ██████████ Recognition of DOLs issues in practice guidance. Consultation at Director level re how we proceed to put in place Declaratory Orders for those individuals who lack capacity where restrictive practices are in place. The Mental Health Capacity Legislation is due to be partially implemented by October 2019. The Trust has continued to engage in the regional consultation processes linked to the development of Regulations,	Potential failure to provide people deprived of their liberty with adequate safeguards and to meet legal requirements in relation to this- this is categorised as High on the LD risk register.

	due to be implemented, will fundamentally change the procedures in relation to restrictive practice.	guidance and policy related to the implementation of the Mental Capacity legislation. A Mental Capacity workforce planning day is scheduled for 2 nd May 2019.	
	ASWs Recruitment, retention and workload capacity of ASWs remains a major difficulty for the Service. The Service has three ASWs contributing to the Trust Daytime ASW Rota. The Trust is also struggling to secure sufficient practice assessors to support ASW candidates on the Regional ASW Programme. The implications of the Mental Capacity Legislation are yet to be fully realised but are likely to bring significant challenges in respect of workforce issues, training etc.	The service has currently one ASW candidate engaged in the Regional ASW Programme-the accredited ASW training pathway. Additional training will be required in respect of the new Mental Capacity Legislation.	The risks related to ASW Daytime Rota service delivery are currently being reviewed.
	Recruitment of Psychology staff: There continues to be a lack of Psychology input into Learning Disability Day Centre's. Service users with highly complex needs and associated challenging behaviours are being supported in Day Centres without appropriate support from Psychological services.	There is ongoing recording and review of incidents by day care Manager and Operations Manager to ensure that associated learning from incidents applied to prevent harm from reoccurring. Funding for B7 Psychology post was secured in 18/19 year but this has not yet	Lack of psychology input in day care is categorised as a Medium risk on the LD risk register.

	<p>In general, the Service is experiencing major difficulties in recruiting psychology staff. The Service has not had a Consultant Clinical Psychologist in post since April 2016 and recruitment to date has been unsuccessful. The Service area has also attempted to get locum cover via external national agencies but this has been unsuccessful to date.</p> <p>The staffing difficulties have had and will continue to have a significant impact on service provision. The Service is not currently able to offer autism or dementia assessments with priority given to eligibility assessments and high-risk situations. A significant number of service users continue to wait longer than we would wish for psychological therapies.</p>	<p>been recruited.</p> <p>Information has been collated regarding all outstanding positive behavioural support plans that require review.</p> <p>Head of Psychology Service to release staff member part-time to commence reviews. Timetable agreed for first centres to have updated positive behavioural support plans.</p> <p>Recruitment fair is planned for June to recruit behavioural practitioners.</p> <p>Temporary clinical and management supervision arrangements are in place.</p>	
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3.8	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.
	<p>Service SW workforce has gone through changes this year with the appointment of a Divisional Social Worker, a change in Service Manager, retirement of an Operations Manager and long term absence of another Operations Manager.</p> <p>One team leader vacancy (created by a move by previous team leader to the Service Manager role on a temporary basis) has been covered by an Expression of Interest.</p> <p>The remaining 3 community teams and the SW team in Muckamore have all retained social workers as their lead.</p> <p>Within the community teams there has been a number of changes in the permanent staff – there are currently 3 permanent vacancies in the West Belfast Team (one SW moved to another post within the service, one took up a post in another Trust closer to home and one resigned with a change of career). All vacancies have been covered by agency staff.</p> <p>The remaining teams have remained stable with some agency cover for Career Breaks, secondment to ASG teams etc.</p> <p>Within the hospital SW team there is one vacancy currently and this is currently being recruited. In the interim agency staff have provided cover.</p> <p>The service is currently in the process of recruiting an additional social worker for all 5 teams. The service has decided to recruit social work staff across all teams including the hospital with the intent of developing one waiting list for any further vacancies.</p> <p>The plan to partially implement the Mental Capacity Act (2016) in October 2019 will have widespread implications for the service area in particular the training timescales and resource implications given the current challenges facing the ASW workforce in terms of recruitment and retention. The code places additional roles and responsibilities on the ASW workforce to not only assess for detention but other extended responsibilities. In addition, it requires the establishment of panels who will be responsible for authorising treatment, detention which involves a deprivation of liberty and community residence requirements. The draft code of practice is currently out for consultation and a workshop has been scheduled by the DOH on 2/5/19.</p> <p>There are concerns in relation to how the service area will be prepared for the partial implementation. The service needs to give urgent attention in relation to- the need for additional training in relation to the new code of practice to clearly outline roles and</p>

	responsibilities; the new processes involved; skills in carrying out capacity assessments; the additional demands that will be placed on an already stretched ASW workforce; the need for appropriate documentation detailing reasons for decision making in line with human rights considerations; governance arrangements; the setting up of authorisation panels and clarity around who sits on these panels, the frequency they sit, their roles / responsibilities and governance arrangements; the process for applying to Tribunals.
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	Residential and Nursing Homes Charging – The Trust operates in accordance with the DHSSPS Charging for Residential Accommodation Guide (CRAG) April 2015 to determine charges.
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>The Hospital Social Work Team provides social work support to the inpatients in both Muckamore and the Children's Iveagh Centre. The team structure remains the same with a Senior Social Worker, one Band 7 Designated Adult Protection Officer (DAPO) and four Band 6 social workers. One of these social workers provides social work support 2.5 days per week to the Iveagh Centre, the Children and Young Peoples ward.</p> <p>Although a Belfast Trust Facility, the hospital is a regional facility and patients are admitted from all Trusts. Each patient admitted receives the same social work service. Our input varies according to need. Initial assessment is required. During this year, we have introduced a new Social Work Assessment and Care plan tool. This is currently being implemented and is providing a clear structure to the social work role for individual patients. The assessment highlights the need for provision of support during initial admission, as an inpatient and on discharge.</p> <p>The admissions to the hospital have been very tightly monitored and this has reduced the number of admissions to the hospital in recent months. This is providing the social workers with an opportunity to complete their assessment and care plans accordingly and contribute to discharge planning.</p> <p>Social workers are a core part of the multidisciplinary team. Each ward has an assigned social worker who attends weekly ward meetings. During these meetings, the social worker actively participates in the assessment and consideration of treatment for patients.</p> <p>Social Workers have a key role in discharge and resettlement planning. It is part of the social work function to liaise closely with relatives and carers, assessing the home situation and offering carers assessments etc. As part of the discharge planning the social worker</p>

	<p>will also co-ordinate and communicate with relatives and carers, community social workers and patient and carer advocates across the Trusts.</p> <p>If appropriate social workers will liaise with other agencies in the community, PPANI, MARAC, the PPU, Gateway services and Adult Protection services. A holistic view of the patient living in the community is developed and a review of risks in their environment considered to develop appropriate care plans.</p> <p>One of the key functions of the social work team is to represent the Belfast Trust as the detaining authority at Mental Health Review Tribunals. In preparation for the Tribunal the allocated social worker will compile a report to adopt as their evidence to the Tribunal. They will speak to this evidence at the Tribunal and present the current risks and proposed plan for the patients.</p> <p>In preparation for the Mental Health Review Tribunal the social worker will also coordinate a Contingency Planning meeting inviting key professionals and reviewing what is available for the patient if discharged by the panel.</p> <p>The Social Work Department have provided evidence to the Mental Health Review Tribunal on six occasions. Four of these have been for the Belfast Trust and two for the Northern Trust. The Children's team provide written evidence for Tribunal's for children in the Iveagh Centre. They are supported by Muckamore Social Work staff given their experience in the completion of these reports.</p> <p>The social work department continues to lead in relation to safeguarding patient on patient incidents in the hospital. As aforementioned, there is one Band 7 Lead DAPO. She processes the hospital adult safeguarding referrals under the Adult Safeguarding Policy. The DAPO has the lead role in investigations for patients. Two of our social workers are now trained as Investigating Officers. Together they support the Multi-disciplinary team in the development of risk management, alternative safeguarding responses and protection plans. Support is also provided to the patient and a referral to the PSNI if deemed appropriate, or at the request of patient or carers. If required, CCTV will be also be viewed by the DAPO.</p> <p>In the last year, the service have implemented a new process in the management of safeguarding. This process is in keeping with the Adult Safeguarding Policy and provides opportunity for ward managers to become Safeguarding Champions. They can now make decisions regarding incidents that take place on the ward involving patient on patient and adopt an Alternative Safeguarding approach. The hospital SW department continues to provide support and advice to ward managers and nursing staff. The Senior Social Worker has been auditing this new initiative and raising any issues with hospital management.</p>
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	<p>Providing the Keeping You Safe Training to patients remains a key function of the team. Within the last year, 21 patients have been provided with the training. Various methods have been used, group and individual sessions, depending on the ability of patients.</p> <p>The Social Work Department continues to offer placements to ASW candidates. Social Workers provide support and advice to them throughout their placements.</p> <p>The Social Work team have a key function in assisting nursing staff in the implementation of Promoting Quality Care guidance, completion of Comprehensive Risk assessments and development of Risk Management Plans. Social Workers have experience and developed skills in assessing and managing risks therefore, they provide support to the nursing staff undertaking this role.</p>
3.11	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>Human Rights based approaches remain central to all aspects of the Service's work. The Service continues to work in partnership with service users and carers in the review and delivery of services. The Service's investment in co-production, engagement with and empowering service users, carers and communities provides the template for rights-based, compassionate, qualitative and safe discharge of statutory functions to people with learning disabilities and their carers. The Service Area is committed to service delivery, which promotes respect and dignity for each individual in line with corporate and professional values.</p> <p>The service has just recently appointed a carer consultant. She sits as part of the Collective Leadership Team and ensures a carer perspective is provided at a strategic level in the development of services. This contributes to the embedding of a human rights approach and carer focus.</p> <p>Since appointment she has been proactive in working in partnership with our carers and has co produced a draft Family/Carer booklet for the hospital.</p> <p>She has held her first family workshop, which included discussion on the booklet, the potential content of a quarterly newsletter and inclusion of families in resettlement plans.</p> <p>A carer forum is being established where there is more active involvement with families and their voice is elevated and respected throughout Learning Disability Services. Through working together better outcomes can be achieved for families in the areas of health, safety and quality of life. The forum will also develop effective lines of communication and ensure families are fully involved in the future decision making for their relative.</p> <p>It is planned the forum will consist of a core group of 4/5 family</p>

	<p>members initially and include different members of staff to progress different processes/policies for family participation, input and joint decision making. By increasing involvement and engagement with families and frontline staff, a human rights approach will be adopted so that staff and families work in partnership to have full ownership of any changes proposed.</p> <p>There is ongoing consultation with service users and carers via various groups including Friends and Carers of Muckamore Abbey, groups allied to day centres, parents and friends groups allied to residential services. The Service continues to work alongside advocacy groups such as TILLI (Telling it like it is) and independent advocates through Bryson House and Mencap.</p> <p>Following a review of day care in the hospital in October 2018 a more human rights approach is applied as the Therapeutic Day Service is a much more flexible service currently open Monday – Friday 9am to 5pm but moving to a 7-day service, which will include evenings and weekends. Patients are referred by their ward and are then individually assessed in relation to what type of day services/activities/ opportunities would be most suitable to meet their needs. These activities are therefore tailored to meet the patient's choice of activity and venue. A range of activities for example, can now take place in range of venues e.g. the Therapeutic Day Service building, the Gardens, on the grounds of the hospital, in the community or in the ward.</p> <p>Activities for patients will be provided by all staff working with them. This ensures the holistic needs of patients is catered for with intervention, which may include recreational input, social input or skill development. By extending the frequency and range of appropriate and meaningful activity the mental, physical and emotional wellbeing and social needs of patients is promoted.</p> <p>Therapeutic day services are now working with a broad range of providers thus providing greater choice for the patients e.g. Community Roots, Street Soccer, Social Farming, training placements, TCV Green Gym, Art and Music Therapist sessions and open swimming sessions etc.</p> <p>Patient weekly timetables are a human rights based approach in that it gives patients the opportunity to plan ahead.</p> <p>Joint Therapy Aims and Free time Plan/Activity Boxes have been introduced which allows ward staff to work on individualised therapy aims with patients, which forms an important part of their treatment. The box can also be used to deescalate a situation or redirect a patient from a difficult situation, which promotes the safety and well-being of patients.</p> <p>The Learning Disability Day Services Forum has utilised Appreciative Inquiry methodology to review and then develop future provision. The</p>
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	<p>Service has valued the contributions from service users, staff and carers and this has positively impacted on service delivery.</p> <p>There have been a number of initiatives across the service to engage our service users and carers and staff to provide feedback. For example, the hospital SW staff are using interviews pre and post an adult safeguarding intervention with service users and families to assess how safe they feel; SLT are using talking mats to engage service users in identifying their wishes and choices in respect of activities they wish to engage in; the use of feedback cards for families to complete after they visit a ward are due to be piloted; there have been pilots carried out across the hospital site using a smiley machine to receive real time feedback on staff and Patient Experience etc. Working in partnership with carers/ service users and staff in an open and honest way, showing respect and dignity and valuing their contribution ensures that we are living our Trust values to ensure services are improved, developed and delivered to a high quality in a safe, effective, and compassionate way.</p> <p>Specific Human Rights based approach is embedded in the training available to staff across the service area. This includes human rights awareness training; capacity and consent training; human rights considerations in discharging statutory functions under the Mental Health (N.I.) Order 1986 in relation to applications and admissions for assessment, Guardianship and Declaratory Judgements.</p> <p>Within the service area human rights considerations are embedded in Policies and related guidance. These weigh up the human rights considerations in those circumstances in which interventions might impact on a service user's exercise of independent choice or where a service user's vulnerabilities require their access to independent advocacy and/or legal representation. These areas include for example:</p> <ul style="list-style-type: none"> ➤ Adult Safeguarding. ➤ Capacity, Consent and Best Interests issues. ➤ Decisions relating to the use of powers under Guardianship. ➤ Applications for compulsory admissions for assessment. ➤ Risk assessment and risk management decision-making processes. ➤ Restrictive practices and the use of physical interventions. ➤ Observation Policy ➤ Care Planning. ➤ Use of CCTV to capture aspects of a service user's experiences of care. ➤ Seclusion and positive behavioural support. <p>Human rights considerations are clearly documented in SW case notes, assessments, care plans, Adult safeguarding, risk assessment and agency and legal reports etc. The Service uses the Best Interests Decision Making Tool to inform complex decision-making. This recording should set out the context, weigh up the service</p>
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	<p>users/carers choice, needs, wishes against the needs of the service user. Potential intervention options are identified within a human rights focus and their rationale for adopting a particular approach.</p> <p>The staff have also availed on bespoke training on 'Recording- the legal issues' which is facilitated by a barrister highlighting the need for accurate, timely recording which explains the rationale for decision making with reference to human right considerations.</p>
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HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	As previously reported, the use of compulsory powers under the Mental Health (NI) Order 1986 continues to require careful balancing of human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	ASW refresher and re-approval training. The provision of ASW fora to support good practice. Staff updates on legislative developments. Staff training in human rights awareness. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. The provision of accessible information to service users and carers about their rights. The provision of advocacy services.	The new mental capacity legislation and additional responsibilities for ASW and the introduction of authorisation panels will add further to the challenges encountered when balancing a range of human rights. There is currently a review into the advocacy service in learning Disability
	As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service awaits the introduction of the new capacity legislation, which should address this issue. Provision of advocacy services.	With the introduction of the new mental capacity legislation and the establishment of panels it is likely there will continue to be challenges in this respect however there will need to be consistency in approach across service groups and indeed across the region.

	<p>As outlined in previous reports the Mental Health Review Tribunal system is such that those who seek an independent review of an admission for assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.</p>	<p>The Service strives to be as accommodating as possible in arranging early Tribunal dates but this remains a major difficulty.</p>	<p>The introduction of panels as a result of the mental capacity legislation will ensure reviews are held in a more timely fashion however it remains unclear how quickly Tribunals will be set up and what format they will take.</p>
	<p>Adult safeguarding-generally involving a balancing of the statutory duty to promote and protect the welfare of a vulnerable individual and their right to self-determination. It can also involve complex decision-making with regard to risk management in non-adjudicated situations, balancing an individual's right to privacy with potential risks to the wider society of failure to share information. There are also wider implications, as has been highlighted in the recent large scale adult safeguarding investigation into the hospital, which also relates to the balancing of the rights of staff and ensuring action is proportionate and necessary. There has been issues regarding how the disciplinary policy, safeguarding policy and joint protocol interface with each other.</p>	<p>Review of adult safeguarding- learning from the SAI 'a way to go'. A task and finish group is being established to review BHSCT procedures in relation to adult safeguarding. Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. The provision of support groups for Investigating Officers and Designated Officers to promote best practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.</p>	<p>Ongoing</p>

	<p>The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.</p>	<p>Review of the PQC guidance-review of process, audit of current compliance, guidance checklist to be developed to guide staff through the process. New roll out of additional staff training on the Promoting Quality Care guidance. Staff training on human rights. Staff training on data protection. Staff training on capacity and consent issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services. Staff updates on legislative developments.</p>	Ongoing
	<p>The use of compulsory powers under the Mental Health (NI) Order 1986</p>	<p>The Service is cognisant of the need to exercise its statutory remit in a balanced proportionate and least restrictive manner.</p>	Ongoing

3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<p>One social worker completed her MSc and was awarded the Diana Jones prize for the highest scoring dissertation. She had an abstract accepted for the 6th Social Care Research Conference and presented this on the day and has been successful in securing a scholarship to complete a PhD.</p> <p>Another social worker successfully completed her Specialist Award in Practice Teaching.</p> <p>A social work team leader continues on the Strategy and Leadership award and will complete her MSc next year.</p> <p>The Learning Disability Day Services Forum was established in 2017 to shape the future of day services across Belfast. Staff, carers and service users were involved in the future planning of services facilitating Empowerment through Participation and the Appreciative Inquiry method of engagement. This involved trained family carers facilitating group discussions along with staff and the TILII group (Tell it Like It Is – a community based advocacy group of adults with Learning Disability). An event was held with the Trust Chief Executive leading in the praise for all involved in this initiative.</p> <p>Day Opportunities are utilised in a wide range of new opportunities for service users incorporating different community based activities for example, hill walking, filmmaking and creative and expressive arts projects into the ongoing programme. It has also invested in personal development, training for work and independence programmes for individuals, which will support them to take up day opportunities.</p> <p>Equal Notes, the community choir, continues to grow from strength to strength and are in constant demand for public performances.</p> <p>This year we can report that a Social Enterprise “Ability Café” based in a BHSCT Wellbeing & Treatment Centre has been established through USEL (Ulster Supported Employment & learning). It provides paid employment for 3 people with learning disabilities in addition, to a 6 further training opportunities. USEL have employed a Training Officer specific to the Café to provide the necessary skills for trainees to secure employment within the hospitality sector.</p> <p>The Trust has successfully completed its first Positive Action Employability Programme recruiting adults with learning disabilities into vacant permanent posts within Patient & Client Support Services. This initiative was launched by Michael Wardlow, Chief Commissioner at the Equality Commission on World Job Shadow Day. Participants completed a 14 week OCN endorsed employability programme covering the entire PCSS Induction programme and on successful completion 9 trainees took up permanent posts within the Trust. It is hoped that this will become an annual recruitment drive within the</p>

	<p>Trust. This Positive Action initiative is part of the Trust's drive to ensure that staff are reflective of the community we serve and that all reasonable adjustments are made to support them. This initiative has been shortlisted for a number of awards as well as being asked to present at the EUSE Union of Supported Employment annual conference.</p> <p>The manager of one of our Residential Units won the Northern Ireland Learning Disability & Autism Award for the Best Registered Manager. The award celebrated a manager who has demonstrated a high level of expertise, exceptional skills in leadership and management, great support for colleagues and a positive commitment to person centred support to meet the ever-changing needs of the people the service supports.</p> <p>There has been a huge drive across teams to ensure people with a learning disability and their carers are centrally and meaningfully involved in co designing and coproducing everything we plan and develop. A Carer Consultant post has now been appointed. This will ensure co-production is at the heart of all our initiatives.</p> <p>Significant work has been achieved to develop community support services and partnerships with community & voluntary sector, along with reviewing hospital discharge processes. This has allowed timely discharge from hospital. Engagement and contractual work has been done with our providers to set realistic expectations and accountability when signing up to sustainable community placements. The service is striving to ensure people with learning disability will be supported to live as independently as possible, with the support they need in their communities.</p> <p>In partnership with our colleagues in Children's disability services, a review and process mapping exercise has given better insight into the transition process and what the protocol needs to 'look like' so both teams are achieving the best outcomes for transitioning service users and their carers. This will ensure young people with learning disability will be supported in their transition to access education, training, accommodation, employment and a full range of health and social care needs as adults.</p> <p>Significant work has been undertaken to develop a range of flexible and responsive community services aimed at delivering assessment and treatment at home, avoiding hospital admission where possible.</p>
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3.16	SUMMARY
	<p>This has continued to be a very challenging year in light of the high profile, large scale adult safeguarding investigation in the hospital. This has had a detrimental impact on our service users and carers and staff. Given the media coverage this has resulted in a perceived lack of public confidence in the service. The investigation is still ongoing and there is further CCTV to view which therefore continues to cause uncertainty for our services users and families and staff.</p> <p>Despite these challenges the outcomes of the SAI report, the actions arising from the RQIA inspections and general themes emerging have all helped focus the service on developing and implementing action plans to improve our service so it delivers safe, effective and compassionate care.</p> <p>There has been significant work undertaken with our carers and service users. There has been carer engagement throughout the reporting period in the form of workshops, the establishment of a carer forum and one to one meetings with the families affected by the investigation. The recent appointment of a carer consultant will be instrumental in ensuring there is a greater focus on co production and the needs of families and services is central to everything we do.</p> <p>There has been some preventative work completed with our service users through the roll out of the keeping yourself safe programme and the appointment of an activity coordinator to increase meaningful activity and reduce the likelihood of incidents. There has been a huge focus also on identifying suitable placements for our patients who are delayed discharges. There has been significant work done in forging working relationships with a range of private providers to meet our service user needs in the community. The Trust has also developed Cherry hill supported living scheme to support 9 service users in the community. In addition, the community teams and care management have been strengthened. The intensive support service is also being redesigned to provide intensive input at home and reduce admissions to hospital in the future. There has also been a review of policies and procedures including CCTV, the use of seclusion, observation etc.</p> <p>There has also been a significant amount of work undertaken to support our staff at this difficult time for example, there is a full time counsellor on site, reflective practice sessions are available, staff workshops, joint OH and OH sessions were available, a massage day was provided for staff and a health fair and 'be-well' sessions are planned. Due to staffing issues there has been backfill through agency and bank.</p> <p>There service area has also undertaken a range of organisational and workforce developments as part of its focus on distilling learning, improving and providing compassionate, safe and qualitative care.</p> <p>The Service has pursued a person centred care approach through working in partnership with service users and carers.</p>

	<p>The Service has committed to promoting service user choice by developing flexible and bespoke care packages to meet needs. The service continues to promote SDS and all direct payments are now under SDS with a support plan.</p> <p>There are ongoing substantial challenges in securing domiciliary care services.</p> <p>The issues relating to legal authority for deprivations of liberty continue to cause major uncertainty but this will be addressed through implementation of the Mental Capacity legislation.</p> <p>The roll out of the new Mental Capacity legislation will present significant pressures for the service in terms of workforce, training and resources.</p>
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Programme of Care / Directorate:- Family and Childcare

3.1	Named Officer responsible for professional Social Work
	<p>The Co-Director Family and Child Care Services has overarching responsibility and accountability for the operational delivery of statutory functions by the Family and Child Care Service.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p>
3.2	Supervision arrangements for social workers
	<p>Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements.</p> <p>The Service continues to provide supervision to its social work workforce in line with the Regional Supervision Policy.</p> <p>The Service continues to implement a professional social work supervision exception reporting system. Monthly returns from the Service evidence satisfactory compliance with the requirements in respect of the frequency of supervision and facilitate monitoring of non-compliance.</p> <p>The Service has achieved satisfactory compliance with the standards specified in the Revised Guidance for Registrants and their Employers NISCC July 2010 in relation to the supervision of AYE staff.</p> <p>The Service is in the two-year implementation phase of Signs of Safety. One of the central tenets of this practice model is 'Group supervision' in respect of individual cases to promote a culture of reflection and improve decision-making. Group supervision was introduced during this reporting period and is now being implemented across all of the Family Support teams and is being supported by the Implementation Lead, Practice Leads and members of the Implementation Team. This does not replace individual supervision but is very beneficial in enhancing the knowledge and skills of social workers and managers as the whole team benefits from group supervision. Group supervision is also being rolled out across the LAC teams.</p> <p>Additional support is being provided to a group of new team leaders on a monthly basis from the PPSW Child protection and to all Family Support team leaders via Therapeutic Support Services focusing on strengthening the role and function of this key group of staff in supporting frontline practitioners.</p> <p>A training programme for management has been developed within the Residential Service, co-designed by the Trust's Therapeutic Support Service, the LAC Principal Practitioner and the Training Team which focuses on Leadership and Reflective Practice as components of supervision.</p>

	<p>Caseload weighting has not been fully applied during this reporting period due to pressures on the team leaders and frontline staff due to vacancy levels. This is an area that will be revisited once the staffing levels improve.</p>
3.3	<p>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).</p>
	<p>The Service has undertaken/participated in a number of thematic reviews/audits during this reporting period.</p> <p>A recent audit of re-referrals to the Gateway Service within a year identified a significant percentage of cases being re-referred with a higher threshold of need and therefore requiring a statutory social work assessment. Many of these cases had previously been sign-posted to Tier 2 Services. Evidence from the audit sample would suggest that these services were either not accessed or the outcomes had not prevented the need for intervention from statutory services. Further work is required to fully understand the practice implications of this audit for Gateway.</p> <p>The implementation of Signs of Safety as the overarching practice framework, with other approaches including ACEs (Adverse Childhood Experiences), BBF (Building Better Futures) and UNOCINI integrating with the Signs of Safety, continues apace within the Belfast Trust. The Belfast Trust is committed to implementing Signs of Safety in line with the Implementation Plan in order to support the Service to deliver enhanced quality services and practice. Through working together in partnership with families, the Service will strive to achieve strong and sustainable outcomes for children, young people and their families, and empower our families and our staff. The Service is implementing the 'dashboard' as a means of measuring Signs of Safety activity across the service.</p> <p>The Service Area's Case Conference Chairs have met within the context of the continuing implementation of Signs of Safety and the training required for them to facilitate and implement this practice model within Child Protection Case Conferences. This training, development and support will continue in line with the trajectory of full implementation of the Signs of Safety within the Case Conference process.</p> <p>Following on from the Thematic Review in relation to Child Sexual Exploitation (CSE) in November/December 2016, a further audit is about to commence into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland. A timetable for this audit to begin has been received by the Trust and will be completed within the next reporting phase.</p> <p>The Trust's Senior Practitioner (SP) for CSE has continued to work with</p>

	<p>her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young people who go missing from home/care. The Trust reports on this data to the HSCB. Joint working between the PSNI and Trusts is crucial and has enhanced service delivery in the area of missing children. The PSNI Missing Children's Team continues to be a particularly positive initiative in this regard. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people. During the reporting period, there has been a reduction across the Trust of 46% in the number of young people going missing.</p> <p>The Service will be engaging in an audit in the next reporting phase examining the referral processes and services for children and young people who display Harmful Sexual Behaviour (HSB). This audit is in the beginning phase. The NSPCC will undertake the audit with a view to developing an evidence informed operational national framework for children and young people who display harmful sexual behaviour.</p> <p>Assurance arrangements with regard to residential care services include monthly Monitoring Officer visits to and completion of reports in relation to individual residential homes; RQIA announced and unannounced inspections of residential homes; and HSCB reporting requirements pertaining to the operationalising of Restriction of Liberty Panels and Adverse Incidents reporting. Non-Executive Directors and Directors also visit the Homes on a rotational basis throughout the year.</p> <p>Due to capacity issues across the Senior Management Team, reflective practice sessions for managers relating to the findings and recommendations of Case Management Reviews, SAIs, complaints and Internal Case Reviews have been put on hold during this reporting period although learning has been disseminated down through the line management arrangements and staff have been encouraged to attend wider Trust events. The Trust continues to participate fully in the Case Management Review arrangements under the auspices of the Safeguarding Board for Northern Ireland (SBNI).</p> <p>The Service is compliant with the requirements in relation to the reporting and dissemination of learning arising out of Serious Adverse Incidents and Untoward Events.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>The Executive Director of Social Work/ Director of Children's Community Services represents the Trust on the SBNI. The Trust's representatives on the Belfast Safeguarding Panel are the Co-Director Family and Child Care; Designated Doctor for Safeguarding Children; Co-Director Mental Health Services; CSM for Gateway in her capacity</p>

as Chair of the BAD&SV Partnership and Named Nurse for Safeguarding Children. A number of staff from a range of Services are currently engaged in various SBNI sub-groups.

The Service is engaged in a substantial number of partnerships with service user, community, voluntary and statutory sector organisations in the development of integrated service delivery responses to the spectrum of needs across Belfast's childhood population.

The Trust's Director for Childrens Community Services chairs the Belfast Area Outcomes Group, which is driving forward the operationalising of a Belfast-wide Early Intervention Service (EIS). The EIS is seeking to improve outcomes for vulnerable children and their families through the provision of a range of local, accessible, evidence-based services to support families and children who are experiencing difficulties before they become established and to enable children to develop to their full potential.

This initiative is predicated on a multi-systemic approach to supporting families at different points and to building relationships with families as the key lever for change. The template for the EIS incorporates a commitment to multi-sectoral partnership working within a shared vision delivered through an outcomes-based performance management and assurance framework.

In this context, the operationalising of the ten Family Support Hubs which signpost families with specific needs to appropriate services is of central importance. The EIS continues to provide a range of training/capacity building opportunities for Hub leads and Hub member organisations and this is key in building knowledge, capacity and skills across the service delivery organisations grouped around Hubs. A Celebratory Event was held in February 2019 to celebrate the work of the Hubs and the organisations that provide services to families and children through the Hub network. Following this, the Lord Mayor of Belfast invited the Hub Co-ordinators to her Parlour to each accept an Award from her for their work in the local community. The Trust welcomed the additional investment through transformational monies this year to further support the work of the Hubs.

The Service has met with Belfast City Council on a number of occasions to consider the engagement of the BAOG in the planning for and the delivery of a Belfast Community Plan-a vision for the city predicated on collaboration, partnership and optimising of resources across the spectrum of city stakeholders. This work will continue during the next reporting period.

RQIA have continued with its Inspection programme across all of the Services children's homes. During this reporting period RQIA continued to work with the Service in relation to a quality improvement project which involved the development of a new monthly reporting template.

A recent Court of Appeal judgement in relation to EPOs found that the

	<p>Court was “plainly wrong” and acted “unlawfully” in proceeding to hear an EPO application in the manner that it did. Arising out of the judgement is the requirement of applicant Trusts to draw attention to the “Mumby points” in their application. This will have implications for Social Workers particularly when out-of-hours applications and awareness raising sessions are being carried out.</p>
3.5	<p>Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions</p> <p>FAMILY SUPPORT AND CHILD PROTECTION CASELOADS</p> <p>The Trust continues to experience significant difficulties in allocating cases within its Family Support Teams. Caseloads within these teams continue at a level which is not conducive to ensuring families are appropriately supported in a timely manner. Additionally these caseloads are impacting on the Trust’s ability to retain and recruit staff to these vital front line posts.</p> <p>The Trust is seeking to effect a reduction in caseload numbers and equity of workloads across sectors, particularly in fieldwork services. The embedding and ongoing evaluation of the Service’s Care Pathways Protocol has continued to monitor its impact on caseload numbers across services. The Transfer Protocol between services provides a sound basis to manage the effectiveness of transfer arrangements between teams/ services in the context of complexity, volume of service demands and workforce capacity.</p> <p>UNALLOCATED CASES</p> <p>Unallocated cases continue to be an area of significant pressure within the Family Support Teams given the difficulties with recruitment and retention of staff. As at March 31st, the total number of Directorate-wide unallocated cases was 246, 80 of which were Family Support.</p> <p>Family Support services have robust unallocated cases management, assurance, monitoring and reporting processes in place with regard to unallocated cases. These cases are reviewed on a weekly basis by the team leader and reprioritised as necessary. In addition, all unallocated cases have been reviewed by the PPSW Child protection during the reporting period to ensure consistent decision making across the service.</p> <p>Due to ongoing staffing vacancies within the LAC service a number of children/young people have not had a named social worker/allocated social worker. A number of measures have been put in place to manage this situation whilst the service awaits the arrival of new staff in the summer: weekly review of these cases by SSW/PSW and CSM; cases prioritised if before the court or recently through the court; Kinship support staff and residential staff ensuring visits are undertaken to children in these placements; and band 4 staff being employed on a temporary basis to support the social work teams.</p> <p>CHILD SEXUAL EXPLOITATION (CSE)</p> <p>The Senior Practitioner (SP) with responsibility for CSE remains co-located with the Public Protection Unit in Antrim Road PSNI. The SP</p>

supports staff with the identification of CSE, and provides consultation and supports to staff in responding to this vulnerable group of young people. They have a key role in working with the PSNI in identifying and gathering intelligence relating to potential networks of adults who pose a risk to young people.

The Trust has continued to provide in-house training on CSE to a range of staff and has facilitated briefing sessions for voluntary and community groups. The Senior Practitioner for CSE provides on-going training input on CSE risk assessments to other agencies and to Trust staff. The complexity of assessing and supporting young people with regard to CSE where their behaviour changes and they at times become perpetrators of Harmful Sexual Behaviour (HSB) is recognised. The SP for CSE has completed AIM2 training (validated risk assessment tool for HSCB). This enhances her ability to risk assess these complex young people and to provide guidance to Trust staff.

A second audit is about to commence into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland. A timetable for this audit to begin has been received by the Trust.

LEGAL DUTY TO ACCOMMODATE YOUNG PEOPLE

On occasion, the Trust's Intensive Adolescent Support Teams have been managing safeguarding concerns in relation to young people who have been the subjects of paramilitary/community threats. The Trust is keen to see the full implementation of the draft guidance agreed regionally by the HSCB, Health and Social Care Trusts, PSNI, and PBNI 'When a Child/ Young Person is subject to a Threat to Life'. This approach promotes greater co-operation across agencies in the discharge of their safeguarding responsibilities and is waiting formal approval. Difficulties remain at times in verifying threats. Often the young people cannot be supported in their homes and require alternative accommodation outside their own localities. This presents challenges and risks that require safety planning with the young person and their networks.

The Trust has a statutory duty to provide accommodation to a young person assessed as being "in need". In a number of instances, this duty requires the Trust to provide accommodation to young people who have a history of offending/anti-social behaviours, including drug and alcohol misuse and/ or have experienced a breakdown in relationships at home. Due to ongoing recruitment challenges, the homeless SW post has remained vacant during this reporting period, which has placed significant strain on the intensive Adolescent Support Service. Effective working relationships have been established with the NIHE and Joint Commissioning providers to assist in the development and delivery of accommodation for homeless young people. Challenges remain in relation to sourcing appropriate accommodation for those young people whose needs cannot be met in residential care or current jointly commissioned accommodation due to the risks and challenging

behaviours they present with.

Availability of and access to bespoke accommodation and supports for young care leaver mothers and young mothers who are Looked After children is a pressing issue.

CASE CONFERENCE MINUTES

As at 31st March 2019, the Trust had a 17.5% compliance rate with the required time-line for dissemination of case conference minutes. The reduction in compliance has resulted from a number of factors including significant challenges associated with the introduction of new business and related data quality assurance processes across administration and social work staff and ongoing recruitment difficulties across all grades of staff. The improvement in compliance is a priority area for Principal Social Workers and Minute Takers. A Quality Improvement Project has begun to focus on the compliance rates and the improvement of these.

FAMILIES WITH NO RECOURSE TO PUBLIC FUNDS

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

CARE PATHWAYS PROJECT

The Care Pathways Project has been operational since 2016 and a planned review was due to be completed by the end of 2017 as part of the transformation process. Unfortunately, there has been delay in the report being finalised due to operational reasons. Feedback from within the Family Support Service is generally positive with staff seeing the benefits of remaining involved with families until the granting of the final Care Order. Feedback from both LAC staff and young people is positive although, due to the increasing demands on the LAC service, staff managing the complexity of the 16+ age group of young people, increasing caseloads and difficulties with staff retention, the full benefits have not been seen. Young people and social workers report, however, that in principle, the preferred choice is that those young people under 18 remain in the Looked After Service.

ADOPTION AND PERMANENCE SERVICES

Whilst the recruitment of potential adopters with appropriate skills and abilities to meet the often-complex needs of young Looked After Children, including sibling groups, in need of permanent adoptive homes has improved, this area none the less is one which the Service keeps a focus on. The recurring themes of chronic neglect, foetal alcohol syndrome, attachment difficulties and developmental delay are prominent in the profile of those children for whom permanency through adoption is determined as the optimal option for their future care.

Protracted Court proceedings in many cases impact adversely on the securing of timely permanence, especially where adoption is the Care Plan. Twenty-two Freeing Orders were granted during the period 1 April 2018 – 31 March 2019. The Trust is committed to improving performance in this key area. The implementation of the Revised Permanence Policy affords the opportunity to improve timely decision-making and planning to progress permanence through adoption.

On a positive note, at period end the Trust had no children freed for adoption who were awaiting placement with perspective adopters.

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

With regard to the recruitment of adopters, all applicants complete a dual approval assessment and are matched with children who have a ‘best interest’ recommendation. Concurrent care is discussed with potential adopters as part of the Trust’s ongoing focus on promoting this model. While concurrent care is not appropriate for all prospective adopters, the number of carers open to considering concurrency is increasing. The Trust has eight approved dual/ concurrent carers awaiting matching and two concurrent placements. The Adoption Service works with colleagues in the Family Centre to provide bespoke parenting assessments for parents of children placed in concurrent placements. This is the consolidation of the HOT Project into mainstream services.

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

The Trust continues to make improvements in the reduction of the number of applicants on the waiting list for assessment. With the retained bank of fieldwork staff supporting the Adoption Service staff resource, there is a rolling allocation of assessments. Waiting times for both assessment and training are often dependent on the applicants’ individual personal/home circumstances. The Trust is currently undertaking 9 adoption assessments at period end.

CARE ORDERS AT HOME

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

staff are now involved in a QI project due for completion in June 2019.

PERSONAL ADVISOR (PA) SERVICE

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

At the period end, the Trust had 79 young people awaiting the appointment of a PA. Unfortunately, within the PA Service, there has been one vacancy during the reporting period and a long-term absence. This had led to an increase in the waiting list for PA case allocations. The vacant post has recently been recruited to and it is hoped that the other PA will soon be able to avail of a phased return to work.

Even with a full staff complement, it is unlikely that the PA service will be able to meet all its statutory responsibilities within the number of core funded staff. It is anticipated that the PA service would require at least an additional 1.5 PAs to meet the entitlement for eligible, relevant and former relevant young people.

GEM SCHEME

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

The Trust is involved in the regional work to review the funding to GEM placements, particularly with regard to fee paid foster placements in the projected care plans for post 18 care leaver placements.

SUPPORTED ACCOMMODATION

The Trust currently has access to a number of jointly commissioned accommodation resources, which support young people transitioning into independent living. These options provide a spectrum of peripatetic supports, which meet the diverse needs of young people leaving care. The Trust had identified a need for supported lodgings and had secured recurrent funding for same from the HSCB, however, the Trust in partnership with South Eastern Trust, felt this was no longer a priority area at the present time. The South Eastern and Belfast Trusts are now jointly exploring with the NIHE and current providers of jointly commissioned accommodation, the possibility of alternative placement options and support packages for those older young people whose needs cannot be met in either residential care or joint-commissioned accommodation, due to the challenges and risks they present. This

work is being taken forward by both Trusts with further additional funding provided by the HSCB to provide intensive packages of support for vulnerable Looked After young people 16+ and care leavers.

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

Placement Pressures:

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

The Service has noted a growing trend of younger children presenting at the point of referral with complex emotional and behavioural needs, who require access to specialist therapeutic services and bespoke fostering and residential resources. During the reporting period, the Trust placed two young children under eleven years in residential care.

The professional, governance, organisational, logistical and resource implications of placing a young child in residential care are considerable. During the reporting period access to Children's House was not available to the Trust which placed pressures on its existing residential provision, and current specialist therapeutic support services. This resulted in significant costs associated with individual placement arrangements, bespoke supports and overarching workforce capacity. This issue requires a particular focus at policy and regional levels.

Placing young children in residential placements out with their Statement of Purpose, breaches regulatory requirements and results in a temporary hold on admissions to the individual home. The placement of one of these young people resulted in a JR application by the child's mother and an judicial process over a number of months. This has had a direct impact on the whole-system residential placement capacity and has generated indirect pressures within the fostering system.

A specialised, bespoke home has been developed in response to the specific needs of one young person. There have been issues with regard to recruiting a full staff team, which in turn has led to a temporary hold on admissions to one of the ISUs where the young person is currently residing.

One of the ISUs in Glenmona will be moving into the community, to College Park Avenue in the early Autumn. There are plans in place for two of the children's homes on site, the remaining ISU and the

	<p>Unaccompanied Minors and Separated Children home.</p> <p>One of the children's homes, Donard, provides placements regionally. This provision is being reviewed with the HSCB and Trusts.</p> <p>SEPARATED CHILDREN</p> <p>The Glenmona Resource Centre provides a specialist residential service to separated children. It is recognised that this group of young people are particularly vulnerable.</p> <p>The Trust continues to manage these young people via the Intensive Adolescent Support teams, which support the development of expertise and skills base in this complex area of work. The focus of the Teams' interventions includes age assessments; ensuring a young person's cultural and religious needs are met; overcoming communication barriers through the effective use of interpreting services; and building relationships with young people. This service has developed positive working relationships with the newly established Independent Guardian Service.</p> <p>In March 2019 CSIB approved the 'Practice Guidance Note on the Legal Position of Separated and Trafficked Children'. This practice note provides the Trust with the rationale as to why the mandate of the Court should be sought to ensure judicial protection of the young people's human rights and UNCRC rights. This has placed additional pressures on the IAS teams who have now retrospectively made applications in cases that were previously known and managed on a voluntary basis.</p> <p>The Intensive Adolescent Service, residential and community staff support continuous practice development in this area. Staff attend multi-disciplinary Regional Practice Network meetings chaired by the HSCB. The Network has also developed a practitioner forum to share good practice with staff members and a consistent response across the region in work with unaccompanied asylum seeking and trafficked children, which is ever changing. There is also the current development of a regional fostering team to identify specialist carers for separated children given their specific and complex needs.</p>
3.6	<p>Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications</p>
	<p>Implementation of Signs of Safety</p> <p>Within Belfast Trust, the Service is committed to our aim that Signs of Safety will be our framework for interventions with children and families, setting the processes through which the work is undertaken with individual service users in partnership with other agencies. Whilst Signs of Safety provides many opportunities and improvements in the way we carry out child intervention work, it is also important to recognise the challenges. These include the capacity of staff to implement Signs of Safety along with other practice directions for</p>

example, Building Better Futures (BBF) and Adverse Childhood Experiences (ACE). There are significant pressures related to workforce recruitment and retention and outstanding challenges with the integration of Signs of Safety and the various Trust information systems.

Adoption and Childrens Bill

The Trust would wish to continue to highlight the significant resource, capacity and workforce planning requirements that will be necessary to deliver the implementation of this new legislation.

Increase in Costs relating to Permanency

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

The number of Adoption Allowances continues to increase, reflecting the range and complexity of needs of children placed for adoption.

Contact

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

Fostering Placements

The Trust continues to experience significant difficulties in securing appropriate placements for children and young people.

PARIS

The implementation of PARIS has continued to present significant resource, logistical, professional and organisational challenges. It is a crucial strategic, transformational improvement project and will require significant resources to optimise the potential of digital working and to position children's social care services to respond to the challenges and maximise the opportunities of the roll-out of Encompass.

Specialist residential provision

A specialised, one-bedded children's home has been developed in response to the specific needs of one young person in circumstances in which an ECR placement was not an option. There are substantial related resource and financial issues associated with the recruitment of a staff team to provide full-time care for this young person.

	<p>Younger age children requiring residential placements</p> <p>The past year has seen an increase in the number of children at a younger age requiring residential placements due to complex behavioural and emotional difficulties. These young people have often had a high level of fostering breakdowns in a short period of time and have presented with behaviours that are too challenging for foster placements. Consequently, the Trust has had to reconfigure one of its children's homes for the younger age range and provide additional training to staff on how best to meet the needs of this very complex group of young children.</p> <p>This Home will continue to be required during the next reporting period due to the ongoing needs of this group of children. This continues to impact significantly on the number of residential placements available for 13-17 year olds and has resulted in our mainstream homes increasing the number of young people placed within them – a move which is counter strategic.</p>
3.7	<p>Indicate if the issue is included on your Trust Risk Register and at what level</p> <p>The following risks in relation to the discharge of statutory functions were included on the Directorate Risk Register as at 31st March 2019:</p> <ul style="list-style-type: none"> ➤ Potential for young people to come to harm as a result of poly substance use; ➤ Risk of young people engaging in risk taking behaviour eg substance misuse and vulnerability to CSE while having unauthorised absences and going missing from care; ➤ Risk to delay in children and young people receiving services due to the number of unallocated cases within Family Support; ➤ Risk of homeless young people aged 16+, who present to Family Support, becoming further involved in CSE, drugs/alcohol or crimes as result of being placed in unregulated placements such as B&B; ➤ Risk of verbal abuse and or injury/harm to staff due to violence and aggression from others; ➤ Risk of mis-management of child protection cases due to the volume of cases and current staffing complement; ➤ Risk of staff not being up to date with current practice because they have not undertaken statutory mandatory training; ➤ Risk of some of the high volume of very sensitive information being forwarded incorrectly or not appropriately managed in line with Information Governance policies; ➤ Risk associated with the implementation of Paris across the Family Support and LAC teams, the impact on Social Worker's time and the potential for information to be entered incorrectly. ➤ Risk of verbal abuse or injury/harm to staff due to violence and aggression from others ➤ Risk of not being able to access appropriate foster care/residential placements ➤ Risk of not being able to fully discharge statutory functions due to high levels of vacancies in FS and LAC ➤ Risk of mis-management of Child Protection cases due to the volume of cases and current staffing complement.

3.8	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.
	<p>The past twelve months has been an extremely challenging time for the Children's Community Services in terms of recruitment and retention of staff across all areas of frontline provision. The Directorate has held monthly workforce meetings to focus on the recruitment and retention of staff and when required weekly meetings with senior managers of particular service groups to review how vacancies are being managed. Whilst the Trust has a scrutiny process in place for review of vacant posts, the Executive Team has fully supported all recruitment requests for children's community social work posts. The main issues have been the timeliness of getting successful applicants through the recruitment process and the lack of available social workers in the latter part of the year. The Directorate has significantly increased its reliance on the use of agency social work staff although the availability of this group of social workers was limited as the year progressed.</p> <p>Throughout the course of this reporting period, the Gateway Service has experienced significant workforce challenges with staff leaving post for various reasons, including promotion/ a change in career pathway/ wishing to seek out opportunities in other programmes of care. Due to the demography of the workforce, maternity leave has also been a particular feature. The Service has developed a pro-active recruitment and retention strategy with substantial HR supports incorporating a series of recruitment campaigns, development of incentives and accessing of agency staff. It has pursued a dynamic staff engagement and listening approach with a sustained focus on staff well-being, ongoing investment in a spectrum of training and development programmes and a commitment to flexible, family friendly approaches. The Directorate has sought to consolidate and further develop its links with the Degree course providers and to optimise the potential of its student placement programmes for future recruitment opportunities.</p> <p>There are continuing workforce pressures across the Family Support Service in fieldwork posts. Stressors related to caseload size, service delivery volumes, demands and complexity of service user needs, levels of risk and related accountability remain substantial issues. The demands placed on field social work and senior social work grades has a detrimental impact on the recruitment and retention levels within Family Support.</p> <p>Given the volume of new Band 7 SSW staff within the Trust and the crucial role they have, emphasis is being placed on the support available to staff via the SSW forum. This also incorporates psychological support available via the TFSS wraparound service.</p> <p>Over recent months, the LAC service has experienced difficulties in recruiting and retaining social work staff. The bedding down of the Care Pathways Review, alongside increasing complexity of the casework, increasing caseloads with the rise in the Looked After</p>

	<p>population, ongoing Court work with Freeing Order Applications, other legal challenges from parents, for example arrangements for contact, have all contributed to experienced staff either leaving to go to other programmes of care or leaving the Trust to try to achieve a better work-life balance. The development and support of our workforce has been a key priority for the Directorate during the year and will continue as such during the next reporting period.</p> <p>Overall, the Residential Service teams are at capacity although there are issues in relation to recruiting a full team for a new children's home recently developed.</p> <p>The Service has continued to support investment in learning and development opportunities for staff. As part of a Trust-wide process, the Service was assessed for IIP re-accreditation during this reporting period. IIP affords a framework within which the Service has sought to develop its workforce support and engagement structures to promote staff resilience. The framework's emphasis on reciprocity of respect, communication and transparency reflect the wider organisational values and principles. By building clear channels for staff to contribute to the Trust's realisation of its ambition, the Service hopes to achieve IIP Silver Award accreditation to maximise the workforce's potential.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	Inter-country Adoption Services – Costs related to assessment and approval process.
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	This will be addressed in the Children with Disabilities section.
3.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	<p>Human Rights principles are mainstreamed and central to the design, development and practice of all Belfast Trust policies and proposals. The Trust's vision, values and principles reflect the importance it attributes to the human rights of service users. All Trust policies and procedures comply with statutory requirements relating to its Section 75 responsibilities</p> <p>Professional and corporate mandatory training and accredited learning programmes embrace a focus on consideration of the impact on an individual's human rights in decision-making with regard to statutory services delivery.</p> <p>Human Rights considerations are fundamental to the delivery of all services pertaining to children and families. Respect for the integrity of the individual child, their parents and carers, their engagement with and active participation in decision-making which affects them and the proportionate exercise of statutory authority, while retaining a focus on the paramountcy of a child's welfare, provide the template underpinning</p>

	<p>the Service's discharge of statutory functions.</p> <p>Under the auspices of the Trusts New Directions 2 document the Service is reviewing its arrangements to engage service users in the evaluation, planning, design and review of service. In addition to the involvement of service users in meetings such as child protection case conferences, LAC reviews, the Service has well-established service user involvement in a number of areas including the Care- experienced Young Peoples Forum, Family Nurse Partnership Project Board. The service will build on this over the next reporting period to incorporate a co-production approach.</p>
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HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>The Trust continues to receive a significant number of referrals in relation to families with No Recourse to Public Funds (NRPF). In assessing the needs of these families, the Trust is required to balance their rights to family life in any decisions that it takes regarding the provision of funding or the offer of returning the families to their country of origin.</p> <p>Discharge of statutory responsibilities which impact on the Human Rights of children and parents in discharging its statutory responsibilities to secure the safeguarding of children.</p>	<p>This is still an expanding area of work across the Trust. The Trust has developed staff with a skills base in working with NRPF families and has sought to develop its relationships with key agencies involved e.g. the United Kingdom Border Agency (UKBA).</p> <p>The Trust provides regular training and reflective learning opportunities for its social work staff in relation to the proportionate balancing of human rights considerations and the discharge of statutory duties to protect children. Professional practice is underpinned by the values and principles referenced in the NISCC Code of Practice and the Trust's own values. The initiation of statutory authority is contextualised within such values and principles and informed by statutory guidance and procedures. The involvement of children and parents/carers in all decisions which impact on their</p>	<p>The HSCB has published guidance on access to social care for people from EEA and non-EEA countries. The operationalising of the guidance has reinforced the complexities and ambiguities of the legislative framework.</p> <p>The Service Area will continue to review its practice in this area. It will seek to enhance opportunities for service users to contribute to the review and development of services and to ensure that service users have access to independent advocacy and legal representation.</p>

	<p>The area of post adoption contact for children who are subject to Freeing Orders and subsequently placed for adoption presents complex rights and professional challenges in balancing the rights of a natural parents and the paramountcy of a child's welfare</p>	<p>Human Rights is fundamental to practice.</p> <p>The Service has sought to build its knowledge, skills and evidence base in adoption and the area of post adoption contact to support evidence informed decision-making, which fully addresses the rights of the individuals involved.</p>	<p>To continue to develop professional practice base and review the evidence base to inform decision-making. To ensure relevant, up to date research is available for all staff and contributes to practice and planning approaches.</p>
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3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<p>The implementation of Signs of Safety on a regional basis presents an opportunity to transform service delivery approaches and outcomes across the Service. However, it also presents significant challenges. It is crucial that the concerns in relation to the challenges are managed and overcome in order to ensure that it is implemented within the timeframe and leads to the anticipated changes.</p> <p>The Trust have developed a Therapeutic Family Support service (TFSS). This is a specialist service focusing on supporting social work teams in the Belfast Trust by providing access to psychological thinking across the different social work positions within family support. This service was developed in recognition of the intensity and complexity for our family support teams in their assessments and interventions with families. There is increased awareness and understanding of the impact of work on practitioners and staff well-being as central in providing better decision making and support to our families. There is increased emphasis towards reflective practice. The aim of the TFSS is to contribute to overall high quality safeguarding and support of vulnerable children/young people and families who have family support involvement.</p> <p>The Belfast Trust's residential service, in collaboration with the PSNI and IFA, have developed the 'Dare to Win' initiative, which is a twelve week programme, that aims to redirect young people from risk taking behaviours, teach young people sport and coaching skills, and in the long term provide work opportunities to young people</p> <p>The GEM scheme continues to grow with continuing improved outcomes for care leavers in terms of education, employment, vocational/training opportunities as well as offering enhanced stability in emotional and social wellbeing.</p> <p>The enhanced collaboration between Adoption and Fostering continue to provide a much better framework to engage in joint recruitment initiatives to identify permanent foster carers, dual approved adopters and concurrent carers. Following on from the HOT Project, the Trust has embedded concurrent placements and tailored parenting assessments into its core business.</p> <p>The Adoption Service has been very successful in the recruitment and approval of same sex adopters and this continues to be an area of growth.</p> <p>The successful partnership with Opportunity Youth and Include Youth with regard to the Employability Scheme for Looked After young people and care leavers has continued to develop a range of potential opportunities for young people in the workplace and in</p>

	<p>education. There continues to be a positive engagement with Further Education Colleges to support young people with their education. The Trust, as Corporate Parent, has committed itself to enhancing employment placement opportunities for looked after young people as reflected in the Scheme's "ring-fencing" of employability opportunities for young care leavers in partnership with HR and other Directorates. The service is now working with two other departments within the Trust to develop a potential method of a paid one year internship and is also looking at opportunities for apprenticeships.</p> <p>The Residential Specialist Assessment has been integral to informing Care Planning and identifying interventions responsive to the presenting needs of each individual young person. With particular reference to the bespoke arrangement for two nine year old children, the specialist assessment has been critical in placement matching for each child.</p> <p>Aran House was shortlisted for the Social Work Awards – Children's team award- for the expertise and skills they have developed in working with separated minors.</p> <p>The Trust led on a regional review of the recruitment and retention of foster carers in conjunction with ASG. The final report was presented to all relevant staff and a number of recommendations/actions agreed for moving forward.</p>
3.16	SUMMARY
	<p>This has been a challenging year for the Directorate in a number of areas:</p> <p>Workforce</p> <p>The Directorate has experienced a high number of vacancies at every level. The Interim Executive Director of Social Work Mr Growcott remained in post for the first 6 months of the year until the permanent position was recruited for in September 2018. 50% of the Tier 3 senior management positions remained vacant throughout the reporting period and following restructuring two new Co-Directors and a Deputy Executive Director of Social Work were successfully appointed to in March 2019. The Tier 4 management level also experienced a degree of instability with 5 new service managers being appointed out of a total of 8. The Directorate has developed its collective leadership model with the introduction of two new posts: Divisional Nurse and Deputy Executive Director of Social Work/Divisional social worker. It has also invested in strengthening the Directorates infrastructure in relation to ICT, information and governance. A high turnover of staff was experienced at band 7 and band 5/6 levels and, despite two recruitment campaigns, not all posts have yet been recruited to. This has had an impact in parts of the service being able to fully discharge its statutory functions. It is hoped that the stabilisation of the Senior Management Team and the recent recruitment of social workers will improve this situation in the first quarter of the next reporting period.</p>

Current placement pressures

The current difficulties relating to placement availability across both fostering and residential care have continued to give rise to challenges for the Trust in the discharge of its statutory functions. The Trust has been creative in developing two new specialist residential arrangements for young people to respond to their specific needs through the development of a residential home for 8-12 year olds and a residential home for one young person who displays sexually harmful behaviour. Whilst both options have been in the best interests of the children involved, this has been a cost pressure for the Trust.

PARIS CIS

The Directorate has implemented the new PARIS CIS across its frontline services with fostering and adoption to follow in the next reporting period. This has proved to be a substantial challenge for the staff involved and is still bedding down.

Despite these challenges the Directorate have maintained its focus on quality improvement, continuing to build its skills and knowledge base as it works with the Trust to achieve its ambition to be a top performing high quality and compassionate organisation.

The Service is committed to the valuing and the development of its workforce, to facilitating their access to training and accredited learning linked to career pathway opportunities and to promoting a strong reflective, outcomes and evidence based practice culture. The Directorate has had a focus on improving staff engagement at all levels to ensure both a bottom up and a top down approach to planning and involvement and has a People and Culture Plan in place to support this work. The Directorate has worked with the rest of the Trust towards achieving IIP Silver accreditation.

Programme of Care / Directorate:- Children with Disabilities

3.1	Named Officer responsible for professional Social Work
	<p>Oversight of professional social work practice and standards within the Children with Disabilities Service is the responsibility of Mrs Pauline McDonald, Childrens Services Manager, who is accountable to Ms Kerrylee Weatherall Co-Director for Child Care and Child Health and a qualified Social Worker, in respect of safeguarding and social work governance issues as well as service delivery and quality.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work workforce runs from the individual practitioner through Service management and professional structures, to the Executive Director of Social Work and onto the Trust Board.</p>
3.2	Supervision arrangements for social workers
	<p>The Service Manager for Children with Disabilities, Assistant Service Managers, Childrens Home manager and Team Leader posts are all designated social work posts.</p> <p>Supervision was delivered to the Service's professional workforce in line with their respective regulatory requirements</p> <p>The Service is compliant with the requirements of the regional Children's Services Supervision Policy. All 3 Team leaders have completed the Trust Supervision training programme.</p> <p>Forest Lodge, (Short Break Service) is a registered Nursing Home, managed by a qualified nurse. RQIA nursing and Childrens social care inspectors jointly inspect the Home against Nursing Home and Childrens Standards. Supervision is provided to staff on a monthly basis by the Team Leader.</p> <p>The Regional Interdisciplinary Service Team (RISE) and Childrens Therapeutic Services have multi-disciplinary workforces. (There is one designated social work post in RISE Team).</p> <p>AYE STAFF As at 31/3/19, the Service had 7 AYE social workers in fieldwork and hospital social work teams, who were employed via a Recruitment Agency and two were recently successful at interview for permanent posts in the service. The Service has complied with the regulatory requirements in relation to induction, supervision and workload of AYE staff. The Service links closely to CCS Learning and Development Team to ensure that AYE staff, including Agency staff are appropriately supported to meet all learning objectives and required competences.</p> <p>The Service has assurance processes to monitor compliance with the discharge of its statutory functions and maintenance of good practice as follows:</p> <ul style="list-style-type: none"> ➤ Monthly/Supervision ➤ Regular team meeting

	<ul style="list-style-type: none"> ➤ Release to attend AYE forum ➤ Mentoring from experienced Social Workers ➤ Regular training and development opportunities ➤ Regular file reviews ➤ Reflective case discussion opportunities ➤ Multi-Disciplinary reviews and consultation ➤ Staff consultation and support events
3.3	<p>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).</p>
	<p>Somerton Road Children's Home This is registered as a home for children with Learning Disability and behaviours of challenge. This has been a mainly positive year for the home. The acting Manager has moved to a post outside of the Trust however, the deputy manager post has been permanently filled by an experienced Residential Social Worker and the service will recruit a replacement as soon as possible.</p> <p>One resident recently admitted to the home following a breakdown in his home circumstances has adjusted well to his new surroundings. The other residents have made significant progress throughout the reporting period, achieving increasing levels of personal independence and self-regulation. One young person is working with staff to get ready for his move to adult Learning Disability services, which though challenging for him is going well.</p> <p>Monthly monitoring and file reviews are ongoing (via Monitoring Officer). Recruitment of social work vacancies is now complete and the Service has adapted well to both new residents and staff. The Service continues to embrace Positive Behaviour Support (PBS) as its primary ethos and there has been a continued low-level use of physical restraint and restrictive practices within the home since our last report in line with appropriate practice guidance. Four members of staff have been trained as PBS coaches and a PBS reflective practice group continues to meet across the CWD Service. The Service remains committed to developing PBS as a cohesive and unifying framework across teams, services and with other departments within the Trust and is involved in regional PBS development work.</p> <p>In the last year, the Service has continued to provide regular structured reflective practice sessions for staff facilitated by a member of the Children's Services Learning and Development Team.</p> <p>The pressure for places within Somerton Road has continued throughout the year with the Service identifying a number of children/young people on the edge of care. The Trust would request further discussion with the Commissioner in relation to developing the range and number of placement options for children with Learning Disability and behaviours that challenge both within Belfast Trust and regionally.</p>

Forest Lodge (Short Break Service) is a registered Nursing Home for children with Learning Disability and Complex Health Care Needs. The Home is inspected on a joint basis by both nursing and social work inspectors as part of the RQIA regulatory arrangements and is monitored monthly by the Monitoring Officer in line with Nursing and Children's Home Regulations. The Divisional Nurse provides professional nursing governance advice, guidance and monthly supervision to the registered manager. Monthly agency/management supervision is also provided to the manager by the Assistant Service Manager with responsibility for Residential and Short Break services.

This short break service continues to be evaluated positively by families and professional colleagues. Work is on-going to develop more effective ways to engage and understand the views of children.

Willow Lodge (Short Break Service): Willow Lodge is a Children's Home with two registered beds and currently has eight children using the service at various times and at varying levels, depending on assessed need. Several discharges have taken place of children whose levels of support were beyond the remit of a Short Break service and LAC regulations and these young people are now in full time placements. New residents are being introduced and the service expects to be supporting at least an additional 4 families within the next four months. The service has noted continued increase in complexity of need and family breakdown within a cohort of children identified to HSCB as being on the edge of care. Children with complex behavioural presentations are likely to present with increased need across a variety of services in the next few years, including residential placements, which the Trust has highlighted in discussions at Childrens Services Improvement Board (CSIB) and to HSCB.

A regional workshop was held in June 2018 to address regionally strategic themes, pressures and priorities. To date, a draft action plan has been shared with all Heads of Service, but no firm regional action plan has been agreed and no specific actions have resulted. This is regrettable and is an issue which requires focus from HSCB and Trusts.

Wherever possible SDS is provided and utilised to provide greater breadth of support and choice. Many Families describe the administrative requirements of SDS, lack of available and suitable PAs and lack of training and support as reasons for their reluctance to request SDS, or as the reasons why SDS is limited in its application. The most complex children require an increased range of direct and stable family support services such as Short Breaks, Shared Care and residential placements.

Access to Services

The Service has written referral and allocation criteria for each of its services detailing the responsibilities and accountabilities of Team Leaders and practitioners. The Service continues to adhere to its

comprehensive referral pathway process (aligned to UNOCINI requirements), which takes account of all services managed by CWD. In effect, this creates one “front door” for specialist Family Support services. All urgent or child protection referrals are responded to within twenty-four hours. The Service has a long term issue in respect of the reduction of unallocated cases and has engaged with the commissioner to try to resolve the situation. These are reviewed by the SSWs on a weekly basis and reprioritised as necessary.

Community Nurse Learning Disability Service (CNLD)

The CNLD has an active caseload of 111 children. All children referred to the CNLD service have an initial assessment to ensure that there are no safeguarding concerns and to understand family support needs. The Service has delivered a number of parent and carer workshops on sleep, toileting and behaviour management. 76 parents availed of these and reported that they found them to be very helpful. Outcomes are currently being evaluated. For those children who are assessed as having significant health or disability related issues, the CNLD service provides health promotion advice guidance, medication monitoring ,advice, guidance and support in management of epilepsy, sleep, anxiety management ,continence and challenging behaviour.

Childrens Therapeutic Service

The Children’s Therapeutic Service (CTS) provides Clinical Psychology, specialist behavioural, Speech and Language Therapy, Occupational Therapy and Family Support worker inputs. The Service works closely with community social work, Community Nursing Learning Disability teams and ID CAMHS colleagues and is currently providing specialist assessment, interventions and supports for approximately thirty-five children. CTS continue to hold a waiting list of ten children for Psychology and ten for behavioural assessment. Waiting times are reviewed regularly and kept to a minimum.

During the reporting period, the waiting list and referral process underwent significant review to ensure that only those children whose needs could not be met by another more appropriate service were accepted for assessment and support. In order to ensure that children and families with significant behavioural and psychological challenges are supported holistically, all children referred to CTS must be known to the CWD Social Work service. This has ensured that need has been appropriately assessed and identified and family support services put in place as per Pathway Plan. CTS has also developed a weekly consultation service for professionals, which has facilitated access to specialist advice and consideration given in a timely way as to whether or not a child or young person needs to be referred to the Service for more specialist assessment.

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

Regional Integrated Support for Education RISE NI (BHSCT)

The RISE NI BHSCT work to a tiered interdisciplinary, early intervention model supporting children, schools and families at universal, targeted and specialist levels, to ensure that children are fully engaged with the school curriculum and have the best chance to succeed in school and at home. RISE has facilitated service user focus groups and has led within the Service in shaping and improving practice in relation to service user involvement and outcomes-focussed service delivery. Both teachers and parents rate the Service highly and provide valuable feedback and perspectives on service delivery, which enables the Service to improve on an ongoing basis. During the reporting period, 415 referrals for specialist assessment were made and 4500 were seen through whole school/class or targeted programmes.

800 teachers and 500 attended RISE training programmes. The Service has links with statutory and voluntary agencies, which ensure that the right services are involved with children and their families and avoid duplication.

Parent/carers engagement has led to the development of a range of parent workshops, which are provided within school settings and enhance the supports delivered by both health and education services with parents reporting them as less stigmatising-in particular Solihull and Sleep Scotland workshops and training.

Selective Mutism services for children within the BHSCT are now embedded within the Service and 40 children have taken part in these programmes with successful outcomes. Outcomes look promising and this contributes to a reduction in need for more intensive psychological and other core services.

The Service notes increased need and complexity of children now attending mainstream nursery and primary schools and requiring assessment and support from RISE. This reflects current pressures in Educational Services, which would previously have provided specialist advice and support. The threshold for access to Educational Psychology services continues to increase the demand on the RISE team.

Community Teams

The Service has now recruited a third Team Leader and new team structures and arrangements have been created to enable efficient use of our limited social work resource and to ensure good governance of services. Social work teams have settled well and a positive culture is developing. We have finally concluded recruitment and are pleased to have appointed 3 staff who were formerly employed as Agency and who know the Service well.

The Service continues to prioritise the reduction of unallocated cases, but this has been challenging. The Trust has continued to raise this

pressure to the Board and is awaiting the outcome of regional plans for increased staffing to remedy the situation. The Service asserts that it will be unable to achieve a sustained reduction of unallocated cases without further investment.

PARIS is now fully implemented across all services and staff have had appropriate training. The Service notes the benefit of appropriate information sharing and access to professional assessments.

During the reporting period, managers have continued to develop systems for managing referrals and unallocated cases, linked to improvements in the Duty system. This has assisted the Service to understand risks and issues inherent in cases which cannot be fully covered. The Social Work service has collaborated with colleagues in CNLD and CTS services to provide early intervention workshops and support to families who have not yet been allocated a SW. To date feedback from parents has been very positive, with parents advising that they feel supported and enabled to manage their child and the challenges which they face.

RISE NI again ran a "Stress Less" workshop for parents and carers. Funding was provided from the Carer budget and included access to various therapies and treatments, including neck and shoulder massage for parents. Thirty-two parents in total attended these sessions. These afforded opportunities for carers to come together, relax and have some time for themselves while exploring how they might build resilience and manage stress. The programme was well-evaluated by parents who attended.

Carer support continues to be a priority for the Trust and 406 Carer Grants have been made and 136 Young Carer assessments completed. The service delivered 2 carer away days and workshops as outlined earlier in the report.

Community Teams are increasingly dealing with significant safeguarding cases. They have submitted 30 PJ11 forms and completed associated investigations during the reporting period. Three of these investigations resulted in ABE investigations with PSNI colleagues.

Private Law applications:

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

The Service also co-works a number of cases with LAC and FIT colleagues, which can be complex and time consuming.

Unallocated cases are reported on a monthly basis to the HSCB. Team Leaders assess and prioritise work referred into the Service to ensure they maximise the available staff resource, minimise and

manage unallocated cases and adhere to UNOCINI assessment and review timeline requirements insofar as possible. As at 31.3.19, the Service had 166 unallocated cases and continues to work to manage and reduce these. As reported earlier, the Service believes that this is a long term capacity issue, which requires additional professional social work resource to address and which requires additional investment.

As a service, Children With Disabilities is experiencing serious Cost Pressures linked to the increase in numbers and allocation of Self Directed Support packages based on assessed need. In addition, the Service has had to place three young people in full time placements outside of the Trusts commissioned arrangements and without additional funding. The service has also had to increase waking night staff numbers in children's homes due to increased complexity of residents.

Children with Complex Health Care Needs – the Service continues to work closely with the Community Children's Nursing (CCN) Service to ensure co-ordinated discharges from hospital and joint assessment where possible to support the families of these children. The lack of appropriate housing and care providers can often cause long delays in the discharge process.

The Disability Fostering Project provides placements for 4 children with complex needs on the edge of care. The Service is working closely with fostering colleagues to deliver appropriate placements. The project has led to improved communication and understanding between Children with Disabilities and Fostering Services and a more streamlined pathway for accessing foster placements for children with disabilities.

ABI

The Service is contributing to the development of the Trust Brain Injury Strategy Action Plan and is taking the opportunity to profile the care and support needs of children.

Service User Audit, Engagement and Feedback.

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

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

evaluated.

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

Increasing Complexity of need in younger children

As previously reported the Service continues to experience increased demand for family support, behavioural support, and treatment for the most challenging children. It has noted the increasing complexity and range of needs across the children with disabilities population. Children are presenting at a younger age with more complex conditions and difficulties, the most resource and time intensive being behavioural needs and the lack of diversionary and therapeutic services is significant. These children generally present with several co-occurring conditions- SLD, Autism, ADHD and Epilepsy (usually 3 or more). Community Teams and CTS are working closely to support families to maintain these children at home, but this is increasingly difficult within existing budgets. The Service believes that, without continued investment in community services, referral thresholds and waiting lists will rise and the risk and incidence of family breakdown will increase, placing considerable additional resource pressures on already stretched services.

Risk register

All risks are reviewed at least quarterly by the Service Manager in conjunction with Risk and Governance colleagues. Community teams are increasingly involved in this process.

Looked After Children (LAC) Reviews

The Service Area is compliant with requirements in respect of the scheduling of LAC reviews (with one exception during the reporting period due to staff sickness).

Self-Directed Support

The Service's Self-Directed Support (SDS) Implementation Plan has been progressed and staff in Community Teams is working hard to deliver full implementation. The service has made good progress in ensuring that all cases are managed within a SDS framework, but will require another year to fully implement this. To date 498 active cases have an SDS plan and the service is continuing to press for full delivery of services in this way. The Trust wishes to highlight the fact that new responsibilities, business processes and expectations of services are creating significant additional work for staff. The Service Manager represents CCS on the Trust's SDS Steering Group and oversees progress in respect of service levels of compliance.

Family Group Conferencing

The Service continues to offer access to Family Group Conferencing (FGC) in appropriate cases and has one manager trained in chairing FGCs. The Service has used the model in discharge and care planning for children and will continue to offer this option when appropriate.

	<p>File Review During the reporting period, the Service has undertaken monthly file reviews within Social Work, Residential and Short Break services This has evidenced satisfactory standards of recording and care planning. Formal Audits are scheduled for the next reporting period.</p> <p>HEALTH AND SAFETY AUDIT-BRAAT 3 The Service has embraced the new arrangements for assessing and evidencing compliance with Belfast Risk Assessment and Audit Tool (BRAAT) expectations and standards and all managers have attended training on the new approach. The service is on track to meet all required standards.</p>
3.4	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>Compliance with NISCC Regulatory Requirements The Service is compliant with NISCC registration requirements pertaining to its social work and social care workforce.</p> <p>Regional Groups The Service Manager represents the Belfast Trust on two Children and Young Peoples Strategic Planning Groups (CYPSP) related to children with disabilities (CWD and Transitions) and is a member of the Children with Disabilities Children's Services Improvement Board (CSIB) Sub-group. CSIB has completed work on regionally agreed criteria for CWD services.</p> <p>Adverse and Serious Adverse Incident Reporting. Service processes in relation to RQIA and HSCB reporting requirements have been audited to ensure full compliance with same This has been achieved in-year. All incidents were reviewed quarterly at First Line Managers meetings and CCS Governance Meeting. There were no SAI's during the reporting period.</p> <p>Judicial Review and Court Judgements- The Trust has received pre action Protocol correspondence in respect of a complex case and has been conjoined with NIHE and EA in this action. DLS have complemented the service on the extent and quality of its assessments and focus on the needs of the children concerned. The service is concerned at the low threshold currently applied by the courts, which avoids local resolution and is expensive to respond to.</p> <p>Regulation Quality and Improvement Authority The Service has experienced a challenging year and has had to breach Statements of Purpose on two occasions due to a lack of placement options.</p> <p>The Service has achieved satisfactory levels of compliance with the</p>

	relevant regulatory standards. Each Children's Home has had a number of inspections during the reporting period. The Service is addressing recommendations/requirements through the Quality Improvement Planning. Issues relating to inappropriate placements due to lack of options is noted and unlikely to resolve without investment locally and regionally.
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3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Unallocated Cases- IA-</p> <p>Stat Visits- missed due to sick leave of SW</p> <p>Lack of suitable placement options for Children with Disabilities with complex behavioural presentations</p> <p>Lack of funding for the above</p> <p>Unmet Need in respect of levels of Short Breaks required to support those with complex physical and behavioural difficulties</p> <p>Lack of Shared Care placement options Lack of funding for Shared Care development</p> <p>Lack of Domiciliary Care Agency support for complex children(physical care needs)</p>	<p>A bid has been made to HSCB for additional workforce investment</p> <p>Tracking system developed.</p> <p>Service has made internal capital bids to move forward</p> <p>See Above</p> <p>The service prioritises and allocates resources as per Children Order requirements</p> <p>Service has made internal capital bids to move forward</p> <p>Service has made internal capital bids to move forward</p> <p>The market is limited and shows no sign of maturing to meet these needs.</p>	<p>On CCS Risk register</p> <p>Not on Risk Register</p> <p>On Service Area Register</p> <p>Not on Risk register</p> <p>On service area risk register</p> <p>On service area risk register</p> <p>Not on register</p> <p>On CCS Register</p>

3.8	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.
	<p>The Service complies with the corporate workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe, effective and efficient manner.</p> <p>BSO/Recruitment delays have caused slow recruitment and extended vacancies. The last quarter of the reporting period saw some improvement in this due to the efforts of managers and HR colleagues. Vacancies have been filled in a more timely way however this has required a significant amount of management time, creating pressures elsewhere</p> <p>Agency staff availability remains variable – managers continue to link closely with providers to minimise delays in recruitment and management of workloads.</p> <p>Retention of staff is good within the Service and it has been positive to see former Agency staff successful at interview.</p> <p>Unallocated cases remain a serious concern and the deployment of 2 additional social work posts has stabilised teams, but not led to sustained reduction in unallocated numbers. No additional investment has been provided for frontline social work disability services in over a decade despite the increasing complexity of cases referred into the service and additional demands on staff from UNOCINI, PARIS and SDS. In addition this service has never received funding for senior practitioner posts despite the growing complexity of cases. This needs to be addressed by the Commissioner to bring this Service on a par with the mainstream children's services teams. The Trust will continue to pursue this through CSIB.</p> <p>One staff has retired on medical grounds this year and another redeployed for similar reasons. Overall, the workforce has remained stable.</p> <p>An increase in Court and Private Law work is notable, which has impacted negatively on caseload management. The Service is watching this trend and its impact closely.</p> <p>The introduction of Signs of Safety is welcomed within the Service and staff are embracing the approach and ethos.</p>
3.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	N/A
3.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals

Social work services to the Royal Belfast Hospital for Sick Children (RBHSC) and Royal Jubilee Maternity Hospitals (RJMh) are delivered in a uni-professional model within a medical and nursing operational environment. Social work is seen as a distinct but vital part of the multi-disciplinary team and staff provide advice and input on safeguarding concerns and the social and emotional vulnerabilities of families of children in treatment and palliative care. A close partnership exists with the Clic Sargent cancer charity in respect of supports for families of children receiving cancer treatment and the charity funds one of two Oncology Department social work posts.

Supervision levels in this part of the Service remain consistently high. Files are regularly reviewed by the team leader and senior manager responsible for the service.

In RJMH staff work in a task centred way to determine the need for referral to Gateway or FIT Teams and to ensure that safeguarding concerns are shared appropriately and in a timely manner with community professionals. If families are already known to Social Services, the appropriate social worker is made aware of the referral and circumstances. The Hospital social worker will attend/provide a report to case conferences and core group meetings as appropriate and ensure that child protection plans are understood by ward staff. Post-delivery referrals are usually in respect of emerging child protection concerns.

On those occasions when babies are not being discharged to the mother's care, the Team liaises closely with all relevant professionals within the hospital to ensure the timely implementation of the Regional Child Protection Policy and Procedures and appropriate interim safeguarding arrangements. The Service provides advice to doctors and midwives on thresholds for intervention and onward referral and management of risk. The ante-natal clinic for pregnant women with socially complex issues such as drug and alcohol abuse has placed considerable demands on the Maternity Social Work Service.

Social workers in RJMH also provide a service to the Neonatal Unit, which is situated within in the same building (RJMh). This can be in respect of child care concerns and/or for supports to families following the birth of a baby with complex medical issues, disabilities and support needs.

Social workers in the RBHSC offer assessment and support to children and young people with complex health care needs, disabilities, chronic or life limiting or threatening illness and their families. Social workers provide supports to inpatients and outpatients with complex renal conditions, cancer, blood disorders and cystic fibrosis regionally. All wards within the Hospital can refer to a social worker in line with established referral criteria.

	The Service works closely with community social work teams and CCN teams across the region to achieve co-ordinated and appropriate discharge of children with complex health care needs who require complex discharge planning arrangements.
3.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	<p>The protection and promotion of Human Rights is central to the design, development and practice of all Belfast Trust services and policies. It is regarded as fundamental to treat service users and carers with respect and dignity regardless of status, religious, economic or sexual orientation.</p> <p>Training Human Rights training is provided on an on-going basis by the Learning and Development Service. This is mandatory for all social work and social care staff and the service ensures compliance for its staff.</p> <p>The Service Area ensures the promotion of a human rights-based approach in all social work and social care practice and service delivery. Managers work closely with practitioners to ensure that consideration of the human rights of service users is integral to practice and not tokenistic. A number of initiatives which support the upholding of human rights are described below.</p> <p>Mental Health Order All staff involved in activities and actions under the Mental Health (NI) Order 1986 are required to give consideration to any potential breaches or engagements of rights referenced in Articles 5 and 8.</p> <p>UNOCINI The UNOCINI framework reflects the significance of partnership and respect in working with service users and parents/carers.</p> <p>Safeguarding Staff are required to ensure that any statutory interventions with an individual or families are proportionate to the risk presented and fully respectful of parents and children's rights.</p> <p>Transitions Practice The Service Area is currently updating transitions arrangements with Learning Disability service colleagues to review and improve current practice and protocols and will ensure that arrangements are sensitive to the promotion of individual human rights. The Service Area promotes service users' human rights through the principles of respecting the child and family's values and beliefs, meaningful person centred engagement, empathic presence, partnership and advocacy and promoting choice wherever possible.</p>

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to Manage this challenge?	3.14 What additional actions (if any) do you propose to manage any On-going challenges?
	<p>Consent and capacity to the accessing of and receipt of services.</p> <p>Restrictive Practices in children's homes and use of physical interventions in the management of behaviours which challenge</p>	<p>Wherever possible, children's consent to using services will be sought by social work staff. The views and wishes of children who are Fraser-competent will be sought and respected in relation to service delivery matters. The Service endeavours to assist parents to support their children's wishes and feelings where they have sufficient capacity to exercise informed choice and where their best interests/welfare/safety will not be compromised.</p> <p>Restrictive practices are used as little as possible, however, are sometimes necessary to maintain a child's safely within a residential or short break setting. Decision-making in relation to restrictive practices is informed by multi-disciplinary assessment and review processes, which seek to incorporate parent/child/advocate's participation. All such practices are subject to regular review.</p> <p>The Service is pleased to note that</p>	<p>Staff address this issue with parents at the point of referral in order to ensure that the views and perspectives of the child are fully represented in all service requests.</p> <p>On-going monitoring and review of trends pertaining to use of restrictive practices.</p> <p>The Service seeks to develop mechanisms and structures to promote engagement</p>

	Ensuring the child's voice is heard and Their wishes fully considered in all decision- making processes.	VOYPIC has become involved in supporting Looked After Children with disabilities to comment on services and have their voices heard.	with children and young people in the review, planning and delivery of services.
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3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<p>Positive Behaviour Support The Service won the Chairman's Award in "Our People" category during the last reporting period for its promotion and implementation of Positive Behaviour Support within Children with Disabilities Service. The prize money was invested in further training for new staff and parents.</p> <p>Complaints The Service Area has continued to engage positively with families and has taken a proactive approach to the management of concerns and communication with carers. Managers and staff encourage families with concerns to make direct contact and resolve matters as early as possible. Six complaints were received and resolved during the reporting period.</p> <p>One complaint remains unresolved and is currently with NIPSO office for adjudication.</p> <p>The Service also responded to three constituency enquires/FOI requests.</p> <p>Interdisciplinary Working and User Engagement</p> <p>RISE works to an interdisciplinary model, facilitates service user focus groups and has led within the Service Area on shaping and improving practice in relation to service user involvement and service delivery. Both teachers and parents rate the service highly and provide valuable feedback and perspectives on service delivery.</p> <p>RISE has achieved significant successes in early intervention, accessibility, trans-disciplinary working and the upgrading of the OCNNI/BHSCT Classroom Assistant course from an accredited programme to a Level 2 qualification. This is a significant achievement and evidence of the Team's ethos of working in partnership across professional and organisational boundaries. The Service's OCNNI Classroom Assistant course, which won the PHA Advancing Health Care Award in 2016, has now been delivered to over two hundred classroom assistants within the BHSCT area and has been successfully rolled out regionally across Northern Ireland with over two hundred and fifty classroom assistants undertaking the course and being successful in gaining their level 3 accreditation.</p> <p>Autism The Service continues to work collaboratively with colleagues in the Belfast Autism Assessment and Intervention Service (BAAIS).</p> <p>The Service continues to focus on meeting the needs of parents and carers of children with autism via carer support events to develop resilience at an earlier stage and to promote good mental health and</p>

	<p>wellbeing.</p> <p>User and Carer Involvement Carer support events and measures have continued to develop during the reporting period.</p>
3.16	SUMMARY
	<p>The current service delivery context remains challenging. The Service is continuing to ensure that structures, financial and staff resources are organised and utilised as efficiently and effectively as possible and are focussed on improved and demonstrable outcomes for children and their families. During the reporting period, 284 referrals were received.</p> <p>The Service has developed therapeutic and psychological services for children with challenging behaviours, their parents and families following HSCB investment. The Children's Therapeutic Service has worked closely with community, residential teams and schools to support children to achieve good standards of emotional health and wellbeing and increasingly to deliver workshops to support parents to care and stay well. The Service has experienced significant difficulty in recruiting a Consultant Psychologist due to limited pool of candidates and this limits the impact which the Service can make. Recruitment of this post is a priority for the Trust.</p> <p>The Service is continuing to engage in joint working opportunities across children and adult services to ensure better experiences of transition for young people and their families. New structures are emerging and the Service is fully engaged in the process of revision of existing arrangements.</p> <p>Services to children with complex health care needs continue to deliver flexible short breaks, and provide essential equipment. The Service is fully engaged in the Trust Carer Strategy delivery and has taken forward plans to expand the use of personalised budgets and self-directed care despite the pressures outlined throughout this report.</p> <p>Direct Payment reviews place considerable pressures on social work practitioners. Direct Payment provision has increased during the reporting period, leading to a significant unfunded pressures.</p> <p>Unmet need for residential placements is a growing concern and we have identified an increasing number of children and young people who are deemed as being on the Edge of Care, Lack of investment in short break and Shared Care placement options in the last decade has led to an effective crisis and difficulties in accessing timely treatment at Iveagh. The continued reliance on Glenraig Boarding School for placements of young people whom the Trust cannot accommodate in its own residential provision is a source of concern for the service and has been raised previously with the HSCB.</p> <p>One out of jurisdiction placement of a seven year old girl was made</p>

	<p>during the period due to the lack of appropriate facilities within Northern Ireland. The service is monitoring the placement carefully. The service applied for this placement via ECR process but was turned down. The apparent inconsistency of application of the ECR process by the ECR panel is a matter of concern for the Trust.</p> <p>The service appointed a Carer and QI support Worker this year and has seen its early intervention support workshops develop and support the social work service.</p> <p>Residential and SDS Cost Pressures have significantly increased and are likely to continue to do so in the next year. Funding models do require review to keep pace with this pressure and trends.</p> <p>Over half of community teams' social work staff have been trained in Signs of Safety and the Service has had improved access to PPSWs following the implementation of SOS across CCS.</p> <p>The Service Manager is a member of the Trust's Residential Model Review Group, working with colleagues to develop a Trauma-informed model of practice for specialist residential homes.</p> <p>The Service has begun a workforce review, which will support the development of a workforce and succession plan.</p> <p>The context of service delivery to children with disabilities and their families remains challenging. The Service has prioritised the effective and efficient organisation of structures, financial and staff resources.</p> <p>Services to children with complex health care needs continue to be a funding priority - to deliver flexible short breaks, and provide essential equipment. The Service is fully engaged in the Trust Carer Strategy delivery and has expanded the use of personalised budgets and self-directed care despite the pressures outlined throughout this report.</p>
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DATA RETURN 1 – PoC / Directorate – Older People Services / Adult Social & Primary Care

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?		3709
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?		2338
1.3	How many adults are in receipt of social work or social care services at 31 st March?		6485
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?		291
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care		584
	ii. Nursing Home Care		1538
	iii. Domiciliary Care Managed		2966
	iv. Domiciliary Non Care Managed		701
	v. Supported Living		123
	vi. Permanent Adult Family Placement		0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. <i>A BSO Audit into compliance with the Care Management Circular in February 2019 indicated limited assurance across all divisions in relation to compliance with the Circular. An action plan is in place to address deficits.</i>		
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. <i>All new cases are assessed and managed by professional Social Work staff. The BSO audit has highlighted areas where compliance needs to improve particularly in evidencing care planning. The service area has established a working group to address all recommendations.</i>		
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. <i>The service area has undertaken an audit within CReST to</i>		

	ensure that service users, residents and carers are being included in their assessment, care planning and review process. Within the CReST team, 76% of all families attended the service user review.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector		701
	- Independent sector		460
	<i>The service area notes that this figure is dependent upon a manual count. The service area is currently working to improve the integrity of this data point.</i>		
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		34
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		151
	- Independent sector		
	<i>The service area is unable to disaggregate this information.</i>		
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures <i>The service area have a new referral criteria and screening allocation process in place. New referrals are now triaged as emergency, urgent, non-urgent. The area are managing a waiting list of approximately 300 waiting allocation for assessment across the whole service area. There are measures in place to manage this and on-going communication with those who are waiting.</i>		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding <i>The service area have recruited a Senior Practitioner role to develop the capacity within Specialist Oncology and Palliative Care Service, this is funded on a non-recurrent basis.</i> <i>The service area have also appointed Service Development posts for the Shared Lives and development of Regional Domiciliary Care model.</i>		

	<i>Funding for both of these posts is also non-recurrent.</i>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		5
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p><i>The service area is currently developing a new information leaflet for people in receipt of Domiciliary Care in response to a complaint.</i></p> <p><i>Due to a significant number of complaints associated with Continuing Healthcare, the service area has developed a response template to ensure a consistent response, in the absence of regional continuing healthcare guidance.</i></p> <p><i>The service area is currently undertaking a quality improvement project in relation to how it manages its complaint responses, to improve response times.</i></p>	<i>Board return</i>	<i>Board return</i>

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

DATA RETURN 1 – Hospital _____

This is reported in a separate Statutory Function Report

1 GENERAL PROVISIONS – HOSPITAL

DATA RETURN 2 – PoC / Directorate – Older People Services / Adult Social & Primary Care

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		448
	Partially sighted		225
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		56
	Deaf without speech		32
	Hard of hearing		1988
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		91

DATA RETURN 3 – PoC / Directorate – Older People Services / Adult Social & Primary Care

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	N/A
	Number of Disabled people known as at 31 st March.	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate – Older People Services / Adult Social & Primary Care

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		
4.1	Number of Article 15 (HPSS Order) Payments	30
	Total expenditure for the above payments	£4183
4.2	Number of TRUST FUNDED people in residential care	436
4.3	Number of TRUST FUNDED people in nursing care	1024
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	514
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	PHD reporting

DATA RETURN 5 – PoC / Directorate – Older People Services / Adult Social & Primary Care

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.			1498
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>			724
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>			774
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?			0
5.4	Number of adult carers receiving a service @ 31 st March			287
5.5	Number of young carers offered individual carers assessments during the period.			0
5.6	Number of young carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards)</i>			0
5.7	Number of young carers receiving a service @ 31 st March			0

5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	214
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	214
	(c) Number of adults receiving direct payments @ 31 st March	209
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	496
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<p><i>Due to the high level of Band 4 staff in community Social Work and the transition of all initial assessments to Social Workers, the service area is struggling to prioritise carers assessments unless in crisis situations. There are some 200 carers awaiting assessments at the end of March 2019 and the service area is concerned about this trend.</i></p> <p><i>The service area has been significantly impacted by the absence of the two Trust Carers Co-Ordinators during this reporting period and this has impacted upon the quality of the data available for reporting. The service area has been unable to disaggregate the data by the age of Carers. Staff have not consistently recorded this data, in the absence of Carers Co-Ordinators they are uncomfortable requesting the personal data of carers, particularly in relation to those who have refused the assessment. The service area is continuing to work to cleanse the carers data and is reviewing its processes and are confident reporting will improve going forward.</i></p>		

DATA RETURN 6 – PoC / Directorate – Older People Services / Adult Social & Primary Care

6 SAFEGUARDING ADULTS

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

DATA RETURN 7 – PoC / Directorate – Older People Services / Adult Social & Primary Care

7 SOCIAL WORK STAFF

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

DATA RETURN 8 – PoC / Directorate – Older People Services / Adult Social & Primary Care**8 Assessed Year in Employment**

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

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate – Older People services / Adult Social & Primary Care

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	43	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	32	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i> <i>These figures are in line with previous trends</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i> <i>These figures are in line with previous trends</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.	Yes the service area can provide this assurance	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	14
9.2a	Of these, how many resulted in an application being made?	13
	<i>Comment on any trends or issues on the use of holding powers</i> <i>These figures are in line with previous trends</i>	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	43
9.3.a	How many of these were completed within 5 working days	39
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i> <i>The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report</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>	0
9.4.a	Number of completed reports which were completed within 14 days	0
	<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>	

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients (provide total number)	0
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>	
9.5.a	This is intentionally blank	

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	1
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24) Discharges as a result of an agreed multi-disciplinary care plan 0 Lapsed 0 Discharged by MHRT 0 Discharged by Nearest Relative 0 Total 0	
	<i>Comment on any trends or issues in respect of Guardianship</i>	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	3
9.7.a	Number of Approved Social Workers removed during period	6
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	32

	Commentary <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> <i>The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.</i>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.	0
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i> <i>Increasingly the Service Area is challenged in assessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments.</i> <i>The service area notes that there can be significant delays in the OCP progressing applications. Staff have on occasion had to support a small group of people, through the provision of Article 15 payments, where they have been deemed to lack capacity and cannot access their own funds for extended periods of time.</i> <i>Staff from the service area have attended training with the OCP during this reporting period.</i>	30

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	0
	Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)	

DATA RETURN 1 – PoC / Directorate – Hospital Social Work / Adult Social & Primary Care

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	114	3259	8105
1.2	Of those reported at 1:1 how many assessments of need were undertaken during the period?	114	3259	8105
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			1574

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	1470	858
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	1248	786
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1348	353
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	488	353
1.4	How many care packages are in place on 31 st March in the following categories:		
	vii. Residential Home Care	25	N/a
	viii. Nursing Home Care	112	N/a
	ix. Domiciliary Care Managed	506	N/a
	x. Domiciliary Non Care Managed	155	N/a
	xi. Supported Living	62	N/a
	xii. Permanent Adult Family Placement	0	N/a
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. All the care packages have an identified key worker and are reviewed according to the BHSC standards which are in line with the DHSSPS Care Management HSC ECCU/1/2010 Circular.		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. There is a robust system of supervision for the team providing a Care Management service and this is overseen by an Assistant Care Manager. Difficulties being experienced are in relation to the shortage of domiciliary care provision and the increase of referrals with complex needs including non-compliant cases.		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.		

	Service users are involved in care planning and included in the review process. Their carers and families are also invited to participate, with the service user's consent.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	195	550 (OPS DC's)
	- Independent sector	55	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	509	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures		
	There are ongoing difficulties in accessing domiciliary care packages and the service area takes part in a twice weekly priority call.		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding		
	There are none at present.		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	0
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.	<i>Board return</i>	<i>Board return</i>
	None.		

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

DATA RETURN 1 – PoC / Directorate – Physical & Sensory Disability Services /
Adult Social & Primary Care

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

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – PoC / Directorate – Physical & Sensory Disability Services /
Adult Social & Primary Care
 This is reported in OPS

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A		
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<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	1	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	293	448
	Partially sighted	131	225
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	131	56
	Deaf without speech	86	32
	Hard of hearing	510	1988
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	18	91

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

Adults who are visually impaired: Under 65: 199

Over 65: 807

DATA RETURN 3 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care

3 DISABLED PERSONS (NI) ACT 1989		
<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.	2328
	Number of Disabled people known as at 31 st March.	1701
3.2	Number of assessments of need carried out during period end 31 st March.	1867
3.3	This is intentionally blank	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care

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	29
	Total expenditure for the above payments	£1451.85
4.2	Number of TRUST FUNDED people in residential care	47
4.3	Number of TRUST FUNDED people in nursing care	140
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	8
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	3

DATA RETURN 5 – PoC / Directorate – Physical & Sensory Disability Services / Adult Social & Primary Care

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.	12	452	43
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	11	280	24
5.2a	<i>Number of adult individual carers assessments declined during the period and the reasons why (to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	1	172	19
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	2	87	9
5.5	Number of young carers offered individual carers assessments during the period.	16		
5.6	Number of young carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards)</i>	14		
5.7	Number of young carers receiving a service @ 31 st March	14		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	36		

	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	20
	(c) Number of adults receiving direct payments @ 31 st March	171
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0
5.10	Number of carers receiving direct payments @ 31 st March	3
5.11	Number of one off Carers Grants made in-year.	479
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary		

DATA RETURN 1 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	3557	46
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	3475	45
1.3	How many adults are in receipt of social work or social care services at 31 st March?	3130	184
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1826	4
1.4	How many care packages are in place on 31 st March in the following categories:		
	xiii. Residential Home Care	46	32
	xiv. Nursing Home Care	121	56
	xv. Domiciliary Care Managed	38	10
	xvi. Domiciliary Non Care Managed	0	0
	xvii. Supported Living	161	10
	xviii. Permanent Adult Family Placement	0	0
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>The Service area can provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010</p>		
1.4b	<p>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.</p> <p>Care Managers are professionally qualified staff, currently registered with their respective professional bodies, The Care Management team are responsible for completing the assessment of needs, The delivery and review of packages of care for individual service users.</p> <p>The BHSCT Mental Health Care Management Service is organisationally managed and responsible to the MH Community Services Manager. The Assistant Service Manager in turn provides the operational management to the service, including service planning, supervision and governance</p> <p>TYC Challenges and Action</p> <p>Reflecting the strategic shift from hospital to community-based</p>		

	<p>care and the priority afforded to seamless and time-bound discharge pathways, Care Management works with service users with increasingly complex needs.</p> <p>In partnership with Housing Associations, Community and Voluntary (C&V) providers and the Independent sector, the Service has developed a Stepped Care Model that provides nursing, residential and supported housing options in response to the needs of service users.</p> <p>In the context of the achievements and success of the first phase of the Service's community-infrastructure development programme, it is now clear that the Service's future challenge will be to meet the bespoke needs of smaller groups of service users with highly complex support needs in partnership with other sectors. This cohort of service users would formally have remained in hospital on a long-term basis or experienced lengthy and repeated admissions. Due to the complexity of the needs of this group, placement is often difficult, resulting in delayed discharges from acute wards, in particular, Clare Ward and Shannon Clinic Regional Medium Secure Unit. This places an on-going pressure on community statutory facilities with a limited number of places.</p> <p>Projects</p> <p>The PiPA project that commenced in Summer 2018 to help support the flow of service users from the above mentioned inpatient wards is well under way and evaluations to date are demonstrating positivity and a valuable additional resource from Care Management to the ward staff and medical Consultants.</p> <p>Altagarron decant – is a project about the quality of the Housing accommodation and increasing placements serving the West Belfast area. This is working in a Tri-patriate partnership with the Housing association, Care Provider and the BHSCT</p> <p>A future project that is in prelim discussions is working with the private sector to explore future developments in the Belfast area.</p> <p>ECR/IFR Patients returning to NI</p> <p>The continued lack of appropriate facilities to meet the needs of service users returning from ECR placements has impacted on statutory supported housing. Transitions from specialist inpatient care are often difficult, particularly in the absence of appropriate accommodation.</p> <p>Self-Directed Support (SDS)</p> <p>With the first phase coming to an end and the first ministerial target being met, and the second phase consultation</p>		
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	<p>commenced, the implementation of SDS has presented significant additional workload pressures on care managed services in the absence of additional resources to support this work.</p> <p>All new packages are assessed under SDS. A key challenge in implementation has been in ensuring that service users already receiving commissioned services have an understanding of the model and are re-assessed as part of the “roll-out.”</p> <p>The Service has embraced the ethos of SDS and has used the implementation process to improve collaborative working across services. SDS is being developed through co-production with the involvement of service users and carers at every stage, including staff training and strategic decision-making.</p> <p>SDS remains to be an excellent example of collaborative working across services and of the benefits of a co-production approach with service users and carers</p> <p>Monthly monitoring is carried out by Care Managers in the statutory Supported Housing schemes. Service users, carers and other professionals are asked for their views on the services provided.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>Service users and carers are involved in all aspects of assessment, decision-making, review and care planning. Where it is apparent that a service user or carer would benefit from additional supports, the Care Manager will link with advocacy services.</p> <p>Service user and Carer feedback questionnaires have commenced and are in place. Further discussions are taking place regarding the mental health '10,000 voices' and linking this to the current strategy to strengthen the voice of the Service user and their Carers.</p> <p>Reviews are generally held within the requisite time-frame. Service users are encouraged to engage in their reviews and care planning arrangements.</p> <p>Care Management recognise the opportunity that SDS brings to ensure each service user is empowered and central to the support planning process, giving increased ownership and choice in the future.</p>		
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						0	0
	- Statutory sector						276	10
	- Independent sector						30	5
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities						217	0
1.7	Of those at 1.6 how many are EMI / dementia							
	- Statutory sector							
	- Independent sector							
1.8	Unmet need (this is currently under review)						X	X
1.8a		Domiciliary Care	Direct Paymts	Support ed Housing	Residenti al Care	Nur sing Car e	Hos	
	Acute Hospital	0	0	8	4	4	3	
	Community	4	2	5	1	1	0	
	Shannon	0	0	2	0	0	0	
	NRU	0	0	0	0	2	1 ph	
	General Hospital	0	0	0	0	1	0	
	ECR	0	0	0	0	2	0	
	Prison Service	0	0	1	0	0	0	
	Total	4	2	16	5	10	4	
	Please report on Social Care waiting list pressures							
	Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.							
	A total of 41 individuals are waiting for placements or packages. This is an increase of eleven from the previous year.							
	➤ Two individuals waiting on Direct Payments							
	➤ Sixteen individuals are waiting on Supported Housing.							
	➤ Five individuals are waiting on Residential Care. Ten individuals are waiting for Nursing Home placements							

	<p>➤ Four individuals are delayed discharge from Acute wards</p> <p>There is a need to consider the continuing provision for patients who require in-patient neuro-rehabilitation treatment. Acute or low secure psychiatric wards are unsuitable and overly- stimulating environments for patients with an ABI. For patients in the community or acute services who previously would have transferred to NRU, future provision has not been resolved to date.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>In the absence of additional funding, since August 2018, a pilot project has commenced to enhance the PiPA model undertaken by the Acute Mental health Wards. A Care Manager attends the Inpatient Mental Health wards on a daily basis. This gives an opportunity for decisions to be made, about service provision, by the whole Multi-Disciplinary Team who are present at these meetings. Packages and placements agreed at these meetings, these are then reviewed in keeping with Care Management processes, 6 weekly, then 6 monthly and then yearly.</p>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	8	
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>Care Management receive a low number of complaints. Outstanding issues from the previous year remain linked to the resettlement of the long stay service users and declaratory orders yet to be raised in court.</p> <p>This has included the implications of financial assessments for community placements. To date, in each of these situations, the Service has been able to reach an agreed resolution. The Service has used the learning from these episodes to ensure that families and carers are provided with information by staff who have experience and knowledge of this area at an earlier stage.</p>	<i>Board return</i>	<i>Board return</i>

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

DATA RETURN 1 – Hospital – Mental Health Services (Inpatient team) / Adult Social & Primary Care

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?		135	
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?		135	
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?		29	

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – PoC / Directorate - Acute Hospital (general setting) Mental Health / Adult Social & Primary Care

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	1	0
	Partially sighted	5	1
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	0	0
	Deaf without speech	5	1
	Hard of hearing	9	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

DATA RETURN 3 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care

3 DISABLED PERSONS (NI) ACT 1989		
<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.	14
	Number of Disabled people known as at 31 st March.	105
3.2	Number of assessments of need carried out during period end 31 st March.	36
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

DATA RETURN 4 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		
4.1	Number of Article 15 (HPSS Order) Payments	205
	Total expenditure for the above payments	£10,856
4.2	Number of TRUST FUNDED people in residential care	77
4.3	Number of TRUST FUNDED people in nursing care	116
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	6
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	0

DATA RETURN 5 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care

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.	2	453	59
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	0	270	30
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	0	181	8
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	1	0
5.4	Number of adult carers receiving a service @ 31 st March	0	152	2
5.5	Number of young carers offered individual carers assessments during the period.	9		
5.6	Number of young carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards)</i>	5		
5.7	Number of young carers receiving a service @ 31 st March	5		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	12		

	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	
	(c) Number of adults receiving direct payments @ 31 st March	6
		52
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	2
5.10	Number of carers receiving direct payments @ 31 st March	2
5.11	Number of one off Carers Grants made in-year.	562

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

Commentary

It is acknowledged that due to a change in the method of collating the data for carer assessments due to the carer co-ordinator being on sick leave long term at the beginning of the reporting period, that the totals are unlikely to be accurate. As a result, numbers indicate that the number of adults that were offered a carer assessment has reduced by almost 300 compared to last year, the number of assessments completed has reduced by more than half and also the number of carers receiving a service has reduced compared to 2017-2018 figures. This is a concerning outcome and will be addressed through the collective leadership framework and the Social Work forum.

However, there has been an increase of 27% in the number of carer grants made. This may indicate an increase in carers declining assessments but agreeing to a grant. This is now clearly reported on in the annual report and can be monitored in terms of patterns of uptake. There were also 106 therapy grants awarded and there were 33 sessional social events including lunch, meals, overnight at a hotel, relaxation workshops and Psych-Social workshops for Belfast carers provided within the reporting period at a variety of locations.

In addition, there has been a reduction in the number of young carers assessments completed following the successful work completed last reporting period to increase awareness of this service. This will be addressed through renewed work with action for children, young carer co-ordinator and the acting PSW and Social Work Development Lead to address this reduction and continue to raise awareness within the service area to prioritise the needs of young carers.

DATA RETURN 6 – PoC / Directorate – Mental Health Services / Adult Social & Primary Care

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

6 SAFEGUARDING ADULTS		
6.1	Number of safeguarding adult referrals within the period	
6.2	Of the referrals at 6.1, how many were received from acute settings?	

6.3	Number of investigations commenced within the period	
6.4	Number of investigations completed within the period	
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	
6.6	Number of adult protection plans commenced within the period	
6.7	Number of adult protection plans in place on 31 st March	
Commentary		

DATA RETURN 7 – PoC / Directorate – Mental Health Services

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

7 SOCIAL WORK STAFF

7.1a	Provide an overview of social work management staff in this Programme of Care/Directorate that are required, as a condition of their employment, to be included on the NISCC register.	Data Return 7 spreadsheet – 7.1a
7.1b	For those reported in 7.1a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.1b
7.1c	For those reported in 7.1a, return the numbers that are enrolled on/have completed PQ awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.1c
7.2	How many teams are there within this Directorate/Programme of Care?	
7.3a	Provide an overview of the social work staff based within a team, who are required as a condition of their employment, to be registered with NISCC. NOTE: The number of team returns should match the number of teams reported at 7.2	Data Return 7 spreadsheet – 7.3a
7.3b	For those reported in 7.3a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.3b
7.3c	For those reported in 7.3a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.3c
7.4a	'Singleton Practitioners' who are required, as a condition of their post, to be registered with NISCC. Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.	Data Return 7 spreadsheet – 7.4a
7.4b	For those reported in 7.4a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.4b

7.4c	For those reported in 7.4a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.4c
7.5a	<p>'Singleton Practitioners' in a post which requires registration with a professional body and the current post holder is registered with NISCC.</p> <p>Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.</p>	Data Return 7 spreadsheet – 7.5a
7.5b	For those reported in 7.5a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.5b
7.5c	For those reported in 7.5a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.5c
7.6	How many Practice Learning Opportunities were provided by the Trust during the period?	Data Return 7 spreadsheet – 7.6
7.7	Provide a breakdown of DHSSPS PQ training targets	Data Return 7 spreadsheet – 7.7

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate – Mental Health / Adult Social & Primary Care

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	309	X
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	234	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	1	
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications Increase in assessment requests after 3.30pm from GP's resulting in an increase in out of hours working by ASW's on the day time rota. audit September to december 2018 indicated that 25% of all assessments requested after 3.30pm.</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. The Nearest Relative is informed of the patients progress under the Mental Health Order and of discharge planning. This is supported by the PIPA framework also. Currently the acting PSW has completed amendments to the information forwarded to nearest relative throughout each stage of the admission process under the Mental Health Order. The regional ASW working group has also reviewed the information given to the nearest relative and to the service user at the point of admission under the Mental Health		

	Order and this will be used regionally to promote consistency across the region and will also be translated into commonly used languages.	
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Use of Doctors Holding Powers (Article 7)

9.2	How many times did a hospital doctor use holding powers?	110
9.2a	Of these, how many resulted in an application being made?	98
	<i>Comment on any trends or issues on the use of holding powers</i>	

ASW Applicant reports

9.3	Number of ASW applicant reports completed	309
9.3.a	How many of these were completed within 5 working days	26
	<p><i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i></p> <p>There has been an increase in reports that have not been completed within the recommended 5 days. The reasons given by ASW's has been due to workload capacity and sick leave. The full time ASW in the team has only one day to completed reports in the week due to being on rota 16 times per month and this has impacted on time to complete reports due to the demands of the rota on a daily basis.</p>	

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>	1
9.4.a	Number of completed reports which were completed within 14 days	1
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>	

Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients (provide total number)	Applications	122
	Withdrawals	16	
	Adjournments	27	
	Re-graded prior to Tribunal	36	
	Remained detained	26	
	Discharged by Tribunal	11	
	Discharged to another trust	6	
	14 Day Assessment Period 4 in total (3 remain detained , 3 regraded at tribunal)		

Beechcroft MHRT applications for individuals under 18 years;

DATE OF APPLICATION	DATE OF TRIBUNAL	OUTCOME
09/04/18	14/05/18	Detention Upheld
24/04/18		Withdrawn
08/01/19	13/02/19	Withdrew on 11/02/19
14/02/19	20/03/19	Patient regraded 13/03/19

Comment on any trends or issues in respect of Mental health Review tribunals

There have been several requests for MHRT within the 14 day assessment period and it is considered that this trend will increase in upholding the patients right to challenge their detention within the assessment timeframe thus negating further detention for treatment and need to if they are discharged by the MHRT.

9.5.a This is intentionally blank

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	6
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	5
9.6.f	Number of Guardianships accepted by a nominated other person	0

9.6.g	<p>Number of MHRT hearings in respect of people in Guardianship (provide total number)</p> <p>One MHRT hearing was been postponed until early April due to difficulty in achieving a suitable date.</p> <p>One MHRT has been postponed pending declaratory Order application.</p> <p>One MHRT has been postponed due to the service users physical health.</p>	1										
9.6.h	<p>Total number of Discharges from Guardianship during the reporting period (Article 24)</p> <table><tr><td>Discharges as a result of an agreed multi-disciplinary care plan</td><td>0</td></tr><tr><td>Lapsed</td><td>0</td></tr><tr><td>Discharged by MHRT</td><td>0</td></tr><tr><td>Discharged by Nearest Relative</td><td>0</td></tr><tr><td>Total</td><td>0</td></tr></table>	Discharges as a result of an agreed multi-disciplinary care plan	0	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	0	0
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Lapsed	0											
Discharged by MHRT	0											
Discharged by Nearest Relative	0											
Total	0											
	<i>Comment on any trends or issues in respect of Guardianship</i>											

Approved Social Worker (ASW) Register		
9.7	<p>Number of newly appointed Approved Social Workers during period</p> <p>2 trained staff are pending ratification by QUB with one further to resubmit in September 2019.</p>	3
9.7.a	Number of Approved Social Workers removed during period	6
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	25

	<p>Commentary <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p>Due to the number of staff moving post and retiring, the number of trained ASW available to participate on the ASW rota has fluctuated significantly in recent years. As a result, the Trust has committed to training 6 ASW candidates per year. However, this is mostly represented by candidates from mental health service area, with only 2 ASW's based in CAMHS, 3 in older persons services and one in the physical disability/sensory impairment service who is currently unable to participate on the rota. Each service areas has been reminded of their responsibilities in recruiting ASW's as a corporate responsibility. This will be more pressing with the implementation of the Mental Capacity Act which will require significant representation from older persons services, physical disability and sensory impairment and CAMHS.</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> <p>Admissions for individuals under 18 years;</p> <table border="1" data-bbox="284 1120 1353 1585"> <thead> <tr> <th>Date</th> <th>Age years</th> <th>Relevant powers used (i.e. admission or guardianship)</th> </tr> </thead> <tbody> <tr> <td>16/04/2018</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>16/07/2018</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>12/09/2018</td> <td>17</td> <td>Admission</td> </tr> <tr> <td>03/10/2018</td> <td>12</td> <td>Admission</td> </tr> <tr> <td>24/01/2019</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>29/02/2019</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>13/02/2019</td> <td>16</td> <td>Admission</td> </tr> <tr> <td>29/03/2019</td> <td>16</td> <td>Admission</td> </tr> </tbody> </table> <p>Beechcroft MHRT applications;</p> <table border="1" data-bbox="284 1702 1204 2000"> <thead> <tr> <th>DATE OF APPLICATION</th> <th>DATE OF TRIBUNAL</th> <th>OUTCOME</th> </tr> </thead> <tbody> <tr> <td>09/04/18</td> <td>14/05/18</td> <td>Detention Upheld</td> </tr> <tr> <td>24/04/18</td> <td>None given as withdrawn</td> <td>Withdrawn</td> </tr> <tr> <td>08/01/19</td> <td>13/02/19</td> <td>Withdrawn on 11/02/19</td> </tr> </tbody> </table>	Date	Age years	Relevant powers used (i.e. admission or guardianship)	16/04/2018	16	Admission	16/07/2018	16	Admission	12/09/2018	17	Admission	03/10/2018	12	Admission	24/01/2019	16	Admission	29/02/2019	16	Admission	13/02/2019	16	Admission	29/03/2019	16	Admission	DATE OF APPLICATION	DATE OF TRIBUNAL	OUTCOME	09/04/18	14/05/18	Detention Upheld	24/04/18	None given as withdrawn	Withdrawn	08/01/19	13/02/19	Withdrawn on 11/02/19
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	<table border="1"> <tr> <td>14/02/19</td><td>20/03/19</td><td>Patient regraded 13/03/19</td></tr> </table> <p>No applications made to the MHRT or guardianship in respect of individuals under 18 years old at Iveagh hospital.</p>	14/02/19	20/03/19	Patient regraded 13/03/19	
14/02/19	20/03/19	Patient regraded 13/03/19			
9.9 *	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	3			
	<p><i>Issues or trends relating to notifications to the office of care and protection and ongoing management of such arrangements</i></p> <p><i>All instances of referral to the office of care and protection have been in relation to concern in regard to the persons capacity to manage their financial affairs. This will be considered in future under the Mental Capacity Act where Trust Authorisation Panels will make decisions in regard to any deprivation of liberty based on capacity.</i></p>				

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	
	<p>Commentary <i>(include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</i></p> <p>Most service users who are discharged under STO are under the care of the community forensic mental health team. However, currently the team only have one ASW due to one ASW requesting to come off the rota and another moving post. While the role is uncommon with currently no STO's, provision needs to be accommodated should this role be required again.</p>	

DATA RETURN 1 – PoC / Directorate- Learning Disability / Adult Social & Primary Care

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	129	2
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	129	2
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1576	240
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1552	230
1.4	How many care packages are in place on 31 st March in the following categories:		
	xix. Residential Home Care	107	25
	xx. Nursing Home Care	103	73
	xxi. Domiciliary Care Managed	21	5
	xxii. Domiciliary Non Care Managed	86	28
	xxiii. Supported Living	240	40
	xxiv. Permanent Adult Family Placement	14	0
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>All service users have a full assessment of their needs to ensure that the appropriate service is put in place. All placements are subject to regular review (at least annually). The Learning Disability Programme has recently been involved in process mapping in order to improve our adherence to the 2010 Circular and we have reviewed our processes and updated the forms that we use for data collection. This process has not been piloted yet.</p> <p>A Care Manager and Assistant care manager is currently being recruited to address the workload pressures and work with those young people transitioning from children's disability services to adult Learning Disability services. Currently there is 1x 8a who operationally manages care management. There are 4x band 7 SW trained care managers and 1x band 7 nurse-trained care manager. There are 2.5 WTE assistant care managers.</p>		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are		

	<p>being addressed.</p> <p>Care Managers gather the information, request the assessments and liaise with the keyworker, the service user and/ or the family to find out their views. Based on this information the care manager recommends an appropriate package of care. The key worker submits a New Service Request form to The New Service Request Panel for discussion. The Panel will then agree funding for the package, if deemed appropriate. The Care Manager will liaise with all relevant people to share the outcome of the assessment and will arrange a care planning meeting to agree the details of the package and plan the commencement of the package. All information shared with the Provider will be agreed with the person and/or family prior to sharing. The person and/or family will receive a copy of the Care Plan.</p> <p>Providers in residential/ nursing placements are asked to provide a weekly update about the residents. Domiciliary providers will be contacted several days after commencement to ensure there are no issues.</p> <p>When the package commences, the Care Manager reviews it 6-8 weeks later to ensure it is effectively meeting the person's needs. When the package is not effective, additional supports are put in place. Subsequent reviews are held as required depending on individual needs but at least annually.</p> <p>There are current pressures in the service due to increased workload and caseloads but this is being addressed by the recruitment of additional staff.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>The views of service users and families are gathered as part of the assessment process. Service users and families are involved in Care Planning meetings and they get a copy of minutes as well as a copy of the Care Plan.</p> <p>Service user and families are fully involved in reviews where possible and are asked to comment on the service as appropriate.</p> <p>Service users and families are involved in all decision relating to care provision.</p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	475	55
	- Independent sector	64	4

1.6a	<p>Number of adults known to the Programme of Care in receipt of Day Opportunities</p> <p>There has been a change in numbers from the last reporting period for a number of reasons – firstly the focus has been on developing Day Opportunities in local communities in line with regional expectations and this has been hugely successful. Secondly, the service have increasing numbers of people with more complex needs in our centres which impacts on the numbers of people who can attend as they may require 1:1 staffing due to behaviours/needs and have complex physical needs.</p>	527	44
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	9	11
	- Independent sector	1	0
1.8	Unmet need (this is currently under review)	X	X
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>We continue to have a waiting list for supported accommodation and we have developed a 5 year accommodation plan to identify those people who are likely to require accommodation during this period.</p> <p>We also have a waiting list for domiciliary packages and we are joining Care Bureau in order to try to secure domiciliary packages.</p> <p>Currently within the service area we have-</p> <p>5 PTL's</p> <p>9 Delayed Discharges</p> <p>27 waiting for Domiciliary Care</p> <p>There is a huge difficulty accessing supported accommodation for people who have addiction or forensic backgrounds.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>Last year, the Service reported that it secured £43923.00 non-recurrent funding from 01 May 2017 to 30 April 2018 to support service users routinely excluded from services because of their challenging behaviour and forensic history. The Extern Reminiscence Community Hub provided three reminiscence projects, (total 252 attendances), to include costs for preparation, evaluation, travel related to Reminiscence (630 Hours) and additional Community Hub activity (1850 hours). This service still remains in place.</p>		

	<p>The Service also reported last year that it secured £10,230.40 non-recurrent funding from April 2017 to March 2018 for TILII Group (ARC NI) to: support the delivery of 24 group meetings (total 84 service user attendances and 24 ARC attendances); 12 TILII Forum Meetings (total 8 service users and 12 ARC attendances); 3 peer knowledge learning sessions (total 40 service users and 3 ARC attendances); and 2 Trust induction sessions. The service can now report that this funding is now recurrent.</p> <p>There was no non recurrent funding allocated 2018/19.</p> <p>There has been an agreement for £10,000 recurrent funding to commence in April 19 for the Now project. This funding will provide an evening social opportunity for up to 20 people with autism once per week for 48 weeks per year.</p>		
1.9	<p>How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?</p> <p>There are currently two service users placed outside Northern Ireland. Plans are well developed for both to return to Northern Ireland.</p>	2	0
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>The breakdown of complaints/ enquiries this year has been as follows for the service area-</p> <ul style="list-style-type: none"> 7 related to Treatment & Care 1 related to an Appointee 3 related to Environmental issues 8 related to Service Delivery 1 related to Injury from another service user 1 Safeguarding concern 1 related to Patients Personal care 1 related to a Change of HCP 1 related to Incorrect Medication Given <p>The learning for the service included additional training, additional recruitment and issues related to transitioning from children's to adult services is being addressed through a working group.</p> <p>There are a number of recommendations from the SAI panel into the hospital, themes emerging from the Adult safeguarding investigation and RQIA recent inspections that are currently detailed in action plans and currently being addressed.</p>	<i>Board return</i>	<i>Board return</i>

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

DATA RETURN 1 – PoC / Directorate - Iveagh and Muckamore Abbey Hospital / Learning Disability / Adult Social & Primary Care

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	9	43	1
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	9	43	1
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	7	65	0

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____ N/A _____

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate - Learning Disability / Adult Social & Primary Care

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	27	0
	Partially sighted	38	0
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	12	0
	Deaf without speech	15	0
	Hard of hearing	28	1
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	3	0

DATA RETURN 3 – PoC / Directorate - Learning Disability / Adult Social & Primary Care

3 DISABLED PERSONS (NI) ACT 1989		
<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.	87
	Number of Disabled people known as at 31 st March.	1816
3.2	Number of assessments of need carried out during period end 31 st March.	87
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	10

DATA RETURN 4 – PoC / Directorate – Learning Disability / Adult Social & Primary Care

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		
4.1	Number of Article 15 (HPSS Order) Payments	41
	Total expenditure for the above payments	£11,173
4.2	Number of TRUST FUNDED people in residential care	112
4.3	Number of TRUST FUNDED people in nursing care	176
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	3

DATA RETURN 5 – PoC / Directorate - Learning Disability / Adult Social & Primary Care

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.	7	90	17
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	5	69	11
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	2	21	6
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	996	160
5.5	Number of young carers offered individual carers assessments during the period.	7		
5.6	Number of young carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards)</i>	5		
5.7	Number of young carers receiving a service @ 31 st March	0		

5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	29
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	29
	(c) Number of adults receiving direct payments @ 31 st March	155
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	138
5.10	Number of carers receiving direct payments @ 31 st March	17
5.11	Number of one off Carers Grants made in-year.	311
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary The 2018/19 the overall carers budget was £64,723.00 This year there has been a significant reduction in the number of carer assessments offered / completed by the community teams. This reduction in carers assessments has largely been due to the additional pressures placed on the community teams to assist with investigating adult safeguarding issues. Given the pressures on the specialised team to address the historical CCTV viewing of the hospital, the community teams had to take on the specialised teams' normal work. This meant that the community teams were involved in investigating all community referrals including large scale ones involving institutions and a sizable number of historic referrals generated from the adult safeguarding investigation in the hospital. The community teams are in the process of recruiting additional SWs per team and a new ASG specialised team is now in place to deal with the ASG investigation relating to the referrals generated from the historical viewing of CCTV. The service area now has a robust plan in place to address this issue in relation to offering and completing carer assessments. The service area is pleased to report that there has been an increase in SDS and all patients have been transferred to SDS from direct payments with a support plan in place.		

DATA RETURN 6 – PoC / Directorate - Learning Disability / Adult Social & Primary Care - see separate report

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

7 SAFEGUARDING ADULTS

6.1	Number of safeguarding adult referrals within the period	977
6.2	Of the referrals at 6.1, how many were received from acute settings?	789
6.3	Number of investigations commenced within the period	560
6.4	Number of investigations completed within the period	560
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	1
6.6	Number of adult protection plans commenced within the period	536
6.7	Number of adult protection plans in place on 31 st March	536
Commentary See separate report		

DATA RETURN 7 – PoC / Directorate - Learning Disability / Adult Social & Primary Care

7 SOCIAL WORK STAFF

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

7.1a	Provide an overview of social work management staff in this Programme of Care/Directorate that are required, as a condition of their employment, to be included on the NISCC register.	Data Return 7 spreadsheet – 7.1a
7.1b	For those reported in 7.1a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.1b
7.1c	For those reported in 7.1a, return the numbers that are enrolled on/have completed PQ awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.1c
7.2	How many teams are there within this Directorate/Programme of Care?	

7.3a	Provide an overview of the social work staff based within a team, who are required as a condition of their employment, to be registered with NISCC. NOTE: The number of team returns should match the number of teams reported at 7.2	Data Return 7 spreadsheet – 7.3a
7.3b	For those reported in 7.3a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.3b
7.3c	For those reported in 7.3a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.3c
7.4a	'Singleton Practitioners' who are required, as a condition of their post, to be registered with NISCC. Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.	Data Return 7 spreadsheet – 7.4a
7.4b	For those reported in 7.4a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.4b
7.4c	For those reported in 7.4a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.4c
7.5a	'Singleton Practitioners' in a post which requires registration with a professional body and the current post holder is registered with NISCC. Guidance: These are social workers that are not easily identifiable with a social work team and are not classified as management.	Data Return 7 spreadsheet – 7.5a
7.5b	For those reported in 7.5a, return the numbers that have attained PQ training <u>outside</u> the current reporting period.	Data Return 7 spreadsheet – 7.5b
7.5c	For those reported in 7.5a, return the numbers that are enrolled on/have completed PQ Awards <u>during</u> the current reporting period.	Data Return 7 spreadsheet – 7.5c
7.6	How many Practice Learning Opportunities were provided by the Trust during the period?	Data Return 7 spreadsheet – 7.6
7.7	Provide a breakdown of DHSSPS PQ training targets	Data Return 7

		spreadsheet – 7.7
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PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate - Learning Disability / Adult Social & Primary Care

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	18	10
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	16	10
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	0
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i> Requests for second ASW input have remained low through the directorate.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i> This remains low throughout the Directorate		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. The Trust engages with service users and carers in a timely manner and ensures where practicable that at least seven-days' notice is given of planned discharge from hospital.		

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	13
9.2a	Of these, how many resulted in an application being made?	11
	<i>Comment on any trends or issues on the use of holding powers</i> The use of the Form 5 is reflective of the number of patients who initially	

	agree to a voluntary admission but then decide to leave contrary to medical advice.
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ASW Applicant reports		
9.3	Number of ASW applicant reports completed	26
9.3.a	How many of these were completed within 5 working days	26
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>	

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>	0
9.4.a	Number of completed reports which were completed within 14 days	N/A
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>	

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients (provide total number) There was a total of 10 however 4 of these patients were regraded to Voluntary prior to the Mental Health Review Tribunal.	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i> The vast majority of the Mental Health Review Tribunals in Learning Disability services are as a result of a mandatory request by the Trust and are therefore reviews. There are ongoing issues in relation to the MHRT deciding to discharge patients from detention with immediate effect resulting in difficulty for the MDT, despite contingency planning to find alternative safe placements in the community.	
9.5.a	This is intentionally blank	

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	2
9.6.	New applications for Guardianship during period (Article 19(1))	1

a		
9.6. b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6. c	How many were Guardianship Orders made by Court (Article 44)	0
9.6. d	Number of new Guardianships accepted during the period (Article 22 (1))	1
9.6. e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6. f	Number of Guardianships accepted by a nominated other person	0
9.6. g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6. h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	0
	Lapsed	1
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	1
	Comment on any trends or issues in respect of Guardianship	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	3 left day time rota
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	4

	<p>Commentary <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i></p> <p>3 ASW staff left the ASW day time rota this year – 2 were team leaders and 1 DAPO. It is not in their job description to undertake this role and function. They have however been on the rota for sometime but due to the additional pressures placed on these staff this year due to an increase in Adult safeguarding work associated with the large scale investigation they came off the rota. We have 1 staff member currently undertaking the ASW course. There are ongoing concerns about the number of ASW's who have other roles such as Team Leaders, DAPO's. The service has now included in the SW job descriptions that there is a requirement to complete the ASW course within 2 years of taking up post and participate on the day time ASW rota.</p>
9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>Belfast Trust Patient Under 18 years of age admitted to Iveagh between 1st April 2018- 31st March 2019 who are / were subject to detention.</p> <p>Patient A</p> <p>Date of Birth : 2001</p> <p>Female</p> <p>Transferred from a CAMHS unit as Detained patient on a Form 9 under Mental Health (NI) Order 1986</p> <p>Date of admission; 12/06/18 - Current</p> <p>Reason for admission</p> <p>Patient A has a diagnosis of Intellectual disability, Autism spectrum disorder.</p> <p>Prior to admission there was a deterioration in Patient A's mental health with associated anxiety and behaviours that challenge. There was an increasing change in presentation, becoming anxious, fearful about everyday objects that previously did not cause any distress. There were daily episodes of verbal and physical aggression towards mother. Recent incident of physical aggression towards mother, hitting and kicking, locking herself and her mother in a room at home to assault. Patient A has also made threats to kill her father.</p> <p>Patient A was placing her fingers in her ears and engaging in repetitive hand movements/finger movements on a more frequent basis.</p> <p>Patient A can present with low mood, anxiety and depressive symptoms. Has been overheard to whisper/mutter to herself when alone, appearing to be responding in conversation, statements or words cannot be understood. Patient</p>

	<p>A will throw things that are near to her when she becomes frustrated.</p> <p>Patient A required a period of assessment and treatment to manage these behaviours and prevent serious risk.</p> <p>Subject to LAC Review</p> <p>Patient B</p> <p>Date Of Birth 2003</p> <p>Male</p> <p>Detained under the Mental health NI Order 1986</p> <p>Date of admission: First admission 23/5/18 – 6/6/18</p> <p>Reason for Admission</p> <p>Patient B is diagnosed with severe learning disability, autistic spectrum disorder and ADHD.</p> <p>Escalating level of aggression displayed over the week prior to admission. Patient B was displaying challenging behaviours, absconding, stripping and putting himself at risk on equipment in the environment, climbing naked onto tractors, resulting in bruising. Patient B had been using Google to ask how to burn accommodation and how to run away. He had been breaking latches on windows in an attempt to abscond.</p> <p>Prior to admission, Patient B had absconded from his placement and ran to nearby rail tracks. PRN medication was administered with no impact. Patient B did not appear to know staff; he was crawling about the floor and had bitten a number of staff. Patient B's level of staffing was normally 2:1 however immediately prior to admission 4-8 staff were required.</p> <p>Patient B's level of aggression towards staff intensified e.g. hair pulling, slapping, biting and kicking. He also stripped and urinated on his clothes when in a state of heightened emotion. He also pulled clothes from his wardrobe and urinated on them.</p> <p>Patient B was displaying some sexualised behaviours that included self-stimulation using furniture and he also attempted to insert objects such as toothbrushes into his back passage. He also pulled his trousers up and down several times a day, exposing himself.</p> <p>Patient B can be self-injurious biting himself and nipping his stomach when he is in a state of emotional distress.</p> <p>Patient B</p> <p>Date of Admission : Second Admission 12/06/18</p>
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	<p>Reason for Admission</p> <p>Patient B was re-admitted on 12/06/18 due to challenging and unpredictable behaviour in placement. There was an incident prior to admission, Patient B absconded and displayed a high level of aggression towards staff. He went to an area that was deemed unsafe. As well as displaying aggression towards staff, he engaged in self injurious behaviour, slapping and nipping himself. PSNI assistance was required to assist with managing Patient B's behaviour. He was readmitted under the Mental Health NI Order.</p> <p>Patient C</p> <p>Date of Birth: 2001</p> <p>Male</p> <p>Detained under the Mental health NI Order 1986</p> <p>Date of Admission 15/08/2018 – 04/03/2019</p> <p>Reason for Admission</p> <p>Patient C has a severe Learning disability.</p> <p>Patient C was admitted to hospital following an aggressive outburst which resulted in injury to two staff members of Residential Children's Unit. He was admitted on a voluntary basis from 07/08/2018 – 14/08/2018. Patient C settled quickly during this time and was discharged back to Residential Children's Unit. Initially he appeared to be calm and settled. Patient C's demeanour then changed and he became agitated. He was destructive of property in his room, throwing objects and smashing things. Staff withdrew until he ceased and then attempted to re-engage, when he had calmed. Patient C declined PRN medication, and went on to repeat his destructive behaviour. PSNI were called however, Patient C had settled by the time they responded. A short time later, Patient C's behaviour became threatening toward staff and other residents. There was a threat to kill and there was evidence of broken glass in his room giving staff serious concern re risk to staff, residents and himself. Measures such as reassurance from familiar staff and positive reinforcement did not prove effective. GP and ASW were requested to attend and an admission under the Mental Health Order was deemed necessary.</p> <p>Subject to LAC Review</p> <p>Patient D</p> <p>Date of Birth: 2006</p> <p>Male</p>
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Detained under the Mental health NI Order 1986**Date of Admission:** 27/09/2018**Reason for Admission**

Patient D is diagnosed with a Severe Learning Disability, Autism Spectrum Disorder and co-morbid Attention Deficit Hyperactivity Disorder, he presents with behaviours that challenge at home and at school, displaying physical aggression towards others.

Prior to admission Patient D exhibited a significant deterioration in his presentation. He experienced emotional upset and distress, sudden mood swings accompanied with aggression towards his parents. This included violent attacks escalating to involve more prolonged physical attacks. He focused on targeting their eyes, with him exerting pressure on their eyes/orbits raising the risk of serious eye injury to both parents.

Patient E**Date of Birth:** 2006**Male****Detained under the Mental health NI Order 1986****Date of Admissions:** First admission 04/04/18, discharged on 17/04/18.**Reason for Admission:**

Patient E has a history of ASD with Pathological Demand Avoidance Profile. Patient E has a long history of high levels of anxiety manifesting as challenging behaviour. In the weeks prior to admission Patient E brandished a knife at his parents. There was an escalation in behaviours, displaying high levels of aggression. Hitting out at his parents, nipping, biting and pulling their hair. Parents were finding it increasingly difficult to manage Patient E at home.

Second admission 06/06/2018 - ongoing**Reason for Admission**

Similar presentation as previous, long history of periods of agitation and anxiety, which manifests into behaviour that challenge. Patient E had presented as very difficult to manage in days leading up to his admission.

A voluntary admission was attempted on 4.06.18. Patient E presented as extremely difficult to manage. An ambulance was arranged to transport, however, failed due to Patient E being unsafe and destructive whilst in the vehicle. He presented as highly aggressive to community professionals and

	<p>absconded from community offices. Parents returned home with Patient E due to how distressed he was presenting.</p> <p>Patient E was assessed and brought to hospital under the Mental Health NI Order 1986 on 06/06/18, required assistance of PSNI to transport.</p> <p>Not subject to LAC Procedures.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	1
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i>	

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	2
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	2
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	2
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	0
	<p>Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)</p> <p>Both these STOs have been in place for over a year. There have been no problems with accessing services for either service user.</p>	

DATA RETURN 1 – PoC / Directorate – Family & Childcare / Social Work and Children's Community Services

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 st March?		
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?		
1.4	How many care packages are in place on 31 st March in the following categories:		
	xxv. Residential Home Care		
	xxvi. Nursing Home Care		
	xxvii. Domiciliary Care Managed		
	xviii. Domiciliary Non Care Managed		
	xxix. Supported Living		
	xxx. Permanent Adult Family Placement		
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. Narrative		
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. Narrative		
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. Narrative		
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 Narrative		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding Narrative		
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. Narrative	<i>Board return</i>	<i>Board return</i>

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

DATA RETURN 1 – Family & Childcare / Social Work and Children's Community Services

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
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 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March 187 for 1.3

Hospital Social Work Service data is recorded in the Children with Disabilities Data Return 1.1 to 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate – Family & Childcare / Social Work and Children's Community Services

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

DATA RETURN 3 – PoC / Directorate – Family & Childcare / Social Work and Children's Community Services

3 DISABLED PERSONS (NI) ACT 1989		
<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 st March.	
3.2	Number of assessments of need carried out during period end 31 st March.	
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	

DATA RETURN 4 – PoC / Directorate - Family & Childcare / Social Work and Children's Community Services

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972; Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		
4.1	Number of Article 15 (HPSS Order) Payments	172
	Total expenditure for the above payments	£18,283.70
4.2	Number of TRUST FUNDED people in residential care	
4.3	Number of TRUST FUNDED people in nursing care	
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	
	See Physical Health and Disability Return	

DATA RETURN 5 – PoC / Directorate - Family & Childcare / Social Work and Children's Community Services

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	n/a		
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	n/a		
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	n/a		
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	n/a		
5.4	Number of adult carers receiving a service @ 31 st March	n/a		
5.5	Number of young carers offered individual carers assessments during the period.	37 – Action for Children		
5.6	Number of young carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards)</i>	37 – Action for Children		
5.7	Number of young carers receiving a service @ 31 st March	83 – Action for Children		

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate - Family & Childcare / Social Work and Children's Community Services

N.B. This return has been amalgamated with the return from Learning Disability

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		TRUST ASW	RESWS ASW
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.		

Use of Doctors Holding Powers (Article 7)		
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>	

ASW Applicant reports		
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</i>	

	<i>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>	

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients (provide total number)	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>	
9.5.a	This is intentionally blank	

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	
	Comment on any trends or issues in respect of Guardianship	

Approved Social Worker (ASW) Register		
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)	
	Commentary <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i>	

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st 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 made during the reporting period.	
	Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)	

DATA RETURN 1 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

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

	n/a		
	- Statutory sector		
	- Independent sector		
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		
	- Independent sector		
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures Narrative N/A		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding Narrative N/A		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. Narrative	<i>Board return</i>	<i>Board return</i>

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

DATA RETURN 1 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	944	1014	
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	944	1014	
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	453	134	

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

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

DATA RETURN 3 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	n/a
	Number of Disabled people known as at 31 st March.	n/a
3.2	Number of assessments of need carried out during period end 31 st March.	n/a
3.3	This is intentionally blank	
	<i>Narrative</i>	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	24

DATA RETURN 4 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

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	2
	Total expenditure for the above payments	£200
4.2	Number of TRUST FUNDED people in residential care	n/a
4.3	Number of TRUST FUNDED people in nursing care	n/a
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	n/a
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	n/a

DATA RETURN 5 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

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.		406	
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		406	
5.2a	Number of adult individual carers assessments declined during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		0	
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		406	
5.4	Number of adult carers receiving a service @ 31 st March		565	
5.5	Number of young carers offered individual carers assessments during the period.		136	
5.6	Number of young carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards)</i>		136	
5.7	Number of young carers receiving a service @ 31 st March			

5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	32
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	32
	(c) Number of adults receiving direct payments @ 31 st March	
5.9	Number of children receiving direct payments @ 31 st March	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person? 73 Direct Payments/126 SDS	199
5.10	Number of carers receiving direct payments @ 31 st March	5
5.11	Number of one off Carers Grants made in-year.	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary <i>Direct Payment numbers have risen as have the number of hours delivered.</i>		

DATA RETURN 6 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

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

9 SAFEGUARDING ADULTS

6.1	Number of safeguarding adult referrals within the period	n/a
6.2	Of the referrals at 6.1, how many were received from acute settings?	n/a
6.3	Number of investigations commenced within the period	n/a
6.4	Number of investigations completed within the period	n/a
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	n/a
6.6	Number of adult protection plans commenced within the period	n/a
6.7	Number of adult protection plans in place on 31 st March	n/a
Commentary		

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

DATA RETURN 9 – PoC / Directorate – Children with Disabilities / Social Work and Children's Community Services

N.B. The Children's Return has been included in the return by Learning disability POC.

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	n/a	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	n/a	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	n/a	
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	n/a	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	n/a
9.2a	Of these, how many resulted in an application being made?	n/a
	<i>Comment on any trends or issues on the use of holding powers</i>	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	n/a
9.3.a	How many of these were completed within 5 working days	n/a
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>	n/a

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>	n/a
9.4.a	Number of completed reports which were completed within 14 days	
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i> n/a	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients (provide total number)	
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>	
9.5.a	This is intentionally blank	

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	n/a
9.6.a	New applications for Guardianship during period (Article 19(1))	n/a
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	n/a
9.6.c	How many were Guardianship Orders made by Court (Article 44)	n/a
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	n/a
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	n/a
9.6.f	Number of Guardianships accepted by a nominated other person	n/a
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	n/a

9.6.h	<table><tr><td colspan="2">Total number of Discharges from Guardianship during the reporting period (Article 24)</td></tr><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>Total</td><td></td></tr></table>	Total number of Discharges from Guardianship during the reporting period (Article 24)		Discharges as a result of an agreed multi-disciplinary care plan		Lapsed		Discharged by MHRT		Discharged by Nearest Relative		Total		n/a
Total number of Discharges from Guardianship during the reporting period (Article 24)														
Discharges as a result of an agreed multi-disciplinary care plan														
Lapsed														
Discharged by MHRT														
Discharged by Nearest Relative														
Total														
	<i>Comment on any trends or issues in respect of Guardianship</i>													

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

	Commentary <i>Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties</i>	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used. N/A	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<i>Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements</i> N/A	

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).
Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	n/a
	Treatment as an in-patient	n/a
	Treatment as an out patient	n/a
	Treatment by a specified medical practitioner.	n/a
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	n/a
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	
	Commentary (include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient) N/A	

APPENDIX A

DATA RETURN 8 – PoC / Directorate All

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2018-2019

Return for Employers year ending 31st March 2019

1. The Standards referred to in this document are the “Minimum Standards for Completion of the Assessed Year in Employment (AYE)” as published by NISCC in Revised Guidance for Registrants and their Employers NISCC November 2015 (Version 2).

Please complete the sections below which provides an overview of all staff who were subject to an assessed Year in Employment (AYE) in your organisation for the period 1st April 2018 to 31st March 2019. These are staff that are in a post which is suitable for the verification of practice against the required Standards, such that they are eligible to be registered without the AYE condition with the NISCC.

Table 1 asks for the number of Newly Qualified Social Workers who are subject to an AYE by setting. The table requires numbers of AYEes that were in post at any time during the year and those who are still in post at 31st March 2019. These should be counted as mutually exclusive, that is if the person is in post on 31st March they should not be returned in the column for ‘during’ the year.

Table 1		During year 1/4/18 to 31/3/19	At 31st March 2019
	Job setting		
1	Gateway	6	3
2	Family support/intervention team	12	10
3	Looked after team	6	4
4	Fostering team	0	0
5	Adoption	0	0
6	Leaving and after care	0	1
7	Children’s disability>(* 1 Children’s Hospital)	8	6*
8	Residential child care	12	6
9	Early years	0	1
10	Other Children’s CAMHS	2	2
11	Hospital social work team	8	4
12	Older people	15	6
13	Mental health	6	8
14	Health and Physical disability (Adults)	3	1
15	Sensory impairment	0	1
16	Learning disability	3	3
17	Vulnerable adults	0	0
18	Other (Adult)	0	0

	Total number of AYE	81	56
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Of the 81 registrants: 30 staff left the Trust without completing their AYE.
 8 staff left having completed the AYE.
 43 staff completed their AYE and are still with the Trust.

2. Of the Total AYE's employed, describe their employment status?

Table 2	During year 1/4/18 to 31/3/19	At 31st March 2019
Employment Status		
Permanent	22 (7 left 15 presently in post)	5
Temporary	8 (1 left 7 presently in post)	3
Recruitment agency	51(30 left during the year 21 presently in post))	48

Commentary on Question 1 and 2:

Of the 81 AYE's who were in post during last year.

- 38 were employed for a short period and then left employment of BHSCT
- Of these 38 staff, 8 had completed their AYE with the Trust.
- 43 staff were endorsed by BHSCT as competent to complete the AYE.

Trends over the last 5 years:

- **Increase in staff turnover:** In the last five years there is a significant increase of staff turnover within the AYE group. In 14/15 of the cohort of 30 AYE staff four (31%) left to seek employment elsewhere. In 18/19 of the cohort of 81 staff 38 left to seek other employment (47%). See Appendix 1 for graph.
- **Increase in Agency Staff:** This has continued to increase over the last 5 years. In 18/19 a cohort of 99 staff are either in post having completed their AYE this year or are still in the process of completion. All of these staff will likely have under two years experience and 69% are agency staff.
- **Increase in numbers.** The number of AYE Registrants within the workforce has continued to rise. See Appendix 1 for graph. In summary: in 14/15 30 staff completed/worked towards completion of their AYE and by 18/19 this figure has risen to 81. This is almost a threefold increase of AYE numbers.

What does this mean?

- Staff turnover is likely to have an impact on service delivery: as new staff move on there will be disruption for the service users.
- Team Leaders are spending increasing time on induction and supporting new staff to have a good understanding of their service user's assessment/care plan plus teaching and mentoring staff in a new area of work.
- The Learning and Development Team meet/greet, track, manage the administration, audit and support. The increase in AYE Registrants and turnover has increased their work by threefold.

3. How many Newly Qualified Social Workers (NQSW) were employed by the Trust during the year in posts that did not require a Social work Qualification. That is they were not able to undertake their AYE, and in what capacity were they employed.?

Table 3 Employment area	No. of NQSW not undertaking AYE
None	

4. What processes has the Trust put in place to ensure that every AYE produces a Summary of Learning upon commencement of post? (narrative)(Standard 1)

The Learning and Development Consultant meets with all AYE Registrants and New Line Managers and both are informed of the requirement to provide a Summary of Learning. An audit monitors compliance and of the 15 files reviewed, one registrant had not filed the document.

Clarification Note in relation to Question 5,6,7,8

Question 5-8 ask for commentary on the totals that are noted on Table 1. The Trust is not in a position to comment on all AYE Registrants. As outlined in Circular HSS(OSS) AYE2/2015, the Trust sample 25% of performance appraisals.

5. How many AYE's from the total given in Table 1 failed to produce a Summary of Learning?

1

6. Have all AYE's a Personal Development Plan (PDP)?

Yes

☐

No

☒

The sample confirmed a 60% compliance with this standard.

Please describe the process you have in place to ensure PDPs are relevant and up to date.

There is no evidence of registrants returning to update the Personal Development Plans. The mid and final reflective statements however confirm that registrants are identifying learning and future learning needs. While the PDP is not updated the Trust accept the Reflective Statements as meeting this requirement.

7. Have all AYE's in the Trust undertaken (or be in a position to undertake) the minimum required 10 development days?

Yes

☒

No

☐

Please provide details of what arrangements are in place to ensure that this requirement (Standard 4) is met.

- The Trust's audit of AYE 2018/19 sampled the records of 15 (30%) registrants. All records complied with this standard.
- Exit questionnaires with AYE registrants confirmed compliance with this standard. Albeit the return was 39%. The returns were evenly spread over permanent, temporary and agency staff.
- AYE Registrants are invited to attend a monthly AYE Forum. This Provides an opportunity for the AYE Lead in the L&D Team to '*check-in*' with staff.

Additional Comments on the AYE Forums:

- The numbers in the AYE cohort will vary each month as this is a fluid Group. Therefore the statistical analysis is difficult. However, in a review of attendance in the last 6months 70% attended 0 or 1 group. Of the 30% who did attend the majority attended between 3-5 Forums.

Quotes:

Shift pattern made attending this difficult. Met with AYE Lead and other AYE's from other homes.

Felt confident in my ability not to attend

They were a great opportunity to discuss experiences with other social workers.

Attend! Gives you the chance to catch your breath, chat and discuss opportunities.

8. Have all AYE's received a formal Social Work Induction as per the NISCC guidance?

Yes

☐

No

☒

See explanatory note.

Please provide details of the Induction Procedure (Standard 2).

Explanatory Note:

Audit:

- 6 files in the audit of 15 files did not evidence induction by completing an Induction Booklet provided to all AYE Registrants.

This 60% compliance is an improvement from last year's 50%. The Trust interpret this data as staff not evidencing their induction as opposed to it not happening. The

questionnaire returns indicate that induction does take place.

Questionnaire Return:

- 95% stated that they received induction into their role and
- 95% said that it prepared them for their post.
- 90% said they had completed the Induction Booklet.

Summary Comment: Evidencing this standard is tricky as the AYE's definition of Induction will vary. The Trust are satisfied that in triangulation of the audit, Questionnaire and no issues being raised with the AYE Forum that staff are receiving adequate action.

Action:

- In 19/20 continue to reinforce the importance of induction with managers and encourage staff to evidence via the Induction Booklet.
- Have a conversation with the AYE Forum on their experience of Induction.

Induction Procedure:

Induction is a three way process.

- **Corporate Welcome.** This is a half- day corporate induction to welcome staff to the organisation. It explains the Trust's structures, values and provides information for example on Infection Control and Safeguarding. In 2019 this 'Welcome' will extend to a one day event where all staff will exit having completed all the core statutory and mandatory training requirements.
- **Local Induction.** This will consist of Team/Departmental orientation arrangements to detail job role, processes, procedures and policies. This is lead by the Team Leader, Senior Practitioner and/or professional lead.
- **Induction to Assessed Year in Employment.** A Learning and Development Consultant who leads on AYE meets new staff within three weeks of appointment and will also meet Line Managers as required.

9. Please answer Yes or No for each of the following systems that are required to be in place and available for all AYE's. Provide a separate explanation for each instance that 'No' has been ticked.

Table 4 Systems required		Yes	No
1	Human Resource system to track AYE progress	x	
2	Performance appraisal for AYE's 6 monthly	x	
	Year end	x	
3	25% Sample of AYE performance	x	
4	Management of AYE workload The Exit Questionnaire asks: <i>"In general my workload is about right"</i> and <i>"I can keep a reasonable balance between work and personal life"</i> Both answers received the same response. 7 staff strongly agreed, 11 staff	x	

	agreed and 2 neither agreed/disagreed. This is an encouraged position.		
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10. Please report on the frequency of professional supervision afforded to the AYEs in post at 31st March (Standard 3).

Table 5 Job setting	Number of AYE receiving supervision:		
	Fortnightly	Monthly	Other
Children's (1 to 10 from Table 1)	6	26	
Hospital (11 from Table 1)	1	3	
Adults (12 to 18 from Table 1)	10	10	

How many of those shown above as 'Fortnightly' have been in post for more than 6 months @ 31st March?

0

How many of those shown above as 'Monthly' have been in post for more than 6 months @ 31st March?

39

Trust should provide details and explanations of situations where professional supervision of AYEs is less than the minimum requirement in Standard 3, and what steps are being taken to achieve full compliance.

The Trust seeks to identify non-compliance by reporting by exception those situations in which supervision does not comply with the expected standard.

100% of the questionnaire returns confirmed that supervision took place.

The Trust acknowledges that in some services there have been particular workforce issues but considerable efforts have been made to comply with this requirement.

Comments from staff indicate that supervisors strived to provide a supportive learning environment,

My managers encourages my development at work.

Strongly Agree: 16

Agree: 4

My manager has recently told me I've done a good job.

Strongly Agree: 16

Agree: 4

11. What proportion of staff who provide professional social work supervision to AYEs have undertaken relevant training in 'professional supervision and appraisal'? (Number of staff with supervision/appraisal training as a percentage of the Total number of staff who supervise AYE).

The Trust is unable to answer this question with a numerical reply as it is not possible to interrogate training data via HRPTS. The Trust has previously raised this matter with HSCB.

On the 31st March 2019 there were 41 professional supervisors. On reviewing the list the Learning and Development Manager believes they all have completed supervision training. See comment below that provides assurance of compliance.

What arrangements are in place within the Trust to ensure that all such supervising Social Workers have undertaken the appropriate training?
(Narrative)

All newly appointed managers or professional social work leads complete a 3 Day Regional Supervision Course and refresher training is available for all. In the Data 7 Report 31/12/18 the Trust evidenced 100% compliance with the following DHSSPS Target:

From 2010, all newly appointed Senior Social Workers/Team Leaders will undertake relevant training in professional supervision and appraisal within two years of appointment.

The Trust usually meets this standard within six months of appointment.

In addition, the Learning and Development Consultant for AYE meets all Managers new to AYE and other managers by request to ensure that they have been apprised of their roles and responsibilities. This is supported by Learning and Development Team guidance notes for managers new to post/AYE.

12. Please provide an account of how the Trust assess practice against the six key roles as set out in the Northern Ireland Social Care Council (NISCC) guidance (The Assessed Year in Employment (AYE) for Newly Qualified Social Workers in NI, NISCC)

- The individual AYE registrant provides evidence to the Line Manager who assesses competence against the six key roles. This occurs within the supervisory process and is recorded on a pro-forma designed by the agency.
- At the mid-point the registrant submits a 750-word reflective summary of learning needs, progress in evidencing the six key roles and identifies any gaps in learning which require to be addressed during the remaining period of the AYE.
- The Line Manager assesses the registrant's performance at six months against the six key roles, recording the outcomes in the supervision file.
- The final appraisal follows a similar process as the mid-point review with the Line Manager beginning to identify how the registrant will continue their journey post-AYE via the Professional in Practice accreditation pathway.
- The audit process and exit questionnaire provide opportunities to benchmark the AYE Registrants' experience.

- The audit reviewed the AYE Registrants' reflective summaries and they conveyed a sense of growth in confidence and competence.
- Equally the documentation that managers were required to complete met the necessary standard.

This process mirrors the requirement that is detailed in the *NISCC (2015) Assessed Year in Employment*.

Additional Comments from AYE Exit Questionnaires:

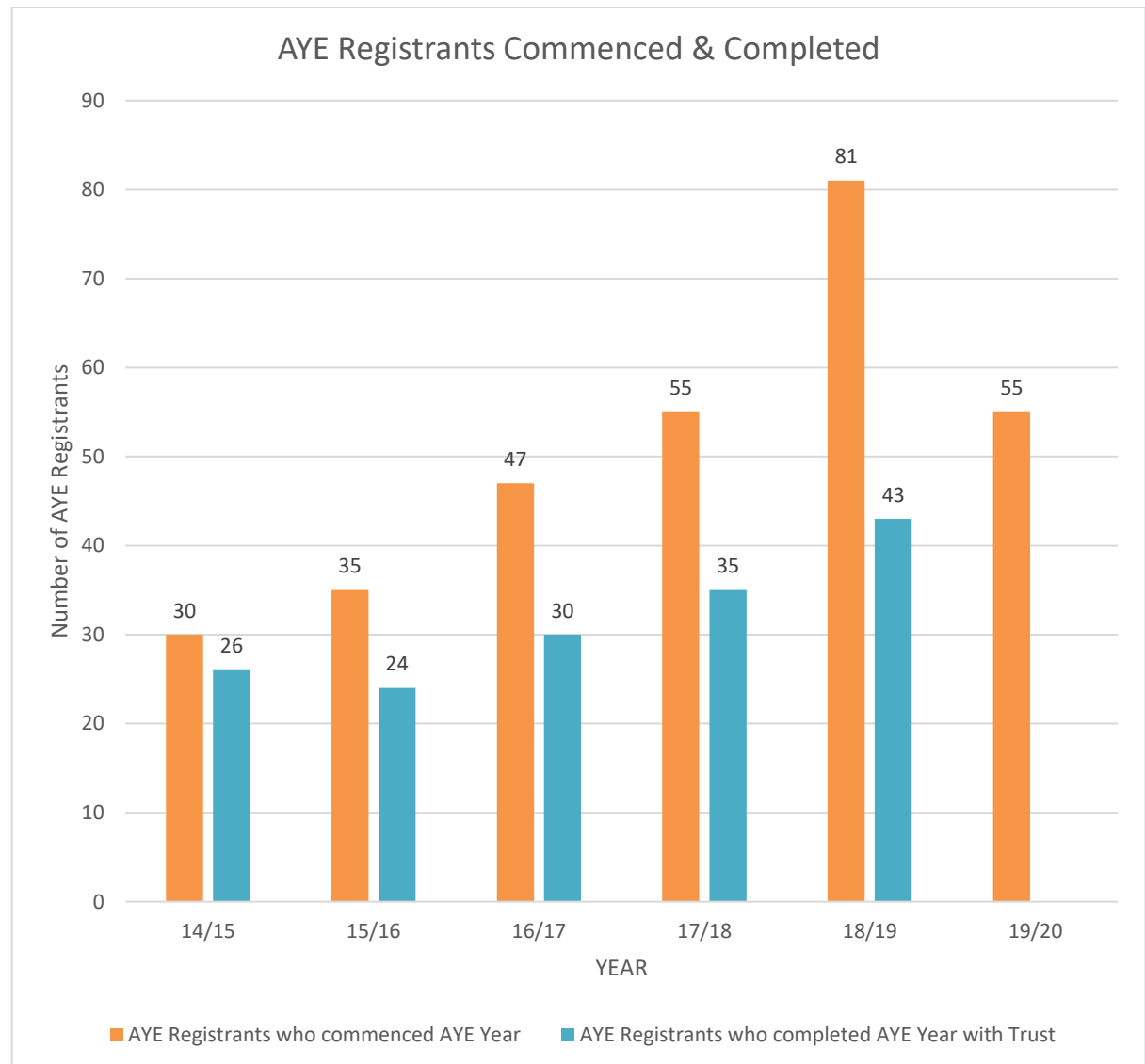
(The AYE Lead).. was very helpful throughout and I could not thank him enough.

Very helpful meeting at the beginning of AYE. I used notes from this meeting when I was putting together my folder and to write up the 6 month and final reviews.

I really appreciated the support and advice from colleagues, manager and the AYE Lead. It helped me a lot through the journey

Do not be afraid to ask for more training opportunities. You are not expected to come from university knowing everything.

Summary Comment: The Assessed Year in Employment is now embedded into practice. The responses to some of these questions are a repeat of what was reported in previous years as we are now reporting on established systems. At this point it would be useful to review and streamline this reporting template.



APPENDIX B

DATA RETURN 11 – PoC / Directorate ALL

Please Note: Information for this section will inform the Annual Accountability Report to the Department of Health, Social Services and Public Safety

11 Accountability Report		
Personal Social Services Development and Training Strategy 2006-2016		
11.1 Regional Social Work Trainees		
11.1.1	Regional Social Work Trainee Investment 01.04.18 - 31.03.19	Accountability 18-19
11.1.2	How many Regional Social Work Trainees were employed within the Trust as at 1 st April 2018?	0
11.1.3	Total Number of Trainees completed within 2018 -19	
11.1.4	How many Regional Social Work Trainees were employed within the Trust as at 31 st March 2019?	0
11.1.5	Narrative. Trust must detail any students which have deviated from expected pathways to include reasons for deviation, current salary point and expected graduation date. The Regional Social work Scheme ceased approximately five years ago. This section of the report is redundant.	
11.2 Practice Learning Opportunities		
11.2.1	PLO Investment 01.04.18 - 31.03.19	Accountability 18-19
11.2.2	How many PLOs have been provided by the Trust during the period?	Accountability 18-19
11.2.3	How many Children’s PLOs have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	Level 2—23 Level 3- 20
11.2.4	How many Adult’s PLO have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	Level 2- 22 Level 3--22
11.2.5	<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> <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> Deviation from PLO Provision: The Trust are contracted to provide 91 PLO’s and while 91 were presented 87 commenced. This small shortfall arose as students did not commence PLO due to personal circumstances or the PLO was reallocated to another agency to meet the needs of the student. Processes to ensure high quality PLO’s: The Trust is approved by NISCC	

as Designated Practice Learning Provider (DPLP). This requires the Trust to meet the '*The Standards for Practice Learning for the Degree in Social Work*'. Compliance with these Standards is monitored by NISCC.

The NISCC Standards provide a framework for ongoing evaluation and continuous improvement. This includes:

- An audit of student supervision records and evidence files that provides an insight into the teaching and assessment that the Practice Teacher has provided.
- Universities provide feedback on their experience of provision of PLO's.
- Students complete an evaluation of Corporate Induction and an Exit Interview. In addition, the Degree Provider also asks students to complete an evaluation of the PLO. This all contributes to providing an overview of the student's experience.
- Active Practice Teachers and On-sites are required to attend an annual workshop where they receive feedback from the audit, updates on changes to the PLO assessment and space to reflect on their practice.
- Newly qualified Practice Teachers and Practice Teachers returning to the role receive mentoring and support through the PLO.

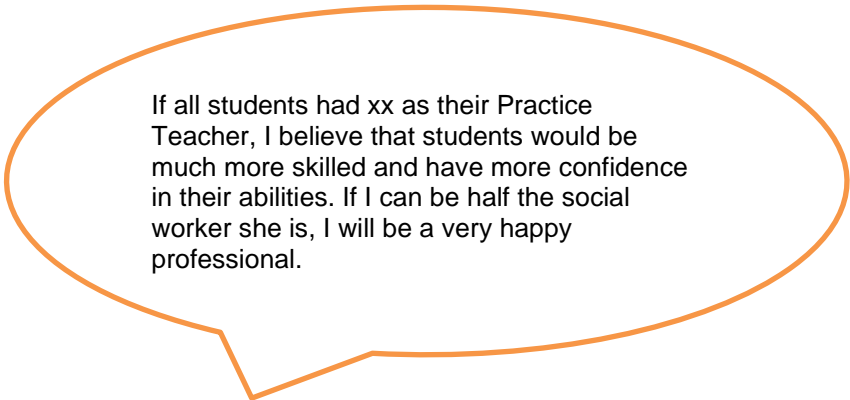
Focus of the 18/19 Audit: In 18/19, the BHSCCT fully implemented the introduction of electronic files that contain the student's PLO Meetings, supervision records and evidence files. The electronic file was reviewed to establish how practice teachers were adapting to this new arrangement and the appropriateness of student evidence. (Previously too much evidence was being presented.)

Outcome: There were inconsistencies in how practice teachers had organized the electronic files. Those presented in sub sections were more accessible.

Action: Create an electronic file with subsections to harmonise how all store and present information.

Focus of the Audit 19/20. This year universities stated the standard of practice teaching reports is variable. This will be the focus of the next audit.

Feedback forwarded by the University on one Practice Teacher.



If all students had xx as their Practice Teacher, I believe that students would be much more skilled and have more confidence in their abilities. If I can be half the social worker she is, I will be a very happy professional.

Specific Demands on Resources:

Collaborative Working: The provision of the BSc Social Work is dependent on collaborative arrangements with many agencies. This includes for example,

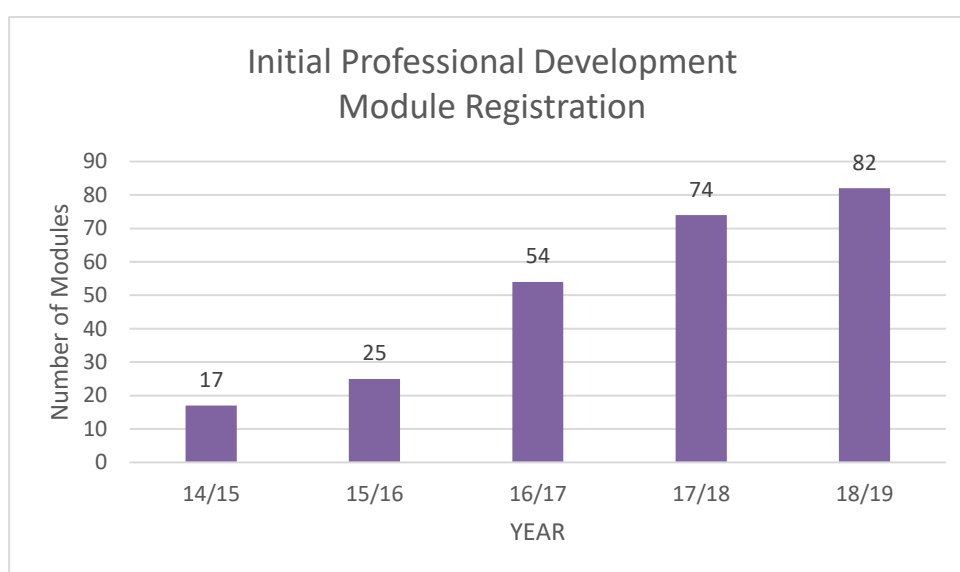
	<p>membership of Boards, Committees, Practice Assessment Panels, Recruitment Panels, Teaching and contributing to the achieving the NI Social Work Degree Business Plan. The latter is a significant time commitment that often remains invisible.</p> <p>Identification of PLO's: Change is a consistent theme and it can often seem that the workplace is in one continual change process. This year a high level of staff turnover, sickness and vacancies continue to augment the stresses and difficulties experienced by teams and individuals. In this context, it is a challenge to engage practice teachers and teams to host PLOs. The consequences are:</p> <ul style="list-style-type: none">• The Learning and Development Team spend considerable time and effort in gaining commitment to 91 PLO's. Often the strength of personal relationships/goodwill is a key factor in meeting the target.• A fast changing workplace means that PLO's that are agreed four to five months before the start date can be unavailable and time is required to rearrange and accommodate students. This augments the work of the PLO Coordinator and detracts from the student experience. In January, some PLO's were only being confirmed on the start date. <p>Individual Circumstances of Students: Students can identify individual circumstances that the Trust are required to consider and accommodate these in keeping with legislation, policy and procedure. In the August –December PLO, five of the thirty- five students PLO end due to mental health/stress. The experience of the Trust and other employers is that this is an increasing issue. The 'duty' to accommodate these needs, to support the student and practice teacher plus the responsibility to ensure that the management of the PLO meets the requisite legislation requires time and attention to governance.</p> <p>Non- Car Drivers. The number of students who have no access to a car has increased. This is a challenge in allocating of PLO's, as this is essential criteria for the majority of social work posts.</p> <p>Opportunities for social care staff to pursue a career in social work. As already alluded, the Trust and other employers are struggling to fill vacant posts. There a small number of employees who wish to pursue a career in social work. Due to financial commitments, however they cannot participate in the fulltime degree. These staff are exploring how they can continue their studies through the Open University by making a commitment to self- fund if the Trust supported them by providing a practice teacher/PLO. This in itself is a cost to the agency. In light of our present vacancy, rate and decline in social work applications there could be merits in the DoH, HSCB and employers exploring a sponsored scheme for staff to complete a social work qualification.</p>	
11.2.6	<i>This has been left blank intentionally</i>	
11.2.7	<i>This has been left blank intentionally</i>	
11.3 Post Qualifying Training		
11.3.1	Post Qualifying Training for Social Workers Investment	Accountability 18-19
11.3.2	Post Qualifying Training for Social Workers Activity	Accountability 18-19

11.3.3

Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.

This section of the report must be read in conjunction with the Excel Accountability Report Section 11.3 as this includes the detail of the course fee expenditure, the achievement of candidates and work of the Learning and Development Team.

Consolidation Award: Newly qualified staff within their first three- year period of registration with NISCC must complete a minimum of two requirements in the Consolidation Award. While this requirement was introduced in 2010, there was a lead-in period and it was not until 2014 that eligible staff were re-registering with NISCC. The number of staff availing of Initial Professional Development (IPD) Modules has continued to rise over the last five years.



Success of staff meeting NISCC meeting mandatory requirements with their period of registration. This previous graph indicates that staff, managers and the Learning and Development Team have heavily invested in achieving this target. As staff exit the Assessed Year in Employment, they are encouraged to move seamlessly into the Professional in Practice Framework. The majority of staff will quickly engage in the taught modules of the IPD Course at Ulster University. In 2018, all staff met the NISCC requirement. In 2019 there are 36 staff due to meet the NISCC Requirement and already 33 staff have already achieved what is required. This illustrates that the Trust proactively work with staff to meet their registration requirements ahead of time.

In 2018/19, all staff chose to meet the NISCC Requirements via the taught Initial Professional Development (IPD) Course at University of Ulster. The lack of uptake of Individual Assessment Route and Credit Accumulation will be discussed later in this section.

Agency staff joining from the voluntary sector who delay in PiP: Staff who struggle to achieve this target are usually Agency Staff or staff joining from the voluntary sector (whose fees are not funded) who have chosen to delay their studies in hope of gaining a permanent post and thus avoid self- funding.

Encouraging Staff to complete the Consolidation Award: The DoH ambition for newly qualified staff is that they complete all of the Consolidation Award. Of 124 staff eligible staff, 21% achieved the entire Award while 79% chose to meet the NISCC Requirements, which are two requirements out of a possible six.

Impact of the increase in uptake of Initial Professional Development

Modules: The uptake of IPD Modules has increased by 20% over the last five years.

- **Financial Impact:** A module costs £252 and a 20% increase in the uptake of these modules has increased monetary expenditure. The fees are a 60% reduction in normal fees. This reduction is premised on the employer via the Learning and Development Teams co-producing and delivering these modules. The arrangement with the Ulster University provides a real opportunity for the employer and university to collaborate in the education of employees. This brings real synergy.
- **Increase on workload for Learning and Development Teams.** The work of the Learning and Development Team in the delivery of the IPD Modules is invisible to many who are unfamiliar with the delivery of university courses. Particularly in this situation when the Learning and Development Team are delivering 60% of the course for example through teaching, assessing, mentoring and marking. The impact of 20% growth in IPD Modules has consequently meant that the work of Learning and Development Teams in supporting this course has also increased by 20%. Each year the Trust has realigned resources to respond to this growth however when the data is reviewed over a five year period alongside the Assessed Year in Employment (Data 8 that confirms a growing number of new staff entering the workforce) it is evident that the demand for IDP will continue to increase.

Specialist and Strategic & Leadership Award Accredited Courses:

The Trust offer a range of courses for both these Awards. These include the Practice Teachers Award, Adult Safeguarding, Community Development, the Approved Social Work Award and Diploma and Certificates in Cognitive Behaviour Therapy and Systemic Practice. The Trust usually support 40 candidates on these courses and this number is consistent over the last number of years. The staff who apply for these one-year courses at Masters Level are motivated to progress with academic studies and professional development.

The funding for these courses varies between payment of full fees to a 60% reduction in lieu of the Trust Learning and Development Teams working in partnership to co-deliver the course. This is the same arrangements as described for the Initial Professional Development Course. At present, the five Trusts are engaged in the delivery of the Adult Safeguarding Programme, Community Development, Approved Social Work and the Practice Teacher's Award. As already indicated this is invisible work that is often not apparent to those unfamiliar with the Learning and Development Service.

The Strength of the Partnership Arrangement: The partnership arrangements between employers and education provides the opportunity to have a taught course that can quickly respond to the changing needs of social workers. This an integrated way of working that maintains links between academia and the employer.

Is the financial allocation sufficient? Social Work Education and employers have a long history of collaborating to meet the learning needs of the workforce. Trusts have engaged in this partnership model (60% reduction in fees in lieu of work) probably thirty years ago when there were fewer courses and a very small number of candidates. As the PiP Framework has grown an staff participation has grown the Trust believe that we have not paid sufficient attention to the Learning and Development staff costs/ time that are required to support and deliver these courses.

It is the Trust's opinion that costs quoted in the excel expenditure sheet do not reflect the level of activity of the L&D Teams. A scoping of the time required to support PiP Courses commenced in 18/19 and will provide a benchmark to negotiate more realistic costs in 19/20/

Action:

- Trusts alongside the HSCB will work together to agree realistic costs to reflect the significant and hidden work of Learning and Development Teams and to build them into the budget allocation.
- Future proposal to develop PiP Courses must include the 60% costs to Learning and Development Team as a way of highlighting the required resources. (The Trust representative can raise this at NISCC PiP Partnership Board.)

Funding for the Diploma in Practice Teacher, Approved Social Work and Adult Safeguarding: The BHSCT host the management of these three courses that includes the oversight of Course Co-ordinators, a Band 3 Administrative. This will be discussed in 11.13 Additional Allocations as this funding is managed on behalf of the five Trusts.

Credit Accumulation and Individual Assessment Route:

PiP Credit Accumulation and Individual Assessment Route allows social workers to earn professional credits for a broad range of learning and development that can be gained through taught or self-directed study. This model endeavours to capture and encourage '*learning and reflection in the workplace*' and reinforces the complimentary nature of formal and informal learning. The evolution of the framework set out to make the PiP Framework accessible to all social workers as opposed to the few who completed accredited academic learning.

In the last four year the Trust have expended time on raising awareness of PiP Credits as a way to maintain Post Registration and Learning Requirements (PRTL) and how achieve Requirements within the Professional Awards. The Excel Activity Report indicates that this year we have continued to provide these awareness sessions with 148 in attendance. This mirrors the investment of previous years.

Outcomes of the above work: The Trust and other Trusts are not gaining traction with this route.

In

- **17/18:** 100 staff registered credits for learning
- **18/19:** 40 staff registered credits for learning.
- **18/19:** No staff in BHSCT sought professional Requirements/part Awards (21staff from the voluntary and the statutory sector submitted for requirements with a 66% success rate. This is a small uptake.)

In reviewing the Credit Accumulation Report, the pattern is that staff attend an Awareness Session/seek individual advice and they will register credits however, they do not continue to embed this into their practice. The L&D Team have also targeted longer in-house courses such as 3 Day Supervision Course, Solihull Foundation Course (3day), Achieving Best Evidence (8day) and Therapeutic Crisis Intervention Foundation (5day), TCI Refresher by integrating an input into credit accumulation as a means to encourage success but almost no success.

In reviewing the staff who registered for credits in the previous year 17/18 only four of these staff returned to register credits in 18/19 and three of these staff were in the Learning and Development Team. This is disappointing. The volume of training provided to social work staff is evident in the Excel Report with in an excess of xxxxx training places and only 40 staff chose to register for PiP credits.

As yet, the social work profession have not yet embraced a commitment to evidencing continued learning. Indeed a motivator for many staff to engage in the PiP Framework is to avoid the NISCC PRTL Audit.

Action:

- The Trust will table the low uptake with the NISCC Partnership Board.
- The Trust will continue to promote all models of learning within the PiP Framework.

Work based/Course Based Learning: There are a small number (Regional Quality Improvement, Risk Assessment of Sexual and Domestic Violence and Stroger Together Leadership Course) of 'pilot' courses overseen by NISCC that are linked to the PiP Awards but not academic accreditation. The Trust participate in these courses with good candidate feedback. The strength of this approach is that the coursework generates the evidence, assessment is 'built- in' and a course leader can endorse practice as being at the requisite level.

Action:

- This is a pilot with good outcomes. Staff achieve Awards and social work practice is greatly enhanced. There is some disquiet that while practice is at a specialist/leadership level the academic aspect of the course may not be evidenced at Masters Level that is stipulated..

Signs Of Safety: The SoS Implementation Plan sets the objective of enabling staff to achieve appropriate PiP Awards. Staff will at a minimum attend a two day Foundation Course and others like Practice Leaders will attend in excess of 10days training that will be supplemented by '*learning in practice*' through completion of group supervision and leading their staff team through the implementation. There will be at least 60 Practice Leaders within each Trust plus all child care social workers will complete the 2 day Foundation Course. The Signs of Safety Training Sub Group have NISCC involvement and a professional officer is mapping how staff can avail of Awards.

Action:

- As indicated in the action point above it will be important that this route is explored and endorsed by NISCC/Employers through the PiP Partnership

	<p>Board if appropriate.</p> <ul style="list-style-type: none">At this point the detail of how the assessment for the Awards is still under discussion but consideration is being given to this been undertaken by Resolutions (who lead on SoS). The financial cost of this must be explicit in any proposal. <p>Summary Comments on PiP:</p> <ul style="list-style-type: none">The partnership model of delivering on PiP Course has many strengths in addition, in the context of the Learning and Improvement Strategy 2019-27 this model of working meets strategic priorities of working in partnership.Insufficient attention has not been given to making explicit the financial costs of providing a 60% input into these courses. The HSCB/Trusts should collectively agree the true costs of these courses. <p>Is the funding adequate: There is an overspend in this category. This year a number staff progressed to the Diploma in Systemic Therapy and this increased out usual PiP Costs. As already indicated this is likely an under estimation as the Trust are not capturing the extent of the partnership work (60% fee reduction to equate to 60% course input) within Learning and Development Teams. Discussions with other Trusts indicate a similar position.</p>	
11.3.4	<p>Describe the process by which the Trust selects suitable candidates for PQ training (Narrative)</p> <p>PiP Accredited Courses:</p> <ul style="list-style-type: none">Courses are advertised across all of the social work population to ensure equity of opportunity to express an interest.Staff who are required to complete two Specific Requirements as part of their registration and newly Senior Practitioners required to complete three Specialist Requirements are identified through an information system and they receive individual emails to apply for appropriate courses.Staff must complete a Trust PiP application form endorsed by their Line Manager.The Learning and Development Manager reviews the appropriateness and to benchmarks the applications. The course must compliment/develop a core part of the applicant's job role.Recruitment for the Approved Social Work Course is led by operational managers who wish to target teams/services where this role needs developed. Staff are interviewed to establish their suitability for the course and to act in a Band 7 role on completion of the course.High demand courses like the Practice Teacher Award have additional criteria to help priorities applications.Courses for example the Masters in Systemic Practice/CBT are not routinely offered as the level of knowledge/skills is beyond the usual social work role. These courses will be offered in exceptional circumstances for example the development of a new service.	
11.3.5	<i>This has been left blank intentionally</i>	
11.4 Learning and Development in Children's Services		
11.4.1	Investment in Learning and Development in Children's Services	Accountability 18-19
11.4.2	Learning and Development in Children's Services Training Activity	Accountability 18-19

11.4.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>Strategic Direction: The Children Services Learning and Development Programme in 2018-19 was shaped by the following:</p> <ul style="list-style-type: none"> • The Children Services Improvement Board (CSIB) • PHA, Infant Mental Health Strategy • BHSCT Corporate and Children Services Management Plan. • Signs of Safety Implementation Plan. • SBNI Learning and Development Priorities & Strategic Plan. • Transformational Funding to support various projects. <p>The importance of synergy: It is important that Children's Services focus on continuous improvement and development of services and at present there are a number of transformational initiatives that are led by Children Services Improvement Board, Health and Social Care Board, Public Health Agency and the Safeguarding Board NI. The initiatives such as Signs of Safety, Adverse Childhood Experiences, Infant Mental Health, Building Better Futures Outcomes Based Accountability, Quality Improvement and electronic records (PARIS) are in themselves important developments. There needs to be a synergy across all of these developments.</p> <p>Challenges for the Children's Social Work:</p> <ul style="list-style-type: none"> • The above initiatives bring significant changes within Children's Services. • In BHSCT, this is within the context of significant staff vacancies. • Promotion/Staff changes means that there is a significant cohort of newly qualified staff in social work roles plus Team Leaders and Principal Social Workers also new to post. • The possibility of '<i>change fatigue</i>' is conceivable and this can create a barrier to embedding change. <p>Challenges for Learning and Development: The challenge for the Trust Learning and Development Service is to merge these many themes into existing training provision and to create the connections for staff.</p> <p>Learning and Development Provision: Section 11.4.1 of the Excel Accountability Report details the range of training provision that was provided by the Social Services Learning and Development Team. The majority of these courses are provided by the Team and reflects the knowledge and expertise within the service.</p> <p>An overview of key areas of learning and development:</p> <p>Signs of Safety: Signs of Safety is an integrated framework introduced across Northern Ireland to shape intervention with children and families. It is predicated on families and agencies building a meaningful relationship that enables child welfare interventions to be the catalyst for change that will empower families to change behaviours.</p> <p>SoS Volume of Training Activity: The first year of the Regional SoS</p>
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<p>Implementation Plan placed a heavy emphasis on provision of training.</p> <ul style="list-style-type: none"> • Foundation Course (2day) 240 staff in attended and 35 voluntary sector • Advanced Course (5 day). 33 staff. <p>The Learning and Development Team took a key role in the recruitment, management of these courses. The exit evaluations were all very positive with staff showing eagerness and a willingness to engage with the Signs Of Safety process. Staff also identified the challenges of implementing SoS in an environment that is struggling to manage workloads and that were experiencing staff shortages. The comments reflect the challenges for implementation of a whole system complex change.</p> <p>SoS Implementation & Learning and Development.</p> <p><i>Delivery of Course/Supporting Learning after March 2020.</i> Unlike other training initiatives, the capacity to deliver SoS Courses after March 2020 will be placed with experienced practitioners who can anchor their teaching/learning in current SoS practice experience. The Trust are in the process of identifying appropriate staff for this role.</p> <p>Action: There is no resource to continue specifically fund or provide workload easement for the implementation of SoS in 20/21. This is a reality and likely a deficit in the implementation plan. In a year, the Trust and others will still be in the early stage of implementation. The funding of a post or even a part-time post/job share with Learning and Development could provide a platform to provide training but more importantly space to continue to mentor and coach practice '<i>in practice</i>'. Opportunities for funding often quickly emerge and we need to be mindful of this unmet need.</p> <p><i>Involvement of Learning and Development Teams in SoS:</i> The Trust Learning and Development Manager has been involved in the Trust's Implementation Plan and Regional Leadership Days. This has assisted in connecting practice and the Learning and Development Team. SoS will influence the delivery of Child Care Services in the next five years or longer and it is important that Learning and Development Staff are fully engaged in practice. The Child Care Learning and Development Staff attended the Foundation Course and are involved in the Practice Leader's Workshop. Involvement in the Practice Leader's Workshop brings them alongside Team Leaders and Senior Practitioners. This is further extended by the The Learning and Development staff have become involved in assisting with group supervision as a means of enhancing their practice.</p> <p>Innovate Idea: The Practice Learning Co-ordinator that oversees the placements of 91 students each year has worked alongside the SoS Implementation Officer to provide group supervision for students as a means of exposing them to elements of SoS. Practice teachers are also working with students to incorporate 'the three houses' plus Danger/Safety Statements in casework.</p> <p>Integrating/Linking SoS with key knowledge and skills. SoS is a process of working that still depends on staff having knowledge, for example of child development, attachment, and impact of trauma, domestic violence plus the skills of appreciative inquiry, analysis and working with reluctance.</p> <p>Action:</p> <ul style="list-style-type: none"> • The Learning and Development Team will continue to attend Practice

	<p>Leaders' Workshops and negotiate way of observing and become involved in practice opportunities.</p> <ul style="list-style-type: none"> The Learning and Development Team will strive to create links to SoS through other core training. <p>Summary Comment: Early research indicates that there can be improvement in assessments, management of risk and a more focused approach to goals. The DoH (July 2017) Evaluation of Signs of Safety in 10 Pilots reaffirms that improvements are possible however they also note that there must be a necessary commitment of trust in their staff plus increased resources and time to spend with families. It concludes that Signs of Safety is '<i>not a magic bullet</i>'. We need to be mindful that we are now entering the challenging phase of '<i>landing SoS</i>' across the organisation.</p> <p>Trauma Informed Practice/Adverse Childhood Experiences (ACE): The SBNI through ETIP are taking forward a strategy '<i>Developing Trauma Informed Practice In NI</i>'. The Strategy sets out to interrupt the cycle of generational adversities that can cause repeat trauma in families. Trauma Informed Practice provides a framework to consider the systemic changes that are necessary in planning and delivering children services. The Learning and Development Manager is a member of the Regional Steering Group.</p> <p>Trauma Informed Care is based on the understanding that many service users have experienced previous trauma and social workers must be cognisant of this fact. Many of the in-house training courses such as Therapeutic Crisis Intervention already reference Trauma Informed Care and the task of Learning and Development is to make the theory and connections more explicit.</p> <p>Action:</p> <ul style="list-style-type: none"> The SBNI Trauma Informed Lead will provide a one-day workshop for Learning and Development Team to assist and support staff to consider how to expand and develop existing training courses. The Trauma Informed Care will also provide opportunities for the delivery of discrete training to social services staff plus the opportunity to Train Trainers to continue to cascade learning. Adoption and Fostering staff who deliver group work to carers/adoptive parents may be well placed to incorporate this into their existing work. To link Trauma Informed Care and SoS practice <p>Trauma Informed Care for Staff: Managing vicarious trauma among practitioners and the importance of self-care is also within the remit of this Project. BASW's Report Insult to Injury and the DoH's commitment to produce a framework to promote consistent approaches to safe and supportive work environments. Transformational Funding led by Inspire within residential services also explores promotion of staff wellbeing. These all combine to create a continued impetus to consider how aspects of self-care is integrated into social work tasks such as Team Meetings and Supervision.</p> <p>Action:</p> <ul style="list-style-type: none"> The Learning and Development Team will continue work with the residential workforce through TCI, the pilot with Inspire and other project work to continue to explore how supports for staff in a challenging environment.
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- Two QI Project are exploring the supports for staff in residential care. A Learning and Development Consultant is mentoring one of the Projects and a member of the Steering Group for the second.
- To promote and respond to the DoH Framework.
- To engage with the DoH or the Trust to provide information/learning on self- care/protection for social workers within a digital world.

Building Better Futures for Children (ETIP): This Project is in the final year and set out to improve children's outcomes by providing an evidence-based model of social work assessment and interventions. Unfortunately, for a myriad of reasons in BHSCT the Implementation of this Project is not on schedule. The Project Plan has an expectation of a continued '*roll-out*' of this approach across all Teams. Staff who have availed of training and implemented the assessment speak very positively about the development in their own practice and the improved assessment and understanding of the family.

Action:

- The Trust is committed to continuing with the Project. A lead Snr Practitioner and a Learning and Development Consultant have further training planned and a commitment to continue to support staff. The BHSCT Implementation Plan for the Signs of Safety will need to consider how these two Projects interface and consider how we can support staff to engage with both methods of work in a timely and appropriate manner.

Graded Care Profile (GCP) Assessment Tool: This assessment tool provides a framework to assess and to intervene with families where neglect is prevalent. The Trust have engaged in two pieces of national research with NSPCC dating back to 2013 to develop and to evaluate the tool. The Learning and Development Consultants and the Safeguarding Nurse continue to take an active approach to implementation by provision mentoring on the tool in practice. The focus on neglect is in tandem with the SBNI Strategic Priorities 2018-22. Similar to Building Better Futures the focus on SoS has diluted the capacity to promote GCP. The model can also interface with SoS and can assist in naming and scaling problems with family.

Action:

- The impact of neglect is core learning for social staff and is part of the Trauma Informed Practice. In the next year, the Learning and development Team need to connect all these strands so that staff receive integrated knowledge as opposed to silo teaching.

Summary Comments: The discussion of SoS, Trauma Informed Care, Graded Care Profile and Building Better Futures illustrates that recent developments have not always taken account of each other.

Assessment/Analysis: Critical analysis in social work assessments and interventions is a continued development need.

Community Teams: This year to promote the transfer of learning into practice the Learning and Development Consultant worked with one service comprising 15 social workers. He read and reviewed a Court Report from each member of staff providing individual feedback and feedback to the Team as how they could improve as a team by agreeing standards and formats for Court Reports. In

addition, Team Leaders seek one to one coaching for staff who are having particular issues with written records.

Action:

- Continue to work with this service to develop analysis within assessments.
- Provide coaching/mentoring for staff who wish to improve written records.

Residential Services: The service has worked alongside Therapeutic Support Services (TSS) to create an assessment format for residential services and the Principal Practitioner and TSS are in the process of introducing this to homes. It is '*well bedded*' into the short-term homes. In the long-term homes the focus is to assist practitioners to think about assessment, care planning and outcome based practice at a micro and macro level. Interventions need to identify how to best support the young person's health and well-being, through short and long-term goals that can evidence progress for the young person and others.

Infant Mental Health: The PHA (2016) Infant Mental Health Framework for NI continues to inform the work of the Learning and Development Service. The Learning and Development Manager is a member of Belfast Infant Mental Health Steering Group. The focus of our work is collaborating with others to deliver the 2-day Solihull Foundation Course (focus is on attachment, containment, reciprocity and behaviour management), follow up Practice Sessions to integrate learning into practice plus delivery of Solihull Master classes (Brain Development/Attachment and Trauma).

Action:

- The Learning and Development Service will continue to deliver this programme and explore how we can create reflective space for participants who have completed the course over a year or more to continue to refresh and explore their work using this conceptual model.

Think Family

Family: Focused Practice- Champions: This is the third year of the revitalisation of the Champion Support Group with membership of approximately 60 staff. An annual review workshop took place in June 2018 provides the opportunity to review and to agree a work plan for the coming year. The larger group is split into four groups bringing staff from same practice areas/geographical area together. In 18/19 Forums have addressed the following:

- Awareness and Information sessions arising from issues raised by Champions around the interface between adult mental health and children's services
- Sharing of information on resources to support parents and children living with parental mental ill health
- Supporting Champions to apply the Family Model in respect of their casework
- Discussion of practice issues arising across the interface
- Sharing of developments in collaborative working- for example, Champions from Children's Hospital Team and CAIT (CAMHS) have been spent time shadowing each other to build understanding of roles and

	<p>responsibilities and to improve relationships and communication</p> <p>Achievement: At the Think Family Symposium in May 2018, the Family Focused Champions Project was submitted and won the Poster Section.</p> <p>In-house Courses: The Learning and Development Service provide a range of mental health courses to develop the knowledge of staff. This includes a two-day course, <i>Working with Parents who have mental health problems</i>. Many Services mandate this course for their staff and it is the foundation course for those who are Champions.</p> <p>Think Family E Learning-Collaboration with the HSCB: The Learning and Development Consultant has also worked with the HSCB to review E-learning modules that have been developed through international partnerships.</p> <p>Action:</p> <ul style="list-style-type: none"> • Continue to led and sustain the Family Focused Champions. • Support HSCB to develop an e-learning module to demonstrate to supervisors how to integrate the Think Family Model into supervision. <p>Children moved across borders including those at risk of trafficking and modern slavery: Belfast as a centre of large population with hubs for various transport routes need to be mindful of the risks to these children. The Learning and Development Manager is a member of a Regional Network (Members are senior staff in DoH/HSCB/Trusts/Border Control/PSNI etc.) and work with others to maximise learning opportunities for a small cohort of staff who need to be experts in this area of complex work. The Network ask as a learning forum for key agencies where research, news article, legal judgements are shared.</p> <p>In July 2017, a similar Network for practitioners was set up however the momentum of this has not been sustained. There is an opportunity for rich learning between these Band 7 staff but in retrospect asking the group to self-manage by appointing a Chair with administration did not work as in a busy front line post it is difficult to maintain a priority/focus on learning groups.</p> <p>Action: In 2019/ 20 we will return to how we can better support these networks. It may be more prudent to delegate the management of the group to a Learning and Development Consultant as a way of encouraging/supporting learning.</p> <p>An Achievement: The NSPCC and HSCB hosted a European Conference on the 16th May 2018 that will brought together 100+ experts from the UK and Europe. The Belfast Learning and Development Team made a significant contribution to the organisation of this event.</p> <p>The social workers involved in the work with these young people have developed expert knowledge in legislation, policy and practice that underpins work with those seeking asylum or who have trafficked. This year HSCB centrally funded staff to attend Age Assessment Courses.</p> <p>Action:</p> <ul style="list-style-type: none"> • The DoH have indicated that this year they will progress on a product on what cultural competence means for the Social Workers in Northern
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Ireland. The Trust and the Learning and Development Team will engage in whatever work comes forward. The population of our city is rapidly changing.

- Reconsider how we can re-energise the Practitioner's Network
- Organise a workshop with the Refugee Support Service/Independent Guardian Service to share learning on the first year in practice.

Residential Child Care: Residential care is a challenging work environment. Young people who have trauma related experiences have a myriad of needs and often the frustration and anger of the young people can manifest in verbal and/or physical assault. The DoH and Trust through Transformational Funding are taking forward a project with Inspire.

- Inspire have commenced work with staff in one residential home to consider how staff are supported to work with trauma, manage their own emotions and to build team and self-care networks.

Action:

- The Trust will support this project and work towards embedding and spreading the learning. This Project must be connected to the DoH's plan to produce a framework to promote consistent approaches to safe and supportive environments, the work of the SBNI's Trauma Informed Practice that is discussed earlier and the existing work of the Trust's Therapeutic Support Services.

Building the capacity of Residential Managers: The Trust has also initiated a number of strategies focused on enhancing the capacity of the service to provide the best possible care for children and young people. This included the recruitment of Deputies within the homes. Using examples from international contexts a Learning and Development Consultant alongside managers developed a job description that clearly informed the applicant about the personal and professional skills and ethical perspective required for this role. The staff development of all managers/deputies within residential childcare then focused on leadership, management and supervision. There are a number of strands to this including a two-day workshop (x 2) on leadership and supervision. To further embed and support learning a Learning and Development Consultant co-facilitated a Deputies' forum, which seeks to develop their specific role, to give space for reflective learning and to consider how they balance their management responsibilities including governance, supervision, staff care alongside supporting therapeutic care for the young people.

Social Pedagogical and Restorative Approaches: The Trust in 2018 have reflected on the models of care to underpin residential practice. It was recognised that while there are many models of work within the service it is important to have common unifying approaches that have common language that will support team work. It was agreed to continue to commit to existing models of Social Pedagogy and Restorative Practice. Both approaches fit well with TCI.

This work was underway prior to the DoH's plan to work towards a one model of residential care across Northern Ireland. The Trust understand that the latter work is an overarching framework that will accommodate all of the various models.

	<p>Action:</p> <ul style="list-style-type: none">• Workshops to revisit these long- standing practices of Restorative Practice and Social Pedagogy are planned for 2019. <p>Therapeutic Crisis Intervention: The purpose of TCI is to provide a crisis prevention and intervention model for residential childcare that will prevent crisis from occurring, de-escalating potential crisis and managing acute crisis. Reflective Practice, Post Crisis Debriefing and agreeing Individual Crisis Management Plans are all key to the model. Cornell University will soon release Edition 7 of TCI. There will be a stronger emphasis on Trauma Informed Care. This is welcomed as it will reinforce the ethos within residential care and make links to other areas of practice.</p> <p>This year the Trust have continued to:</p> <ul style="list-style-type: none">• Delivered Refresher training to over 100 staff.• Delivered a 5 day Foundation TCI Course to Bank/Agency Staff.• Addressed operational issues on whether staff are ‘fit’ to participate in physical aspects of the course.• Continue to emphasise that TCI is essentially about prevention, de-escalation, and the use of relationship skills to respond to trauma.• Support and Mentor TCI Trainers.• Trained new TCI Trainers.• Provided workshops for managers and deputies on Post Crisis Response and how best to support staff. <p>Action:</p> <ul style="list-style-type: none">• Continue to provide TCI Courses.• Support and mentor practice through workshops or mentoring managers with a post crisis response.• Introduce TCI Edition 7. <p>Children with Disabilities Residential Care: This Service uses Positive Behaviour Support (PBS), a person centred approach to supporting people who display or a risk of display behaviour that challenges. To continue to embed the model staff who are identified as ‘coaches/leaders’ undertook refresher training.</p> <p>Action:</p> <ul style="list-style-type: none">• To continue to support the residential service through reflective practice opportunities to embed PBS. <p>Summary Comments: As indicated in the opening statement of this section many new initiatives were introduced over the last two year. This year the task is to make sense as to how they integrate and interface.</p>	
11.5 Learning and Development in Adult’s Services		
11.5.1	Investment in Learning and Development in Adult’s Services	Accountability 18-19

11.5.2	Learning and Development in Adult's Services Training Activity	Accountability 18-19
11.5.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>The Learning and Development Team aims to meet the diverse range of training need of approximately 2500 staff from Band 2 to 8d.</p> <p>The Adult Services Learning and Development Programme in 2018–2019 was shaped by the following</p> <ul style="list-style-type: none"> • A Learning and Improvement Strategy for Social workers and Social Care Workers 2019 - 2027 (DoH) • Bengoa Report 2016 “Delivering Together – Health and Well-being 2026 • Power to People – Expert Advisory Panel 2017 • Making Life Better – a whole system framework for public health 2013-2022 • HSC Collective Leadership Strategy 2017 • Adult Safeguarding Policy 2015 • Self-Directed Support – Phase 2 • Co-Production • Dementia Strategy 2011 and The Dementia Learning and Development Framework 2016 • Improving and Safeguarding Social Wellbeing a Strategy for Social Work 2012-2022 • Mental Health • Capacity and Consent • RQIA Training Requirements • Trust Statutory/Mandatory Training Requirements <p>Adult Social Care Forum: Adult Social Care is in the process of significant reform driven by a drive to deliver more centred care, a greater demand for care and the challenges retaining social care staff. To assist staff linking policy and plans within the Trust to redesign services the Adult Learning and Development Manager worked with the Director of Adult Services to host this one- day forum to engage with staff and to gain ownership.</p> <p>Action:</p> <ul style="list-style-type: none"> • A further forum will occur in the autumn. <p>Transforming the Delivery of Home Care:</p> <p>The Adult L&D Manager is a member of the Trust Steering Group to deliver on the reform of home care services and Chairs the Learning and Development Sub- Workstream. This is a significant commitment with monthly meeting and associated tasks.</p> <p>This reform brings opportunities to improve service delivery and to develop career pathways for the social care workforce. All of these staff are mandated to register with the NISCC and are required to meet the NISCC post registration and learning requirements. This in itself can create opportunities to develop new career pathways for social care staff.</p> <p>Challenges/Areas to Explore:</p> <ul style="list-style-type: none"> • In BHSCT, the Homecare Workforce is in excess of 750 staff and 28% of these are over 60. This statistic may well indicate that these staff will exit the workforce in coming years. • 47% of these staff have already attained Level 2 NVQ/QCF/RQF and this % will likely decrease as staff retire. <p>Action:</p> <ul style="list-style-type: none"> • The Learning and Development Manager in conjunction with others will develop a Learning and Development plan detailing what learning is key to delivering on this planned reform. This will highlight financial resources including ‘<i>staff back fill</i>’. • There is a target that 60% of these staff will have achieved RQF Level 2 in three years. Existing L&D resources are insufficient to meet this target. Trusts and HSCB need to consider this funding deficit. <p>(Refer also to commentary in next section, Vocational Qualifications.)</p>	

Trust Joint Negotiation and Consultation Forum- Learning and Development Sub

Committee: Trade Unions will be involved in the workstream considering the Home Care Staffs' learning needs. In addition, the Adult Learning and Development Manager represents Social Services Learning and Development in the Trust's Meeting with the Unions. This is an opportunity for both parties to identify emerging workforce themes.

In House Courses: There were 121 learning and development events with 2564 staff trained. Many of these events were delivered by the Learning and Development Team. These are detailed in the appended Excel Sheet

Commentary is provided on key aspects of the Adult Learning and Development Provision.

Meeting the NISCC Learning Requirements of the social care workforce:

The social care learning needs are met through this category, 11.6 Qualification Credit Framework and 11.9 Safeguarding Adults. As already indicated the focus on the social care population is greater due the employers' responsibilities to support their NISCC Registration, the recognition of their importance in delivering future services and the high level of accountability through RQIA. In the Spring of 2018, NISCC piloted an audit of Social Care Staff whose re-registration was due. The Learning and Development Team supported managers/staff to submit for audit and have provided raising awareness session on the NISCC Requirements. Compulsory Registration for residential staff occurred in 2015 thus by 2020, many of these staff will be re-registering and a % will be audited. The re-registration of this staff group will soon be a constant flow and as employers, we will need to support these staff to re-register and to comply with audit.

Self-Directed Support – SDS: The Learning and development Manager is a member of the Trust SDS Steering Group and two members of the Learning and Development teamwork in collaboration with Service Users/Carers and SDS Project Manager to deliver the Self-Directed Support Strategy across the Trust. The strategy has been underway since 2015 and is now entering Phase 2 of Implementation. During the period 2018-2019, 297 staff participated in a range of learning opportunities creating a total of 1924 social care and social work staff who have engaged in this learning since 2015.

Learning and Development Opportunities

- Level 1 – SDS Awareness ½ day programme
- Level 2 – SDS Process ½ day programme
- Level 2 – SDS Direct Payments ½ day programme
- Level 3 – SDS Support Planning - full day programme
- SDS Reflective Practice Groups – 2½ hour session

During the course of the year, the learning and development opportunities have been reviewed and co-designed in collaboration with service users/carers, the current provision for this year has been:

Black and Minority Ethnic Communities access to Self-Directed Support Project

The Learning and Development team contributes to an on-going project aimed at

supporting Black and Minority Ethnic communities to access Self-Directed Support. This is a collaborative project, involving community and statutory services. In April 2018 BHSCT launched their report '*Black and Minority Ethnic Communities: The Health and Wellbeing of Older People in Belfast*' to help map the needs of the growing older BME population in Belfast and help influence the design and delivery of high quality and culturally appropriate health and wellbeing services for BME older people. The report has a number of recommendations that highlight need for all health and social care services to be more equitable in terms of access and cultural appropriateness. The Learning and Development Team work with the SDS Project Manager in sharing information to encourage uptake of the options under SDS.

SDS Co-production Activities

The Learning and Development Team continue to deliver on the SDS strategy using a co-production approach, working collaboratively with service users, carers, practitioners and the SDS implementation officer on the development and delivery of regional, standardised learning and development opportunities. The team provide continuous support to a group of service users and carers with a view to building capacity, competence and confidence in the design and delivery of training. The service user group are representative of carers and service users who receive support from learning and physical health and disability services. There are currently 4 service users and 3 members of staff who actively participate in this group. Overall, progress has been excellent and the group are becoming increasingly confident as co-facilitators, delivering training, developing training materials and sharing their personal stories.

Co-Production Study

A member of the Learning Development Team is currently carrying out a research study. The title of the study is "*Getting co-production off the ground: The perspectives of social work practitioners and service users/carers who have tried*".

The Objectives are:

1. To explore service user/carer and social work student/practitioner perspectives or experience of the implementation of service user involvement or co-production both in social work practice and social work education
2. To identify examples of good practice, opportunities and outcomes that this way of working presents
3. To explore the challenges and barriers faced by those who have tried to work in this way

The Methodology:

Between 12-15 semi-structured interviews with service users/carers and social workers. There has been a good response to the study and interviews have commenced. The interview phase will cease at the end of May. Service users/carers are involved in design and analysis of study. A final report and presentation will be available in September 2019.

SDS & Recovery College

Collaborative work is on going with the Recovery College. One session was delivered during this period that was aimed at raising awareness of self-directed

support, principles, ethos and how to access practical assessment and support if it is needed. .

Phase 2 Self-Directed Support - Review of Training Provision. Self-Directed Support is entering Phase 2 of implementation and there is significant work underway in terms of reflecting on learning from phase 1 and planning for the next phase.

Action:

- Learning and Development provision will be reviewed and influenced by the evaluation and feedback from participants.
- Reflective Practice Sessions and bespoke Awareness Sessions. The SDS Project Manager and a Learning and Development Co-Ordinator will facilitate these sessions in-house for teams across Adult and Children with Disability Services.
- Self-Directed Support Process training and Support Planning sessions will merge into one full day and the programme is currently being co-designed with service user/carer group.

Dementia:

A programme of learning and development activities is provided cognisant of the Dementia Strategy 2011 and the Dementia Learning and Development Framework 2016. This includes:

- Dementia Awareness – for all staff in Adult Services with the aim to develop staffs understanding of dementia; consider the impact this can have on the individual and to begin to develop skills and person centred practice in supporting the person living with dementia.
- Specific Dementia Awareness Training for Home Care staff – a number of sessions were facilitated at the request of this service.
- 2-day Dementia Awareness - People with a Learning Disability – Doctor Diana Kerr continues to provide one session a year. This focuses on the particular needs of people with a learning disability and considers the challenges for early diagnosis, highlights the need for a supportive and conducive environment as dementia progresses and enables staff to consider their values and how best to support those living with dementia.
- Following the success of The Virtual dementia bus experience we provided a further 15 sessions this year. This was extremely well evaluated. It provided an environment for staff to experience what it might be like for people living with dementia on a daily basis. Staff reported this was an extremely effective method of training, it produced real feelings and emotions of fear and confusion and the debrief afterwards provided an opportunity for staff to discuss their learning and how this can be applied in every day practice.

Action:

- Adult Services Learning and Development will continue to provide a rolling programme of activities to meet the needs of as staff described in Tier 1 of the Dementia Learning and Development Framework.
- Provision of further training provided by the Virtual Dementia Bus.
- Doctor Diana Kerr is retiring and we will need to source another facilitator to meet the needs of staff supporting adults with a learning disability and

dementia.

Mental Health:

Staff training needs in this area remain consistent.

Changes within the staff team, primarily the retirement of the lead Learning and Development Coordinator reduced the range/volume of training provided this year as a new member of staff needed to develop their knowledge/skills to lead on this work.

Mental Health Awareness is a tailored course to meet the varied needs and experiences of the social work/ social care workforce and allied health professionals. As this training is generic, there is an acknowledgment that a lot of information is covered in 3-hour training session.

Successes include; positive feedback meeting the learning expectations of attendees, requests for more in depth training for staff in new posts within mental health teams.

Attendees have requested more in depth training on mental illnesses. Requests particularly from staff who have moved into new posts within mental health teams.

New legislation: The future provision of Mental Health Training continues to be challenging given the implementation of the Mental Capacity Act. It is still not determined the impact this will have on the training needs of social care/social work staff. Issues of '*capacity and consent*' and '*deprivation of liberty*' continue to be highlighted by staff at training and the legal "*vacuum*" created by legislation and policy keeping pace with case law and judicial reviews.

Other aspects of mental health courses/developments are referenced in 11.4.3 (Think Family Champions & a two- day course *Working with Parents with a Mental Health Problem.*)

Action:

- Changes to legislation will generate learning and development needs within social work/care and other professions. It is critical that Trusts are involved in planning how meeting these needs. It is likely that additional Learning and Development resources will be required.
- Scope the need for a course that will meet the needs of staff who require a more in depth knowledge.
- The Learning and Development Service will continue to provide support to the Mental Health Recovery Services Directorate in terms of co-ordinating the ASW Re-approval training yearly (in partnership with South Eastern Trust) and ongoing facilitation of mental health social work forums.

Human Rights Awareness training

A half day programme is delivered alternate months. There is a rise in the demand for this course and perhaps the Commissioner of Older People's Report that highlighted the need for an increased attention to Human Rights as

	<p>prompted this response.</p> <p>Challenges have include tailoring this training to the varied needs and experiences of social work/ social care workforce and allied health professionals across adult and children’s services ensuring appropriate up to date referencing to recent case law and rulings.</p> <p>There has been a good response to this training with feedback being very positive.</p> <p>Action:</p> <ul style="list-style-type: none">• Review of current provision as demand is currently outweighing capacity. This could include developing courses that will focus on Human Rights and areas of practice. For example Human Rights and Children Services, Human Rights and Older People. <p>Anti-Poverty Event (While reported in this section it was open Adult and Children Services.)</p> <p>On 7th March 2019, the Learning and Development Team hosted an event to raise awareness of the Anti-Poverty Practice Framework. This was attended by social work and social care staff across the Belfast Trust. Aine Morrison, Professional Officer from OSS set out the key themes of the Anti-Poverty Framework. Keynote speakers, Pam Borland (Principal Social Worker for Community) and, Gerry Largey (Senior Social Worker) stressed the importance of working together to combat social inequalities and the cruelty of poverty. The event was interactive in nature and a number of representatives from the voluntary and community sectors, facilitated round table discussions. Feedback from participants was that this was both valuable and productive. The majority of participants highlighted the need for more collaborative work and ways in which to connect with our community and voluntary partners in combating poverty and social inequalities.</p> <p>Specialist training for Rehabilitation Workers</p> <p>In previous years, additional funding of £12.5k was provided to support 2 Trainee Rehab Workers to undertake the BCU FdSc Rehab Work at Birmingham University. The HSCB chose not to fund the final year fees and associated costs. Funding was accessed from this allocation.</p> <p>Concluding Remarks:</p> <p>The Learning and Development team in Adult Services responds to identified staff training needs, meets RQIA mandatory training requirements and takes account of social care governance, service user specific needs, service change and redesign of an increasingly changing and diverse social work and social care workforce.</p> <p>It has been a challenging year due to staff changes. This has resulted not only in the reduced capacity of the team but also the loss of a wealth of knowledge and experience from the service. This year the Trust have successfully recruited 2 permanent L&D positions and have appointed a temporary full-time L&D Coordinator. This has been a challenging and transitory time that has focused on induction and developing the capacity of new team members. It has also been extremely positive in terms of what this brings to the team and has given us the opportunity to build on strengths, review existing practices and move forward together in meeting the demands of the social work and social care workforce.</p>	
11.6 Qualifications and Credit Framework Training		
11.6.1	Investment in Qualifications and Credit Framework Training	Accountability

		18-19
11.6.2	Qualifications and Credit Framework Training Activity	Accountability 18-19
11.6.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>The Springvale Community Learning Centre has responsibility for the delivery and the overall management of the Regulated Qualification Framework (RQF) (QCF) qualifications for social care staff within the Trust.</p> <p>City and Guilds the External Awarding Body inspected the Assessment Centre in May 2018. The External Quality Assurer commended the Centre for providing records of the highest quality. Whilst there were areas of improvement, she had <i>“no hesitation in awarding a low level risk status.”</i></p> <p>At present, the Team are preparing for an External Quality Assurance assessment from City and Guilds on 22nd May 2019.</p> <p>The Centre also ensures consistent and quality assurance in the delivery of vocational qualifications by attendance at Regional Vocational Meetings. These are key to collating a Northern Ireland perspective as often England influence/drive changes. The Trust also work alongside NISCC who oversee the development of standards.</p> <p>The Centre has undergone significant changes to the staff team in 2018–2019:</p> <ul style="list-style-type: none"> • One of the full-time Vocational Advisors has now completed the TAQA 3 and is near completion of the TAQA 4. • One of the new full-time Vocational Advisors resigned and a part-time Vocational Advisor is retiring at the end of April. Interviews are scheduled for the beginning of May for these positions. <p>The reduced capacity in terms of staffing quota and experience has been challenging in terms of new course intakes, course progression and course planning. The team have been focusing on supporting current learners to complete units.</p> <p>A new Vocational Manager: The Trust are increasingly aware of the need to increase development opportunities for the social care workforce. When a Band 7 vacancy arose with the Learning and Development the post was re-evaluated and a Vocational Team Leader Post created. The manager will lead/supervise the Team and there is an expectation that the manager will take an increased strategic and developmental lead in responding to the emerging needs of the social care workforce.</p> <p>A new pilot. Developing Career Pathways. (This interfaces with the review of Home Care and the need to develop Career Pathways in Social Care.) The L&D Team have introduced a pilot for Band 3 staff to complete a Level 3 Diploma. The pilot in Mental Health Older People's services aims to provide a career pathway for existing Band 3 staff to gain further knowledge and skills that</p>	

would enable them to apply for a Band 5 post. These staff are unable to make the move from Band 3 to Band 5 as there are no Band 4 posts and they do not meet the essential criteria for Band 5. This pilot was originally anticipated to take twelve to eighteen months for completion. However, on review we perceive it may take sixteen to twenty-four months for all of the learners to complete the course.

The challenge: There is a significant knowledge and competence jump from a Band 3 to a Band 5. While the Service have been innovative in wishing to pursue this staff development opportunity, the unintended consequence is that the staff undertaking the Diploma require staff release from their current duties to have space to learn, observe the practice of others and to be mentored within work. This staff release brings financial implications plus logistical problems of managing staff rotas.

Action:

- Resources are at a premium however, as all Trusts move forward to up skill and develop staff the hidden costs of learning and development must be made explicit and the potential for 'back fill' sought.

The Assessment Centre currently delivers the RQF qualification at Levels 2, 3 and 5. Completion of the qualification can take up to 18 months to 2 years to complete according to the Level to be obtained and therefore the frequency of the courses delivered varies every year and is dependent on the demands for the qualification and the capacity within the team. This year the Centre commissioned Belfast Met to deliver RQF Level 2 qualification to a group of 12 learners from the Home Care Service.

RQF Level 5 Diploma Health and Social Care Leadership

There continues to be high demand for this qualification as it is a recognised requirement by RQIA for Band 7 positions within the social care workforce. A new cohort of 8 commenced training in 2018 and are expected to receive their qualification within 24 months.

The increase in demand outweighs the capacity of the vocational learning and development team. As career opportunities and pathways are developed there needs to be consideration given how we can meet this increasing needs without further discussion and strategic planning at local and regional levels.

Cross- Reference to 11.10 Leadership and Management, for discussion on ILM Level 4 Certificate in the Principles of Leadership and Management for Adult Social Care in 2018.

Action:

- Discussion with Trust, Board and NISCC to consider how the learning and development needs of the increasing social care workforce can be facilitated and to agree an action plan.
- To implement recommendations from the External Quality Assurance Assessor and as a team to review systems and processes and ensure quality assurance with standardisation as per the Centre's Sampling Strategy.
- To support new team members to achieve their Assessor Qualifications

	<p>and IQA qualifications as necessary.</p> <ul style="list-style-type: none">• To continue to work closely with City and Guilds in the review of current levels of training and ensure a standardised regional approach to the RQF qualifications.• Continue to prepare and implement the City and Guilds new standards for each of the levels in RQF in the second half of 2019 and early 2020.• To progress from a paperwork system to an electronic system.• To continue to work closely with managers in Mental Health for Older Peoples Services regarding the pilot for Band 3 staff to complete a Level 3 qualification. To review regularly and complete an overall evaluation of the Pilot on completion.	
11.6.4	<p>What measures has the Trust taken to ensure QCF training is embedded across the workforce? <i>Trusts should comment specifically on any difficulties within this area and evaluation of any pilots if applicable (Narrative)</i></p> <p>The Centre has established good working relationships with service managers throughout the Trust. It ensures the range of qualifications available are appropriate to the needs of the workforce and communicated to relevant managers across the Adult Social Care Workforce and welcomes expression of interest; all requests are screened against eligibility criteria.</p> <p>Challenges:</p> <p>A constant challenge facing vocational training is that of capacity. The review of Adult Social Care including the report from the Expert Panel “Power to People” refers to the changing demands of an increasingly ageing population with increasing complexity of needs. Personal social services is provided via Self Directed Support ensuring that those in need of support have more control, choice and flexibility in how this is provided. This increasing demand requires us to be more creative and person centered in our delivery of care and support. NISCC has highlighted this in their corporate plan and highlights the demands this places on the social care workforce and on learning and development in a workforce that is primarily female and where there are significant issues with retention of staff.</p> <p>As already referenced in 11.5 the Trust are reviewing the Home care Service. This includes ensuring that the workforce have the necessary skills, knowledge and qualifications to ensure quality provision. Such transformation will challenge the capacity of the learning and development service in terms of supporting a range of vocational qualifications across a career pathway for social care workers.</p> <p>This is a very exciting time for the vocational training team and social care workforce but at the same time extremely challenging in terms of meeting this demand without increased resources/capacity.</p> <p>We need to address this workforce issue in terms of all Trusts, the HSCB and NISCC collectively considering an immediate and long- term action plan that will continue to shape the development of accredited learning for the social care workforce.</p>	
11.7 Quality and Safety Issues		
11.7.1	Investment in Quality and Safety Issues	Accountability 18-19
11.7.2	Quality and Safety is the cornerstone of good practice throughout	Accountability

	<p>social care services and demands a high level of investment from the Learning and Development Service.</p> <p>The key areas identified are central to social care governance and are identified as RQIA training requirements. All regulated services are inspected on staff attendance at the following training programmes:</p> <ul style="list-style-type: none"> • First Aid • Food Safety • Food Safety Refresher • Medicine Management for Care Workers • Medicine Management for Managers <p>There were 88 training events with 1384 staff trained. These learning and development programmes are offered on a planned basis, circulated by a training calendar and staff attendance recorded on HRPTS. There is a high attendance rate at all sessions.</p> <p>First Aid Training: Emergency First Aid at Work Training is a one-day programme. It is HSCENI approved and is a comprehensive First Aid course designed to deliver training in basic lifesaving priorities and skills.</p> <p>Food Safety Training: Food Safety Training is a 1-day programme. The key learning outcomes include:-</p> <ul style="list-style-type: none"> • Firm understanding of the importance of food safety and knowledge of the systems, techniques and procedures involved. • Understanding of how to control food safety risks [personal hygiene, food storage, cooking and handling. • Confidence and expertise to safely deliver quality food to service users. <p>Medicines Management: Medicines Management Training for Care Workers is a 5-hour programme. It includes the following areas:-</p> <ul style="list-style-type: none"> • Introduction to medicines and prescriptions. • Understanding direction and types of medicines. • Usage, procedures and techniques. • Administration, storage and disposal of medication. <p>Medicines Management for Social Care Manager places emphasis on the manager's responsibility to develop and implement safe practice, to have robust governance systems and to support staff to implement safe practice.</p> <p>Action:</p> <ul style="list-style-type: none"> • To provide appropriate training opportunities to meet RQIA requirements. • To enhance the skills and knowledge of the Social Care 	18-19
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	Workforce in the areas of Medicines Management, First Aid and Food Safety.	
11.7.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet requirements from RQIA visits (announced or unannounced) or failure to comply notices.</i></p> <p>Funding: The allocated funding for this category remains inadequate to meet the mandatory and RQIA requirements for a large social care workforce.</p>	
11.8 Child Protection		
11.8.1	Investment in Child Protection Training	Accountability 18-19
11.8.2	Investment in Child Protection Training Activity	Accountability 18-19
11.8.3	<p>Of those who attended Child Protection Training, how many staff were from other disciplines or sectors? <i>(Narrative)</i></p> <p>Safeguarding Children is ‘<i>everyone’s business</i>’ and this is reinforced by the SBNI Child Safeguarding Learning and Development Strategy 2015-18 that states that ‘<i>all staff and volunteers in the organisation must avail of Safeguarding Level 1</i>’ and on a three-yearly basis <i>access learning and development that enables them to deliver on their responsibilities</i>’. In a Trust of 22,000 staff, this generates huge logistical, capacity and resource challenges.</p> <p>The following challenge has been highlighted in previous years and it remains a problem. Social Services Learning, Development, and Safeguarding Nurses are the only staff providing Safeguarding Courses. Others do not know nor understand social services ring fenced funding and there is a perception that it is the task of this limited resource to meet the learning needs of all 22,000 staff. There are large cohorts of staff, for example, administration, psychology, psychiatry that have no allocated funding for a Safeguarding Children Course. The Social Services Learning and Development Service are not in a position to deliver mandatory safeguarding training within its current workforce and funding base. The challenge is also replicated in Adult Protection.</p> <p>It is unfortunate given the known success of multi-disciplinary/agency training that within Northern Ireland that we have been unable to negotiate central funding for this activity. At present, there is no central focus to take this work forward as the SBNI Education Committee stood down a few years ago.</p> <p>Action:</p> <ul style="list-style-type: none"> BHSCT Safeguarding Children Committee have asked the Learning and development Manager to scope this resource. <p>Learning and Development have now created an Information Booklet (via Page Tiger that supports video clips) that is sent to</p>	

	<p>all new employees. It is Level 1 Awareness meeting the learning needs of staff that have no direct role with children parents and/or carers. In addition to this the Learning and Development Service hosts a Safeguarding Children Information Page on the Trust Intranet.</p> <p>How many staff trained from other disciplines: These figures are an approximate number. The Information Management System (HRPTS) is unable to generate this data.</p> <p>Action:</p> <ul style="list-style-type: none"> HSCB and Trusts to explore the purpose of collating this data and if required agree how all Trusts can capture. 	
11.8.4	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p><i>This section must be read in conjunction with the ACPC Section 11.12.3 to gain an overview of all of safeguarding children training activity within the community and voluntary sector.</i></p> <p>The SBNI, Safeguarding Learning and Development Strategy 2015-2018 and the SBNI Strategic Plan 2018-2022 continues to shape and inform the activity of this category.</p> <p>As already highlighted in 11.4 there are many initiatives within Children's Services and it is important that priorities be taken forward in a cohesive and consistent fashion.</p> <p>SBNI Priorities and the Trust's response:</p> <p><u>Sexual Violence:</u></p> <p>Child Sexual Exploitation (CSE): NEXUS continue to provide Level 1 and Level 2 courses. In the contract Year 2 and 3 was to see the development of CSE Level 1 e-learning programme. It is also envisaged that CSE Conferences, Seminars, and other supporting materials would be uploaded onto a bespoke safeguarding site. The Trust are unaware as to how these plans are progressing.</p> <p>The Senior Practitioner for CSE continues to play a key role in the Trust by providing bespoke awareness sessions on CSE and risk assessment.</p> <p>The Missing Children Protocol (June 2015): A review of this document is still in process with an expected completion date in the autumn of 2019.</p> <p>Action:</p> <ul style="list-style-type: none"> A review of this document may well identify further opportunities to host workshops for PSNI/Social Work and other relevant staff to share learning and to increase understanding of role and responsibilities. <p>Children who pose a risk to others: The SEHSCT manage this specialised service and they deliver a one-day course each year.</p>	

Domestic Violence:

Belfast Domestic Violence Partnership. The Learning and development Manager is the Chair of the multi-agency Belfast Domestic and Sexual Violence Partnership (BDVP). The Trust alongside BDVP continues to facilitate multi-agency Raising Awareness of Domestic Violence (half-day) and Domestic Violence the Impact on Parenting and Children (1-day) programmes. This year the BDVP received funding from the Policing and Community Safety Partnership and by the Trust funding venue and catering Trust and other multi-agency staff were able to attend the following workshops.

- Domestic Violence and Mental Health.
- Domestic Violence and Addiction
- Domestic Violence and Physical Health.
- Coercive Control.
- Domestic Violence and the Digital World
- Prostitution.

Action:

- The BHSCT PPANI Co-ordinator had led the development of an Information Leaflet on Adult Child to Parent Violence. This will be launched in May with workshops to raise awareness of this issue.

SBNI, Domestic Violence and Sexual Violence Sub Group: The Trust have contributed to SBNI's Training Needs Analysis/Scoping Exercise to seek assurances that professionals working with children/young people have adequate training.

Action:

- The SBNI are collating the findings and the Trust await the outcome.

The SBNI Sub Group have also funded "*Working With Young People's Violence in Close Relationships*" a five day course provided by RESPECT for SEHSCT and two staff from BHSCT.

SBNI will also fund Non Violent Resistance-Child to Parent Violence a two-day course in 19/20.

These are high cost programmes and it is important that nominated staff have the opportunity and scope to implement their learning.

Domestic Violence – Risk Assessment: QUB and Barnardos developed risk assessment tools/interventions for social work staff that are widely used across the UK.

Action:

- This is important work and in the context of Signs of Safety, we need to revisit how/if this work will progress.

Parental Mental Health and Safeguarding: Please see 11.4.3. Think Family and 11.5 Mental Health.

Action:

- Provide a workshop on peri-natal mental ill health.

Mental Health of Young People:

Staff avail of a range of courses/conferences including Applied Suicide and Intervention Skills. Young People can present with a myriad of problems that will not be addressed through training. Teams like the Therapeutic Support Services offer Consultation Clinics and also visit residential homes to discuss and reflect on particular issues presented by the young people.

Action:

- Re-establish the Young People and Self-Harm Course. Work with CAMHS to develop an awareness course for fieldwork staff.

Chronic Neglect:

Refer to 11.4.3 for discussion on the implementation of the Graded Care Profile. The SBNI Multi Agency Neglect Strategy 2017-19 continues to reaffirm the importance of childhood neglect and has a sub-group with members from a range of agencies including Trust Learning and Development Teams to develop resources to support trainers to deliver a range of learning events for single and multi-agency audiences.

Action:

- The Trust will continue to embed the use of the Graded Care Profile.
- Continue work with SBNI to implement to develop course materials at Level 1.
- Implement the Trust's Neglect Multi-Disciplinary Action Plan

E-Safety: The Team continue to offer a 1-day course and bespoke workshops. It is a challenge, however to remain up to date and current with this fast moving world. Residential Child Care staff all received an update on this theme in their annual Safeguarding Children Refresher.

Female Genital Mutilation: A Safeguarding Nurse and a Social Services Learning and Development Consultant deliver a course designed by Female Genital Mutilation (FGM) National Centre, England. The DoH free e-learning course is hosted on the Trust Intranet for staff.

Outcomes of Case Management Reviews: The SBNI CMR Panel with support from the Trust hosted a workshop that identified key learning from CMRs.

Action:

- The Trust will continue to profile, cascade and promote learning from CMRs, SAs and other processes to improve safeguarding practice across all service delivery settings.

Co-operating to Safeguard Children and the SBNI Policy and Procedures:

Working Together/Understanding Roles and Responsibilities is key to Safeguarding Children. A range of multi-disciplinary training provides staff with the opportunity to learn together and to explore their role in safeguarding. This includes Safeguarding Level 1,2,and 3 plus *Safeguarding Children, Making a Good Referral and Care Pathways* provide information for other professionals on their roles in child protection and family support.

Action:

- The Trust continues to raise awareness of these procedures through the various Safeguarding Children Level 1, 2 and 3.
- The Trust have significant vacancies and it is likely that newly qualified staff will be appointed to these posts. The Trust will consider how these new staff can be mentored in these early stages of practice, as while 'ready for a career in social work' they will need space to consolidate their practice.
- The management of Child Protection Case Conferences will change by January 2020 and alongside the Signs of Safety Lead, the Trust will consider how to prepare other disciplines to engage in this new process within the meeting.

Joint Protocol for Investigating Cases of Suspected or Confirmed Child Abuse:

The Trust equip staff to implement this protocol via Awareness Sessions, trained to complete Pre-Interview Assessments (3-day course) and to complete interviews in accordance with ABE processes and standards (8-day course).

The initial training and subsequent refresher training require substantial investment through staff release plus the Learning and Development Service. A proposal to explore each Trust in co-locating one staff with PSNI, as a means to centralising this work, reducing the volume of staff involved did not receive regional support.

In 18/19 through staff, promotion/new posts the cohort of available staff have reduced. There are 69 PIA staff and 19 ABE who are available for this work with further staff leaving in 19/20.

A DoJ Action Plan in 2015 advocated inter-agency meetings between PSNI and Trusts. These are in place since 2016 and have a small number of attendees with Social Services being the key driver. In 18/19, issues on Information Sharing have arisen in joint working and this will be a theme for a workshop in the coming year.

The Learning and Development Manager is a member of the Regional Core Group and a regional conference may be planned for the autumn.

Public Protection Arrangements in NI: The Learning and Development Manager (Children) is a member of the Regional Steering Group. The PPANI Officer works with the Learning and Development Service to deliver multi-agency training courses to profile the operationalising of PPANI structures, statutory remit and interfaces with Trust services.

PPANI Officers and those in Forensic Services receive specialised training under the umbrella of PPANI.

Action:

- Continue with Raising Awareness of PPANI.

11.9 Adult Protection

11.9.1	Investment in Adult Protection Training	Accountability 18-19
11.9.2	Investment in Adult Protection Training Activity	Accountability 18-19
11.9.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>Safeguarding Adults Learning and Development Framework: The BHSCCT delivers the 5 levels of Adult Safeguarding training as outlined in the NIASP Training Strategy and Framework (revised 2016). These 5 levels are designed to equip staff of different bands develop the knowledge and skills commensurate with their job role and experience to support adults in need of protection and to promote staff confidence and competence in effectively carrying out their adult safeguarding role. The Training Strategy is compatible with the Adult Safeguarding Policy 2015, Regional Operational Procedures, 2016 and the Joint Protocol, and all training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. Training is provided for all levels and our specialist Investigating Officer/Designated Adult Protection Officer and Joint Protocol Trained staff are supported through quarterly support group workshops.</p> <p>Safeguarding Adults in Children Services: In the policy/procedure the term 'safeguarding adult' is used in its widest sense, that is, to encompass both activity, which prevents harm from occurring in the first place, and activity which protects adults at risk where harm has occurred or is likely to occur without intervention. By virtue of this definition, it is likely that Children Services Staff are working with parents/carers/adults who are in need of safeguarding. For example</p> <ul style="list-style-type: none"> • A Kinship Carer subject to physical/financial abuse from a young person. Particularly if the person is older/mental health issues etc. • Parents of Looked After Children who have chosen to have a minimal role with their child/social services due to the nature of the placement. • Domestic Violence and Modern Slavery are also defined apart of Safeguarding Adults. <p>Action:</p> <ul style="list-style-type: none"> • In May 2019 the Learning and Development Team will pilot a bespoke course on Safeguarding Adults for those whose primary role is working with parents/carers /young people. <p>Deficit in Funding:</p> <p>The profile of Adult Safeguarding has been at the forefront this year with the publication of the Commissioner of Older People's NI Report and ongoing investigations into Muckamore Abbey Hospital. Adult Safeguarding is now a multi-disciplinary/multi-agency concern that continues to increase demands on our learning and development service.</p> <p>As already discussed in Safeguarding Children there is a deficit in funding to meet the need for Safeguarding Learning. This is 'everyone's business', it is mandatory training for a large cohort of staff however within other professional groups and other supports services there is no dedicated funding to support the training need.</p>	

The demand and lack of capacity to deliver Safeguarding Adults is even greater than Safeguarding Children as this mandatory training for a greater number of staff.

Inadequate training places for other professionals/services: To accommodate other professionals a small number of places are offered for other Trust employees whose primary role is work with adults. There however continues to be requests from many different service areas and we have delivered some bespoke training to try to meet these demands. Lifeline staff became Belfast Trust employees, Estates and Palliative Care received bespoke Level 1 Adult Safeguarding Course. There however, remains a concern that we continually have to turn down requests and in this last year, in particular from medical staff including staff from the GUM clinic, Geriatric services, psychiatry, nursing and OT services. This problem was further exacerbated when an Inspection of Out Patients Departments raised these very concerns.

This in turn highlights the potential that the implementation of the Regional Operational Procedures and Joint Protocol is not standardised across these different service areas.

Responding to the unmet training needs. The Learning and Development Manager alongside other key staff will scope the training needs of all Trust staff for both Safeguarding Children and Adults.

Learning for Social Work/Social Care Staff: In the social work/social care, population there continues to be a high demand for Level 1 Adult Safeguarding awareness raising and mandatory refresher courses. The RQIA requirement for the social care workforce to attend Level 1 and Refresher training is the primary driver supporting compliance. The requests for bespoke training for these service areas is considerable. For example, this year we delivered bespoke awareness raising training to new staff in the Mental Health Assessment teams and a two- day bespoke training for both investigating officers and designated adult protection officers within the mental health POC. A further example was 2 sessions in Muckamore Abbey regarding quality recording in the Adult Protection referral forms.

While it is unfortunate the L&D cannot meet the needs of others our priority is to meet the needs of social work and social care staff.

Modern Slavery/Human Trafficking: The DoJ, were tasked to take forward a training needs analysis and creating a response to this training need for health and social care staff. DoJ initial contact was made via the Trust CEO and similar to the delivery of Safeguarding Adults/Children the matter was referred to the Social Services Learning and Development Team. Considerable time was spent directing the DoJ to the variety of other training providers like Centre for Clinical Education, NI Medical and Dental Training Agency. This is another example of the complexity on raising awareness/training on generic issues that cross all social care and health care staff. The Social Services Learning and Development Team have agreed:

- To integrate information on trafficking into existing courses like Safeguarding Children/Adults
- Advanced knowledge likely only applies to those in Gateway Child Care,

Gateway Adults Regional SW Emergency Service. These staff will complete the National Referral Mechanism forms. As these forms will soon be electronic and this new process and a refresher on trafficking will be delivered.

- Training for Trainers: The Trust will avail of this training when offered by DoJ. This is for all disciplines and provides information/resources to deliver anything from a video awareness to a Lunch and Learn Sessions (45mins).

Action:

- To ensure that all training material is contemporary and compatible with 2015 and 2016 Policy & Procedures to ensure staff are knowledgeable about roles and responsibilities in adherence to regional requirements.
- To continue to support staff through the quarterly facilitation of practice support groups for staff undertaking the roles of IO, DAPO and Achieving Best Evidence interviews. This ensures that staff are cognisant of the current NIASP strategy and that issues from a staff perspective are understood. It also involves inviting speakers and sharing relevant adult safeguarding research to ensure staff are aware of up-to-date developments related to adult safeguarding.
- To continue to sustain and develop effective relationships with PSNI and Regional Adult Safeguarding trainers in the delivery of the NIASP training strategy.
- To continue to be committed to meet workforce needs in working towards full implementation of the regional policy and procedures. It has been emphasised that these documents are 'live' documents' and therefore it is imperative that staff are kept updated in relation to on-going changes.
- To deliver bespoke training to reorganized POC's to ensure confidence / competence in relation to screening and thresholds that are compliant with the 2016 Regional Policy and that recording of required forms are of a high quality.
- Several service reorganisations are underway and it is anticipated that these programmes of care will require additional training to develop confidence and competence in relation to screening referrals at ASC/Line management level and in relation to quality recording in all APP forms.
- Progress raising awareness of Modern Slavery/Human Trafficking.

PREVENTION

LASP Prevention Group

The focus of the LASP prevention group continues to be compatible with the NIASP strategic plan 2013 -2018. The group meets on a quarterly basis and membership of is derived from voluntary and statutory sectors. The group continues to increase awareness of adult safeguarding to communities through the well-established projects that have been developed and sustained.

	<p>A review of the Keeping You Safe project was completed in July 2018 and the outcome was that while large numbers received the training the number of active staff delivering the training was low due to a variety of reasons including staff moving to new posts, retiring or leaving the trust. Existing staff attended an update session in July and this was well received and achieved the aim of ensuring that Adult Safeguarding messages are standardised and consistent with current policy. The programme was evaluated positively and is viewed as a very useful resource for service users. This will continue to be delivered across a range of regulated facilities and in all service groups. There continues to be an additional session for new staff who want to deliver this training and this was likewise well attended and evaluated. This is a very important project as it is designed to empower service users to recognize abuse and know who to talk to if concerned. It is imperative that the current staff trained to deliver this programme to service users are supported and encouraged to continue to remain involved. It is equally important that new staff be recruited on a yearly basis to ensure that key adult safeguarding messages are far reaching and that service users are involved as co-facilitators.</p> <p>Towards the end of the last year, the group considered developing a DVD to assist in the delivery of adult safeguarding messages but subsequently decided against this project as a regional one was being developed and there was a risk of duplication. This may be revisited, as the thought process was a DVD to be shown to service users as opposed to staff.</p> <p>The group continues to meet on a quarterly basis and will focus on organizing workshops for ASC's in commissioned services who are now required to complete a yearly return position report. The aim of these workshops will be to establish the level of confidence in relation to completing these forms and will assess understanding of commissioned services understanding of the position report, what are the expectations and what support will they require going forward.</p>		
11.9.4	<p>Of those who attended Adult Protection Training, how many staff were from other disciplines or sectors? <i>(Narrative)</i></p> <p>Raising Awareness of abuse amongst staff is one of the most important single measures towards prevention of abuse.</p> <p>During 2018/2019, 20 Level 1 Awareness courses were delivered with 424 staff attending of which 120 were from other disciplines.</p> <p>43 Level 1 refresher courses were delivered with 671 staff attending of which 110 were from other disciplines.</p>		
11.10 Leadership and Management Protection			
11.10.1	Investment in Leadership and Management Training	Accountability 18-19	
11.10.2	Leadership and Management Training Activity	Accountability 18-19	
11.10.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.</i></p> <p>Commentary. <i>Trust should include reasons for over or under spend within the financial year</i></p>		

and specifically comment on whether the proposed expenditure was adequate to meet the service specific needs of the workforce.

The BHSCT Leadership and Management Framework 2016-19 outlines the ethos and the objectives of the Trust in the next three years. The principles of the Berwick Report (outlined below) provide the platform for the Trust's future direction.

- Safety and quality.
- Engaging and empowering service users.
- Growing and developing staff.
- Transparency and accountability.

There are a range of learning opportunities for all social services staff including both corporate and bespoke social services courses. For example,

- Service Improvement-Change Management; Managing Conflict; Managing People; Coaching Skills for Managers.
- Organisational Development.
- Leadership and Management-ILM 3 Leadership and Management; ILM 5 Managing for Success; and Living Leadership with Care (a modular 7-day programme over 10 months for all Trust Senior Managers).
- An in-house 3 days First Line Management Programme for Social Services Managers.
- NISCC accredited Diploma in Health Services Management, Managing Effective Practice and Stronger Together.

Action: Integrating learning and practice:

- Three Coaching Sessions are already offered to all newly appointed Team Leaders
- In recognition of the support needs of a group of newly appointed Team Managers, the Principal Practitioner is facilitating reflective workshops with the input of the Learning and Development Team. This will continue in 19/20.
- The Learning and Development Team will work with Human Resources to consider how best support newly appointed Principal/8a Managers.

ILM Level 4 Certificate in the Principles of Leadership and Management

From the success of last year's pilot a new cohort of 12 learners commenced this level 4 certificate in January 2019. They are due to complete in June 2019. This extremely well evaluated programme addresses a gap in a career pathway for Band 5 staff.

Supervision:

Regional Social Work Supervision Course: This course is well established in addition, feedback indicates that learners are reporting increased confidence and knowledge.

The DoH set the following target:

From 2010 all newly, appointed Senior Social Workers/Team Leaders will undertake relevant training in professional supervision and appraisal within two years of appointment.

Year of Appointment	Target date	Number	Achieved
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2010-2016	2018	26	26
2017	2019	9	9
2018	2020	11	11

It is apparent that this course is given a priority within the Trust and that newly appointed social work staff are motivated to attend.

Action:

- Continued development and delivery of this course.
- The Learning and Development Manager alongside other Trust staff are members of a Regional Supervision Group that is contributing to the review of the Regional Supervision Policies.

Coaching:

Coaching plays a key role in the Trust Leadership and Management Strategy, is integral to '*Putting Improvement at the Heart of Social Work*' and is acknowledged as a key component in non-formal learning. Two of the Learning and Development Team accredited at ILM 5 Coaching continue to offer coaching to all newly appointed managers and other staff who make a particular request. Those avail of the service provide positive feedback and it is an additional support to staff when they are transitioning to a new role.

Action:

- The DoH have funded an eight-day Coaching Course for six residential staff. It commenced in March and will continue until May. This compliments work with Deputies and Managers that was referenced in 11.3 that encourages these staff to use supervision, Post Crisis Response and other opportunities to embed learning into practice.

Co-Production Learning & Development Team:

The team continues to support the development of the Co-production Learning and Development Team to build capacity, competence and confidence in the design and delivery of training in Adult Services. The group are becoming increasingly confident as co-designers and co-facilitators, delivering on course content and developing initiatives namely:-

- continued input into SDS, Recovery College sessions, vocational training
- input into the Regional Social Work and Communities programme
- Participation in local and regional implementation and planning groups (Belfast LEP, SDS Implementation Group and SDS Project Board).

Action for 2019-2020:

- Continued input into learning and development programmes (SDS, Recovery College, Quality Improvement Awareness).
- Continued support from learning and development staff – bi-monthly meetings
- Participation in a "Learning and Development PATH to explore the vision for Co-production within Adults and Children's Services and agree an action plan – June 2019.

Improving and Safeguarding Social Wellbeing a Strategy for Social Work 2012-2022 – Belfast Local Engagement Partnership:

The Learning and Development Service continues to provide ongoing support to the Belfast Local Engagement Partnership (LEP) and Stage 2 of the Social Work

Strategy, with the focus on “*Putting Improvement at the Heart of Social Work*” with key priorities: Leadership; Improvement; Outcomes and Co-production. Membership of the LEP has been “*open*” and widely drawn from the BHSCT, voluntary, and community sectors including education and criminal justice. This has included Social Work reps, PPI representation, Service Users and Carers.

The Belfast LEP has 2 Co-chairs, Dave Milliken, person with lived experience and Avery Bowser, Action for Children.

The LEP activity has included:

- Participation in the Regional review of Local Engagement Partnerships and stage 2 of the SW Strategy
- Bi-monthly LEP steering group meetings
- Organisation and facilitation of a series of LEP events including; Co-production Café; Power to People and social care reform event; Outcomes in social work event.

Action 2019-2020:

- Organisation of a series of events on the theme; “Dust of your documents”, to showcase policy/practice for Social Work this will include; an event on the report; *‘Black and Minority Ethnic Communities: The Health and Wellbeing of Older People in Belfast’* and will include input from a project to increase the uptake of SDS in the Chinese Community and an event of the OSS “Anti-Poverty Framework linking this with community development for social work.
- The LEP recognises the need to get more front line Social Workers at Trust level involved in the group and need to promote on Belfast Trust HUB; Social Work Forums, etc.

Quality and Social Work/Social Care:

The Social Work Strategy has identified improvement and quality as the template for social work professional development. It has outlined a vision and related goals and outcomes that profile the pivotal importance of innovation, co-production and a relentless pursuit of improvement and quality as the foundations for service delivery.

The Learning and Development Manager is a member of the Steering Group for the Regional Social Work QI Course and 5th BHSCT QI Training Sub Group. At present social work/care staff can access:

- Quality Improvement Level 1 via E-Learning or a Corporate Course.
- Quality Improvement Level 1 for Social Work/Social Care delivered by the Learning and development Team
- Quality Improvement Level 2: The Regional Social Work Quality Improvement Course alongside a similar BHSCT Quality Improvement course provides the relevant learning opportunities..
- The QI Staying Connected Forum also provides a vehicle for QI Level 2 students to continue their learning.
- The Regional Social Work QI Group continues to provide support and education for those who are mentoring staff on the Level 2 Course. It is recognizes that they are also at the beginning of their learning journey and that they need additional teaching on improvement science and coaching skills specific to QI.

Achievements:

- In June 2018, the Regional Social Work QI Steering Group collaborated to host a QI Conference that focused on improvement within social work and social care. This launched the SCIE QI Webpage.
- The Trust have funded one manager for a short duration to lead on QI across the Adult and Children's Directorate. The initial focus is develop thinking and systems on data collation and measurement.
- The Level 1 Course that is for social care/work staff only was enhanced this year by working with a service user who has an interest in QI. The course is now co- produced with practice and discussions relevant to the audience's daily work.
- The Trust have sponsored three social work staff to complete the Scottish Leadership and QI Course

Action:

- In 19/20, the DoH have funded six places on the Scottish Leadership and QI Course for residential services. This is an opportunity for social work to continue to build on existing QI foundations.
- The Learning and Development Team will continue to mentor and support candidates on the Regional Social Work Course.

There is increasing engagement in social work/social care with Quality Improvement but the ownership and integration of Quality Improvement is still at an early stage. While this role *'is everyone's business'* there needs to be space and time to focus on service improvement.

Research: The Trust strive to implement the Social Work Research and Continuous Improvement Strategy 2015-20 by promoting a culture of evidence informed practice to enhance outcomes for service users.

Achievements: The Trust promote research under the banner of Resilience Through Evidence Informed Practice. The concept is to share the wealth of research and projects generated by candidate participation across the spectrum of programmes within the PiP Framework. This is a collaborative venture, working in partnership with SEHSCT and QUB. Three events were hosted with 175 social workers and social work students in attendance.

In November, in partnership with SEHSCT and UU, a workshop was hosted with Professor Jill Manthorpe, Kings College London. Twenty practitioners attended, exploring current Adult Safeguarding practice.

Dissemination of Research via PiP Courses: The HSC Library participate in workshops to raise awareness of PiP and staff are encouraged to join the library. While undertaking PiP Accredited Courses candidates are required to demonstrate competence in understanding research, and to facilitate a presentation to their team. This ensures the dissemination of learning. For example in the Adult Safeguarding Course, participants presented to eighty-four social work staff. The presenters then went on to deliver these presentations to a wider audience in Social Work and Adult Safeguarding Forums.

Evidence Informed Practice and Research Methods: The Trust continue to

	<p>recruit very small number of staff to this course. The Learning and Development support and mentor a Service User's participation in the course.</p> <p>Challenges: The Assistant Director for Governance and Learning and Development work with the HSCB to identify appropriate research that will support the work of social workers. This is a challenge as often the interests of the researcher and the employer are not in tandem.</p> <p>It is, acknowledged that other health colleagues have been more research minded and that social work/care needed to be more research active in the workplace. The ethos of social work/care leading research in their own field is an important goal but it may not be achieved unless there is specific funding that can periodically release staff.</p> <p>The final year of the strategy will provide an opportunity to reflect on our journey.</p> <p>Action:</p> <ul style="list-style-type: none">• The Trust plan to continue with the above work in 19/20. <p>Concluding Remarks: An emerging theme is that this category is increasingly being utilised to resource developments emerging from the Social Work Strategy. Research, coaching and quality improvement are examples of practice developments which have been resourced through funding for this section.</p> <p>Funding: The funding in this category has a slight overspend.</p>	
11.11 Programme Support		
11.11.1	Programme Support Expenditure	Accountability 18-19
11.11.2	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the demands of training provision for the workforce.</i></p> <p>The expenditure in this section funds administration costs of the Learning and development Service.</p>	
11.12 ACPC		
11.12.1	Investment in ACPC Training	Accountability 18-19
11.12.2	ACPC Training Activity	Accountability 18-19
11.12.3	<p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and include any training activity undertaken in addition to other support activity such as an ACPC trainer.</i></p> <p>Commentary. <i>Trust should include reasons for over or under spend within the financial year and include any training activity undertaken in addition to other support activity such as an ACPC trainer.</i></p> <p>The Belfast Keeping Safe Initiative is a partnership of key voluntary, community, statutory and public sector organisations in Belfast, which all have a remit and responsibility for safeguarding children and training. The Initiative was set up in</p>	

	<p>1999 to meet the increasing demand for training on good practice in safeguarding children and young people.</p> <p>Keeping Children Safe training is a suite of modules which gives participants the opportunity to explore the current and relevant issues in safeguarding children including legislation, statistics and good practice. Participants will learn through a variety of methods-presentations, group work, scenarios and case studies.</p> <p>The importance of creating safe spaces for children and young people remain a key safeguarding priority. Volunteer Now continues to play a central role in supporting the initiative by producing standardised training materials, provide 'Training Trainers' programmes and quality assurance..</p> <p>This year 38 accredited trainers delivered a range of 64 Keeping Safe Courses to 997 volunteers/staff. The organisations are wide and varied including Sure Starts, Church Groups, Brass/Flute Bands, Community Forums/Centres and the Donkey Sanctuary.</p> <p>Training sessions are becoming more diverse in terms of ethnicity of participants, including Belfast Islamic Community, Indian Women's Group, Polish Education and Cultural Association, Chinese Welfare Community Association, NI Nigerian Community Association and Polish Cultural Association (POLCA). Many of these sessions rely on the support of the Interpreting Service.</p> <p>This activity is based on agencies and volunteers gifting this training time. The Trainer's Group are keen to meet and continue to develop their knowledge and there are now quarterly meetings that will enhance their development.</p> <p>The Trainer's practice is monitored/quality assured annually by reviewing course evaluations and every three years by an observation of a training course.</p> <p>This year the Trust supported three staff from the community/voluntary sector to complete a Trainers For Trainer Course thus continuing to build capacity to deliver this Project.</p> <p>The Keeping Safe training courses remain in high demand and are positively evaluated by participants.</p> <p>Challenges: Volunteer Now continues to face ongoing financial challenges and due to ministerial changes and no local government, their funding is not guaranteed. This is precarious for a small organisation.</p> <p>Action:</p> <ul style="list-style-type: none"> The Trust will continue to support this worthwhile project.
11.13 Additional Allocations	
11.13.1	Investment in other Training Activity/Initiatives Accountability 18-19
11.13.2	Other Training Activity Accountability 18-19
11.13.3	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>

The Belfast Trust manage three PiP Courses on behalf of the five Trusts and there were challenges in managing this budget in 18/19 with an overspend. As already indicated in discussions on PiP in 11.3.3 there are concerns about the accuracy of PiP funding.

Action:

- The HSCB and Trusts will need to review this allocation.
- Review and benchmark the costs allocated to Course Co-ordinators.

Approved Social Work Course:

The primary purpose of the NI Approved Social Work Training Programme is to ensure the competence of social workers being considered for appointment as Approved Social Workers (ASWs) by their employing Health and Social Care Trust.

- Funding allocation of £100,000.
- Actual Expenditure £117,519.

Fees to QUB are approximately £65,000 and costs of a Residential at £4,860 account for the majority of the expenditure. While QUB provide a small discount on fees, it is not equal to the 60% reduction provided by UU.

ASW Training Programme Activity:-

22 candidates commenced training in September 2018

Action 2019–2020:

- The ASW Coordinator has given her intention to step down from this position. Given the uncertain nature of the Programme with the implementation of the Mental Capacity Act the Joint Management Group have reviewed the Job Specification for this role and intend to recruit this position on a temporary basis for one year and then review.
- With the impending introduction of the Mental Capacity Act consideration needs to be given to the training needs of the ASW staff group and the wider social care workforce to ensure they are competent and prepared for implementing the new legislation and codes of practice

Practice Teacher Award:

- Allocation: 40,000
- Actual Expenditure: £40,306

There are 34 candidates currently on the programme.

Adult Safeguarding Programme:

- Allocation £30,000
- Actual Expenditure: £30,000

The Adult Safeguarding Programme was delivered through 3 taught modules in June and September 2018 and January 2019. There are currently 41 candidates registered with the programme.

The programme continues to attract Regional applications with staff at varying

stages of completing the Full Award.

The Programme Co-ordinator has invested a huge amount of personal time and commitment in the programme and has been instrumental in its growth and development.

The Adult Safeguarding Programme continues to be positively evaluated by candidates and external verifiers

There are many additional challenges facing the safeguarding agenda at this time. This year two large-scale investigations have placed a renewed focus on how we all safeguard adults. In addition, social work staff must be mindful of other aspects of safeguarding such as modern slavery, trafficking and forced marriage and domestic violence. Safeguarding Adults involves nuanced judgements and often many aspects of safeguarding are both intractable and enduring. This modular course provides an opportunity for staff to build on their existing strong practice to further build on their knowledge and skills to respond to the complexity of this work. Those who complete the programme comment on how it has increased their confidence in their work.

Course Applications: This is a modular course providing the opportunity for busy practitioners to pace their study commitments. The following provides an overview of the uptake of the course in the last three years.

- 2016/17 ----41 Modules
- 2017/18-----41 Modules
- 2018/19-----53 Modules (BHSCT 25 modules, NHSCT 11 modules, SEHSCT 13 modules and SHSCT 3 modules.)

While the above data indicates that this course is viable and that there is a market. An analysis of this data shows that there is a variation between Trusts in the numbers of staff that they sponsor. This year the variation is quite stark with BHSCT having significant participation level than other Trusts. This may well be explained by the dedication and enthusiasm of the Adult Safeguarding Co-ordinator who works within BHSCT however, this is an opportune time to remind other Trusts of how this course can contribute to developing a highly skilled and confident workforce.

Safeguarding Adult Programme contributing to quality assurance and governance. The course provides a benchmark for employers to develop effective and competent workforce with the arena of Adult Safeguarding. Employers can promote this course among staff where this is their core business and perhaps an expectation that those in Senior Practitioners complete the programme.

Action: HSCB, the Directors of Social Work and the Directors of Adult Services consider the merits in this course as providing a platform to continue to develop evidence based and skilled practice within Adult Safeguarding.

REGIONAL ALLOCATION FOR SENSORY SERVICES TRAINING

The Social Services Regional Training Managers identified Ann Purse, Belfast Trust to link with the Regional Sensory Network to manage these additional monies on behalf of the region. The Sensory Network identified their training priorities and Belfast Trust has coordinated learning and development

opportunities and managed this funding in conjunction with the Regional Sensory Networks Training sub-group. Belfast Trust has also provided administration support in respect of the organisation of venues, catering, and travel and accommodation costs. Belfast Trust has regularly provided updates on this learning and development activity at the Regional Training Managers Meetings.

Funding allocation: £4,592

This funding enabled Trusts to support qualified visual rehabilitation staff to complete an online single module offered by Birmingham University on Dementia and Mental Health. Funding secured 7 places on this course, which ran over 12 weeks.

Outcomes: 5 staff who completed this course have reported an improved understanding, and new strategies to engage people with mental health or dementia within the role or rehabilitation.

Funding allocation: £15,340

This funding met the following training priorities/requests:

- | | |
|---|--------|
| • University of Birmingham Mentor Training Day | £ 900 |
| • Regional Sensory Support Team Training Day | £1,300 |
| • Group Work Training – facilitated by Jarleth Benson | £3,000 |
| • BSL Level 2 | £4,140 |
| • Macular Society – Skills for Seeing | £6,000 |

TOTAL

£15,340

Outcomes:

University of Birmingham Mentor Training Day :

2 Rehabilitation workers attended this training in Birmingham. This enabled them to act as mentors to trainee rehabilitation workers, to help them understand their role and responsibilities in supporting them to achieve their qualification and to practice safely and to the required standard.

Regional Sensory Support Team Training Day:

To provide regional training to staff from all 5 Trusts regarding CVI process, audiology, auditory implant centre and round table reflective discussion. 90 multi-disciplinary staff attended this full day training and addressed the workforce training needs of the Regional Strategy building the capacity and skills of the workforce.

Group Work Training – facilitated by Jarleth Benson:

This 2 day training plus follow up supervision was designed to meet the specific needs of sensory support staff. A total of 15 places were available.

Macular Society – Skills for Seeing:

To teach and further develop the skills of eccentric viewing for visually impaired people. 21 staff attended this training – there were numerous practical sessions to demonstrate the learning that was achieved. Participants were provided with a Toolkit.

BSL Level 2:

Funding has enabled 8 staff to attend a 32-week course that was interactive, used modern teaching techniques to support staff to learn vital communication skills and expand their vocabulary to work directly with the deaf community in their own language at a more advanced communication level.

	<p>Action 2019/2020: The Regional Sensory Network training sub-group have identified training priorities for 2019/2020. It has been agreed by the Regional Training Managers that Belfast Trust will continue to coordinate and manage any funding working closely with the training sub-group. A training plan is currently being finalised and a proposal will be submitted for funding for next financial year.</p> <hr/> <p><u>PHYSICAL & SENSORY DISABILITY AWARENESS TRAINING</u> Funding allocation £7,000 – in year allocation to BHSCT</p> <p>To meet the workforce training needs in relation to the Regional Strategy Provision of a range of training included:</p> <ul style="list-style-type: none"> • BSL Level 1 & Level 1 Refresher Training • Virtual Dementia Bus Training <p>This funding has increased the workforce capacity in terms of qualification attainment and the development of specialist skills.</p> <hr/> <p><u>BELFAST LOCAL ENGAGEMENT PARTNERSHIP</u> Funding allocation - £1,150</p> <p>To cover cost of venue, catering and facilitator for a LEP event on 8th March focusing on Outcomes in Social Work. Facilitated by Dr Helga Sneddon of Outcomes Imps.</p>
General	
11.14	This has been left blank intentionally
11.15	<p>How many attendees at in-service training were from other disciplines within Trust or from external providers? (including voluntary, community and commercial organizations) Where does this most commonly occur? (<i>Narrative</i>)</p> <p>The multi-disciplinary and other sector attendance has already been addressed within the main body of the report.</p> <p>Safeguarding Adults and Safeguarding Children are the two courses, which are in high demand from other disciplines and agencies. As already highlighted the Social Services Learning and Development Service resource cannot respond to the demand for mandatory training for 22,000 staff plus external requests.</p>
11.16	<p>Describe the mechanism(s) by which the Trust ensures staff attendance at Training courses and; how appropriate staff can meet the PRTL requirements set by the Northern Ireland Social Care Council. (<i>Narrative</i>)</p> <p>Staff Attendance at Courses: Essentially ensuring that we have the '<i>right staff</i>' on the '<i>right course</i>' is one way of ensuring that the Service effectively use of resources. In relation to short courses the Administration Team pay attention to whether applicants meet the criteria and the Service has adopted an over booking approach as inevitably there will be a percentage of Did Not Attend</p>

	<p>(DNAs).</p> <p>Staff vacancies/workload pressures have contributed to a high DNAs and the cancellation of some courses..</p> <p>Courses that require a more significant period of study, for example the accredited PIP Courses will have a more rigorous application process where written Line Management Support is sought or interviews to establish suitability of candidates are held. Notwithstanding these processes, candidates may have to defer or withdraw from these commitments. Work demands can escalate within a Team. There are currently significant workforce pressures across all service delivery settings. Within a largely female workforce, the demands of childcare and other caring roles generate significant additional pressures for those staff engaged in both accredited and one-off training courses.</p> <p>Mechanisms to ensure staff meet their NISCC PRTL requirements: The Trust's Staff Development Review Framework provides an organisational vehicle to deliver annual appraisal and learning and development reviews. On an annual basis with a mid-point review, staff and line manager identify how they will contribute to the Trust's strategic objectives as outlined in the Corporate Plan and the local Service and Team Plans including PRTL requirements for registrants.</p> <p>The Learning and Development Service provide bespoke supports to staff identified by NISCC for inclusion in their randomised audit of PRTL compliance. The opportunity to evidence compliance via the PiP Credit Accumulation route has been a welcome innovation reinforcing in a practical sense the value of engaging in accredited learning.</p>
11.17	<p>Identify key achievements or awards within the Trust, which specifically support the delivery of the PSS Training and Development Strategy 2006-16. <i>(Narrative)</i></p> <p>See Analysis of Data 7 Report that outlines the Trust's achievement in the identified DOH targets in Appendix 1.</p>
11.18	<p>Describe any activities, which have been undertaken in the reporting period to evaluate the impact of training on service delivery and improvement within the Trust. Trusts should comment on outcomes of such activities where applicable. <i>(Narrative)</i>. Examples may include audits and evaluations undertaken</p> <p>The Trust has an Evaluation Framework for Learning and Development based on Kirkpatrick's Model of Evaluation.</p> <ul style="list-style-type: none"> • Reaction: Exit Questionnaires are completed. • Learning: Monitored/Evaluated for example through feedback from managers, outcomes of accredited courses participation in audit of casework. • Behaviour: Staff completing AYE, RQF and other accredited courses requires live observation of practice and reflection in practice. • Return on Investment: This is always more of a challenge to identify however; the Keeping Safe Project is undoubtedly a good example of efficient use of resources that builds capacity in the Trust/Voluntary and Community Sector.

	<p>Challenges: Evaluating the Effectiveness of learning is a challenge. In a complex organisations change is constant and multi-faceted and it is difficult to draw direct correlations between training and outcomes. In addition, it is difficult to measure the non- formal methods of learning purported by the 70-20-10 model.</p> <p>Another drawback is that focusing on the changes in behavior/results is the most useful information and this is time consuming, resource intensive and expensive to implement.</p> <p>Action:</p> <ul style="list-style-type: none">• The Learning and Improvement Strategy for Social Work and Social Care 2019-27 identifies the importance of evaluating the impact of learning and commits to designing new methods. The Trust will work with the DoH and HSCB to achieve this priority.
11.19	<i>This has been left blank intentionally</i>

APPENDIX C



Belfast Health and
Social Care Trust

caring supporting improving together

Belfast Local Adult Safeguarding Partnership (LASP)

Annual Report 2018/2019

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SECTION 1: Overview

The Belfast Health and Social Care Trust is committed to promoting the health, well-being and protection of all adults in receipt of its services across the spectrum of its universal and specialist provision including domiciliary and day care services, residential care, nursing home care, supported living and respite care provided by or commissioned on behalf of the Trust.

The Local Adult Safeguarding Partnerships (LASPs) are located within each of the Health and Social Care Trust areas. The role of LASPs is to implement Northern Ireland Adult Safeguarding Partnership (NIASP) guidance, policy and procedures at a local level. Membership is drawn from local statutory, voluntary, independent and community sectors, including representation from Criminal Justice Agencies, Local Commissioning Groups, Local Authorities and the Faith Community.

The annual LASP work plan is reviewed under the three core themes contained in Adult Safeguarding Prevention and Protection in Partnership (2015).

The report includes an update from each Trust service area in relation to adult safeguarding, with each service area detailing challenges, achievements and activity levels.

LASP partner organisations are also provided with an opportunity to detail adult safeguarding work undertaken within their organisation during the reporting year.

SECTION 2: Work plan for Reporting Period

Achievements and Challenges

PROTECTION

Adult Safeguarding Structures within the Belfast Trust

Currently within the Belfast Trust each service area have their own separate arrangements in place for delivery of adult safeguarding. While these service area arrangements have been effectively delivering on adult safeguarding work for a number of years, it had been agreed that the current structures would be amended to reflect the requirements of the Prevention and Protection in Partnership Policy 2015. The Department of Health (DOH) Policy details the structures required within Trusts in terms of a single Adult Protection Gateway Service.

The Trust took the decision to develop a single Adult Protection Gateway Service and remains committed to delivering on this objective. This work has been delayed due to other operational priorities but the Trust remain committed to developing a Trust wide Adult Protection Gateway Service.

Work in relation to the development of this new Adult Protection Gateway Service will be progressed by the Trust Adult Safeguarding Specialist (TASS) and the three divisional social workers for each service area.

Adult at Risk of Harm work

The Trust recognise the importance of ensuring that there are robust arrangements in place in response to adults at risk of harm when the threshold for an adult protection investigation has not been met. The need for professional risk assessment/risk management strategies and alternative safeguarding responses is recognised as pivotal to the safety and welfare of this group of service users. There is also a need to ensure that effective governance and monitoring arrangements are in place for adults at risk of harm. As detailed in the Older Peoples Core team service area report, work is currently underway to develop the necessary tools to ensure that this important area of work is appropriately and effectively addressed.

Role of the Adult Safeguarding Champion (ASC)

The Belfast Trust ASC is accountable to the Executive Director of Social Work for the discharge of their role. Given the size of the Trust, the ASC role has been delegated down through the current reporting structures, with first line managers being responsible for the operational delivery of the role. Within social work, many of these line managers are already trained DAPOs and are therefore very familiar with the ASC role and where this fits within the wider adult safeguarding structures and reporting arrangements.

Adult safeguarding training for line managers has been amended to ensure staff are fully briefed on the ASC role and responsibilities. There is a need for widespread training of line managers to ensure that they are fully briefed on their role as ASCs but given limited resources this is currently being managed on a phased basis. In the interim any adult safeguarding referrals received by a DAPO not meeting the threshold for an adult protection investigation will result in advice being given regarding the need for a professional assessment and alternative safeguarding response.

RQIA inspection in Hospital Outpatient Departments across the region

An RQIA inspection of Outpatient Departments in hospital settings identified a lack of knowledge among staff (medical and nursing) in relation to adult and child safeguarding. The Belfast Trust drafted an action plan in response to issues identified. This action plan included a number of actions. Of particular note are proposals to develop a new Adult Safeguarding Nurse Specialist post similar to the current Specialist Nurse Child Protection posts. It is anticipated that this will help ensure adult safeguarding is embedded in the acute sector. Job descriptions are currently being drafted

Regional Joint Protocol

The primary aim of the regional Joint Protocol 2016 is to ensure that adults at risk of harm who have experienced harm which constitutes a criminal offence have equal access to the justice system. The Protocol further seeks to promote a rights based approach in relation to the individual's views and wishes. In this reporting period Trust adult safeguarding staff continue to view as positive the limited discretion within the Protocol which facilitates a sensitive and proportionate response. Trust staff have, however, also continued to report instances when there are differences between PSNI and Trust in relation to the interpretation and scope of the Protocol. The Protocol includes a process of escalation where there is a difference of opinion between Trust and PSNI and this has been used appropriately and effectively.

A review of the Joint protocol is ongoing and practice issues identified are being addressed within the review process. The working group taking forward this review includes representatives from Trusts and PSNI. RQIA, as co-signatories to the Joint Protocol, have also provided an input into this review. The review had been put on temporary hold at PSNI's request and was further delayed as a result of the Belfast TASS sick leave. The working group have reconvened and held a two-day workshop in Garnerville. It is hoped that a first draft of the revised Joint Protocol will be available for consultation in June/July 2019.

Scamwise

Scamwise Northern Ireland Partnership have produced the fourth edition of the 'Little Book of Big Scams' and have shared these books with Trusts for onward circulation. The Trust welcomes the opportunity to assist with this very significant area of financial abuse.

PSNI are also in their second year of a rolling programme to raise awareness of financial abuse and in particular scams. Year one focused on training Trust domiciliary care workers in order to heighten their awareness of potential scams, so that they could assist vulnerable service users in early identification and scam avoidance. Now in year two the Trust are working with relevant PSNI scam prevention officers to facilitate training of independent sector domiciliary care staff. Feedback from Trust staff in year one was very positive and it is anticipated that this success will be mirrored in year two.

COPNI Report and Independent Review commissioned by Department of Health

The COPNI report Home Truths and the issues of concern highlighted within this report have formed the basis of an action plan at regional and local Belfast Trust level. Belfast Trust have participated fully in regional meetings to discuss and address issues raised and have also been looking at Trust practice at a local level.

The Trust have welcomed the independent review commissioned by DOH and have met with the Independent Review Panel to discuss its role in relation to Dunmurry Manor.

More recently DOH notified each Trust to submit an anonymised list of all adult safeguarding referrals commenced in nursing homes during the period 01.03.17.-28.02.19. They subsequently clarified that this list should include nursing, residential and supported living. Trusts were advised that CPEA would be conducting an audit in relation to 50 files which would be randomly selected from the list submitted. Belfast Trust have submitted lists as per DOH requirement and await clarification on files submitted for audit.

In addition, on 12 March 2019 the CPEA independent review team held a working session for social work practitioners involved in adult safeguarding cases in Dunmurry Manor Nursing Home. Each Trust was asked to nominate 8 practitioner staff to attend this event. Belfast Trust practitioners in attendance at this session reported that it provided a useful opportunity to reflect on practice and consider areas for improvement.

The current culture is one of openness, reflection and learning and the Belfast Trust have embraced opportunities to reflect on current practice.

Belfast Trust Learning and Reflection Workshop

The Trust Adult Safeguarding Champion organised a Belfast Trust adult safeguarding workshop with a focus on reflection and learning. Margaret Flynn facilitated this workshop, which was well attended by adult safeguarding staff across all programmes of care. Members of the Trust collective leadership teams also attended, as did senior consultants and senior nurse colleagues. Margaret Flynn shared with the group the themes and issues that had emerged from her extensive portfolio of conducting high-profile reviews such as Winterbourne View and Operation Jasmine. The themes and initial learning from her review in relation to Muckamore Abbey Hospital were also discussed and she touched on some of the initial learning from the COPNI

and DOH independent review in relation to Dunmurry Manor. The workshop was very interactive and allowed for a reflective discussion on adult safeguarding experience and practice within the Belfast Trust. The work from this session will inform Belfast Trust adult safeguarding practice going forward.

Pressure Ulcers within an Adult Safeguarding Context

HSCB and PHA gave a commitment to develop a regional Safeguarding Adults Protocol in relation to the interface between pressure ulcers and adult safeguarding. A regional working group was established and the Belfast TASS contributed to this by convening a regional meeting to look specifically at the threshold/criteria for referral of pressure ulcers into an adult protection process. Specifically the group were tasked with looking at the Department of Health (DOH) England 'Safeguarding Adults Protocol - Pressure Ulcers and the Interface with a Safeguarding Enquiry' (January 2018), to consider whether this would meet the needs in a Northern Ireland context. This group drafted initial views and this work helped inform a regional workshop on 10th October 2018. HSCB and PHA have since drafted a guidance document in relation to the management of pressure ulcers and this is currently out for consultation.

The Belfast Trust Adult Protection Gateway Team have previously made referrals to police under Article 121 of the Mental Health Act in relation to potential wilful neglect. As noted in the APGT service area report, the Public Prosecution Service have taken the decision in one case to refer to PHA. The Belfast Trust welcomes plans to reach a regionally agreed position in terms of the interface between adult safeguarding and pressure ulcers.

Capacity Assessments

In April 2019 the Trust received confirmation from the Royal College of Psychiatrists NI that a decision had been taken that Financial Capacity Assessments would not form part of core NHS work for Consultant Psychiatrists. The view taken was that financial capacity assessments can often be complex, requiring the obtaining and assimilation of much information in addition to detailed clinical assessments. The decision to deem a Patient incapable of managing their financial affairs can have far reaching consequences. In addition, there may be a perceived conflict of interest in cases where the Trust has asked for a Financial Capacity Assessment and a Psychiatrist is acting as an officer of that Trust.

The consensus view from the Royal College of Psychiatrists is that Financial Capacity Assessments are not part of core NHS work for Consultant Psychiatrists; rather they are special medico legal or category 2 work. As such, our opinion is that Consultant Psychiatrists are not obliged to carry out this work as part of their job plans. The only exception to this is when a Patient is detained as an inpatient under the Mental Health (NI) Order 1986, when a Consultant acting as RMO may carry out a Financial Capacity Assessment if necessary as part of that Patient's care. There may be other exceptional clinical circumstances when a Consultant may conduct a Financial Capacity Assessment in cases of immediate clinical need.

Trusts were advised of the need to make alternative provisions for these assessments. This will have significant implications for the Trust and for Adult Safeguarding in terms of financial abuse allegations. While the number of Trust assessments privately funded is currently quite low, it is anticipated as a result of this notification there will be a need for the Trust and Adult Safeguarding to be clear regarding arrangements in place going forward.

The issue of capacity to consent to and/or contribute to a police investigation is an important element of Adult Protection work and Joint Protocol. To date the Trust have provided these assessments when required and occasionally have needed to fund these privately. Police are of the view that Trusts are best placed to provide these assessments. In light of the Royal College of Psychiatrists' position in relation to financial capacity assessments, there will be a need to clarify their position in relation to capacity assessments for Joint Protocol.

Complex Investigations

Central to the work of Adult Protection is the management and co-ordination of complex investigations, many of which relate to large scale investigations in regulated services. These investigations are resource and time intensive and are managed within the context of competing priorities. The multi-agency nature of many of these large scale investigations, along with issues associated with working across Trust boundaries, can be challenging. For the agencies who have staff subject to investigation, protection plans can also be resource intensive. As detailed in the Learning Disability service area report, the Muckamore Abbey Hospital adult protection investigation is ongoing. The work involved in this investigation is critical to the safety and welfare of the patients and is a key priority for the Belfast Trust.

Adult Safeguarding / Adult Protection Funding

The Trust welcomes the additional funding provided in relation to adult safeguarding work.

The non-recurrent funding of £39,400 was utilised to help fund the Muckamore Abbey Hospital adult protection investigation. It is important to note that this investigation is very time and resource intensive. Funding of this investigation and any subsequent investigations of this scale will require ring-fenced funding from DOH.

The recurrent funding of £112,000 is also welcomed and the Trust are currently considering how best to utilise this additional funding. There are competing priorities for this funding, as each service area could benefit from additional DAPOs to support their work in complex adult protection investigations.

The Trust had in previous reports highlighted the need for additional funding in relation to adult safeguarding training and delivery of adult safeguarding training continues to be a challenge for the Trust.

Data Returns

The Belfast Trust continue to collate HSCB monthly data returns manually and as in previous years this has proved challenging. Priority is understandably given to casework and this has resulted in collation of information being a secondary consideration. The Trust continue to struggle to ensure accuracy in collation of information and to avoid duplication in terms of statistical returns. The new HSCB reporting template was implemented in October 2018 and is currently subject to regional review. It continues to be the aim of Belfast Trust to ensure that the new Adult Safeguarding Module on Paris will provide the necessary statistical collation. Work in relation to this is ongoing.

PARTNERSHIP

Belfast LASP

The Belfast LASP normally meet quarterly but due to TASS extended sick leave, only three meetings were held within this reporting period. Attendance at LASP meetings has fluctuated this year, in part due to changes in named LASP representatives for partner organisations.

The LASP work plan for 2018-19 has also been impacted by TASS sick leave and TASS operational pressures associated with work in Muckamore and back-fill in the Adult Protection Gateway Team. There is a need to re-energise Belfast LASP in terms of membership, focus and an achievable work plan for 2019-20, which is inclusive of the aims and objectives set by NIASP and by LASP members.

Policing & Community Safety Partnership (PCSP)

The TASS continues to represent adult safeguarding on the South Belfast PCSP. Adult safeguarding continues to be an established area of work in terms of the PCSP Action Plan. There is currently a project in South Belfast - Growing Older Growing Safer, which aims to increase the safety of older people in South Belfast with access to prevention, early intervention and protection. The project supports community guardians who will provide support and information to organisations and individuals with regard to keeping themselves safe.

On 7 March 2019 the PCSP held a community event for seniors in the Finaghy Road area of Belfast. A local councillor and the Lord Mayor were in attendance. This event included a number of information stalls, one of which was a Trust-manned stall providing information on adult safeguarding, local Trust services and self-directed support. The event was well-attended and feedback received on the day was positive.

NIASP

The TASS continues to represent Belfast Trust at a regional level on NIASP. TASS attendance at NIASP facilitates the sharing of information from NIASP to LASP. LASP members view this as a key positive as it ensures they are kept updated on regional issues and regional developments.

Human Trafficking

In November 2018 Trusts were issued with an updated version of the Working Arrangements for the Welfare and Protection of Adult Victims and Potential Victims of Human Trafficking & Modern Slavery. This guidance document was jointly issued by DOJ, Police and HSCB and had been developed in discussion with DOH. As the NIASP representative on the DOJ Engagement Group, the Belfast TASS has been working with the Modern Slavery Strategic Training & Data Coordinator in the Protection & Organised Crime Division / Modern Slavery & Human Trafficking Unit, to look at raising awareness of the

guidance document and the role of Trusts. An initial information session has taken place with the regional TASSs and work is planned with the regional training group. It is anticipated that bespoke training for key staff will be devised. The conduit for taking forward this work is that it will fall within the remit of adult safeguarding. The Belfast TASS and the South Eastern Trust TASS are currently working on a proposal in relation to a Trust internal referral pathway.

Domestic & Sexual Violence and Abuse Partnership / MARAC

Trust Adult Safeguarding are represented on the Belfast Area Domestic & Sexual Violence & Abuse Partnership by the TASS. Attendance at meetings has been problematic due to sick leave and competing operational priorities. That said, there is relevant communication with the Chair of the Partnership. The TASS had chaired the MARAC work-stream but this had been put on hold following changes at regional level, which included the MARAC Operational Group being disbanded. It is understood that a new strategic MARAC Operational Board has been established with Terms of Reference and objectives set. The Belfast MARAC will reconvene to ensure delivery of regionally agreed objectives.

Domestic Violence & Abuse Disclosure Scheme

The Domestic Violence & Abuse Disclosure Scheme, launched in March 2018, continues to function following MARAC meetings. Issues around information sharing and the decision making forum continue to present challenges.

PREVENTION

Adult Safeguarding Training

The BHSCT delivers the 5 levels of Adult Safeguarding training as outlined in the NIASP Training Strategy and Framework (revised 2016). These 5 levels are designed to equip staff of different bands develop the knowledge and skills commensurate with their job role and experience to support adults in need of protection and to promote staff confidence and competence in effectively carrying out their adult safeguarding role. The Training Strategy is compatible with the Adult Safeguarding Policy 2015, Regional Operational Procedures, 2016 and the Joint Protocol, and all training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. Training is provided for all levels and our specialist Investigating Officer/Designated Adult Protection Officer and Joint Protocol Trained staff are supported through quarterly support group workshops.

This year the Learning & Development service has continued to deliver to social work and social care staff and due to the high level of demand from other programmes of care, we reserve a number of places for any Belfast Trust employee whose primary role is work with adults. There continues to be requests from many different service areas and we have delivered some bespoke training to try to meet these demands. Lifeline staff became Belfast Trust employees and they received bespoke level 1 adult safeguarding training. Other examples include Estate services and Palliative Care staff. However, there remains concern that we continually have to turn down requests and in this last year, in particular from medical staff including staff from the GUM clinic, Geriatric services, psychiatry, nursing and OT services. While they access a limited number of places on the awareness raising courses concern remains that they do not appear to have access to Adult safeguarding training for the numbers required. This in turn highlights the potential that the implementation of the Regional Operational Procedures and Joint Protocol is not standardised across these different service areas.

There continues to be a high demand for Level 1 Adult Safeguarding awareness raising and mandatory refresher courses. The RQIA requirement for the social care workforce to attend Awareness Raising training is the primary driver supporting compliance. The requests for bespoke training for these service areas is considerable. The Learning & Development team continue to respond to requests for bespoke training. For example, this year we delivered bespoke awareness raising training to new staff in the Mental Health Assessment teams and a 2 day bespoke training for both investigating officers and designated adult protection officers within the mental health POC. A further example was 2 sessions in Muckamore Abbey regarding quality recording in the Adult Protection referral forms.

Several programmes of care are continuing to undergo reorganisation and it is anticipated that these programmes of care will require additional training to develop confidence and competence in relation to screening referrals at

ASC/Line management level and in relation to quality recording in all APP forms. This will have an impact on resources within the training team.

Action 2019 – 2020:

- To ensure that all training material is contemporary and compatible with 2015 and 2016 Policy & Procedures to ensure staff are knowledgeable about roles and responsibilities in adherence to regional requirements.
- To continue to support staff through the quarterly facilitation of practice support groups for staff undertaking the roles of IO, DAPO and Achieving Best Evidence interviews. This ensures that staff are cognisant of the current NIASP strategy and that issues from a staff perspective are understood. It also involves inviting speakers and sharing relevant adult safeguarding research to ensure staff are aware of up-to-date developments related to adult safeguarding.
- To continue to sustain and develop effective relationships with PSNI and Regional Adult Safeguarding trainers in the delivery of the NIASP training strategy.
- Continue to be committed to meet workforce needs in working towards full implementation of the regional policy and procedures. It has been emphasized that these documents are 'live' documents' and therefore it is imperative that staff are kept updated in relation to on-going changes.
- To deliver bespoke training to reorganized POC's to ensure confidence / competence in relation to screening and thresholds that are compliant with the 2016 Regional Policy and that recording of required forms are of a high quality.

LASP Prevention Group

The focus of the LASP prevention group continues to be compatible with the NIASP strategic plan 2013 -2018. The group meets on a quarterly basis and membership of is derived from voluntary and statutory sectors. The group continues to increase awareness of adult safeguarding to communities through the well-established projects that have been developed and sustained.

A review of the Keeping You Safe project was completed in July 2018 and the outcome was that while large numbers received the training the number of active staff delivering the training was low due to a variety of reasons including staff moving to new posts, retiring or leaving the trust. Existing staff attended an update session in July and this was well received and achieved the aim of ensuring that Adult Safeguarding messages are standardized and consistent with current policy. The programme was evaluated positively and is viewed as a very useful resource for service users. This will continue to be delivered across a range of regulated facilities and in all service groups. There continues to be an additional session for new staff who want to deliver this training and this was likewise well attended and evaluated. This is a very important project as it is designed to empower service users to recognize abuse and know who to talk to if concerned. It is imperative that the current staff trained to deliver this programme to service users are supported and encouraged to continue to remain involved. It is equally important that new staff are recruited on a yearly basis to ensure that key adult safeguarding messages are far reaching and that service users are involved as co-facilitators.

Towards the end of the last year the group considered developing a DVD to assist in the delivery of adult safeguarding messages but subsequently decided against this project as a more regional one was being developed and there was a risk of duplication. This may be revisited, as the thought process was a DVD to be shown to service users as opposed to staff.

The group continues to meet on a quarterly basis and will focus on organizing workshops for ASC's in commissioned services who are now required to complete a yearly return position report. The aim of these workshops will be to establish the level of confidence in relation to completing these forms and will assess understanding of commissioned services understanding of the position report, what are the expectations and what support will they require going forward.

Adult Safeguarding Training Activity	No. of candidates attended	No. of courses held during the reporting period
ABE 5 Day	16	1
ABE 7 Day	2	1
ABE Practice Support Group	24	3
ABE Refresher	8	3
Adult Safeguarding Level 1 Awareness	424	20
Adult Safeguarding Level 1 Refresher	671	43
Adult Safeguarding Level 2	52	3
Adult Safeguarding Level 3 Investigating & Designated Officers	61	3
Adult Safeguarding Level 4 Joint Protocol	24	1
Chairing Skills for Designated Officers	22	3
Court Skills (IO/DAPO)	14	1
Designated Officers Practice Support Group	49	4
Investigating Officers Practice Support Group	181	4

Keeping You Safe for Facilitators	31	2
Keeping You Safe Review	12	1
LASP Prevention Group	26	4
MARAC	29	2

Period – 1st April 2018 – 31st March 2019

SECTION 3: Belfast Trust Adult Safeguarding Activity Returns

Chart 1: Belfast Trust Safeguarding Referral Rates April 2011 - March 2019

Chart 2: Belfast Trust Monthly Safeguarding Referral Rates by Service Area
April 2018 – March 2019

Chart 3: Belfast Trust breakdown of Adult Safeguarding Activity by Service Area

Chart 4: Table of Percentage Increase / Decrease in Adult Safeguarding Activity

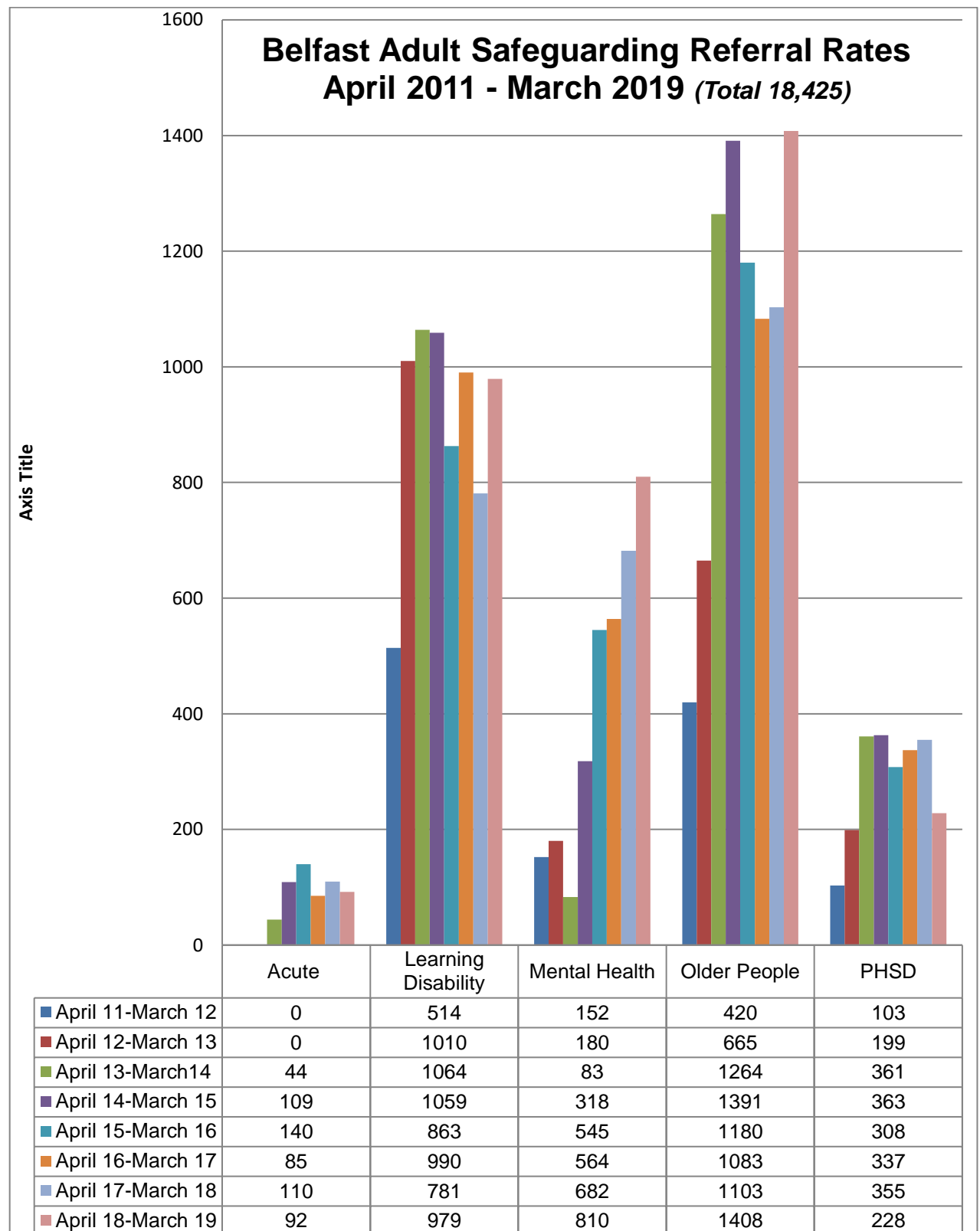
Data Returns

Analysis of data returns is included in each service area report. This section therefore focuses on the overall position in relation to the Belfast Trust statistical returns.

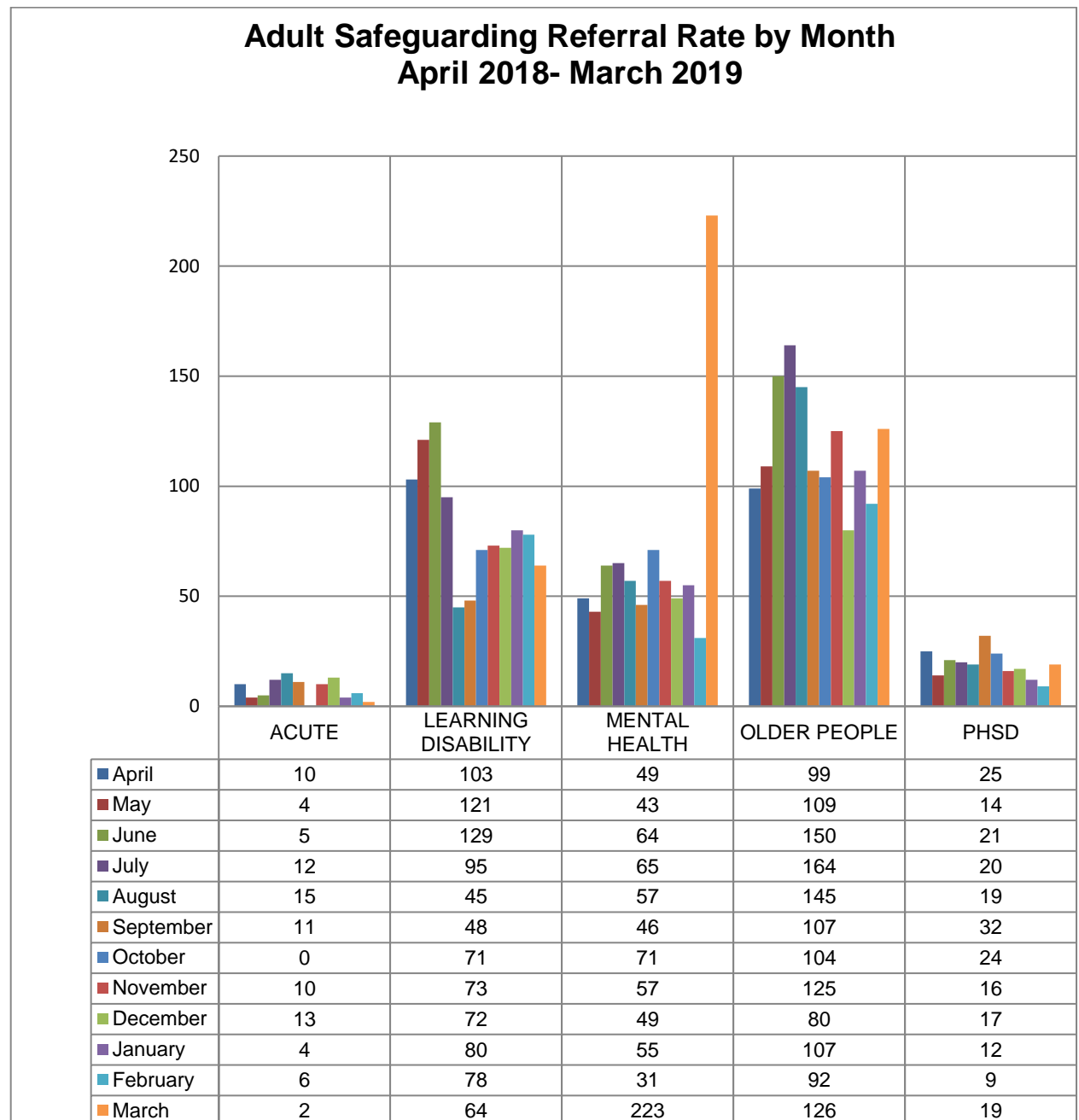
As detailed earlier in the report, the Belfast Trust continue to find the current system of manual collation challenging. The Trust are working with Paris developers to set up a system where in future this information can be collated directly from Paris.

In this reporting period April 2018 to March 2019 the Belfast Trust received a total of 3,517 referrals. 1,723 of these referrals resulted in an adult protection investigation. There is clearly significant work to be done to ensure more accurate reporting of adult protection cases. This will be a key piece of work for Belfast Trust in the coming year.

CHART 1



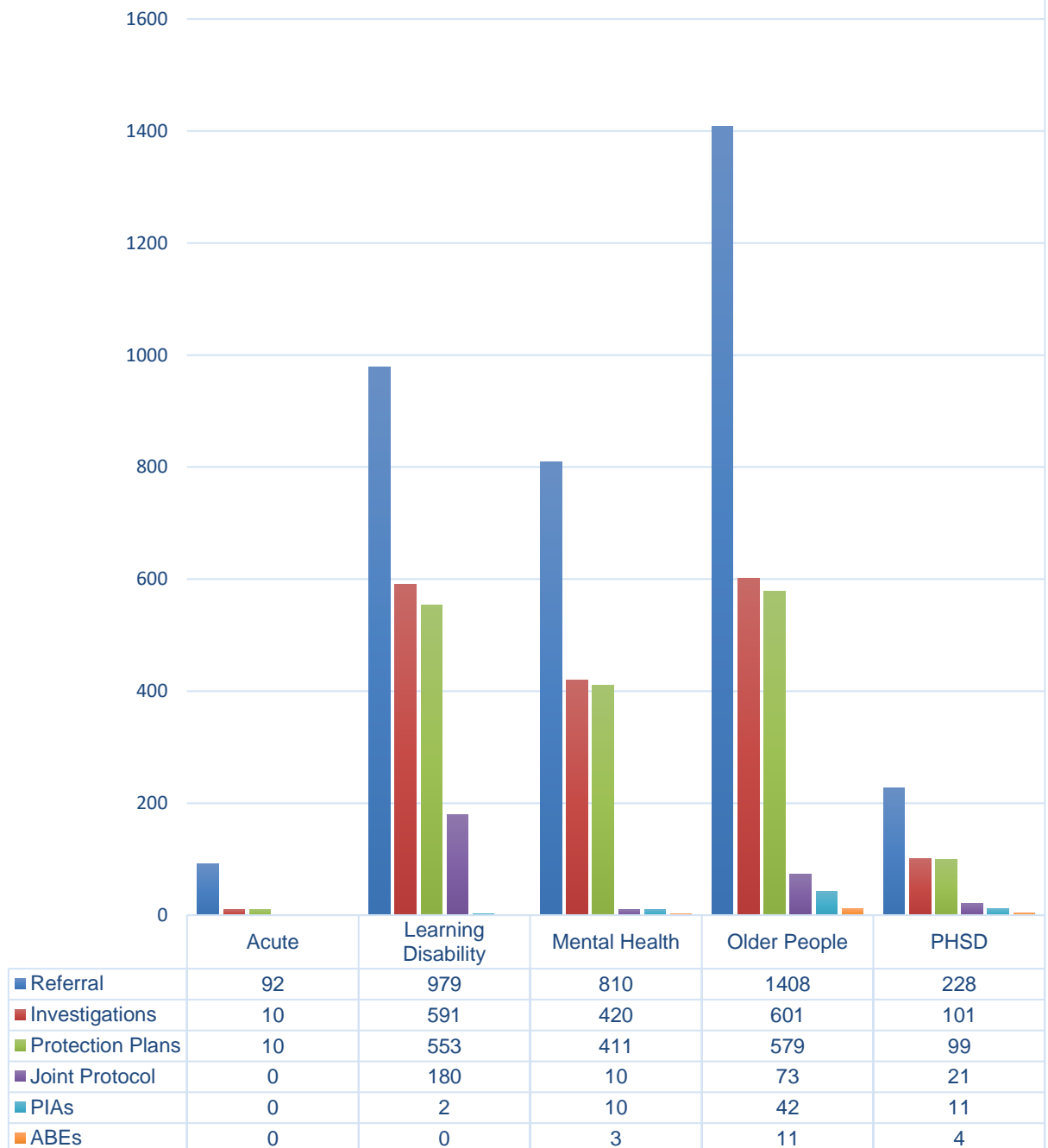
Referral rates have continued to rise year on year.



Note: astronomical data point for MH, March 2019 is due to non-reporting of data by specific teams during the year, then reporting in a cumulative manner for March 2019. Unable to separate into individual months.

CHART 3

Breakdown of Adult Safeguarding Activity by Service Area April 2018 - March 2019



The differential between referrals and investigations across each of the service areas highlights that, in real terms, the numbers of adult protection investigations is significantly less than would first be perceived, e.g. Older People 1408 referrals, only 610 resulted in an adult protection investigation, meaning that less than 50% resulted in an adult protection investigation.

CHART 4

Table Of Percentage Increase/Decrease In Adult Safeguarding Activity Years 17/18 to 18/19												
Service Area	Referrals		Investigations		Protection Plans		Joint Protocol		PIAs		ABE Interviews	
Years	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %	17/18	18/19 +/- %
Acute Sector	110	92 -16%	6	10 +67%	4	10 +150%	0	0 NC	0	0 NC	0	0 NC
Learning Disability	781	979 +25%	352	591 +68%	343	553 +61%	34	180 +429%	0	2 *	1	0 -100%
Mental Health	682	810 +19%	364	420 +15%	362	411 +41%	21	10 -52%	12	10 -17%	9	3 -67%
Older People	1103	1408 +28%	448	601 +34%	444	579 +30%	58	73 +26%	24	42 +75%	12	11 -8%
PSD	355	228 -36%	131	101 -23%	129	99 -23%	14	21 +50%	10	11 +10%	2	4 +100%

SECTION 4: Service Area Reports

PHYSICAL & SENSORY DISABILITY

Within the reporting period there have been 144 Adult Safeguarding referrals. 26% of this activity was assessed as not appropriate for the safeguarding frameworks. 43% were assessed and considered as level three activity and were subsequently managed by the Adult Protection Gateway Team with protection plans being implemented by that team. The remaining 31% were subject to investigation and protection planning from within the service area.

There has been a continued appropriate reporting of quality concerns with 33 referrals within the reporting period. This reflects the pattern in the previous reporting period and would suggest that professional staff continue to correctly utilise alternative safeguarding response processes.

All relevant staff in the community teams are trained to Designated Adult Protection Officer or Investigative Officer level. The updated Adult Safeguarding Operational Procedures were implemented in the service area in June 2017 and the Belfast Trust Training Team provided additional training to all relevant staff. Staff have continued to embed the Operational Procedures into practice.

The implementation of the Operational Procedures and the Designated Adult Protection Officer role has been positive within the service area. The Designated Adult Protection Officers in the service area make decisions upon the thresholds for all referrals and are responsible for activity relevant to situations involving adults at risk of harm, including the consideration of alternate safeguarding responses and the investigation of adult safeguarding concerns. Therefore, there are no referrals/consultation with the Adult Protection Gateway Team in relation to those adults as defined within the Operational Procedures as being 'at risk of harm'. The service area continues to find the transition positive for service users; it has reduced delay in decision-making, by eliminating the transfer of cases to the Adult Protection Gateway Team to await their decision-making and has improved service user experience by ensuring that the core team staff maintain involvement without interruption. However administrative demands continue, the service area has a limited number of minute takers and discussions continue regarding how this pressure can be relieved.

Across the reporting period, interface challenges with the Adult Protection Gateway Team remain. This primarily relates to consistency and clarity in decision making within referrals involving suspected criminal activity, wherein the Protocol for Joint Investigation is required; and cases being accepted for investigation involving 'adults in need of protection'. It is apparent that challenges remain regarding differences in operational understanding of this Protocol between the Belfast Trust and the PSNI. Such instances have caused delay, and it has been necessary for a small number of cases to be re-referred to the Adult Protection Gateway Team for further strategic discussion with colleagues in PSNI. The service area includes a number of

trained Achieving Best Evidence interviewers; however, there are insufficient opportunities to embed this learning in practice and to meet NIASP requirements, given the lack of demand. This reduction on the demands of specially trained practitioners has been consistent with a rise in decision making within Joint Protocol strategy discussions between the Adult Protection Gateway Team and PSNI which have resulted in single agency, PSNI only Achieving Best Evidence interviews. Staff within Physical & Sensory Disability service area continue to advocate on the behalf of those service users who may benefit in achieving equity to justice from the support available via 'special measures'. Additionally the levels of complexity of these cases being returned to core teams for investigation is very significant in terms of implementation of safety plans and responses to any emerging concerns.

With regard to user engagement within the safeguarding process, it is critical that we continue to ensure and demonstrate that individuals are fully involved in the interventions that bring about their desired outcomes. The 10,000 Voices project has provided a vehicle for important discussions and critical reflection upon the investigative process. The service area has continued to promote and encourage user participation within the survey.

The service area continues to utilise internal networks in terms of practice development. Furthermore, staff participate in the designated and investigating officer forums facilitated by the Training Team. Staff report positively on these opportunities.

The core teams continue to employ the community information system to record all activity. Unfortunately, the Regional Operational Procedures documentation is not yet available on PARIS, and availability of the updated administrative tools to record the investigative process will be welcome.

Throughout this reporting period the service area continues to foster a climate within which the implementation of the Adult Safeguarding Prevention and Protection Regional Policy (2015) and attendant regional procedures and joint protocol occurs. It continues to be essential that service users are equipped with the knowledge regarding what constitutes abuse and know the basic care standards. The Keeping You Safe programme is a priority for the service area and continues to be delivered to groups and individual service users by trained staff. This will enable and empower service users to assess risk, ensure quality and thwart detrimental behaviours developing. This labour intensive activity will increase demand upon the workforce but it is critical in assuring the prevention of harm. The Keeping You Safe programme recognises service users as experts in their own lives and provides the means to achieve contact with the right professionals if they so require it. It is vital in the effort to work preventatively regarding adult abuse and is a key objective for the service area. Work to continue the provision of this service user training programme is planned within the Day Centre forum.

ADULT PROTECTION GATEWAY TEAM

The Adult Protection Gateway Team (APGT), is now in its sixth operational year and continues to provide a gateway / protection response for the Older People (OP) service area and Physical and Sensory Disability (PSD) service area. In the APGT this two tier function acts to provide a central point of contact for external referrals, for all internal safeguarding referrals for OP and for protection referrals forwarded by PSD. For referrals that require a protection response cases are allocated to APGT DAPOs and IOs for investigation. To provide this service the APGT has the following compliment of staff: 1 B8A Assistance Service Manager, 4 B7 DAPOs, 6 B6 IOs and 1 B6 Nurse Specialist. During this reporting period the rate of referrals, screened out, protection investigations and joint protocol investigations were as follows:-

	Older People Service		Physical Health & Sensory Disability Service	
	2017/2018	2018/2019	2017/2018	2018/2019
Total Referrals received	1103	1408	355	228
Total Level 3 Adult Protection Investigations	190	323	48	58
Total Screened Out referrals	351	429	135	84
Total Joint Protocol Investigations	58	73	14	21

Looking at a comparison from 2017/18 to 2018/19 there is an evident increase in Adult Protection L3 investigations and an increase in Joint Protocol Investigations over this period.

The task of screening referrals on duty continues to require a daily resource of one DAPO and one IO to manage. As noted above, the number of referrals forwarded to APGT continues to remain high in comparison to investigation figures. The level 3 adult protection investigations account for approximately 23% of the total number of referrals received by the APGT. However, the task of receiving and recording information, conducting screening processes and allocating referrals requires one quarter of the B7 resource within the team.

As reflected in previous reporting years, there remains a high number of inappropriate referrals sent to APGT for screening. Over the period of 2018/2019, approximately 32% of referrals were screened out of the adult safeguarding process. The APGT continue to receive a high number of

inappropriate referrals from Care Homes and external agencies which include resident on resident incidents, quality issues, explained injuries, medication errors etc. APGT have also noted a continuing trend whereby Care Homes report incidents to the Belfast Trust keyworkers, however they are then redirected to APGT to make a referral under Adult Safeguarding Policy and Procedures. This creates duplication for care homes who have referred the incident to RESWS or Community Teams/CRest and then directed to contact APGT, when on occasions many referrals are inappropriate and do not meet the Safeguarding Threshold.

Last year's report envisaged the requirement to work with Care homes to focus on thresholds for reporting adult safeguarding concerns. This action will be carried forward with the intention over the next few months to work with Care Homes which will focus on ensuring that the thresholds for reporting concerns are being applied appropriately and that the reporting pathways are clear.

This action is timely, as the statistical breakdown for OPS over the period of 2018/2019 reflected a significant increase in referrals to APGT for screening for Older Peoples Programme of Care. The statistics highlight a significant increase of 28% in referrals made to APGT for screening. The increase in referrals is most evident over the months of June 2018-August 2018 with referrals peaking at 164 in July 2018. The increase in referrals over this period can be linked to the release of the COPNI report mid-June 2018 which seen an increase in Adult Safeguarding referrals referred to APGT by Care Homes and external agencies.

Within the Belfast Trust there has been a phased approach to implementing the regional Safeguarding Policy & Procedures, with Older People service area being the last to be implemented. Significant organisational change and workforce challenges have resulted in delays in full implementation. Now that the CRest service is established it is anticipated that work with Care Homes and CRest will be carried out concurrently to ensure that there is further clarity regarding thresholds, reporting arrangements and referral pathways.

PSD implemented the new Procedures in June 2017. The ability for core services to screen their own referrals and to forward only protection referrals to APGT has been welcome and demonstrates a more appropriate use of the APGT gateway function. As both service areas are working within different safeguarding frameworks, APGT's ability to straddle two processes and pathways has been challenging. It is expected that current pressures will be alleviated when service areas are working within the same framework.

Followed on from the previous year, the Director of Adult Services determined that the Belfast Trust would move to one Trust wide Adult Protection Gateway service. This will require one team to act as a single point of contact and manage all adult protection cases. Given the current arrangements within the Trust, it is anticipated that Mental Health and Learning Disability services will join with the existing APGT. There has been some initial work in relation to the structure, function, role and remit of the new Trust wide protection team but further discussion and consideration of the remit of the team is required.

In addition to the gateway function, it is proposed that the APGT will also act as a central point of contact for all Human Trafficking, Female Genital Mutilation, Forced Marriage, No Recourse to Public Funds, Domestic Abuse and MARAC referrals. Within the framework of the new Trust-wide team the APGT will continue to hold responsibility for these areas of practice, additional to this the development of audit and governance arrangements for both APGT and Core services will also be required.

The development of a Trust-wide team will require Core services to provide a screening and safeguarding response for those referrals that do not require a protection response.

Casework that requires a joint protocol, multi-professional or institutional investigation continues to be challenging, resource driven and time consuming. This is evident when regulated facilities particularly Nursing Homes are involved. The referral rates relating to abuse, exploitation and neglect in regulated facilities have remained consistently high with figures outlined highlighting a significant increase from the previous year. With the implementation of the new Policy and Procedures it has become evident that at times there has been a level of ambiguity in relation to the interpretation of cross Trust arrangements and the roles and responsibilities of host and placing Trusts. At times there also appears to be some variation in the role, function and remit of the Strategic Management Group across Trusts. This has been flagged with the NIASP Protection work-stream who are currently reviewing the Procedures. It is anticipated that the update of the regional Procedures will address the practice issues identified. In the interim, the Trust continues to work in partnership with other Trusts to ensure the safety and well-being of residents. This includes ensuring that investigations and protection plans are in place. In moving forward, further clarification regarding what is defined as an institutional investigation would also be helpful.

Over the reporting period of 2018/19 referrals and adult protection investigations vastly increased resulting in additional pressure on the staff within APGT. As a result, APGT were placed on the Risk Register in relation to an identified back log of case closure and recordings which fell outside the expected standards. This was subject to close monitoring and review by management of APGT.

In the last quarter of this period, APGT were subject to significant staffing changes with three senior members of the team, two DAPOS and the ASM/Team Manager, leaving the team to pursue temporary Expression of Interest Posts within the Trust. Additionally, APGT experienced the departure of Investigating Officers who left the team or moved into senior positions. The staff situation experienced by APGT has had a consequential impact on the team, APGT were placed on the Risk Register due to the staff shortages, however the void in the staff team remains ongoing despite actions from Senior Management to recruit and stabilise the service.

APGT were successful in recruiting B7 Social Workers/DAPOs, and partially successful in recruiting two B6 social workers, however the recruitment process is ongoing, with the pressing need to fill the empty posts. Due to the

nature of the service delivered and the impact of recent staff changes within the team, APGT are now functioning with an inexperienced staff team, which requires enhanced monitoring and support from senior management for the foreseeable future.

Despite the practical challenges identified, APGT continue to function as the central point of contact for external agencies and continue to screen adult safeguarding referrals for OPS and investigate level 3 Adult Protection investigations for PSD and OPS. Additional challenges faced by APGT over this reporting period include APGT experiencing an increase in information requests from professional bodies such as NISCC & NMC. This is in addition to Freedom of Information (FOI) requests, subject access requests and Data Protection requests from external managers, relatives and staff members subject to investigation. APGT continue to liaise with Data Protection and DLS when required to meet the requests outlined.

This has also highlighted the interface issues between Adult Protection Investigations and HR/Management Internal Investigations and the challenge faced when agencies attempt to use safeguarding reports as evidence during internal investigations. Responding to such information requests within specified timeframes places additional pressures on the team, this was evident over the past 12 months when APGT received numerous statistical data requests following the release of the COPNI report in June 2018. The collation of data and producing of reports exceeded the current staffing resource and created significant pressures within the team.

Over this reporting period, APGT experienced an increase in referrals from for OPS resulting in an increase in level 3 adult protection investigation in care home settings. The impact on the team resulted in an increase number of complex investigations with multiple incidents of abuse subject to investigation at any one time. As a result, the b6 specialist nurse was subject to a change in case work allocation and activity, such as removal from duty and allocation of specialist case work due to the increased volume of investigations and activity within Care Home settings. The specialist nurse role continues to remain a vital component within APGT due to the complexity of care home and nursing/ care related investigations referred into the Trust. A fundamental service provided by the nurse specialist is the facilitation of bespoke education sessions with care homes, service providers and agencies in relation to the Role of APGT and function of Adult Protection investigations within the Belfast Health and Social Care Trust.

There has been an increase in the requests and demand for the education sessions by agencies in an attempt to increase the awareness within care settings in relation to Adult Protection and Adult Safeguarding. Additionally, the specialist nurse attends and contributes to the review of regional strategic developments for example the development of the NIPEC guidance on safeguarding training in the nursing profession, developments relating to investigating pressure damage and chairing of quarterly Regional NIPEC meetings attended by specialist nurses across the region.

Due to the expert clinical area of work undertaken by the specialist nurse in complex investigations which include Article 121 of the Mental Health Order,

Pressure Damage and Institutional Abuse, APGT senior management have conducted a review of the skill mix within the team and has proposed the appointment of a temporary B7 Specialist Nurse within the APGT. There is the intention to pilot this post for a 6 month period and review it in relation to role, responsibility and outcomes.

It continues to be the case that none of the Joint Protocol investigations conducted by APGT with police under Article 121 of the Mental Health Order have reached the threshold for prosecution as determined by the Public Prosecution Service (PPS). What is of note is that investigation processes in this area of work are elongated and protracted with outcomes for the most part of no prosecution. It would be beneficial and informative if the PPS could provide a clearer understanding of what constitutes a criminal threshold for wilful neglect and provide guidance around investigations and threshold for referral to police. Currently it would appear that police are seeking advice from PPS about thresholds for prosecution before investigations are concluded. While this is welcomed, it would be preferable if PPS and police could agree thresholds for wilful neglect. The review of the Joint Protocol will consider in detail the use of Article 121. Following the regional review of pressure damage investigations, APGT conducted an investigation under Adult safeguarding and Joint protocol policy and procedures with a recommendation by the PPS for prosecution under Health and Safety Legislation, this is the first of its kind in the Belfast Trust area, with the process and outcome eagerly anticipated.

The number of investigations agreed as Joint Protocol by police increased by 26% for OPS and 50% for PSD over the reporting period of 2018/19. This is a substantial increase, however the number of ABE interviews conducted for OPS decreased by 8% over this period, with PSD ABE interviews increasing from 2 to 4 demonstrating a 100% increase over this reporting period. Approximately only one third of referrals made to CRU are agreed as Joint Protocol. It is generally acknowledged that the new Joint Protocol is being interpreted very differently by respective agencies, hence resulting in a high percentage of referrals made by DAPOs not meeting Joint Protocol as determined by police. Given outcomes APGT find themselves querying decisions made by police and have on a number of occasions challenged decisions in support of vulnerable service users. APGT staff are experienced practitioners who frequently negotiate decision making with the police and use the escalation process as detailed in the Joint Protocol. Again, it is anticipated that the review of the Joint Protocol currently underway will address the concerns identified and will reach a consensus position in terms of definition and application of the Joint Protocol.

The reduced number of investigations agreed by police has had a substantial impact on the number of PIA and ABE interviews conducted. Aside from the implication of this on vulnerable service user groups, there has also been a significant impact on social work ABE interviewers who are unable to meet their practice requirements as outlined in the protocol. APGT note that police have advised DAPOs that referrals are being passed to uniformed Police Officers and Registered Intermediaries are being used as an alternative to

ABE trained social workers. The review of the Joint Protocol will consider this and all related issues.

CORE TEAMS - Older People's Service Community Social Work Teams

The Adult Safeguarding Protection Team still retain the responsibility for receiving and screening all adult safeguarding referrals in Older People's Services. During this reporting period the Older People's Social Work Service continues to move ahead with structural and organisational change. The professional oversight has been strengthened with four 8a Team Leader posts across all Community Social Work and the service is pleased to report that this management structure is now stable. However, during this reporting period a vacancy of rate of 50- 75% in team leaders in Community Social Work has prevented the full implementation of the Regional Policy. Adult Safeguarding referrals continue to be screened and thresholded by the Gateway Team. It is the view of the service area that this was the only way that we could ensure a consistent response and thresholding during this very unstable period. Whilst the service area intends to move forward with full implementation of the policy, we remain concerned that further work needs to be developed in relation to identifying standards and processes for managing adults at risk of harm and developing alternative pathways. This is a priority for the service area in the forthcoming year

The management of safeguarding concerns raised in the care home sector continue to present significant demands. The development of a preventative CREST model has ensured that early warning signs of a change in standards in a care home setting are identified with earlier interventions. The issues raised through the Dunmurry Manor investigation Home Truths Report continues to be a focus in the broader discussion of how risk is identified and managed across the Service Area. Staff have been involved in DOH and Trust facilitated workshop sessions reflecting on particularly how our current thresholds of risk and risk management plans are a critical to our broader responsibilities under Safeguarding.

The CREST model has been significant in ensuring the development of strategies which deliver timely reviews, responsive supports and prevention work in Residential and Care Home sector. The ASCOT tool along with the guidance and mentoring of Kent University is being introduced to the CREST team as a methodology to support and assure. Further training and development in this area is anticipated. This outcomes tool will both support the care homes in identifying particular areas for improvement and provide a mechanism to work together on improvements. Also it will bring a rigour to the work carried out by our Social Work staff in observations, monitoring and reviewing within the sector to prevent safeguarding concerns arising.

Quality Improvement methodology has been applied to reviewing and improving the understanding of how older people and/or their family can feel safe in raising concerns or complaints within the care home setting. This again has at its core service improvement and also supports the prevention of concerns being raised later or not at all and escalating to the need for protection.

Staff have also benefited from being able to attend training and events held by partner agencies such as Women's Aid and Action on Elder Abuse.

Challenges

The service area is training staff to be able to bring a range of tools to the protection of our older citizens through a range of methodologies. Community Services have made use of the High Court to ensure the protection of those who lack the capacity to make decisions to protect themselves. This work will inevitably change as aspects of the Capacity Legislation is enacted. As a Service Area we are working to remain flexible and creative in how we respond to the circumstances of individuals to ensure their safety.

At present the Service Area is taking an action to the High Court in respect of a service user who has been subject to harm through the actions and interference by another. The service user lacks capacity to recognise and manage these harmful actions. The Trust are asking that the Court would make an order on behalf of the person, in the absence of their mental capacity, to exclude the perpetrator from interfering in the service user's property and care. This is a new approach and could be critical in shaping case law. This is a significant piece of work for staff both in terms of understanding and managing the day to day complexity but also in the number of reports and consultations ahead of any court appearance.

The importance of a competent and confident workforce who are well versed in early identification and intervention is essential.

Strategic Direction

We are confident that within the Care Home Sector the ASCOT methodology represents a welcome focus on quality of care and a supportive system of bring further strength to the prevention work which is ongoing. Within the Community Social Work Teams we have appointed a governance post which will bring further assurances in the form of regular auditing of our safeguarding work to highlight areas of good practice through peer support initiatives. It will also help to identify areas of variance in practice. A Principal Social Work has been permanently recruited in the Community Teams and a temporary equivalent post in our Hospital setting. This will bring a renewed focus to the training and development of our staff and the governance arrangements related.

As we progress to integrate the Regional Policy in the service we will have a renewed focus on the feedback from people who are supported through our safeguarding processes and look at how we improve the lived experience of safeguarding. Feedback from 10,000 Voices will help inform this work going forward.

HOSPITAL SOCIAL WORK

Processes and staff resources are in place to provide a response to Adult Safeguarding queries and referrals across the hospital sites in Belfast Health and Social Care Trust. These include: Royal Victoria Hospital, Belfast City Hospital, NI Cancer Centre, Mater Infirmorum, Musgrave Park Hospital and Meadowlands. Monthly returns are provided to the Adult Protection Gateway Team (BHSCT) by way of collection and monitoring of referrals for BHSCT referrals.

We have Designated Adult Protection Officers and Investigating Officers trained and available on each of the hospital sites and cover arrangements in place if required.

There have been a number of instances of residents from other Trust areas coming into regional hospital facilities in the BHSCT area (e.g. Royal Victoria Hospital or Musgrave Park Hospital) for care and treatment and disclosing Adult Safeguarding issues. We have worked with the Gateway Teams from other Trusts to ensure referrals are made to the appropriate area and immediate protection planning is done. We have initiated a new reporting process for 2019/20 to capture the number of referrals to other Trust Adult Protection Teams.

One of the challenges we have is that service users can often have short admissions to hospital where Safeguarding disclosures are made. This can often be a vulnerable time for people due to injury and/or ill-health. Social Work staff in the Safeguarding roles provide a sensitive and professional response in these situations taking cognisance of issues such as capacity to engage in the investigatory process, what immediate protection response is required and how Adult Safeguarding issues may impact on discharge planning.

A recent RQIA inspection report highlighted the issue of awareness of Adult Safeguarding within the outpatient departments on the hospital sites. An action plan has been put in place to provide these departments with Safeguarding posters and postcards for display in waiting areas.

LEARNING DISABILITY

The Service Area continues to have a number of dedicated Learning Disability Adult Safeguarding staff. This comprises of 9 DAPOs: 5 are SW Team Leaders in the hospital and community teams; 1x 8a Operations manager; 1x DAPO in Muckamore Abbey Hospital (MAH) who deals with patient on patient incidents; and 2x DAPOs in the Specialist Team who deal with allegations against staff or paid carers or where there are issues in relation to the quality of care provided in a group setting.

From September 2017 the Specialist team (2x Band 7 DAPOs) have been involved solely in the large scale adult safeguarding investigation into Muckamore Abbey Hospital. This has involved dealing with the historical CCTV incidents and historical incidents. This meant that the work, usually

undertaken by this Specialist Team, had to be dealt with by the core Community Learning Disability teams. This added additional pressure to their existing workloads.

The service area has 36 Investigating Officers who are embedded across the service area. There are now 3 ABE trained social workers.

Adult safeguarding (ASG) remains a major area of work for the Service Area. There has been an increase in the number of adult safeguarding referrals from 916 referrals last year to 977 this year with 560 investigations completed. 789 of these referrals were received from the hospital and 188 from the community. A large number of referrals have resulted from the large scale adult safeguarding investigation in Muckamore Abbey Hospital. This includes 236 referrals generated from the viewing of historical CCTV footage that has been downloaded from April- September 2017 relating to 5 wards in Muckamore. In addition, there remains a high number (519) of patient on patient incidents across the hospital site.

The figures are as set out in table below.

Number of safeguarding adult referrals within the period	977
Of the referrals at 6.1, how many were received from acute settings?	789
Number of investigations commenced within the period	560
Number of investigations completed within the period	560
Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)?	1
Number of adult protection plans commenced within the period	536
Number of adult protection plans in place on 31 st March	536

Current allegations against staff in Muckamore Abbey Hospital

There have been current ongoing incidents relating to allegations against staff within the hospital site. These allegations have been investigated by the community teams with the support of 1x Band 6 Investigating officer.

CCTV is now running across all the wards at Muckamore. The adult safeguarding team can therefore view CCTV as part of their investigation. The introduction of CCTV across all the wards has been extremely positive in that it has allowed for independent checking of allegations, which has aided in the ASG process. It has also provided reassurance to the families, senior management team, Trust Board and Department of Health. This helps to clarify information quickly and incidents can either be very quickly screened out or the CCTV can be used to provide details and evidence in relation to the allegations made. From viewing the CCTV learning can be achieved in relation to what precipitated the incident, the intervention of staff etc. This helps to set a context to the incidents. The adult safeguarding team now meet regularly with the Service manager, ward managers and operations managers to ensure there is good communication, shared learning and protection plans are reviewed.

There are significant resource implications for the ASG team given the length of time it takes to view the CCTV (as there are a large number of cameras in any given area), time to identify the staff, accurately record the viewing and at times to obtain input from the MAPA trainer in respect of any Physical Interventions used. A number of issues viewed would fall under staff conduct issues and would not reach the threshold for an adult at risk or an adult at need of protection. However, they would be matters of concern for the Adult Safeguarding team, which remains a challenge whether such matters should come under Adult Safeguarding.

The vast majority of the ongoing referrals made against staff relate to one particular patient who is very autistic and assessments of his communication have showed that he has limited use of expressive language.

As per the Regional policy, any incident deemed to meet a criminal threshold have been referred to the PSNI.

The CCTV policy has been reviewed. For assurance purposes contemporaneous CCTV is also underway across the site. Any good practice is documented and shared through the service manager to each ward area.

The Adult safeguarding team are now planning to complete a more in-depth audit of data to identify any trends or patterns. This will ensure the adult safeguarding responses are better informed and consider a range of factors including the skills mix, staff ratio, time of incident, environment, the patients presentation, etc. which may impact on the safety of patients. This will inform the entire multidisciplinary teams' decision making to improve patient safety.

Historical CCTV allegations against staff in Muckamore Abbey

This has continued to be an extremely challenging year for the service area in respect of adult safeguarding incidents reported because of viewing historical CCTV within the Hospital. The large-scale ASG investigation commenced in August 2017 following the delay in reporting an Adult safeguarding incident. CCTV was viewed at this stage in relation to this incident and during this viewing a number of other adult safeguarding incidents, which were not reported, were noted. This included mostly incidents of a physical nature on patients by staff and the inappropriate use of seclusion. These incidents were later reported as an early alert to the Board. For assurance purposes a further 25% random viewing of CCTV took place across the Muckamore Abbey Hospital (MAH) site which revealed further incidents in one ward. Subsequently, an incident was reported by a patient against a staff member in another ward. Further allegations were made by a whistle-blower against 2 staff members. A number of these allegations resulted in a joint PSNI/ Social services investigation.

Following these incidents an independent Serious Adverse Incident Level 3 Investigation was commissioned focussing on adult safeguarding from 2012-17 including the above incidents. This panel was chaired by Margaret Flynn. The findings of this report 'A way to go' have now been shared with the

affected families through workshops and individual meetings and with the staff across learning disability. A written copy of the report has been made available to families, including an easy read version for patients.

The main themes emerging from this report were as follows:-

- The criteria for admission to the hospital was too low with patients being admitted for a large number of reasons including, those who required assessment and treatment, those whose placement had broken down, short breaks etc. In addition, once admitted these patients were extremely difficult to discharge and therefore the length of admission became protracted with many having no discharge plans.
- There was a high incidence of patients being bored in the hospital due to a lack of meaningful activity on and off the wards. This undoubtedly led to frustrations and an increase in patient on patient incidents but also of incidents of staff on patients.
- There was an inappropriate use of seclusion sometimes for long periods of time and poor recording detailing the rationale for the decision surrounding this.
- Despite a large number of RQIA inspections and a very high number of Adult safeguarding referrals, (even resulting in referral to the police) there was a lack of action taken which actually reduced the number of incidents or improved the safety for patients.
- Families were not allowed access to the patients' bedrooms or to the actual ward. This was particularly so in one ward.
- There was a lack of visible leadership across the site

Some of the recommendations from the report that now form part of the Trust action plan are as follows-

- People with learning disabilities should be able to live their lives with their families and in communities and the services provided should understand that ordinary lives require

extraordinary supports – which will change over the life course.

- The hospital should review its criteria so that admission is for assessment and treatment only, for the shortest time possible.
- The transition to community-based services requires the contraction and closure of the Hospital and must be accompanied by the development of local services.
- There should be better advocacy services.
- Development of a co-produced communication strategy with parents/carers/ appointment of carer consultant aimed at repairing and establishing relationships and trust with patients and with their relatives as partners. Families should have greater input in relation to decision-making.
- Families and advocates should be allowed open access to wards and living areas.
- Patients should be engaged in more meaningful activities during their admission.
- Patients and families should have better information in relation to how to complain.
- Families should receive regular progress updates.
- The families wanted an end to seclusion.
- There should be a review of Adult Safeguarding culture and practices at Muckamore so that the responses to safeguarding incidents and allegations are proportionate and timely, that the perception that people with learning disabilities are unreliable witnesses is changed and that the safeguarding documentation is substantially revised.

Much progress has been made in relation to these action points but there is still a lot of work ongoing. Whilst this SAI investigation was ongoing it was agreed that all the downloaded CCTV (April-Sept 2017) be viewed for all 5 wards. This proved to be very challenging for all adult safeguarding staff in learning disability services. The Muckamore investigation has been unprecedented in terms of numbers of allegations and its complexity. This has resulted in a huge amount of work relating to the historical allegations and the historical CCTV incidents being undertaken by the 2 DAPOs in the

community. This has had a knock on effect on the community teams as they had to take on the work previously covered by this specialised team.

Since the start of the investigation, the 2 DAPOs have processed 191 referrals for one ward with 177 of these being referred to the PSNI. 14 other incidents were not referred to PSNI. These incidents are all mostly of a physical nature and include inappropriate use of seclusion. In addition, a further 158 incidents relating to the other wards have been triaged by the ASG team. To date only a small number of these incidents have been viewed by the adult safeguarding team. However, of what has been viewed an additional 44 referrals have been forwarded to the PSNI. These incidents are again mostly of a physical nature and involved a number of staff who were either involved in actual physical incidents and or other staff who allegedly witnessed the incident and or failed to intervene.

The CCTV was taken by the PSNI in February 2019 and at this stage the percentage viewed for each of the 5 wards was as follows –82%, -64%, 66%, 48% and 46%. This clearly continues to create difficulties for families who know that there is further historical CCTV to view. The Trust remain committed to the viewing of all CCTV during this specified period.

The PSNI have an identified taskforce dealing with this investigation and have a team of additional officers. They have been working very closely with the PPS and are looking at a whole range of potential offences in relation to this investigation including Article 121, wilful neglect, common assault and misconduct in a public office.

Unfortunately, over the reporting year attempts to recruit additional DAPOs to assist with this investigation have been largely fruitless resulting in the 2 DAPOs undertaking the viewing of CCTV, as well as preparing large voluminous files for the Police and HR department. This has been a hugely complex task and both the PSNI and the HR department have complimented the team for the complex work completed.

All the affected families have a nominated DAPO attached to them and with their agreement there were updated on a regular basis regarding any further developments as well as offered supports including psychological support from the Trust. The DAPOs have been working in close partnership with the PSNI and a number of visits to families were done jointly between the Trust and the PSNI. At the end of the reporting period the service area managed to secure a part time DAPO whose sole role is family liaison with some of the affected families.

As a result, of the current ASG investigations 20 staff have been placed on precautionary suspension and other staff are subject to protective measures. This along with staff sickness has given rise to a number of challenges for the service in ensuring that there is adequate staffing across the site to ensure patient safety.

There has also been ongoing liaising with the other Trusts to update them regarding the current investigation but also to address any specific issues relating to their service users.

Whilst the CCTV remains outstanding, there is also a feeling of uncertainty across the staff group at the hospital. Staff across the site have been supported at this difficult time through a large number of initiatives including a counsellor who provides 1:1 emotional support, reflective practice sessions, workshops with staff, massage sessions and support sessions with HR and OH. In addition, a health fair is planned and 'Bewell' sessions planned.

The Service Area has continued to work within the Adult safeguarding Regional Policy, the HR disciplinary processes and Joint protocol. This has resulted in many challenges balancing the requirements of each process and being proportionate in relation to staff but at the same time protecting patients.

The hospital SW staff have continued to roll out the ASG 'Keeping yourself safe programme' across MAH. There has also been further ASG training provided across the hospital site. There is further CCTV to view and the 2 DAPOs who had been doing the investigation are now due to be replaced by a new ASG team which was appointed at the end of March. This team currently comprises of 1x Band 8B and 3x 8A staff. Their remit is take forward the remaining historical CCTV and provide support to the affected patients and families.

Muckamore Abbey Hospital current patient on patient referrals

The social work department in the hospital continues to lead in relation to safeguarding patient on patient incidents. In this reporting year, there have been 519 incidents in the hospital. Most of these incidents are of a physical nature. Many of these incidents include multiple incidents relating to the same patients either as alleging causing harm or and victims of alleged abuse. All these referrals are processed by one Band 7 Lead DAPO, who is supported by the Senior Social Worker and by 2 Investigating Officers. Together they support the Multi-disciplinary team in the development of risk management, alternative safeguarding responses and protection plans. Support is also provided to the patient and a referral to the PSNI if deemed appropriate, or at the request of patient or carers. As part of the screening and or as part of the investigation into the incidents CCTV will also be viewed by the DAPO.

As a result of staffing difficulties (suspensions and staff off sick) and also as a means of stabilising the hospital, the hospital has been closed to admissions. In addition, over the last year the hospital has been retracting as patients have been discharged and therefore the number of inpatients has significantly declined. However, there remains a high level of incidents of a physical nature between patients in the shared setting of the hospital. There are ongoing difficulties related to the physical environment and the mix of patients in the wards, many of whom have complex needs and present with challenging behaviours associated with autism and other conditions, communication difficulties and limited insight into the possible consequences of their actions or that of others. Very few of the patients have skills to protect themselves. Staffing levels can also often mean that patients are unable to avail of opportunities to be off the ward and this can increase the number of incidents on the ward.

Despite good multidisciplinary working including robust risk assessment and risk management plans, it continues to be a challenge implementing suitable protective plans to reduce the likelihood of further incidents. All these ASG incidents are now reviewed on a weekly basis at the multidisciplinary team but also the data forms part of the SITrep report, which allows the Senior Management team / Directors Oversight group the opportunity to understand trends and patterns in relation to this and consider what further steps can be taken to address the matter.

In order to reduce the number of patient on patient incidents in the wards considerable work has been done:

- In Jan 2019 an activity Co-ordinator was appointed following a review of day care at the hospital. This has significantly improved the level of activities for inpatients across the Hospital Site. Therapeutic Day services are now also provided within the hospital at weekends and evenings activities on the ward and off the ward. This has helped to reduce contact between patients and thus reduce frustrations levels and the likelihood for incidents. Activities for patients ensures the holistic needs of patients is catered for with intervention, which may include recreational input, social input or skill development. By extending the frequency and range of appropriate and meaningful activity the mental, physical and emotional wellbeing and social needs of patients is promoted.
- Joint Therapy Aims and Free time Plan/Activity Boxes have been introduced which allows ward staff to work on individualised therapy aims with patients, which forms an important part of their treatment. The box can also be used to de-escalate a situation or redirect a patient from a difficult situation, which promotes the safety and well-being of patients.
- Plans are place to resettle a large number of patients whose discharge has been delayed. There has been work done by the service area with a large number of providers along with the other Trusts to put in place plans to successfully resettle patients in the community.

- The Trust has also developed a supported living scheme in Cherryhill, which is due to open in June 2019 and will be accommodating 9 patients who are to be discharged from the hospital.
- The hospital SSW and lead DAPO have regular meetings with the service manager and the 8a nursing operations managers to address any ongoing concerns in relation to patient safety.
- The hospital SW team are currently piloting real time feedback from patients and from carers prior to and post Adult safeguarding intervention to understand what would make them feel safer.
- Safeguarding procedures, including use of special observations, has been used to minimise targeting of vulnerable patients.
- The ASG team will now be auditing data in relation to ASG and identifying trends and patterns so that a collective understanding can be achieved in relation to the issues re ASG across the site and then identifying how this can be addressed.
- There continues to be discharge meetings convened to expedite community placements and notify Trusts of the number of safeguarding concerns for each patient remaining in hospital.
- Ongoing training of nursing staff in Muckamore regarding the thresholds, their responsibilities under adult safeguarding protocols, completing the forms correctly and developing robust interim protection plans.
- Viewing CCTV assists the ASG team to understand the factors precipitating/ leading up an ASG incident and the context of the incident, which is then shared with the ward managers/ management team.
- Positive behaviour practitioners provide support to reduce incidents of challenging behaviour.

- The Keeping You Safe Training to patients remains a key function of the SW team in the hospital. Within the last year, 21 patients have been provided with the training. Various methods have been used, group and individual sessions, depending on the ability of patients.

Social Work staff in MAH are now aligned to each ward, which ensures there is a full MDT approach to address the issues and reduce the potential risk to patients e.g. through making environmental improvements, use of positive behavioural support, increased day activities etc.

In the last year, the service have implemented a new process in the management of safeguarding. This process is in keeping with the Adult Safeguarding Policy and provides opportunity for ward managers to become nominated Adult Safeguarding Champions. The vast majority of incidents managed through this process are minor in content and only require an Alternative Safeguarding response. The hospital SW department continues to provide support and advice to ward managers and nursing staff. The Senior Social Worker has been auditing this new initiative and raising any issues with hospital management.

Community based investigations

Allegations against staff

The service has continued to investigate concerns raised in nursing homes, residential homes and supported living projects. The referrals cover a range of abuse including alleged physical abuse, psychological abuse, financial abuse of service users and institutional practices.

The service remains concerned about quality issues which, while they do not meet the threshold for safeguarding, may have significant impact on the quality of life for service users. Many of these facilities continue to experience high turn overs of staff, low staff morale and poor resilience. The Trust continues to work with providers to build their capability and improve their resilience.

Allegations of service user on service user abuse

Most of these referrals relate to low level physical incidents of one service user on another which reflect the reality of group care for service users who can display behaviours, which challenge and have communication difficulties. As noted in previous reports, where the victim and person who is alleged to have caused harm have learning disabilities, behavioural issues and share the same space it can be difficult to put in place protective plans. Again, as noted in previous reports suitable alternative placements are required.

All group living services are aware of the need to review care plans, environments and the mix of service users in order to promote a safe living environment for all.

The Service Area believes that many preventative measures are required to address these issues such as good quality staff recruitment, retention, support and training.

MENTAL HEALTH

There continues to be a significant increase in the volume of Adult Safeguarding referrals, investigations and protection plans in the last twelve months with an increase in referrals by 20% and in investigations by 10%. The Mental Health Adult Safeguarding Team continues to provide the majority of DAPO cover and has endeavoured to continue to improve awareness of Adult Safeguarding procedures in recognising and reporting of abuse in community teams that are non-Social Work led. DAPO's from the Mental Health Adult Safeguarding Team continue to embed the process and knowledge of the procedures and to assist Team Leaders in fulfilling their responsibility for initial screening, implementing interim protection plans, governance responsibilities and onward referral to DAPO.

The Mental Health Adult Safeguarding Team currently consists of a PSW – who is also the named Adult Safeguarding Lead for the mental health service area in addition to the PSW role, 2 Band 7 Senior Practitioners/DAPO's, a Band 7 Senior Practitioner/Professional Social Work development lead and Think Family lead, who also provides sessions into Adult Safeguarding for DAPO. All DAPO's in the Mental Health Adult Safeguarding Team are ABE trained.

The Mental Health Adult Safeguarding team currently acts as a single point of contact for Adult Safeguarding referrals for mental health services who do not have trained DAPO's within their team. There are plans for all mental health referrals to be sent to the Adult Safeguarding Protection Gateway team in the future for screening and decision making on the level 3 cases to be taken forward for investigation, but to date the current process remains and there is no date for APGT screening of all referrals. The Adult Mental health team currently screen all referrals received and identify an IO and DAPO. They are also the point of contact for guidance and referrals from outside agencies and are advised on issues which would require a safeguarding investigation and arrange for the allocation of an IO and DAPO to commence the safeguarding process. The Mental Health Adult Safeguarding Team continues to act as the central point of contact for PSNI for PIA / ABE interview consultations and requests and allocates referrals to trained staff within the mental health service area. There continues to be well established support groups for IO, DAPO and ABE trained staff across the Trust and staff are encouraged to attend these groups to keep them updated regarding any changes or issues and is also a forum for shared experience and learning.

The Mental Health Adult Safeguarding Team meet weekly to review and discuss Adult Safeguarding investigations and management of cases. The

team has a Band 7 Senior Practitioner for MARAC cases and referrals for MARAC process.

The Mental Health Adult Safeguarding Team also provides supervision and support to DAPO's and IO's across all services who are not line managed by a qualified Social Worker DAPO. They also provide an advisory and consultative role for all professional staff across the 41 mental health teams / services and outside agencies including voluntary organisations and PSNI.

Referrals are received from a wide range of service areas, including hospital settings, the medium secure facility, supported living facilities, nursing and residential settings, day care and from a range of community mental health services – within acute, primary and recovery teams.

There has been an increase in the number of protection plans by 15%. The figures reflect a reduction in PIA/ABE interviews. The figures for 2018/2019 show a reduction of 50% in PIA interviews and a 70% decrease in the number of ABE interviews completed within mental health. This is largely due to the police thresholds for joint protocol investigation and a high proportion of referrals to CRU have been assessed by the PSNI as only requiring a single agency investigation. The PSNI thresholds assess domestic abuse, historical abuse, physical and sexual assaults as single agency investigations. The PSNI/CRU thresholds also assess any patient in receipt of 24 hour care in a hospital setting are not vulnerable adults in need of protection and will only agree this a single agency PSNI investigation. DAPO staff in their consultations with CRU continue to challenge these decisions and the need for a joint investigation with PSNI on a case by case basis. However, it remains our experience that the PSNI will make the final decision. It is predicted that there will continue to be a decline in PIA/ABE interviews under the new thresholds for assessment by PSNI. Given the reduction in joint protocol investigations mental health services will not be nominating social work staff to undertake the ABE training this year. Staff currently trained have reported that they are having difficulty meeting the two ABE interview requirements to continue with the role given the reduction in ABE interviews.

Within Mental Health services there is a significant deficit in DAPO's across the service as not all of the services are led by Social Work staff. There are 6 social work Team Leaders across the 41 mental health teams, 10 senior practitioner staff including the 3 Senior Practitioner DAPO'S in the Mental Health Adult Safeguarding Team and a two year time limited temporary addition of 2 CSM Social Work posts who will undertake a DAPO role within their service area if there is no Senior Social Worker/DAPO in post. An expression of interest has been circulated for an additional two temporary Senior Practitioner Social Work staff to undertake additional roles within the community teams – this will include a DAPO role along with other enhanced duties and there continues to be increased pressure on DAPO's within the mental health service area who also undertake a number of functions i.e. Team Lead, ASW, ASW assessors, Professional Social Work Supervision and DAPO. There is also a deficit of Band 6 staff due to vacancies within the community teams and of IO trained staff within nursing staff in mental health with Nursing staff declining to undertake the IO role supported by their unions,

therefore Social Workers tend to undertake the majority of Adult Safeguarding investigations. In addition some community teams have AYE Social Work staff who are currently unable to undertake the IO role until they are at Band 6 level while other teams report only one Social Worker within their team and the remainder of staff are support staff who are also unable to undertake the IO role. This has continued to impact on Social Work front line services delivery and has placed considerable pressure on the Social Work workforce who also undertake all of the other statutory functions within mental health. There continues to be an increase in referrals from the voluntary sector and from the Leaving and After Care teams who have no provision of IO/DAPO within their service area and victims may not be currently open to mental health services. However as they meet the key definitions of an adult at risk of harm or an adult in need of protection an IO has to be sourced from the existing mental health IO trained staff which also increases pressure on their service delivery and caseloads.

There are on-going challenges within mental health services with the introduction of the Adult Safeguarding policy July 2015. Joint agency working with PSNI, RQIA, professional bodies regarding procedures, protocols and practice issues remains an ongoing priority. The mental Health Adult Safeguarding Team have implemented a database to capture the recording of Adult Safeguarding as an interim measure while plans continue to implement all of mental health safeguarding recording and investigations to the Trust information system – PARIS. All staff within mental health services will require some additional training for the implementation of recording of adult safeguarding referrals and investigations on PARIS, however there is no current timescale for this due to the new APP documentation which needs to be designed for PARIS but planning meetings continue with the PARIS implementation team. The service area remains committed to the delivery of adult safeguarding, while recognising significant workforce pressures. A priority for the service is to ensure that Band 6 non-Social Work staff are encouraged to undertake IO training and that there are suitable supervision and support arrangements put in place to support non-Social Work IO staff. Additional bespoke IO and DAPO training has been facilitated by the Learning and Development Team in addition to the IO/DAPO training offered twice per year to relieve pressures on community teams so that newly appointed staff could undertake the IO and DAPO roles.

Workforce planning continues to be encouraged with the Service Leads within each service area to ensure that appropriate levels of Band 6 staff and Band 7 Social work staff are recruited to undertake the assessed safeguarding requirements for their service. Consideration is also required of the capacity of Band 7 Senior social work practitioner staff to meet the demand within the service area and fulfil the statutory requirements of the Band 7 role to undertake the ASW and DAPO / ABE function.

The Mental Health Adult Safeguarding Team continue to offer essential support to all DAPO's and IO's within the Service Area and in quality assuring all aspects of Adult Safeguarding. The Mental Health Adult Safeguarding Team has completed an initial audit of safeguarding within the service area and plans to do this on an annual basis to ensure governance arrangements,

appropriate safeguarding investigations are undertaken and review decision making, and alternative responses to safeguarding. Refresher training for IO/DAPO is also being planned with the Learning and Development Team which would be an addition to the IO/DAPO support groups currently in place so that IO/DAPO's can maintain and update their skills and knowledge in safeguarding. It is anticipated that the current level of DAPO/IO need within mental health services will remain at the same rate when the Adult Protection Gateway Team become the single point for referrals for mental health. The Adult Protection Gateway Team will take responsibility for level 3 investigations which include joint protocol investigation, institutional care investigations and investigations involving paid members of staff and have a team of DAPO and IO staff to manage the investigation. All other referrals will remain the responsibility of the mental health service to progress the investigation. Within mental health services the level 3 investigation for joint protocol and paid staff allegations of abuse have decreased due to the police thresholds for joint protocol investigation and the level of referral for institutional abuse referrals remains low, therefore the majority of referrals currently referred and dealt with by the mental health Adult Safeguarding team will remain at its current level.

SECTION 5: LASP Partner Updates

Belfast and Lisburn Women's Aid

- All the staff team are given Adult Safeguarding training which is Core. (every three years) Last training session 2018.
- Four staff 1. Board member, Two Senior managers, Outreach worker have completed Adult Safeguarding training Champion/Appointed persons.
- We have one Adult Safeguarding Champion Liz Brogan and three appointed persons.
- All staff and volunteers are aware and can identify the above.
- We have created a template for collating all adult safeguarding queries, discussions, referral activity.
- Each of our three refuges use the pro forma to record ASG activity.
- All information is sent to the ASC.
- All information gathered is used in the yearly ASG report.
- Adult Safeguarding is regularly on staff meeting agenda's; Senior Management team meetings, Board meetings, individual team meetings, and full staff meetings.
- We have an Adult Safeguarding policy which outlines procedures for dealing with Adult Safeguarding referrals etc.
- ASC attends all LASP meetings throughout the year.
- Our key worker in the Older Women's Project has had the following additional training/awareness raising sessions –

Dementia Awareness – Advice NI – Integrated services for Older people–Action on elder abuse conference.

Cedar Foundation

Our Quality Improvement Plan included:

- Assurance that all staff and volunteers have the appropriate Level of 1,2,3 Safeguarding Training–Achieved 100%
- Continue to use ISO accreditation as the framework for ensuring systems and processes to monitor and evaluate our Safeguarding Practices; we updated our Policy to reference the European Convention on Human Rights, and to include our Complaints Procedure
- We reviewed incidents monthly and reported quarterly to the Executive Board
- We completed the Adult Safeguarding Champion Position Report for 18/19
- We participated in LASP and ARC Networks to ensure the currency of knowledge regarding best practice approaches to Adult Safeguarding

Lisburn & Castlereagh City Council

Please record your organisations/service activity under the Prevention, Protection, Partnership headings for the year 2017-18. This will be included in the LASP report. If you also know or plan to complete activity in the forthcoming year please also record in the 2019/20 section.

Activity	2018-19	2019-20
Prevention	<ul style="list-style-type: none"> Reviewed all 14 SG Procedures Produced New Procedure – ‘Dealing with a Person in Crisis / at risk of suicide’ 4 In house LCCC Keeping safe trainers attended an up skilling/bridging course with Volunteer Now to add adults at risk training to Child protection training to ensure staff only have to be released once for training. SG champions (SP and BT) Attended Appointed persons training and mental capacity training SG Champions attend SG Champion network meeting re Position report Completed the 18/19 Position report Attended Elder Abuse Conference in February SG Champions have both attended Mental Health First Aid training 	<p>To review and update LCCC Safeguarding Policy - New CEO</p> <p>Revise the e learning management system for Safeguarding and roll out to all staff.</p> <p>Members of in-house working group to attend Appointed person training.</p> <p>SG champions to attend any relevant training</p>

	<ul style="list-style-type: none"> February 2019 – Arranged a meeting with GRO (births, deaths and marriage registration) to discuss the sharing of personal information to ensure a referral can be made to the relevant statutory bodies if abuse is suspected. This was following concerns about a GRO Memo that was sent to Council staff. Have now achieved Platinum membership of ONUS – workplace domestic Abuse. Have carried out a number of awareness raising session in community for businesses and churches 	
Activity	2018–19	2019–20
Partnership	<ul style="list-style-type: none"> Attend SET and Belfast Trust LASPS meetings Elder Abuse day 15 June 2018 – Bow street mall – partnership with PCSP, SET LASP, Banks and Trading standards on scam awareness SG champion on working group for action plan – ‘accessing safeguarding services’ SG champions are active members of NI 	Work in partnership for Elder abuse day 2019 - loneliness theme

	<p>Safeguarding Network</p> <ul style="list-style-type: none">• PCSP now members of our internal working group	
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Volunteer Now

Core KAS Sessions

Throughout 2018-19 Volunteer Now has continued to work in partnership with the Health and Social Care Board and Belfast LASP to deliver free 'Keeping Adults Safe' training to participants from voluntary, community, independent and faith sector organisations in the Belfast Trust area.

The following courses were delivered:

- 3 full day KAS M2 'Keeping Adults Safe: Training for Staff and Volunteers'
- 2 full day KAS M3 'Keeping Adults Safe: Recruitment, Selection and Management'

There were **79** participants in total and the average participant evaluation score was **4.6** (on a scale of 1 to 5, where 5 is excellent).

Additional Activities

Volunteer Now has been actively involved with the Belfast LASP throughout the year, attending LASP meetings and events.

Volunteer Now Enterprises Ltd also continues to promote the 'Keeping Adults Safe: Adult Safeguarding Champion & Appointed Person' training through the LASP.

Core KAS Sessions – Break down

A full break down of the **core KAS sessions** in the Belfast LASP area is included below:

19th October 2018, Module 2: Keeping Adults Safe: Training for Staff and Volunteers

Belfast (Volunteer Now)

16 participants

Average Score: 4.6

Participant Comments: Enjoyed the group discussions, hearing people's different opinions on situations. / Invaluable to keep everyone up to date with expectations. / Nice relaxed refresher to safeguarding / lots of respect and space to discuss issues, plenty of clarity and guidance / Useful for my organisation.

8th November 2018, Module 3: Keeping Adults Safe: Recruitment, Selection and Management

Belfast (Volunteer Now)

11 participants

Average Score: 4.6

Participant Comments: Invaluable information, well organised and presented / Will go back and look at our policy / Excellent update / Found Access NI info particularly useful / Content of the training was very relevant.

17th January 2019, Module 2: Keeping Adults Safe: Training for staff and volunteers

Belfast (Knockbracken Health Care Park)

14 participants

Average Score: 4.9

Participant Comments: Very interesting training and in depth, really useful and has improved my knowledge greatly. / The training was very thorough – I enjoyed the discussions with the entire group to get different opinions. /

11th February 2019, Module 3: Keeping Adults Safe: Recruitment, Selection and Management

Belfast (Knockbracken Health Care Park)

21 participants

Average Score: 4.4

Participant Comments: Good level of interaction. [Trainer] made you feel very comfortable]. / Well put together course. Good interaction with the group. / Interactive group discussions, useful and informative. / Enjoyable interactive training which raised awareness and evoked thought. / Very well presented. / Trainer was knowledgeable. Room was cold in the morning, warmed up in the afternoon. / Excellent training – enjoyed all the interaction and group exercises. / Lots of food for thought for my organisation as we consider expanding the range of services that we provide. / The resource pack was great. Really enjoyed the case studies and discussions. / Good use of resources. / Good opportunity to revise and recap on existing knowledge and to network with others.

19th March 2019, Module 2: Keeping Adults Safe: Training for staff and volunteers

Belfast (Knockbracken Health Care Park)

17 participants

Average Score: 4.7

Participant Comments: Room was cold. / Great lunch facilities, / Easy to understand, and use in my workplace. / Enjoyed the training – very informative and related to my work place. / A high standard of training, very informative and felt very comfortable and able to ask questions. / Trainer very good. / Well laid out training with experienced facilitator. / Very well delivered. / Room was freezing, everyone uncomfortable.

Core KAS Sessions – Analysis

Participant Feedback

The average participant evaluation score for the Belfast M2 sessions was **4.7**, and for the M3 session was **4.5** (on a scale of 1 to 5, where 5 is excellent). As demonstrated by the participant evaluation comments included above, feedback has continued to be excellent with respect to the trainers, course content, delivery and interactive nature of the sessions.

Booking and Attendance Numbers

The 3 KAS M2 sessions were attended by 47 participants and the 2 KAS M3 sessions by 32 participants, giving a total of **79 participants across the 5 sessions**. This averages at 15 participants per session (the maximum is 25 per session).

A significant issue across all KAS sessions is 'drop out' of participants who have signed up for sessions and then failed to attend or made late cancellations. This can be difficult to manage due to the courses being free to book and has continued in 2018-19 despite our formal booking/confirmation process via our website and reminder emails being routinely sent to participants prior to delivery dates.

SECTION 6: Belfast LASP work plan 2019/20

There will be a strong emphasis on taking forward areas of adult safeguarding work within the Belfast Trust in response to regional and local learning.

There will be a review of adult safeguarding structures and local procedures to ensure that adult safeguarding is fully embedded across all areas within the Trust.

In addition, the Belfast LASP will work to deliver on the NIASP annual objectives for 2019/20 and will consult with Belfast LASP members regarding a local LASP work plan for 2019/20.

APPENDIX D

DATA RETURN 10 – Children's Community Services Directorate

Please Note: Information for this section will inform the Corporate Parenting Report (CC3/02)

10 Children (NI) Order 1995
Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177

10.1 CHILDREN IN NEED																				
10.1.1	How many Children in Need are there in your area as at 31st March? (exclude children on the caseloads of statutory mental health services)	4088																		
	<p>Article 17 of the Children (Northern Ireland) Order 1995 (the Children Order) identifies a child as being in need if: “she/he “is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority; her/his health or development is likely to be impaired, or further impaired, without the provision for her/him of such services; or she/he is disabled”.</p> <p>Article 18 of the Children Order places a general duty on the Trust to: “(a) safeguard and promote the welfare of children within its area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of personal social services appropriate to those children’s needs”.</p> <p>The Trust’s children in need figure relates to those children who, as at 31 March 2019, were open to a social worker within the Trust’s Family and Child Care and Children with Disabilities Services.</p> <p>Please see below children in need data trend-table for the period March/September 2015- March 2019.</p> <p>Belfast Trust Children in Need</p> <table><tr><th>Children in Need</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>As at: 31 March</td><td>5739</td><td>5153</td><td>4262</td><td>4331</td><td>4088</td></tr><tr><td>As at: 30 Sept</td><td>4939</td><td>4778</td><td>4272</td><td>4179</td><td></td></tr></table>		Children in Need	2015	2016	2017	2018	2019	As at: 31 March	5739	5153	4262	4331	4088	As at: 30 Sept	4939	4778	4272	4179	
Children in Need	2015	2016	2017	2018	2019															
As at: 31 March	5739	5153	4262	4331	4088															
As at: 30 Sept	4939	4778	4272	4179																

10.1.2	Ethnic Origin of Children in Need	See Excel																					
10.1.3	Religion of Children in Need	See Excel																					
10.1.4	<p>(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st September - 31st March?</p> <p>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st September - 31st March</p> <p>(c) Of those children referred how many have been known to Social Services in the past referred 6 months, 6 months to 12 months, >1 year from date of referral this period (ie previously known and case closed)</p> <p>Note: this is NOT for collection. This has been passed to BSO to be automated.</p>	See Excel - 3619																					
10.1.5	How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 31st March)	See Excel - 80 F&CC 166 CwD																					
10.1.6	How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March? Guidance – grand total will match the total row at 10.1.1	See Excel																					
	<table><tr><td>Children with Disabilities</td><td>2014</td><td>2015</td><td>2016</td><td>2017</td><td>2018</td><td>2019</td></tr><tr><td>End of March</td><td>667</td><td>667</td><td>677</td><td>671</td><td>975</td><td>958</td></tr><tr><td>End of September</td><td>689</td><td>701</td><td>819</td><td>659</td><td>884</td><td></td></tr></table> <p>The Trust has included all Children in Need across both Family and Child Care and Children with Disabilities Services respectively in this return. The Trust has previously highlighted the need for a review of the current definition of Disability to facilitate the collation of consistent data across all childrens social care service settings.</p>		Children with Disabilities	2014	2015	2016	2017	2018	2019	End of March	667	667	677	671	975	958	End of September	689	701	819	659	884	
Children with Disabilities	2014	2015	2016	2017	2018	2019																	
End of March	667	667	677	671	975	958																	
End of September	689	701	819	659	884																		
10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.	See Excel																					
10.1.8	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 31st March	Board Return																					
	Trend analysis and commentary (Refers to ALL i.e. tiers 2-4 children awaiting CAMHS regardless of the pathway to the waiting list)																						
10.1.9	What preventative action is being taken by the Trust to ensure that children in need are not involved in offending behaviour (offending behaviour is defined as: formally cautioned or convicted).																						

The Trust's Family Support Strategy provides the framework within which services are delivered to children in need and their families, including those who are at risk of becoming involved in offending behaviours. Central to the Strategy is the Trust's ongoing commitment to early intervention, partnership and engagement with its local communities, voluntary sector groups and other statutory agencies to provide a continuum of services to meet the needs of vulnerable children and their families within evidence-informed, outcomes-centred service delivery approaches.

The Trust has contracted with a number of community-based providers to deliver direct services to children who are at risk of engagement in interface conflict and supports to their parents to obviate same.

The Trust is a full partner on the Belfast Police and Community Safety Partnership and has representation on the Citywide four local Partnership Groups.

The Trust's Director for Children's Community Services chairs the Belfast Outcomes Group, which is driving forward a Belfast-wide Early Intervention Service (EIS). The EIS is seeking to improve outcomes for vulnerable children and their families through the provision of a range of tailored local, accessible, inclusive, enabling and evidence-informed services to support families and children facing emotional, social, behavioural and psychological difficulties. This initiative is predicated on an integrated, multi-sectoral approach to supporting families at different points and to building relationships and partnerships with families and their local support networks.

The template for the EIS incorporates a commitment to multi-sectoral partnership working within a shared vision delivered through an outcomes-based performance management and assurance framework. In this context, the development and operationalising of Family Support Hubs which signpost families with specific needs to appropriate services is of central importance.

Ten Family Support Hubs have now been established and provide full coverage in the Belfast Area.

Evaluation of the impact of the Hubs to date has been positive, particularly in relation to the benefits of connectivity and partnership working across the various sectors and organisations. From a Trust perspective, the Trust Family Support Stakeholders Group (CAMHS, Health Visiting, Gateway staff) report that the Hubs have strengthened their relationships and engagement with local voluntary and community groups.

The BHSC residential care staff along with police from Musgrave Police station have continued to consolidate their collaborative approach to reducing Children Missing from Care incidents by 46% in the past twelve months.

The Trust's PACS Project delivers intensive family support packages to families with the aim of supporting parents and young people to manage difficulties and challenges in their relationships and to maintain the young person at home.

	PACS provides a rapid response and intensive supports to enable young people and families to manage the immediate crises and to develop coping skills to prevent further crises occurring.	
10.1.10	<p>How many of the Children in Need are Young Carers</p> <p>There were 63 young carer payments made during the reporting period.</p> <p>In relation to referrals to Action for Children Young Carers Service, 19 children and young people were referred during the reporting period and 83 children and young people were supported by the service.</p>	
10.1.11	<p>How many young people aged 16 and 17 years presented to the Trust as homeless / or were referred by NIHE to Trust as homeless during the period and their outcome</p> <p>This information will be sourced by HSCB. Trusts are not required to complete.</p>	Board Return
10.1.12	<p>(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end?</p> <p>(b) How many of these children have a disability?</p>	See Excel
	<p>The Trust's Sponsored Daycare Service (SDC) commissions day care as opposed to playgroup placements.</p> <p>SDC is a core Trust Family Support service targeted at Tier 2 and Tier 3 children and families with significant and complex needs. It affords bespoke supports to a cohort of children in respect of whom there are significant concerns.</p> <p>Following the identification of a suitable placement, an SDC placement review process addresses placement objectives, indicators and review arrangements in the context of overall case management objectives.</p> <p>A focus on engaging and working with parents are of core importance in securing placement and overall case management objectives and outcomes.</p> <p>Sponsored Day Care works closely with local social economy providers, as a large percentage of the day care facilities in the areas of highest need in the Trust have evolved from this background. These settings are often local hubs for the delivery of a broader range of family support services, including benefit advice, counselling projects, health promotion and other family support initiatives.</p> <p>The Trust's Contracts Department works closely with scheme co-ordinators to assure value for money and compliance with corporate governance requirements.</p>	

	Sponso red Day Care	2014	2015	2016	2017	2018	2019	
	As at: 31 March	520	421	448	295	440	407	
	As at: 30 Sept	346	460	454	543	517		
	<p>The activity level for the March 2019 return represents a lower figure than that in the previous return, September 2018. By way of explanation, the September figure has historically been higher than the March SDC return. This is due to increased levels of placement activity over the summer period, with requests for summer placements and summer-schemes to meet the needs of children and families.</p> <p>The figures reflect both placement allocations as well as placement closures. As a result, summer activity is usually higher as places close at the end of the summer.</p> <p>The overall figure also represents children who remain in placement from the previous return period as well as new placements and closures.</p>							
10.1.13	Trust usage of Family Centre Places for interventions							See Excel
10.1.14	This is intentionally blank							
10.1.15	Please provide the number of children (if any) subject to a Supervision / Interim Supervision Order at period end (moved from Child Protection section)							See Excel
10.1.16	During the period, please provide the number of children (if any) that became subject of a Supervision / Interim Supervision Order (moved from Child Protection section)							See Excel

10.2 Children (NI) Order 1995

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

CHILD PROTECTION

CHILD PROTECTION								
10.2.1	How many children are on the Child Protection Register as at 31st March?						334	
		0	1-4	5-11	12-15	16+	Grand Total	
	MALE	27	49	70	21	3	170	
	FEMALE	22	55	61	24	2	164	
	Grand Total	49	104	131	45	5	334	
	The Safeguarding Board for Northern Ireland (SBNI) revised and took forward arrangements for the operationalising of the Regional Child Protection Policy							

	<p>and Procedures in January 2018.</p> <p>The Procedures provide a conceptual definition of child abuse embracing four domains across four domains:</p> <ul style="list-style-type: none"> ➤ Physical abuse: the deliberate physical injuring of a child or the wilful failure to prevent physical injury or suffering. ➤ Emotional abuse: persistent emotional ill-treatment of a child such as to cause severe and enduring adverse effects on the child's emotional development. ➤ Sexual abuse: forcing or enticing a child to take part in sexual activities, which may or may not involve physical contacts. ➤ Neglect: persistent failure to meet a child's physical, emotional and/or psychological needs resulting in significant harm to the child. <p>In its role as a corporate parent, the Trust has a range of statutory duties to protect children from abuse under Part VI of the Children Order, including a duty to investigate concerns about the possible abuse of a child and the initiation of statutory proceedings to secure a child's welfare when necessary.</p> <p>The following are central to safe, qualitative and effective child protection services.</p> <ul style="list-style-type: none"> ➤ An organisational culture, which profiles child protection as a core priority across all service delivery sectors. ➤ A learning and improvement organisational focus which prioritises and supports workforce knowledge and skills development. ➤ Strong multi-disciplinary and multi-agency working. ➤ Effective communication within and across those services and systems delivering supports to children at risk and their families. ➤ A focus on the "voice" of the child and the paramouncy of their best interests in assessment and planning processes. ➤ A commitment to working in partnership with a child's parents. ➤ Robust uni and multi-disciplinary assessment, identification of risks, effective risk management and review processes. ➤ Listening to the voice of a child and recognising the paramouncy of their welfare in all interventions. ➤ A child-centred, outcomes-focused/evidence-informed practice approach. ➤ An ongoing engagement with the wider public, seeking to promote their understanding of child protection issues and secure their active engagement in keeping children safe. 	
10.2.2	How many of these children have a learning disability?	8
10.2.3	How many of these children have a physical disability?	2
	The Trust has previously indicated its view that further guidance in the operationalising of the current rights-based definition of disability is required to inform consistent collation of data returns	
10.2.4	Religion of children on the Child Protection Register	

Row Labels	MALE	0	1-4		5-11		12-15		16+		Grand Total
		FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
CHURCH OF ENGLAND		0	0	0	0	1	1	0	0	0	2
CHURCH OF IRELAND		3	0	1	0	1	1	0	0	0	6
METHODIST		1	0	0	0	0	0	0	0	0	1
MUSLIM		0	1	0	1	2	1	0	0	0	
NO RELIGION		0	2	0	1	1	0	0	0	0	
NOT COMPLETED		0	1	5	5	12	4	2	3	1	
OTHER		1	1	3	2	0	1	0	0	0	9
OTHER CHRISTIAN		1	0	3	6	12	10	5	3	0	41
PRESBYTERIAN		3	4	6	7	8	9	3	4	0	44
ROMAN CATHOLIC		4	4	18	17	18	18	7	5	1	92
UNKNOWN		9	6	11	15	14	16	4	8	1	84
(blank)		5	3	2	1	1	0	0	1	0	13
Grand Total		27	22	49	55	70	61	21	24	3	334

Count of PARIS ID
Value: 0
Row: METHODIST
Column: 16+ - FEMALE

10.2.5 Ethnic origin of children on the Child Protection Register
(Note new categories now used in quarterly child protection template)

Row Labels	MALE	0	1-4		5-11		12-15		16+		Grand Total
		FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
ANY OTHER ETHNIC GROUP		1	1	0	0	2	2	0	2	0	8
BLACK AFRICAN		0	0	0	2	3	1	0	1	0	7
BLACK OTHER		0	0	0	1	2	2	0	0	0	5
INDIAN		0	0	0	0	0	0	0	0	0	1
IRISH TRAVELLER		0	0	0	2	0	5	0	0	0	7
MIXED ETHNIC GROUP		0	0	2	3	1	1	1	0	0	8
NOT COMPLETED		0	0	0	0	0	1	1	0	0	2
NOT STATED		1	0	6	3	4	7	0	3	0	24
WHITE		15	16	39	43	57	42	19	18	3	253
(blank)		10	5	2	1	1	0	0	0	0	19
Grand Total		27	22	49	55	70	61	21	24	3	334

10.2.6 How many registrations have there been during the period? **126**

10.2.7 How many de-registrations have there been during the period? **124**

NB: The Service is currently engaged in the process of consolidating our PARIS Implementation. This has proved a hugely challenging task and has inevitably given rise to challenges / difficulties in synergising information flows.

This remains a key priority for the Directorate as we seek to move to a whole service, digital recording and data collection system.

10.2.8 What percentage of registrations are re-registrations? **13.49%**

10.2.9 How many re-registrations were there within 6 months?
NB include an explanation for each incidence. **1**

Young person, who had previously been on the Child Protection Register, subsequently admitted to care and de-registered, re-registered following their return home in September 2018. Young person re-admitted to care in October 2018 following a significant deterioration in home circumstances. Subsequently became the subject of an Interim Care Order and further re-registration in October 2018. De-registered in February 2019.

10.2.10	For children on the register, how long have they spent on the Register (as at 10.2.1)?																																																									
<table><tr><td></td><td>Under 1 Year</td><td>1 - 4</td><td>5 - 11</td><td>12 - 15</td><td>16+</td><td>TOTAL</td></tr><tr><td>Less than 3 Months</td><td>10</td><td>11</td><td>17</td><td>5</td><td>0</td><td>43</td></tr><tr><td>3 Months < 6 Months</td><td>16</td><td>17</td><td>28</td><td>10</td><td>2</td><td>73</td></tr><tr><td>6 Months < 1 Year</td><td>23</td><td>16</td><td>27</td><td>9</td><td>2</td><td>77</td></tr><tr><td>1 Year < 2 Years</td><td>0</td><td>47</td><td>43</td><td>15</td><td>1</td><td>106</td></tr><tr><td>2 Years < 3 Years</td><td>0</td><td>8</td><td>13</td><td>4</td><td>0</td><td>25</td></tr><tr><td>3 Years or More</td><td>0</td><td>5</td><td>3</td><td>2</td><td>0</td><td>10</td></tr><tr><td>TOTAL</td><td>49</td><td>104</td><td>131</td><td>45</td><td>5</td><td>334</td></tr></table>				Under 1 Year	1 - 4	5 - 11	12 - 15	16+	TOTAL	Less than 3 Months	10	11	17	5	0	43	3 Months < 6 Months	16	17	28	10	2	73	6 Months < 1 Year	23	16	27	9	2	77	1 Year < 2 Years	0	47	43	15	1	106	2 Years < 3 Years	0	8	13	4	0	25	3 Years or More	0	5	3	2	0	10	TOTAL	49	104	131	45	5	334
	Under 1 Year	1 - 4	5 - 11	12 - 15	16+	TOTAL																																																				
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3 Years or More	0	5	3	2	0	10																																																				
TOTAL	49	104	131	45	5	334																																																				
10.2.11	How much time is spent on Child Protection Gateway, Family Intervention Service, Looked After Children	Not Required																																																								
10.2.12	Commentary on Trends of Child Protection Register																																																									
	As at the end of the current reporting period, there has been a decrease of approximately 8% in the number of children on the Trust's Child Protection Register relative to the figure as at 30 September 2018. <table><tr><td>Children on CP Register</td><td>2014</td><td>2015</td><td>2016</td><td>2017</td><td>2018</td><td>2019</td></tr><tr><td>As at: March</td><td>362</td><td>382</td><td>382</td><td>351</td><td>317</td><td>334</td></tr><tr><td>As at: September</td><td>373</td><td>373</td><td>349</td><td>331</td><td>342</td><td></td></tr></table>		Children on CP Register	2014	2015	2016	2017	2018	2019	As at: March	362	382	382	351	317	334	As at: September	373	373	349	331	342																																				
Children on CP Register	2014	2015	2016	2017	2018	2019																																																				
As at: March	362	382	382	351	317	334																																																				
As at: September	373	373	349	331	342																																																					
10.2.13	Commentary on length of time children spend on register, particularly >1 year																																																									
	As part of assurance arrangements, the responsible Senior Manager samples and reviews reports on minutes of Case Conferences to ensure appropriate risk assessment, risk management and child protection planning – incorporating the appropriateness of on-going registration. This involves a focus on the risk assessment review and child protection planning for those children on the Register for more than 12 months.																																																									
10.2.14	Commentary on what measures are being taken to tackle overdue case Conferences and the length of time children spend on the register																																																									
	A range of factors contribute to overdue case conferences including difficulties in securing the attendance of key professional staff; difficulties associated with finding a suitable date to accommodate parents/young person/advocate/representative to attend; and unexpected issues resulting in the cancellation of a scheduled conference. (Please see 10.2.13 above re measures to monitor length of time on the CP Register).																																																									

10.3 Children (NI) Order 1995																							
Looked After Children																							
10.3.1	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)	824																					
	<p>Article 21 of the Children Order provides for the Trust's accommodation of any child in need who appears to require such a service and, in respect of whom, the provision of accommodation is consistent with her/his welfare as a result of: a voluntary agreement between a child's parent(s) and the Trust; a voluntary agreement between a child (if over 16) and the Trust; or as a result of the child being lost or abandoned without anyone to exercise parental responsibility in respect of her/him. The Trust does not assume parental responsibility for a child accommodated under Article 21 of the Children Order.</p> <p>Article 50 of the Children Order specifies that, on application by the Trust, the Court may make a Care Order/Interim Care Order to the Trust in respect of a child if it is satisfied that: the child concerned is suffering or likely to suffer significant harm; the harm or likelihood of harm is attributable to the care previously afforded to the child or likely to be given to her/him if the Order was not made; and not that which it would be reasonable to expect a parent to give to her/him.</p> <p>(A Care Order/Interim Care Order may not be made in respect of a young person who has reached the age of 17 years, 16 with regard to a young person who is married).</p> <p>On the granting of a Care Order/Interim Care Order, the Trust assumes shared parental responsibility for the individual child.</p> <p>In exercising its role as a corporate parent to a child who is looked after, the Trust is required to provide that child with the supports which any good parent would give to their child.</p> <p>Looked After Population March 2014 – March 2019</p> <table><tr><th>Looked After Children</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>As at: 31 March</td><td>721</td><td>742</td><td>739</td><td>743</td><td>766</td><td>824</td></tr><tr><td>As at: 30 Sept</td><td>714</td><td>740</td><td>763</td><td>757</td><td>795</td><td></td></tr></table>	Looked After Children	2014	2015	2016	2017	2018	2019	As at: 31 March	721	742	739	743	766	824	As at: 30 Sept	714	740	763	757	795		
Looked After Children	2014	2015	2016	2017	2018	2019																	
As at: 31 March	721	742	739	743	766	824																	
As at: 30 Sept	714	740	763	757	795																		
10.3.2	Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)	See Excel																					
10.3.3	Number of Looked After Children (as at 10.3.1) by type of placement at 31st March	See Excel																					

	<p>The following is a synopsis of the placement profile of the Trust's looked after children population:</p> <p>As at the end of the reporting period, the majority of the Trust's looked after population were in fostering placements (both stranger and kinship arrangements) 637 / 77%.</p> <p>Of the total fostering figure, 356 / 56% were placed with stranger (non-relative) foster carers including independent carers. The remaining 281 / 44% were with kinship carers.</p> <p>A total of 58 young people, 7% of the looked after population were placed in residential care placements.</p> <p>A total of 116 children and young people (14%) were placed at home with parents.</p> <p>The remaining 2% were in a range of other placement settings.</p> <p>Please note the Trust did not include in its Looked After population those children placed for Adoption with adoptive parents.</p>	
10.3.4	Age bands and length of time looked after for all Looked After Children at period end	See Excel
10.3.5	Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement	See Excel
10.3.6	Number of children accommodated for 3 months or more in a hospital	11
10.3.7	Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital	See Excel
10.3.8	<p>(a) What facilities – statutory, voluntary and private are available to care for these Looked After Children i.e. how many places in residential homes, foster care placements</p> <p>(b) Provide your number of foster carers (should agree with 10.5.1) Provide the number of approved places offered (should agree with 10.5.2)</p>	<p>See Excel</p> <p>531 557</p>
10.3.9	<p>How many Looked After Children have had placement moves throughout the period?</p> <p>Trust must provide separate narrative / detailed explanation of every child who has 'moved more than 4 times or more' during the period. = 4 Children</p> <p>Child 1: Young Person with significant emotional difficulties and challenging</p>	See Excel

	<p>behaviours. Currently subject of an Interim Care Order. During the reporting period, has had a total of 12 moves across a series of short term placements, including 1 return home. Currently placed in residential care since mid-March.</p> <p>Child 2: Young Person currently subject of an ICO, has had a total of 5 placement moves during reporting period. Significant difficulties in securing appropriate placement option in light of young person being subject to a police investigation and challenges associated with a requirement that he will not be placed in a setting with children under 16 years of age. No alternative kinship options available.</p> <p>Child 3: Young Person subject of a Care Order has had a series of 7 placement moves during the reporting period. Young person present significant challenging behaviours and emotional difficulties. A potential long-term placement was identified. Young person remained in this placement for approximately 2.5 months. Placement ended following a series of absconding episodes and allegations against carer. Majority of short-term placement followed on from the breakdown of this arrangement and difficulties in securing longer term fostering placement option.</p> <p>Child 4: A baby with ongoing medical issues. Currently subject to ICO. Has had a series of 4 placement moves during the reporting period related to difficulties in securing a foster placement able to meet the specific and significant challenges associated with this child's complex needs.</p>	
10.3.10	<p>(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March</p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time</p> <p>(c) Please provide narrative to contextualize data and provide additional relevant data</p> <p>It is important to note that all new cases are seen within 6 weeks of receipt of referral. This initial meeting is regarded as an intervention in that we aim to support the system to think about the child/ren and their emotional needs. If it is deemed at that point that the child/ren require direct therapy then they will be placed on an internal therapy waiting list. At the moment the waiting list is approx. 58 weeks.</p> <p>Three main reasons for this waiting time</p> <ol style="list-style-type: none"> 1. We have a vacancy for a psychologist 	<p>6</p> <p>See Excel</p>

	<p>2. Our discharge rate is very low – cases are usually open for a number of years, so all staff have full caseloads</p> <p>3. We have yet to discharge a significant number of 18 + year olds due to a lack of appropriate services available to those leaving care</p> <p>Despite the child/ren waiting to be seen, the system around the child, e.g., the social worker, school, foster carer will be supported by regular reviews and training if required.</p>	
10.3.11	How many Looked After Children are also on Child Protection Register at 31st March	See Excel – 38
10.3.12	How many Looked After Children are Disabled by major category at period end?	See Excel - 187
10.3.13	How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?	See Excel – 160
10.3.14	<p>(a) Has each Looked After Child an allocated and named social worker at period end?</p> <p>(b) Please state the number of Looked After Children who were without an allocated and named social worker during the period and give explanations.</p> <p>Due to ongoing staff vacancies, a LAC team leader on long term sick leave and then retiring and two staff on long term sick leave in one of the LAC teams a number of measures were put in place:</p> <ul style="list-style-type: none"> ➤ Prioritisation of cases proceeding through Court or recently through Court. ➤ Monthly workforce meetings have been held throughout the year to review vacancies increasing to weekly meetings for LAC managers during March 2019. ➤ Two recruitment campaigns for new staff were held in August and March. Staff appointed to vacancies after the August campaign unfortunately did not take up post as expected. ➤ Overtime payments to staff willing to undertake additional cases. <p>Of the remaining 39 without an allocated social worker these were allocated to the PSW and the following supports put in place on a temporary basis:</p> <ul style="list-style-type: none"> ➤ Kinship fostering support staff assisting with statutory visits to young people in kinship placements. ➤ Residential staff assisting with statutory visits to LAC within the residential homes. 	<p>No</p> <p>39</p>

	➤ Remaining statutory visits were prioritized through the duty system.	
10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period?</p> <p>(b) Please state the number of Looked After Children who did not receive a statutory visit at least once a month during the period by their allocated and named social worker and give explanations.</p> <p>Children with Disabilities – 2</p> <p>Child 1-Social Worker had to cancel visit due to an emergency with another service user. Due to the child's scheduled activities with his direct payment carers, it was not possible for the Social Worker to see him for a further week.</p> <p>Child 2- could not be seen in his hospital setting due to concerns regarding his mental health. Social Worker visited the hospital, spoke to staff, and consulted with his mother. However, in October, December and January nursing and medical staff advised SW that direct contact with the young person was not appropriate due to his significant mental health issues. The young person in question has a serious mental health condition.</p> <p>Family Support Service – 8</p> <p>Child 1 – SW off sick. Visit not undertaken due to workforce issues. Child 2 – misunderstanding between LAC and FS SWs during transfer process resulted in visit not being completed. Child 3 – SW off sick. When covering SW tried to complete and carer was not available to facilitate visit. Child 4- SW off sick. Visit not undertaken due to workforce issues. Child 5 – SW off sick. Visit not undertaken due to workforce issues. Child 6 – visit arranged at short notice due to SW leave- Family unable to facilitate this visit within timescale Child 7 – visit delayed due to allocated social worker going on maternity leave and child being away on holiday at end of December 2018. Visit was outside of timescale while case was being transferred to a new social worker. Child 8 – visit not undertaken due to allocated social worker going on sick leave</p> <p>Looked After Children Service – 57</p> <p>LAC 1 – 5: 4 LAC due to crisis on caseload and 1 LAC where SW completed multiple visits to placement address and was unable to meet with young person.</p>	No

	<p>LAC 3 – 22 as named SW had left post and no cover able to be provided to cover all visits.</p> <p>LAC 6 – 30 did not receive a statutory visit from their Named SW as 2 SWs in the team went off unexpectedly within a two-day period and remain off sick. However, these visits were covered by other SWs on the Team.</p> <p>The following measures have been put in place by the Directorate to address the workforce issues:</p> <p>Pro-active recruiting campaign:</p> <p>A pro-active recruitment campaign supported by Trust's HR Service has been ongoing since July 2018. Focussing on:</p> <ul style="list-style-type: none"> ➤ engagement with universities/Belfast Met to promote career opportunities in the Trust building on positive experiences of Trust's student placement cohorts. ➤ Participation in Job Fairs. ➤ Focus on workforce data to identify emerging issues and particular situational challenges to facilitate development of contingency and longer-term planning <p>Emphasis on retention:</p> <ul style="list-style-type: none"> ➤ Workforce engagement events to recognise and celebrate achievements of workforce. ➤ Strong focus on staff wellbeing, participation and engagement through structured listening and engagement events. ➤ Ongoing investment in career development and accreditation opportunities. ➤ Introduction of support for new Team Leaders through additional monthly workshops. ➤ Introduction of Therapeutic Family Support Service. <p>Pro-active engagement with staff side across spectrum of workforce themes to maximise opportunities for a partnership approach in challenging service delivery context.</p> <p>Monthly workforce meetings have taken place since April 2018 chaired by the Co-Director for Family and Child Care.</p> <p>Escalation of workforce recruitment and retention issues to Corporate Risk Register. Staffing levels have been placed on the Corporate Risk register.</p>	
10.3.16	Was the case of each Looked After Child reviewed in line with Statutory requirements?	No
10.3.17	No. of Looked After Children Reviews held during the period	825

10.3.18	<p>No. of these Looked After Children Reviews which during the period were outside of statutory timescales and why</p> <p>A total of 118 children's Looked After Children Reviews did not take place within the prescribed timescales.</p> <p>The reasons included the following:</p> <ul style="list-style-type: none"> ➤ Social worker not available due to sick leave ➤ Staffing vacancies at social work and team leader level ➤ High turnover of social workers in some teams ➤ Reviews having to be rescheduled due to urgent service delivery priorities ➤ Delays in case transfers ➤ One Young person just had a baby. Rescheduled to allow young person to recover. ➤ Foster carer/social worker on holiday ➤ Unavailability of an interpreter ➤ Awaiting expert reports <p>(Please see commentary at 10.3.15)</p>	118
10.3.19	<p>For children accommodated by the Trust under Article 21 of the Children Order, what arrangements has the Trust in place to ensure that it has the appropriate degree of parental responsibility to care for these children?</p> <p>The needs of children accommodated by the Trust under Article 21 are assessed prior to admission to care and are reviewed on an on-going basis within the Looked After Children's Review Framework.</p> <p>The Framework affords a structure for the review of all aspects of a child's welfare and planning for their future care. The Trust gives full consideration in consultation with the child, her/his parents and the multi-disciplinary network as to whether an accommodated arrangement effectively promotes a child's best interests.</p>	
10.3.20	<p>Is there an adequate supply of placements for children to enable placement choice?</p> <p>There are ongoing substantial pressures in sustaining and refreshing placement options for children in light of the rise in number of young people currently Looked After. This reflects the position both regionally and nationally. The Trust seeks to optimise its current placement capacity to secure the best interests and welfare of the individual Looked After Child.</p> <ul style="list-style-type: none"> ➤ The ages, specific needs (sibling, disability needs) and duration (fulltime, long term, respite) of potential placements are regularly reviewed and incorporated into subsequent 	

	<p>recruitment plans in order that the needs of children referred are appropriately met.</p> <ul style="list-style-type: none"> ➤ The Fostering Service has a dedicated kinship team to enable children to remain within extended family if assessed to be in a child's best interests. ➤ A specialist Adolescent Fostering Scheme that provides placements for young people aged 12-18 years. ➤ All registered foster carers are approved for various age ranges, including sibling groups, and for both short term and long term duration dependent on children's assessed needs and also on the ability of the carers to offer various types of foster care ➤ The fostering service in partnership with children's disability service has developed a disability project which assesses applicants who can meet the very specific needs of children with disabilities. The project now provides placements for four children with complex needs on the edge of care. ➤ At the point of referral, attempts are made to match children to carers taking into account carers skills and capacity, child's views, geographical considerations, birth family contact, cultural and identity needs and education. ➤ In the event of an emergency placement being required, placement choice can be limited and dependent on carer availability at that given time. However no such placements would be made without the agreement of the child's social worker and will be reviewed immediately in terms of attempting to identify a more suitable alternative placement, if required. ➤ As above, in relation to emergency referrals, fostering do try and identify "emergency carers" who are available to provide these type of placements for a minimum of 6 weeks to allow more appropriate matching of placements to occur for any child placed in an emergency however this is dependent on the volume of emergency referrals received into fostering as the amount of emergency carers available is limited ➤ The PACS service also allows "time out" for young people aged 12-18 years living in the community who are experiencing "crisis" with a PACs foster carer and the frequency and timescale for time out is again based on the needs of the young person and their families 	
10.3.21	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period? (Narrative)</p> <p>There have been four exemptions during this reporting period. 15.04.18-10.9.18, this was to facilitate a short term bridging placement to a 14 year old who required a foster placement on an emergency basis</p> <p>17.09.18-4.1.19 this was to accommodate an emergency</p>	

	<p>placement of a 15 year old male and was time limited</p> <p>1.2.19- current : This exemption remains on-going and allowed a young sibling group of two females to be placed together in the same foster placement. Potential kinship options are being explored for this sibling group and it is anticipated therefore this placement will only be required for a time limited period.</p> <p>All of the above exemptions have been presented and endorsed at the Belfast Trust fostering Panel.</p>	
10.3.22	<p>What is the formal scheme of delegation that specifies who can agree such an exemption?</p> <p>This is done via the completion of a report under Regulation 11 of the Foster Placement (Children) Regulations (NI) 1996.</p> <p>The Supervising Social Worker will complete a report outlining this request. This will incorporate the carers views and views of any field social worker using the placement. This will be quality assured by the SSW and PSW. Arrangements will be made for this to be heard at the next available fostering panel.</p> <p>If the foster carers live outside the Trust area, then consultation will occur with the Principal Social Worker in The Trust area where the foster carers reside. If agreed the Exemption report will be sent to the identified Trust for consideration at their next available fostering panel.</p> <p>Panels will usually set time limits for Exemptions to be reviewed.</p>	
10.3.23	<p>How many children are deemed to be in an inappropriate placement given their assessed needs? (Narrative)</p> <ul style="list-style-type: none"> ➤ There remains a consistent and regular review of those children whose care plans indicate that they should be identified for long term foster placements but are currently in short term placements. These children are highlighted and prioritised via the Long-Term Referral List which is reviewed on a weekly basis via placement review meetings that includes the PSWs and SSWs within the Fostering Service. This is also reviewed daily by duty officers with a view to matching any potential placement availability to the wide-ranging, individual needs of the children requiring long term placements. Children who require long term placements can also be profiled at the annual Til I grow up event to identify and match children with long term approved foster carers. ➤ These review processes promote the securing of 	

	<p>permanence arrangements. Five of the children on the Long Term Referral List are currently deemed to be in inappropriate placements, given their assessment needs. This includes a sibling group who are currently in three different short term placements and also another sibling group of two who are also in a short term placement together but require a long term joint sibling placement. All five of these children will be profiled at the Til I Grow up event in May 2019.</p> <ul style="list-style-type: none"> ➤ There continues to be an increasing growth in the past six months of children and young people entering the care system displaying more challenging and risk taking / sexual harmful behaviours, in particular, are those children who are entering the care system at a later age and have experienced significant adverse childhood experiences. Although placements are secured for these particular group of young people, it is resulting in multiple moves for the child/young person as foster carers are unable to manage these specific needs, particularly those of high level risk/aggression. Consequently, given the risks of multiple moves for these children, they require access to therapeutic / specialist placement arrangements. ➤ In regard to the above there have been eight looked after children in who have experienced multiple foster moves across their Looked After histories. One child (9 years old) was in a kinship placement with siblings, which broke down due to difficulties associated with the management of numerous allegations made by the child along with the child demonstrating highly aggressive behaviours. Subsequently, the child was placed with a non-kinship foster carer, however due to personal circumstances, the carer could not maintain this placement and he had to move to a private fostering agency placement. This private fostering agency placement also subsequently broke down due to an increasing number of allegations made by the child against his foster carers and levels of aggression had spiked for this child during a specific significant incident which resulted in the child having to leave the foster placement and be placed in residential care on a temporary basis. The child was then placed in a mainstream residential children's home, with a statement of purpose amended for his age group where the child remains. The child is making significant progress in all areas of the child's development with no allegations made to date. The child's care plan remains long term fostering. The Fostering Team have engaged in various recruitment options to specifically find a suitable foster family for the child. This child is also being profiled at the annual Til I Grow up event in May along with a specific recruitment 	
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	<p>campaign across the Organisation.</p> <ul style="list-style-type: none">➤ One (8 years old) admitted into foster care on an emergency basis following making an allegation of physical abuse to a visiting adult who was in the family home. The child was placed within a private fostering agency placement, however this broke down very quickly due to significant behavior management issues including dysregulated behaviours which were volatile, unpredictable and highly aggressive. The child was moved to an alternative private fostering agency placement which also broke down after the first night. Another private fostering agency placement had to be identified for the child and this also broke down within a day. The child was subsequently then moved to a specialist, bespoke children's residential home. This was to prevent further trauma in multiple moves within fostering and it was assessed that this child was not able to engage or invest in a foster placement at this time. The child is making good progress within the home, however further therapeutic work is required for the child regarding the child's excessive control and behavior management issue so that the child can learn to appropriately relate and attach to adults and peers, and the child's emotional presentation would suggest that the child requires intensive strategies to assist the child to the point the child may be able to engage and invest in a foster placement.➤ A child (aged 11) was admitted to foster care on an emergency basis and had previously been in the care of the child's uncle via residence Order. This child had made allegations of a physical nature against the uncle and remained in foster care for a short period of time. This child's mother at this stage, had re-engaged and the child subsequently returned to the care of the mother. This lasted very briefly with the child making allegations of a physical nature against the mother, and was re-admitted into foster care again on an emergency basis just before Christmas. It was following this second emergency admission to care that patterns began to emerge of the child exhibiting behaviours that foster carers were finding difficulty in managing. Behaviours included making allegations against her foster carers, stealing, assaulting a carer and being verbally abusive to carers. The child was also displaying destructive behaviours with carers own belongings and was beginning to self-harm. All of these behaviours were indicative of feelings of rejection. The child consistently absconded from placements and returned to family who in turn indicated they could not care for the child and the mother advised she was no longer in a position to consider caring for the child again as she had two younger children	
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	<p>of her own and felt that the child was beyond parental control and she had to prioritise the care of her other two children. This child experienced a significant number of placement moves in a short period of time and was admitted into residential care in March 2019 with statement of purpose amended to accommodate this until the child reached 12 years old in April 2019.</p> <ul style="list-style-type: none"> ➤ Another child (13 years old) was admitted into foster care, again on an emergency basis following an allegation of a sexual nature by the child's sibling whilst both were at home in the care of their father. Given the nature of the allegation and the on-going investigation, this child was placed with a respite carer who had no other Looked after Children or children of their own. This child remained there until an AIM assessment could be completed to inform matching requirements for the child. This child then moved to another placement with no other children however the foster carers could only provide a bridging placement. A longer term placement is still trying to be identified for this child to allow police investigation to conclude and to allow the Trust to review any potential risks in either a return home to his father or a care plan of fostering ➤ A placement group of 3 siblings (oversees nationals aged 7, 8 and 10) were referred for foster placements from Gateway and were placed together initially in a foster placement within a private agency. This placement only lasted a few hours with the foster carers feeling unable to manage the three children together. English is not the first language of the children and, whilst this was not a barrier to the children being placed with the support of interpreting services, the carers described the children as unmanageable. Due to the emergency need to identify alternative foster placements internally, the children were separated and placed with different carers and also with one support worker who was working closely with the family on an assessed kinship arrangement but they could not maintain placements other than on a short term basis. The two younger children moved to foster carers in another private agency and have settled very well. The oldest sibling experienced more multiple moves due to a series of placement breakdowns, and had to move to different bridging placements until a suitable match was identified for him and he has settled very well in his current full time placement ➤ Another child (aged 12) has experienced multiple foster placement moves due to a breakdown in the child's long term placement within a private agency. The child moved to an internal foster placement but subsequently made 	
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	<p>allegations against the male carer and absconded on numerous occasions to the mother's home. The child found it very difficult to settle in any further placements identified given his strong desire to be in the child's mother's care. The child is currently in a respite placement which is not suitable as a longer term placement and Fostering Services continue to identify a more suitable and longer term placement.</p>	
10.3.24	Please provide the number of restraints carried out by staff on young people within each Home during the period	See Excel
10.3.25	<p>Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review ?</p> <p>Yes</p>	
10.3.26	<p>Permanency Planning for Looked After Children at period end</p> <p>Permanence provides children with a foundation from which to develop their identity, values and relationships, not only throughout childhood but on into their adult lives. It is generally better for most children/young people to find continuity and stability within their birth families. There are, however, circumstances where it is in a child/young person's best interests to remain looked after either in the longer term or permanently. In such circumstances the child's views (dependent on age) will be central to determining and securing the most appropriate option, including adoption, to achieve permanency. Trust practice in this significant and complex area of work is informed by the Regional Policy on Permanence.</p>	See Excel
10.3.27	<p>Can foster carers get access to support 24 hours a day throughout the period?</p> <ul style="list-style-type: none"> ➤ Approved kinship and non-kinship foster carers have a dedicated named supervisory social worker from the Fostering Service and named field social worker staff. ➤ Foster carers can get access to social work staff during office hours 9am-5pm. ➤ The Regional Emergency Social Work Service is available to carers after the above hours. All kinship and non-kinship carers are issued with the contact details and are aware of this service. 	
10.3.28	<p>What action is being taken to monitor and reduce the number of placement moves experienced by Looked After Children?</p> <ul style="list-style-type: none"> ➤ Weekly placement review meetings within fostering to ensure appropriate placements are made to meet the individual needs of the Looked after Child, matched with the skill base of foster carers to avoid minimum disruption/placement moves when Looked After children are being matched for placements. These review meetings also take cognizance of Looked after Children 	

	<p>placed within private agencies and this is reviewed to ensure there is no “drift” in care planning of children placed out with the Trust.</p> <ul style="list-style-type: none"> ➤ Quarterly review meetings are also held with private agencies to ensure the needs of children placed with these agencies continue to be met and identify any potential difficulties/disruptions in a timely fashion with these agencies to ensure contingency planning is implemented to avoid any unnecessary additional placement moves. ➤ Regular review of recruitment campaigns to ensure that carers recruited meet the needs of children referred i.e. requirement for full time carers, sibling groups, children with learning or disability needs .and carers who can provide permanent care. ➤ Ensuring effective use of current and projected resources, ensuring information on carers is accurate, regularly updated. ➤ Identification of early signs of potential disruption and timely access to therapeutic and support services. ➤ Ensuring foster carers are fostering within their agreed registration to avoid overload and potential disruption. ➤ Timely referral of children to permanence panel. This enables regular monitoring of care plans, exploration of potential permanence options for children, thus reducing multiple moves. ➤ Timely referral of children and young people to resource panel and earlier exploration of options for young people at the edge of care, greater use of family group conferencing, and use of appropriate supports/early interventions in the community. ➤ Increased numbers of dual approved/concurrent carers. This can ensure identified young children can achieve permanency at an earlier stage and avoid drift in care. This process also increases the number of foster carers increasing placement choice, potential matching and thus reducing placement moves. ➤ Quarterly review meetings with Adoption to ensure children requiring adoptive placements that are currently within short term foster placements are identified and approximate timescales given to ensure projected availability planning for fostering and placements required. ➤ Evaluation of Til I Grow Up project – the next Til I Grow is scheduled for May 2019. ➤ Regular monitoring & review of Looked after Children referred for long term placements, ensuring timely delivery of permanence plans. ➤ Identification of an ECR fostering link person to ensure those children/young people who are placed within a specialist unit continue to be monitored and reviewed by fostering to ensure at point of discharge, robust planning and matching has been considered for mainstream fostering as a placement option ➤ Appropriate gatekeeping of referrals made to Fostering and ensuring PACS service is involved if appropriate, with families and young people in the community. 	
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10.3.29	<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>	See Excel
10.3.30	<p>What is being done in partnership with other agencies to reduce the volume of Looked After Children involved in offending behavior?</p> <p>The Trust has consolidated practice informing the operationalising of the Regional Guidance in relation to Police Involvement in Residential Units and the Missing Children Protocol. Local Operational Liaison Groups provide important opportunities to develop inter agency relationships and to co-ordinate intervention approaches at organisational and individual levels. The residential care staff along with the police from Musgrave Street Police Station have continued to consolidate their collaborative approach to reducing Children missing from care.</p> <p>The Trust has developed Service Area procedures to inform the reporting of Untoward Events incorporating a particular focus on learning and related actions to reduce the incidence of young people who are looked after being detained or committed to a Juvenile Justice facility.</p>	
10.3.31	<p>What action is being taken to address the health needs of Looked After Children?</p> <p>With regard to Looked After Children's health needs, children in all placement settings are registered with a General Practitioner and have access to the range of primary care provision as required.</p> <p>A child's physical, emotional and mental health needs are addressed within the LAC Review process. Initial assessments and ongoing review and planning arrangements incorporate a comprehensive focus on physical, emotional and mental health wellbeing</p> <p>A dedicated health professional (LAC Nurse) provides a service to the Trust's children's homes as part of the overall wrap-around supports for Looked After Children.</p> <p>The LAC Nurse's remit includes health assessment of new admissions, preventative health promotion and training and consultation for staff on the management of specific health issues.</p> <p>The HYPE Project works closely with the young people who are in residential care with regard to safe relationships and sexual health.</p>	
10.3.32	<p>What progress are children making at school and what are their examination results – School Year Ended 30th June 2018 (this will be collected in September Data Return only) (HSCB will source this directly from DoH)</p>	LAC 31.03.19

10.3.33	Looked After Children, School Attendance – School Year Ended 30 th June 2018 (HSCB will source this directly from DoH)	LAC 31.03.19
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> <ul style="list-style-type: none"> ➤ On a monthly basis, Co-Director for Corporate Parenting has monthly meetings with PSNI Superintendent responsible for missing persons across the region. Over the last 12 months, there has been a further significant decrease in the number of episodes of children in the number of such episodes, decreasing by 46 %. ➤ There are monthly operational liaison groups, which are chaired by social services and involve PSNI and senior social workers, which collate intelligence of those young people who habitually go missing and may have other associated risk taking behaviours such as CSE and poly-substance misuse. ➤ On a monthly basis, the Head of Service for Residential along with the CSE Lead meet with the PSNI Superintendent responsible for children who go missing to review those young people who are at risk and formulate joint strategies to ameliorate the reduction of missing episodes. Those young people whom habitually present as at high risk when missing will be brought before the Trust's Secure Accommodation Panel and admission to Lakewood may be recommended. ➤ On a three-monthly basis senior management from social services, all Residential Team Leaders and PSNI meet to review those young people who habitually go missing from care in order to optimise all preventative and safeguarding strategies that can be implemented. ➤ The Belfast Trust's residential service, in collaboration with the PSNI and IFA, have developed the 'Dare to Win' initiative, which is a twelve week programme, that aims to redirect young people from risk taking behaviours, teach young people sport and coaching skills, and in the long term provide 	<p>Board Return</p> <p>See Excel</p>

	<p>work opportunities to young people.</p> <p>➤ The Belfast Trust are involved in a regional initiative in relation to developing multi-agency strategies, to address the problem of LAC young people who go Missing from Care. There has been Service User Engagement sessions to ascertain LAC young people's views on Missing from Care and actions taken by the services involved.</p>	
10.3.35	Number of children accommodated by ELB for 3 months or more by category	0
10.3.36	<p>(a) Number of sibling groups accommodated:</p> <ul style="list-style-type: none"> • Together = 103 • Not accommodated together = 113 <p>Reasons for separation:</p> <p>The following are recurring issues in relation to kinship placement availability/sustainability:</p> <ul style="list-style-type: none"> ➤ The availability of kinship placements. ➤ The complexity of individual children's needs. ➤ The individualised nature of care plans, particularly in those circumstances in which a sibling group may have a number of different fathers. Often there are half siblings who are not directly related to one of the kinship carers, and there are situations where allegations have been made between siblings and therefore deemed not appropriate to place together. ➤ The particular challenges associated with large family groups. ➤ The assessed capacities of individual kinship carers to manage the demands of the role. ➤ Availability of appropriate accommodation <p>(b) How many sibling groups became Looked After during the period? If placed apart provide an explanation for each occurrence.</p> <p>Team Return - There were 19 sibling groups who became looked after during the period due to the various reasons as outlined in 10.3.36 (a)</p>	
10.3.37	Number of young people admitted to Secure Accommodation and the reasons for admission during the period (data now sourced directly from Lakewood)	LAC 31.03.19
10.3.38	Please provide report into the operation of the Trusts Restriction of Liberty Panel (to be completed for March only return)	
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</p>	See Excel

	<p>the period been subject to a full Adoption Order</p> <p>(c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date</p> <p>(d) Number of Children and Young People who became Looked After during the period had a CLA1 form completed and forwarded to School?</p> <p>(e) Can you assure the Commissioner that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (eg a fostering breakdown where the RESWS moves the child to a children's home)</p> <p>The Trust has endeavoured to ensure that no child who has moved placement during the reporting period has been mis-recorded as a new admission to care.</p>	
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>	See Excel
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	See Excel
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>	See Excel
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>(c) How many Residence Orders are in place at period end?</p>	See Excel
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	See Excel

Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4

10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002

Article 34E, Article 34F

The Trust has a range of statutory responsibilities under the Children (Leaving Care) Act (NI) 2002 in relation to the following groups of young people:

- *An **eligible** young person is one, aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who is still looked after.*
- *A **relevant** young person is one aged 16 and 17 who was eligible and who has left care.*
- *A former **relevant** young person is one aged 18-21 who has been either eligible or relevant or both.*
- *A **qualifying young person** is one aged under 21 who ceases to be looked after or accommodated in a variety of settings or privately fostered after the age of 16 and includes those who do not fall into any of the three above categories and who is aged under 21 (under 24 if in education or training).*

*A **Pathway Plan** is a document drawn up by Trust staff and an individual young person which sets out the manner in which the Trust proposes to meet the needs of the young person. The Plan must address a range of areas detailed in the Schedule to the Leaving Care legislation. These include areas such as personal support, accommodation, education and training, employment, financial support and family and social relationships.*

*A **Personal Adviser** fulfils a bespoke role as specified in the legislation and accompanying Guidance. The Personal Adviser is an advocate on behalf of the young person and acts as a mentor to her/him, offering support and advice in the manner of a “good parent”.*

The Trust is required to:

- *Assess and meet the care and support needs of all eligible, relevant and former relevant young people.*
- *Keep in touch with all its care leavers who qualify under the legislation.*
- *Develop a Pathway Plan in consultation with the young person.*
- *Ensure that all eligible, relevant and former relevant young people have a Personal Adviser.*
- *Maintain and accommodate all relevant young people.*
- *Assist a care leaver in full-time, further or higher education with vacation accommodation where required.*
- *Assist a former relevant young person with costs associated with employment as her/his welfare requires.*
- *Assist with the costs of education and training up to the end of an agreed programme.*
- *Assist a former relevant young person to the extent that her/his welfare requires either in kind or, exceptionally, in cash.*

10.4.1	Number of young people subject to Leaving Care Act by category, age and gender.	See Excel - Number
10.4.2	Of those eligible young people reported at 10.4.1 give the Children Order Legal Status at period end.	See Excel

	Age reference table will automatically update as spreadsheets completed.	
10.4.3	This is intentionally blank.	
10.4.4	This is intentionally blank.	
10.4.5	This is intentionally blank.	
10.4.6	Of the young people reported at 10.4.1 <ul style="list-style-type: none"> (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? 	See Excel
10.4.7	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?	See Excel
10.4.8	<p>Narrative on failure to comply as detailed in 10.4.5, 10.4.6, 10.4.7 at period end.</p> <p>With regard to 10.4.6(a) 79 young people do not have a Personal Advisor. This figure is partly due to one vacancy during the reporting period, which has now been filled, plus a long-term PA staff absence. Within the core funded staff level however, even with all in post, there will still be a deficit to be able to meet full statutory responsibilities, as the Trust would require an additional 1.5 PAs to be fully compliant based on current numbers.</p> <p>With regard to 10.4.6(c), 8 young people do not have an up to date Pathway Plan; and in 10.4.7, 7 young people do not have a completed Needs Assessment. This failure to comply is within one LAC team which has been severely affected during the reporting period by a number of social work staff leaving the team including the Senior Practitioner and the retirement of the Senior Social Worker. The SSW post has now been filled, the SP has just been confirmed and recruitment is underway for the vacant social work posts. The completion of the Needs Assessments and the updating of the Pathway Plans will be a priority to ensure compliance.</p>	
10.4.9	Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for <ul style="list-style-type: none"> (a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people 	See Excel
10.4.10	Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end?' 10.4.10 <ul style="list-style-type: none"> (a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people. 	See Excel

10.4.11	Of the young people reported at 10.4.1 how many were convicted during this reporting period?	See Excel
10.4.12	Of the young people reported at 10.4.1 how many have a disability by major disability – physical, sensory, learning, chronic illness, Autism (see definition) and other, type and gender at period end?	See Excel
10.4.13	Of the young people reported at 10.4.1 what is their parental status at period end?	See Excel
10.4.14	‘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?’	See Excel
10.4.15	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.	See Excel

10.5 FOSTERING		
10.5.1	<p>(a) How many foster carers are registered with the Trust at period end?</p> <p>How many of the carers above also provide a GEM placement?</p> <p>Of the carers above how many are:</p> <p>Prospective adopters dually approved as foster carers?</p> <p>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>8 in Kinship: 4 cases where child became subject to Residence Order, 4 where the young person reached 18 years of age and/or was rehabilitated home with parents.</p> <p>No de-registrations in Support and Development or Recruitment and Assessment Team</p> <p>4 cases in Adolescent Fostering Partnership Team: Older carers wishing to retire</p> <ul style="list-style-type: none"> - One carer who recently had a baby and no longer wishes to foster as a result - Change of lifestyle and personal decision - De-registered but wished to maintain GEM placement <p>(d) Please advise of the recruitment process activity during the period;</p> <p>(e) Please give the number of regional enquirers received by the Trust 13</p>	<p>453</p> <p>43</p> <p>44</p> <p>8</p> <p>61</p> <p>12</p> <p>68 kinship</p>
10.5.2	For the foster carers return at 10.5.1 how many places 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.	See Excel

10.5.3	<p>How many foster carers have annual reviews outstanding?</p> <p>9 in Support and Development team 8 in Adolescent Fostering team 8 in Recruitment and Assessment team 20 in kinship team</p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p>	<p>See Excel – 73</p>
10.5.4	<p>Please provide details of the reasons for outstanding reviews <i>(Narrative)</i></p> <p>The 8 annual reviews outstanding in the Recruitment and Assessment Team is due to long term staff sickness. These outstanding reviews will be completed in May/June 2019.</p> <p>The 9 annual reviews over due in the Support and Development Team is due to allegations being made against the foster carers, staff sick leave and transfer of cases</p> <p>The 20 outstanding annual reviews in the Kinship Team are due to social workers being on long term sick leave, two full time vacancies within the team, maternity leave and also foster carers own health issues.</p> <p>The 8 outstanding reviews within the Adolescent Team are due to staff case transfers and foster carers own health issues.</p> <p>Total number of outstanding annual reviews within the Service is 45.</p>	
10.5.5	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places <i>(Narrative)</i></p> <p>The Trust has a marketing and recruitment strategy which seeks to maximise opportunities to profile fostering via targeted advertising across regional and local media, dissemination of good news stories about fostering, regular initiatives to profile particular aspects of fostering and an emphasis on the specific needs of individual or groups of children. The strategy seeks to engage the public in a discussion about the challenges, opportunities and rewards of foster care. In addition, we are embracing social media as a means to connect with the public although the scope and effectiveness of this continues to be limited by the Trust's social media policies. Following engagement with the Regional Adoption and Fostering Service and Fostering Services, an audit of HSC fostering recruitment activity across Northern Ireland was undertaken. ASG (Marketing Consultancy) has recommended that going forward recruitment should be a regional activity, via a regional recruitment team. There will be a rebranding of HSC Fostering to include all marketing tools and materials. The Trust alongside the HSCB are jointly chairing a N.I. regional recruitment and retention strategy for Fostering.</p> <p>In addition, there has been a recent focus on recruitment amongst Trust</p>	

employees which has included:

- securing an information stand in the 'marketplace' at Trust monthly inductions;
- regular posting to the HUB, Trust intranet site, highlighting forthcoming recruitment events, recruitment initiatives and foster carer profiling
- refreshing recruitment banners at Trust sites to be seen by staff members
- increased activity on social media channels including the Trust's Facebook and twitter accounts, which many staff follow
- inclusion of foster carer recruitment information in Family and Childcare Directorate magazine
- feature on trust employee and foster carer within the Directorate magazine.

'Til I Grow Up' [TIGU] is scheduled for the fifth time in May 2019, the third time it has been undertaken in partnership with South Eastern Trust Fostering Service. TIGU provides an open information evening to inform and engage with members of the public who have been thinking about fostering and would like to find out more. Over 70 households from across both Trusts attended the 2018 event. As a result of this event, Belfast Trust has carried out 20 follow up requests and continues to evaluate the outcomes of this in terms of conversion rates including from enquiry to approval and application to approval versus alternative recruitment methods.

As an update to the February 2018 TIGU event, 10 households were invited to Skills to Foster. Of these, 5 were counselled out and 1 withdrew, 2 applications were received and 1 was approved. We have one assessment ongoing.

The Trust also continues to encourage respite carers to explore moving from the provision of respite to the full time care of Looked After Children and this is continually reviewed by supervising social workers and their Managers.

The specialised Adolescent Fostering Partnership (AFP) Service which was in partnership with Barnardos is now managed solely by Belfast Trust. This Service provides full time placements to adolescents 12-18 years of age either from the community or residential care and continues to be a very successful initiative. The Trust is currently planning promotional and recruitment material within the next 6 months.

The Parenting and Adolescent Support (PACS) Service consists of 1 specialised PACS foster carer, providing emergency or time limited "time out" for young people living in the community to ensure they can return to live safely with family if it is felt in their best interests. This offers families under crisis and stress an opportunity for time out.

It is also acknowledged that the Fostering Service is currently unable to meet some of the on-going demand for emergency placements required and this continues to impact on the use of private agency foster agencies. As a direct result of this and to ensure that we can make appropriate emergency placements, the service has developed an Out of Hours foster care scheme

	<p>with a small pool of foster carers who will be available to provide emergency placements on a rotational basis to ensure consistency of service delivery for emergency placements required.</p> <p>The Fostering Service continues to promote and encourage the growth of kinship care in accordance with the interim Kinship standards and continues to contribute effectively, based on practice and safe guarding issues, in improving the standards with the HSCB to ensure that kinship care remains a quality safe permanence option for Looked After Children.</p> <p>The Fostering Service continues to experience workforce pressures and related capacity challenges. It has, however, maintained supervisory social work supports to its foster care population.</p> <p>The retention of foster carers is vital and remains a priority for the Trust. The provision of regular training events and the delivery of a range of supports and social events for foster carers are central elements of the Trust's retention strategy.</p> <p>A sample of such activities has included:</p> <ul style="list-style-type: none">➤ Family Fun Day at Lady Dixon Park, in partnership with VOYPIC which will be held in June 2019➤ Annual Christmas Party at the Dundonald Ice Bowl planned➤ Annual Christmas Coffee morning at Belfast Castle➤ Monthly support groups for all kin, and non kin foster carers with a different focus each month, whether it be an identified training need or a particular issue that carers would like to discuss further as a group➤ Annual Fostering Achievement Awards which was held in October 18 with over 100 children along with non kin and kin foster carers in attendance and this occurs on an annual basis in partnership with Fostering Network and this is always a very positive event for carers and Looked After children in celebrating the achievements of children in foster care and giving recognition to the carers➤ A newsletter which is issued three times per year to keep all foster carers up to date with what is happening within the service as well as regular updates to the Regional website
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10.5 PRIVATE FOSTERING The Children Order (NI) 1995 - Part X		
10.5.6	What steps has the Trust taken to encourage notifications? <i>(Narrative)</i> The DHSSPS Circular and covering letter Children Living with Carers in Private Fostering Arrangements, including Children from Overseas – CCPD 1/11 has previously been disseminated across the Trust. It has previously been discussed at the Trust's Safeguarding Committee and Adult services interface meeting.	
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31st March?	0
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period?	0
10.5.9	Please provide DOB and Date notification was received in respect of each child/young person reported at 10.5.8.	
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted?	0
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust.	0
10.5.12	Number of appeals made during the year under Article 113	0
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.	N/A
	Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996	
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.	0
	Please specify the child's DOB and the date the Trust received each notification	

10.6 Adoption (NI) Order 1987 Adoption (Intercountry Aspects) Act (NI) 2001		
Article 3(as amended by HPSS Order 1994), Article 11		
10.6.1	(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	See Excel
10.6.2	Number of domestic applications for assessment received by the Trust by civil status of applicant	See Excel
10.6.3	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting	See Excel
10.6.4	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)	See Excel
10.6.5	Number of Prospective Inter-country adopters awaiting assessment at period end (to be completed by NHSCT on behalf of the region)	See Excel
10.6.6	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes	See Excel
10.6.7	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.	See Excel
10.6.8	(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;	See Excel
10.6.9	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.	See Excel
10.6.10	How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?	See Excel
10.6.11	Of the number at 10.6.10 how many commenced during the period and how many households is this?	See Excel
10.6.12	Details of recruitment, assessment, training, support for prospective adopters	

Belfast Health and Social Care Trust Adoption Service continues to respond to enquiries that progress to initial visits and to deliver preparation to adopt training and then on to assessment. Whilst these have dropped in numbers, there continues to be interest in progressing towards adoption with 10 couples booked to attend the preparation to adopt course in April 2019.

The Adoption Service also works closely with our colleagues in the Family Centre to provide bespoke parenting assessments alongside concurrent placements. Adoption Service's staff are responsible for the recruitment, assessment and support of concurrent carers. The number of carers open to considering concurrency as their preferred adoption pathway is increasing and the Trust has in the reporting period made two concurrent placements with an additional 8 couples approved awaiting matching .

There are 9 assessments of prospective adopters currently ongoing. Adoption services has collaborated with Fostering services to create a bank of staff to assist the Adoption Service by undertaking additional adoption/fostering assessments. This has reduced the length of time prospective adopters have to wait to be assessed. This has also enabled Belfast Trust to create a pool of approved prospective adopters who can meet the needs of our adopted children and reduce the need to place children in cross Trust placements. In the reporting period the South Eastern Trust has placed a child with a Belfast Trust couple due to our current pool of approved adopters.

Adoption services have now established an "in house" learning and development programme for prospective adopters who have completed the preparation to adopt course. This takes place bi-monthly and covers the following topics:


- The Importance of Play
- Attachment and Trauma
- Transitions/Preparing for placement
- Medical and developmental conditions of children
- Understanding behaviours
- Telling and Life story work

In addition to these, Belfast Trust invites our approved adopters to Trust information sessions such as Concurrency and Til I Grow Up as well as regional courses facilitated by Adoption UK and our Nurturing Attachments programme. The next Til I Grow Up is scheduled for 21st May 2019 co-facilitated with the South Eastern Trust.,

In October 2018 the Belfast Trust Adoption Service participated in the first Regional Adoption campaign, "Adoption Changes Lives". This proved to be very successful and all Trusts experienced higher number of enquiries at this time. Information stands were also on display in the three major hospital sites during this week-long campaign.

All of our approved adopters avail of regular support from their social worker and are signposted and referred when necessary to TSS, Trauma Centre, TESSA, Child Care Centre and Adoption UK support groups and training.

	Adoption services in Belfast also facilitate a bi-monthly support group for adoptive mums which is led by the adopters. This has proven to be very successful.												
10.6.13	Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order												
	<p>Summary of current workloads and type of work undertaken The current team of 3 social workers are providing a service to 231 clients. This can be broken down to the following areas of support:</p> <div data-bbox="344 555 1476 1093" data-label="Figure"> <p style="text-align: center;">POST ADOPTION SUPPORT</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>INDIRECT CONTACT</td> <td>86</td> </tr> <tr> <td>DIRECT CONTACT</td> <td>56</td> </tr> <tr> <td>FAMILY SUPPORT</td> <td>36</td> </tr> <tr> <td>ADULT ADOPTEE</td> <td>28</td> </tr> <tr> <td>BIRTH RELATIVES</td> <td>25</td> </tr> </tbody> </table> </div> <p>Indirect contact Managed by one social worker and involves administrative task of exchanging letters between adoptive parents /child and birth relatives. It also involves providing support to all parties involved in the process of writing letters.</p> <p>Family Support Case The support provided varies in kind and is dependent on the needs identified as part of the assessment of need at point of referral. The service provided to-date includes, access to training, support to parents to respond to child/ren's behaviours using a therapeutic model of parenting and on specific parenting tasks relevant to adoption, i.e. sharing information regarding the child's history. Support to extended family on how to support the child/parents. Direct work with children including, life-story work, anger management work, managing anxiety, therapeutic support. The team have also provided support to nursery, primary and secondary schools when the need has arisen for specific children who are struggling in the school environment. Assistance in accessing other services through referrals to TSS, TESSA, Extern, etc.</p> <p>In addition to this there is an established monthly support group for mothers that is run by the adoption team on a monthly basis and is open to all adoptive parents pre and post-Adoption Orders. It is currently well attended with 6 parents regularly attending following adoption orders being granted in respect of their children.</p> <p>Training The team deliver an 18-week nurturing attachment programme in conjunction with TSS and Fostering. This is delivered to maximum of 9 adoptive families on a yearly basis.</p> <p>Two further training events are planned for 2019 - Topics include "How to</p>	Category	Count	INDIRECT CONTACT	86	DIRECT CONTACT	56	FAMILY SUPPORT	36	ADULT ADOPTEE	28	BIRTH RELATIVES	25
Category	Count												
INDIRECT CONTACT	86												
DIRECT CONTACT	56												
FAMILY SUPPORT	36												
ADULT ADOPTEE	28												
BIRTH RELATIVES	25												

	<p>promote open communicativeness in adoption”, scheduled for July 2019; and “Supporting your child with post adoption contact”, planned for May/June 2019.</p> <p>Future areas for development based on identified needs</p> <ul style="list-style-type: none"> ➤ Earlier intervention, reaching families before they self- refer which is usually when family unit is very fragile. How this may be achieved : Establishing links with adoptive parents/children prior to Adoption Order being granted and then maintaining contact with families post adoption order, through informal keeping in touch days which may take various forms. ➤ Maximising resources by making use of the experiences/inputs/ proposals of experienced adoptive parents who are keen to provide support to other families who would benefit from their knowledge and skills in managing the challenges inherent in adoptive parenting. How this may be achieved: Developing a mentoring service for adoptive parents provided by experienced adoptive parents and managed by a social worker from the Post Adoption Team. Meeting will be held with those wishing to be involved in providing this service in May 2019. ➤ Expand the therapeutic services available to parents/children within the Post Adoption Team to include (but not exclusively) play therapy, narrative therapy, DDP, NVR, counselling support to parents. How this will be achieved, financial investment from the Trust in training staff to ensure they have the skills and relevant training to respond to the complex therapeutic support needs of children and adoptive parents. All staff in the post adoption team will be trained in narrative therapy in June 2019. ➤ Developing a support service for young people to include, one to one therapeutic support, an activity based group aimed at promoting confidence and self-esteem, peer mentoring service, support group. ➤ Regular evaluation of service through obtaining formal feedback from clients on the effectiveness of interventions and providing opportunities for service users to shape and enhance service development. ➤ Collating data on post adoption contact statistics that can be analysed to inform recommendations regarding post adoption contact arrangements. <p>There have been no adoption breakdowns in the reporting period.</p>	
10.6.14	Number of inter-country adoption orders pending at period end	

10.7 EARLY YEARS

10.7.1	<p>Please provide the current early years provision / places, registrations and de-registrations</p> <p>Include Number of Approved Home Child Carers</p>	<p>See Excel</p>
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10.7.2	Registration issues and commentary as at period end (Narrative) The most significant issue is the anomalies between the Minimum Standards and the accompanying guidance. Providers are anxious with regard to reports going online. However the teams are providing support to those who have expressed any concerns.	
10.7.3	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March	See Excel
10.7.4	Number of outstanding applications for each of the above categories as at 31st March .	See Excel
10.7.5	Number of current applications being assessed at period end and duration of assessment .	See Excel

10.8 Complaints & Representation		
10.8.1	<p>Does the Trust have an appropriately authorised and experienced children's complaints officer?</p> <p>The Trust has appointed a Designated Complaints Officer to assist in the co-ordination and management of all aspects of complaints and representations in respect of children. In addition, a Children's Services Manager has been appointed to act as Trust Officer for the purpose of overseeing the management of all complaints received about services listed under Part 4 of the Children (NI) Order 1995.</p> <p>Both officers have been appointed in line with Departmental Guidance on HPSS Complaints (April 2000) and Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p>	
10.8.2	<p>Does the Trust have an independent advocacy service for children and their families?</p> <p>Children, parents and carers are encouraged to access a range of independent advocacy provision including: the Northern Ireland Commissioner for Children and Young People; the Commissioner for Complaints; VOYPIC; the Children's Law Centre; and the Patient Client Council in pursuance of any complaint in respect of services provided by the Trust.</p> <p>The Trust has engaged VOYPIC to provide an advocacy service to its residential units. Trust foster carers access the advocacy and representation services of the Fostering Network.</p>	
10.8.3	<p>What arrangements are in place to ensure that all complaints – both formal and informal – from children and their families are recorded and dealt with?</p> <p>All complaints received are dealt with in accordance with the Trust's Complaints Procedure and the Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p> <p>The Trust's Corporate Governance processes provide robust reporting and scrutiny arrangements in relation to individual Directorate's management of complaints and arrangements for the dissemination and sharing of learning emerging from complaints.</p>	
10.8.4	<p>What whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children's services are recorded and dealt with?</p> <p>The Trust's Whistle Blowing Policy provides the framework within which concerns raised by staff are recorded and dealt with. The Policy fully adheres to the requirements specified in the Public Interest Disclosure (NI) Order 1998.</p>	
10.8.5	How many <i>Children Order</i> complaints – both formal and informal have been received since the last report?	Board return

10.8.6	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?	Board return
10.8.7	How have these been dealt with?	Board return
10.8.8	What was the outcome?	Board return
10.8.9	What percentage of the complaints i.e. Children Order and non Children Order were resolved within the required timescale.	Board return

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

10.9.1	<p>Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)</p> <p>Total of 7 presentations.</p> <ul style="list-style-type: none"> ➤ 3 children reported to be 17 years ➤ 2 children reported to be 15 years ➤ 1 child reported to be 16 years ➤ 1 child reported to be 8 years 	7
10.9.2	<p>Please provide the source of the referral of each child.</p> <ul style="list-style-type: none"> ➤ Border Force ➤ Bryson House x 3 ➤ School ➤ Voluntary Agency ➤ Health Visitor 	Separated Children 31.03.19
10.9.3	<p>Please provide the country of origin for each child referred during the period.</p> <ul style="list-style-type: none"> ➤ Iran x 1 ➤ Kuwait x 1 ➤ Eritrea x 2 ➤ Portugal x 1 ➤ Somalia x 1 ➤ Romania x 1 	
10.9.4	This is intentionally blank	
10.9.5	<p>Pathway following completion of UNOCINI: Of those separated children with a UNOCINI completed during this period specify the Pathway/Legal status at period end. Note: Two primary pathways: Looked After and Child Protection</p> <ul style="list-style-type: none"> ➤ LAC Pathway & Care Order x 3 ➤ LAC Pathway x Art.21(1) Accom. < 16 x 1 ➤ Family Support Pathway & no legal status x 2 ➤ Closed & no legal status x 1 	Separated Children 31.03.19
10.9.6	<p>Separated children and 'Looked After' Pathways Please provide the total number of 'separated' children who are currently Looked After Children within the Trust Area at period end? (This figure must include all separated children looked after irrespective of their admission date)</p>	11

	<p>(a) Provide legal status for these children</p> <p>6 voluntary accom and 5 Care Orders</p> <p>(b) Provide placement, for 'other' category please specify placement type</p> <p>7 residential care 3 supported living 1 foster care</p> <p>(c) Number where trafficking is suspected / confirmed and a NRM has been submitted</p> <p>2</p> <p>(d) Number who are claiming asylum and subject of immigration process</p> <p>8</p> <p>(e) Provide the total number of children at period end who are receiving after care support in line with entitlements under the Children (Leaving Care) Act 2002</p> <p>11</p>	
10.9.7	<p>Number of Looked After 'Separated' children who have gone missing from care during the period:</p> <p>(a) Please provide the number of Looked After children who went missing from care during this specific period;</p> <p>1</p> <p>(b) Please provide the total number of Looked After 'Separated' children missing from care at the period end;</p> <p>0</p> <p>(c) Provide a commentary on each of the children identified in (b) above.</p> <p>16 year old, first referred to the Trust in November 2018. Young Person is subject to a Care Order. Was identified as a flight risk at point of placement and a management strategy initiated to seek to obviate same.</p> <p>Young Person left the Unit without permission on a series of occasions through November 2018 to February 2019. Ongoing work to address risks associated with such</p>	<p>Separated Children 31.03.19</p>

	<p>behaviours and to seek to engage in purposeful planning for young person's education and health and wellbeing, and to address young person's emotional and social and psychological wellbeing.</p> <p>The situation appears to have stabilised in the period since February 2019. Ongoing management and review of flight risks and related care needs.</p>	
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OVERALL SUMMARY OF ISSUES RAISED WITHIN CC3/02	
Staffing – situation as outlined in the reports and strategy implemented in relation to recruitment and retention to manage same. More recently, vacancy and sickness levels have had an impact on our ability to discharge fully our statutory functions in relation to a number of LAC children. Following recent recruitment campaign the Directorate hopes that the majority of vacancies will be filled by summer 2019.	Unallocated Cases – management arrangements are in place to screen and review on an ongoing basis.
Caseload Pressures – complexity of presenting and assessed need alongside increasing levels of demand for services have led to additional workload pressures. Other factors affecting caseloads are - demands of court processes, management of complaints, CMR processes, data access requests, FOIs and Constituency Enquiries.	Placement availability – successes of Fostering, Adoption and Residential in sustaining and managing placement base, however, significant pressures associated with rise in LAC numbers, complexity of needs, children entering the care system, pressures across joint commissioning provision particularly in relation to young people with significant behavioural and emotional needs.
PARIS Implementation – a major transformational project which involves the adoption of digital working fundamental to future organisational structures and service delivery processes, crucial to quality improvement and strategic planning. Major challenge for staff to adopt new ways of working and new business processes, essential that Children's Social Care is positioned to optimise potential of Encompass roll-out. The Implementation of PARIS in CCS was subject to Internal Audit and the Service received satisfactory level of compliance.	Rise in LAC Numbers – recognition of the impact of the rise in LAC numbers. It is important to develop an understanding of the key factors underpinning this rise at both local, regional and national levels and the implications for workforce and placement resources.
Collective Leadership – progress has been made in developing Directorate Structures, with the re-engineering of Senior Management roles at Tier 3 and Tier 4, the development of a workforce strategy with investment in individual career development opportunities, investment in coaching and mentoring opportunities, a focus on workforce wellbeing, engagement and listening. The Directorate has also invested in an infrastructure to support professional service delivery through the development of Directorate information and ICT expertise, and increasing corporate and professional governance capacity.	Quality Improvement. The Directorate has fully engaged with the Quality Improvement agenda with over 50% of its workforce having completed level 1 training. Staff from across all levels of the Directorate have engaged in the full range of QI training programmes to support the bedding down of a continuously improving ethos and culture.

<p>liP – The Directorate has prioritised the development of a People and Culture plan focusing on areas such as engagement with the workforce, communication and reward and recognition. The Directorate, as part of the wider Trust was assessed for accreditation for liP and has recently been awarded the Silver Award.</p>	
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APPENDIX E

RESTRICTION OF LIBERTY PANEL REPORT

Introduction

Secure accommodation

The children (Secure Accommodation) Regulations (Northern Ireland) 1996 provides that a child may have his liberty restricted in a facility that can be physically secured for an aggregate period of 72 hours within any 28 day period without the authority of the court. Thereafter, the Trust must apply to the court for a secure accommodation order under article 44 of the Children (NI) Order 1995. The maximum period for which a court may authorise a child to whom Article 44 applies to be kept in secure accommodation is three months. A court may authorise a young person to whom Article 44 applies to be kept in secure accommodation for a further period not exceeding six months at any one time. A young person under 13 years of age cannot be placed in secure accommodation without the prior approval of the DHSPPS.

Northern Ireland's only secure accommodation centre is a regional facility, based in Bangor, County Down.

Restricting the liberty of children is a serious step which must be taken only as a measure of last resort. Therefore, trusts have a duty to take all reasonable steps to avoid the need for children to be placed in secure accommodation.

A trust may apply to a magistrate's court to admit a young person to secure care, if a child meets one or all of the following criteria:

- a) S/he has a history of absconding and is likely to abscond from any other accommodation; and
- b) If kept in any other description of accommodation s/he is likely to injure himself or other persons.

The Restriction of Liberty Panel

The gateway to the secure care facility is through a referral to the Trust's restriction of liberty panel which has been established to consider applications to secure accommodation. The panel comprises a group of senior representatives from the trust who have differing areas of responsibility for the looked after population.

The panel must ensure that the criteria have been met in relation to those children who are being considered for secure accommodation. Based on those who are most in need or those who pose a greater risk to themselves and others, this panel must prioritise referrals in respect of all young people who require a secure place.

This report provides an overview of the work of the BHSCT Restriction of Liberty Panel during 2018-2019

10.3.38 (b) ANNUAL REPORT INTO ROL PANELS OPERATION

PLEASE COMPLETE FOR EACH PANEL

10

1. Number of Panels held during the year:
2. Please outline the make-up of each panel and identify who the independent person was in each:

Date of Panel:	
Names of Panel Members	Name of Independent Chair
28 August 2018 Maeve Gillen CSE Co-ordinator Siobhan Rogan PSW Colette McKenna LAC PP Robin Jordan Clinical Psychologist Jacquie Wilson CAMHS Carolyn McEvoy LAC PP	Kerrylee Weatherall CSM
13 September 2018 Maeve Gillen CSE Co-ordinator Siobhan Rogan PSW Colette McKenna LAC PP Mark Conachy Consultant Psychologist Jacquie Wilson CAMHS Carolyn McEvoy LAC PP	Kerrylee Weatherall CSM
21 September 2018 Carol Lamb Court PP Siobhan Rogan PSW Eimear Hanna PSW	Kerrylee Weatherall CSM
25 September 2018 (Review)	Kerrylee Weatherall CSM

Eimear Hanna PSW Siobhan Rogan PSW Robin Jordan Clinical Psychologist Jacquie Wilson CAMHS	
27 November 2018 Eimear Hanna PSW Maeve Gillen CSE Co-ordinator Siobhan Rogan PSW Frances Agnew Clinical Psychologist	Kerrylee Weatherall CSM
7 December 2018 Eimear Hanna PSW Maeve Gillen CSE Co-ordinator	Siobhan Rogan PSW
7 February 2019 Carolyn McEvoy LAC PSW Siobhan Rogan PSW Mark Conachy Consultant Psychologist Colette McKenna LAC PP Maeve Gillen CSE Kevin Brookfield Clinical Psychologist	Kerrylee Weatherall Interim Co-Director
19 February 2019 Siobhan Rogan PSW Mark Conachy Consultant Psychologist Robin Jordan Clinical Psychologist Jacquie Wilson CAMHS Colette McKenna LAC PP	Kerrylee Weatherall Interim Co-Director
22 February 2019 (Review) Colette McKenna LAC PP Robin Jordan Clinical Psychologist Carolyn McEvoy LAC PSW Jacquie Wilson CAMHS	Siobhan Rogan Interim CSM
11 March 2019	Siobhan Rogan Interim CSM

Eimear Hanna PSW Maeve Gillen CSE Co-ordinator Kevin Brookfield Clinical Psychologist Jacquie Wilson CAMHS	
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3. Please give the number of children considered / age / gender / presenting issues, advise if secure accommodation was considered appropriate and, if so, how quickly the children requiring secure accommodation were placed. Also please indicate if the child attended the panel or expressed a recorded view regarding the application:

SOSCARE REF / Paris ID	AGE	GENDER	ISSUE	SECURE ACCOMMODATION CONSIDERED APPROPRIATE? (Y/N)	IF YES, HOW MANY DAYS TO SECURE PLACEMENT	DID CHILD ATTEND PANEL? (or express a recorded view re application (Y/N))
28.08.18 107446	16	M	Subject to community/paramilitary threat, deterioration in mental health, risk to others re verbal and physical threats and aggression, involvement in criminal activity	Y	1	Young person (YP) did not attend, view recorded
13.09.18 191634	17	F	CSE, MFC, deterioration in mental health, self-harm, substance use	Y	43	YP did not attend, view recorded
13.09.18 179850	16	M	Risk to public regarding Harmful Sexual Behaviour, (HSC) risk of physical and sexual violence, Self-harm. Lack of	Y	7	YP did not attend, view recorded

			parental insight with regard to safeguarding and potential risk their son poses to public, parental non adherence with safety planning			
13.09.18 50343	17	M	Polysubstance use, deterioration in mental health, medical needs and physical deterioration, suicide ideation, criminal behaviour risk to others re possession of drugs and concerns re supplying younger children.	Y	6	YP did not attend, view recorded
21.09.18 388122	14	M	Concerns with regard to HSB, physical health, use of substances/solvents and potential impact on physical health, MFC episodes, risk of self-harm, deterioration in emotional and mental health, fragmented relationship with mother, increased levels of aggression directed towards	Y	0	YP did not attend, view recorded

			mother.			
25.09.18 (Review) 191634	17	F	CSE, MFC, deterioration in mental health, self-harm, substance use	Y	43 (from date of first panel on 13.09.18)	YP did not attend, view recorded
27.11.18 53396	17	M	High level of MFC episodes, including overnight, polysubstance use, deterioration in mental health and suicide ideation, criminal activity, related to vulnerability to peers, involvement in paramilitary activity, risk to others re suspected supplying of drugs, involved in assaults on others.	Y	3	YP did not attend, view recorded.
7.12.18 250183	16	M	Significant polysubstance use, solvent use, deterioration in physical health, involvement in criminal activity in the community, potential exploitation in relation to criminal	Y	5	YP did not attend, view recorded

			activity re drug debt, potential vulnerability to bullying from peers.			
6.02.19 507441	15	F	CSE, MFC episodes, potential risk of domestic violence from relationship with another LAC YP, polysubstance use and alcohol use. Alleged victim of sexual assault from adult male.	N	N/A	YP did not attend, view not recorded.
19.02.19 107314	15	M	Potential paramilitary threat, deterioration in physical and emotional health, poor sleep/eat patterns, increased levels of aggression directed towards staff.	N	N/A	YP did not attend, view recorded.
22.02.19 (Review) 507441	15	F	CSE, MFC episodes, potential risk of domestic violence from relationship with another LAC YP, polysubstance use and alcohol use. Alleged victim of sexual assault from adult male.	Y	7	YP did not attend, view not recorded.
11.03.19 250183	15	M	Deterioration in mental and emotional presentation,	Y	2	YP did not attend, view recorded.

			polysubstance use, MFC, vulnerability to criminal/sexual exploitation related to substance use, risk of further criminality			
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4. Please outline any special arrangements required to manage a child where there was a delay in placement. **Outline the arrangements for each occasion.**

The Trust ROL Panel will make recommendation of a 'step up' plan, which focuses on maximising safeguarding options/alternatives to support young people who meet the criteria for a secure placement in those circumstances where there is no bed availability. The HSCB is notified by the Trust when a young person requires a secure placement and there is no availability and this is kept under review within 10 working days.

The 'step up' plan is likely to include:

- Multi-agency Risk Strategy Meetings are convened weekly or fortnightly which inform safety and risk management planning. These meetings include the police representative from the MFC team, the CSE co-ordinator where appropriate, CAMHS, TSS and other relevant agencies.
- For young people in residential care, staffing levels have been increased to ensure robust supervision of young people, provide direct work, diversionary activities and time away from the home as a means of cementing the relationships and disrupting the risk taking behaviours.
- Continued offers of support from relevant agencies such as Safe Choices when young people are at risk of sexual exploitation or DAMHS when the young person is misusing substances on a persistent basis. There is a Drug and Alcohol worker within the Parent and Adolescent Community Support Service (PACSS) who provides direct work with young people and consultations with staff teams, managing the impact of polysubstance use.

- Some of the young people are on strict bail conditions due to offending behaviour and may be taken into custody for periods of time due to breaches of bail conditions or for charges for further offences.
- There would be close liaison with CAMHS, DAMHS and the CAIT team for young people who present with mental health issues which can also be linked to significant substance use.
- Where appropriate, family and previous foster carers have been involved in a comprehensive support package that promotes young person's feelings of stability and provides time away from peer influences that draw young people in to engaging in harmful behaviours. Given the escalation in young peoples' pain-based behaviours can be related to fractured family relationships, there is a focus on repairing these relationships which has the potential to reduce young peoples' feelings of isolation.
- Operational Liaison Group meetings (involving the Trust and Police) review those young people in care and in the community when they present as being at significant risk of CSE and/or going missing.
- Senior Management meetings between the Police and Social Services devise joint strategies to safeguard the young people awaiting admissions in the interim period prior to entry into secure.
- Therapeutic network meetings have been put in place for some young people as a means of helping the young person be participative in keeping themselves safe and engaging with the support being provided by the team and other significant people in young person's life.
- Occupational Therapist, CAMHS, has provided consultations with staff team to inform activities that can improve emotional regulation for young people and design the environment within the children's home that contributes to a calm and stable living space.

5. Please outline if any advocates attended a panel and provide **brief** details of the advocate's views regarding the application **where**

secure accommodation was considered appropriate for the young person:

Prior to ROL Panel taking place, all young people are informed that they have been referred to and are offered support from VOYPIC Advocacy Service to have their views independently represented within the Panel process. The Trust provides young people referred to ROL Panel with an information leaflet about secure accommodation. Information about VOYPIC Advocacy Service will be offered to the young person so that they can make an informed choice as to whether or not they want to avail of the service prior to their personal information being shared with VOYPIC.

Furthermore, the views of the young people and their parents/carers are documented in the written information provided by the presenting social worker contained within the CLA14 report and in their verbal presentation to the Panel. The social workers, in their ongoing involvement with the young people, ensure that the young people are well informed that their behaviours are presenting such a high level of risk to themselves and/or others and, if they are unable to curb their behaviour sufficiently, that the social worker is left with no other option but to consider them for a placement in secure accommodation for their own safety and protection and to address the issues which have contributed to their risk taking behaviour.

The Trust has discussed with VOYPIC the need to review the improvement of advocacy attending at ROL Panels.

Advocacy workers regularly attend each of the children's homes and have developed relationships with most of the young people in the homes. This is also a means of young people being able to discuss the potential for a secure application more informally.

6. Please provide an analysis of the presenting need / the interventions being sought from Lakewood:

There are multiple contributing factors, which lead to young people meeting the criteria for Secure Accommodation. For some of the young people, the risks can escalate over a period of time, and even with a high level of support and targeted, multiagency intervention, the need for containment in a secure unit becomes necessary. For other young people, the risk can escalate over a short period of time, and the need for secure accommodation becomes more immediate and urgent.

The common themes regarding the presenting needs of young people include:

-Missing from care or family home

This can be a critical issue when the whereabouts of young people are generally unknown and young people are returning to their care/family placements, where there is a significant deterioration in their physical and emotional presentation.

- Misuse of substances/ solvents/alcohol

A number of the young people referred for secure placements were engaged in significant levels of polysubstance use, solvents and alcohol use which led to single or multiple hospital admissions, through young people experiencing unconsciousness and hallucinations. One young person had to be placed in an induced coma.

Of concern is the type of substances young people are using, MDMA, morphine and heroin. Some young people have been remanded into custody and incurred criminal charges as a result of their actions whilst under the influence of substances.

A number of the young people were also vulnerable to exploitation, as they need the financial means of purchasing drugs or paying off drug debts.

All of these young people have been referred to relevant services, such

as DAMHS, Daisy Project and the PACSS Drug and Alcohol worker, however the young people do not have the ability to engage with these services, given their need for drugs and reduced cognitive capacity due to prolific use of substances.

-Child sexual exploitation

Two female young people were referred in the time period, where there were concerns in relation to vulnerability to CSE. One of these young people was allegedly raped and she remained vulnerable to further exploitation from parental and peer relationships. Therapeutic networks and agencies such as Safe Choices, Barnardos and police representatives from PPU and MFC teams, have worked alongside other professionals to mitigate the escalating risks. However due to young peoples' minimal sense of self-value and lack of insight to potential danger, a secure environment has been the appropriate option for safeguarding these young people.

- Non-engagement with services and relationships

For a number of young people, a further indicator of requiring a placement in secure accommodation, has been a chronic non-engagement with key relationships and services such as family, RSW team, school or the Therapeutic Support Service. Young people's withdrawal from relationships and services can be symptomatic of a sense of hopelessness, as young person isolates him/ herself from a consistent support network.

-Presentation, with Aggressive and Violent Behaviour

Some of the young people referred to secure accommodation, had a profile that included a propensity for violence, one of whom there were evident risks of sexual violence. Physical violence would be directed towards carers, peers, public and professionals. This cohort of young people can bring complexities that are a challenge to manage in an open residential or family placement, given the level of risk to others and self, and young people being so emotionally dysregulated that they require physical containment and eventually a therapeutic

intervention within a secure environment. Some young people presenting with violent behaviours was linked to the impact of substance use.

-Mental Health/ self-harm

Some of the young people have considerable mental health issues or diagnoses, linked to trauma and early/current life experiences. Furthermore, there can be a deterioration in their mental / emotional health linked to chronic substance/ alcohol use. The self- harming behaviours ranged from cutting, ligatures to deliberately breaking limbs. One young person's self- injurious behaviours included her burning different parts of her body. Most of the young people referred for secure accommodation were known to CAMHS, DAMHS and had had one or more inpatient admissions to Beechcroft. Some of these young people can feel overwhelmed in open, group living settings, which is potentially linked to the competing needs of other LAC young people and the stimuli within the open residential environment.

-Low social functioning

A number of the young people referred for secure accommodation present with very poor social functioning, emotional intelligence and life skills. They are particularly vulnerable to pressures, bullying and exploitation by peers within residential settings. This cohort of young people require a placement setting which optimises their engagement with caring adults and affords them the essential space to develop their core social, emotional and life skills base. Some of the young people have a diagnosis of ADHD or ASD where there are high levels of impulsivity. Some of these young people can be non-compliant with medication regime which contributes to increase in impulsivity and dangerous behaviour.

-Paramilitary/Community Threat

A third of the young people referred for a secure placement were subject to a serious community and/or paramilitary threat. There was immediate threat to life as a result of criminal activity and for one young person, the threat was linked to a family member's historical actions in the community. Some of these young people had minimal insight to the very real threat to life.

-Harmful Sexual Behaviour

Two of the young people referred for secure care posed a high level of risk to others with regard to harmful sexual behaviours. Despite a robust safety planning for one young person in particular, these risks did not diminish, and other aspects of his lifestyle were having a detrimental impact on his physical health.

Alongside other presenting needs, some of the young people were engaging in criminal activity due to drug debts, which increased their levels of anxiety and distress when there were suspected threats of physical injury if these debts were not paid. One young person, whose cognitive capacity was limited, was highly susceptible to the influence of paramilitary groups.

Seven of the young people admitted to secure accommodation were 16–17 years old, two were 15 years old and one young person was 14 years old. Three were referred directly from the community due to the significant level of risk that could not be managed safely within a family placement, open children's home or supported living environment.

For all of the young people referred for secure placement, the immediate goals have been to ensure young people's safety and physical containment, and to disrupt a cycle of behaviour that is self-injurious and destructive.

The initial interventions with each young person were to respond to his/her primary need for stability, develop a healthy sleep/eat pattern, provide a period of time away to focus on self-care with the support of the Lakewood team, RSW/FSW teams, and families (where appropriate).

For a number of young people, the secure placement has allowed them time to reduce substance use with the support of the Lakewood team, medical and DAMHS professionals which has provided a level of stability. It also allows young people, who have not complied with prescribed medication for ADHD or mental health issues, to reengage with the medication regime, to promote emotional equilibrium. When young people have the time to take pause, they can become overwhelmed by the impact of their experiences that preceded their admission to secure care, and require a high level of nurturing and therapeutic support.

For the young people, the secure placement provided the optimum forum to re-engage in key relationships, repair family relationships and work with services such as TSS, CAMHS, YJA, Safe Choices, Barnardos and Education.

The interventions were premised on partnership working and concentrated on promoting safety, establishing healthy routines, management of medication and substance use, direct and group work which focused on the issues that led to young people being admitted to secure care such as vulnerability to CSE: recognizing harmful situations, addressing underlying issues that led to violent outbursts and developing coping strategies where young people can regulate their emotions and improve self-care. There was a need for educative work on impact of substances/alcohol. A further intervention which was uniquely requested for the four 17 years old was to devise a programme that supported young people to prepare for their transition to adulthood and independent living.

The biggest challenge for the young people and the key professionals/services working alongside them, is being able to sustain the changes they have made in a secure environment, in an open setting within the community.

7. Please outline any areas for development regarding alternatives to secure accommodation, the operation of the panel and the services being sought from Lakewood:

In relation to the recommendation, from the Review of Regional Facilities for Children and Young People, secure care will potentially experience notable changes in the near future. Common themes for most of the young people who have been admitted to secure care from the Belfast Trust, are mental health and polysubstance use. The Review's recommendations of secure mental health placements and the provision of onsite services for drug/alcohol addiction and detoxification, are timely and welcome, as the profile of the young people would indicate that these specific, targeted services are essential.

There has been a greater need to provide tailored placements for young children and adolescents whose profiles and presenting needs are best managed in placements that have fewer numbers of young people.

The Trust has developed two bespoke arrangements in response to the particular needs of three children/young people, where fostering, differentiated children's homes or ECR placements had either been exhausted or assessed as not being appropriate.

The home adapted for two younger children has provided a nurturing environment with a team who are in tune with the needs of children/young people who have experienced ACES and significant trauma in their family life.

At the time of their admission, both of these children required a team providing care for them rather than a foster placement. The outcomes for both of these children has improved as they are emotionally regulated, family relationships/contact has stabilised and both have returned to school. Further planning of fostering is in place for one child and it is envisaged that both boys will be identified appropriately matched foster and residential care placements.

A further specialised placement has been developed in response to one young person who has been placed in secure care on two occasions. It has been evidenced that numerous placement moves can heighten young people's trauma and undermine efforts to promote stability. This one bedded home will provide intensive support with interventions tailored to the young person's immediate, short and long-term needs.

The Peripatetic Service is being developed within the Trust, whose purpose is to provide a wraparound support service to young people in the Children's Homes and redirect young people from harmful behaviours. There has been progress made in relation to child specific, formulation consultations, which are facilitated by the service's clinical psychologist. These provide a means of informing interventions with young people and providing reflective practice for staff teams, who can experience vicarious trauma in the direct care and safeguarding of young people who present with pain-based behaviours. There has been progress in the emotional containment of the team, which in turn leads to interventions that are responsive to young people's needs rather than behaviours.

APPENDIX F

BELFAST HEALTH AND SOCIAL CARE TRUST

REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS IN RELATION TO THE REGIONAL EMERGENCY SOCIAL WORK SERVICE

For Year end 31 March 2019

1. Introduction

The Regional Emergency Social Work Service (RESWS) commenced on 29th May 2013. The Service provides a regional out-of-hours emergency social work and social care service. The RESWS model is based on having salaried staff working at all times that the service is operational. These staff are employed as senior practitioners. The Service also has four Assistant Service Managers who provide managerial cover for 5pm-2am and 9am-6pm shifts on a rota basis.

To ensure that the Service can respond appropriately to referral volumes, the senior practitioner staff work the following shifts:

Day	Shift	Number of staff
Monday – Sunday	5pm-2am	10
Monday – Sunday	1am-9am	4
Saturday/Sunday and Public Holidays	9am-6pm	11

On all shifts 50% of the staff will act as ASWs should the need arise.

The Service is delivered from four offices across the region: Belfast, Ballymena, Armagh and Londonderry.

Whilst staff are located across the Region, they are not restricted solely to the Trust area in which their office is based. Staff are deployed as part of a managed network so that, for example, a Senior Practitioner may be dispatched from the Ballymena or Armagh area to attend a call in the Western Trust area. This flexibility assists in circumstances where an additional response is required when staff in any one Trust area are already tied up responding to earlier calls.

The Service is supported by a bank of locum staff who provide cover for sickness, annual leave and absence due to training. Locum staff provide cover for the whole shift unless, in exceptional circumstances, a shorter period is agreed with management. Locums are based in one of the four offices and respond to referrals in the same way as permanent staff. However, there are occasions when locums work from other offices other than their base to cover shifts when required and as agreed with them.

An Annual Report is prepared which details activity levels for the service and which is provided to Trusts and the HSCB separately.

2. GENERAL

The Executive Director of Social Work within the BHSCT has overall responsibility for the provision of the Service.

2.1 Statement of Controls Assurance

All social work staff within RESWS are registered on the social work part of the NISCC Register. This is monitored through the Trust's established monitoring arrangements and via line management.

All Approved Social Workers within RESWS have been placed on the Trust's ASW Register. The Assistant Service Manager with lead responsibility for mental health in RESWS is responsible for ensuring that all Approved Social Workers within RESWS are placed on each of the other four Trusts ASW Registers and for updating details as required. He is also responsible for monitoring compliance with mandatory training associated with ASW registration requirements.

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

Within BHSCT, there is a clear line of accountability from the frontline senior practitioners to the Executive Director of Social Work, through the relevant Assistant Service Manager, the Service Manager and the Co-Director. Whilst BHSCT has overall responsibility for the management of the Service, the Executive Directors of Social Work across the five HSC Trusts retain responsibility and accountability for the discharge of delegated statutory functions as they pertain to the delivery and assurance of social work services within their respective Trust areas. Each Executive Director discharges this responsibility by being assured that the regional Service is providing safe and effective care. This assurance is provided to the Executive Directors through a Consortium Board arrangement, which meets on a quarterly basis. The Operational Management Group consisting of a range of senior managers from across all five Trusts and across all service areas meets on a bi-monthly basis. A Service Level Agreement is in place between BHSCT and the other four HSCTs detailing the service provided and governance arrangements.

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

The RESWS provides an emergency social work response across Family and Child Care, Learning Disability, Mental Health, Physical Health and Disability and Older Peoples Services.

The Regional Emergency Social Work Service is not an extension of the full range of services available during the working day; it is specifically for situations, which are of an emergency nature, including discharging the Trusts' statutory responsibilities for social care service delivery.

The RESWS will respond if someone's safety is deemed to be at risk of significant harm and the individual's welfare is seriously compromised if not responded to immediately and the situation cannot wait until 9am on the next working day for assistance and or support.

General Principles

- The Service is an emergency duty service and responds to situations that cannot safely be left until the next working day
- No work received or commenced by a daytime officer prior to 5.00 pm should be passed to RESWS with the expectation that RESWS will undertake this work. The fact that a case may run into the evening is not sufficient justification for an assumption of automatic handling of the case to RESWS.
- Requests for RESWS to become involved in cases that continue after 5.00pm should be restricted to assistance regarding accessing information, resources, or in relation to the daytime worker's safety.
- When arrangements are made by daytime staff for out of hour's visits, these should not be referred to RESWS. The RESWS **should not** be requested to undertake or sustain any planned work over weekends or evenings.
- RESWS is unable to pass on information to day services, unless of an emergency/urgent nature.

Child Care

RESWS will accept referrals where:

- There are concerns that a child has suffered, or is likely to suffer significant harm including unaccompanied minors/ trafficked children.
- There are concerns in relation to children, who are on the Child Protection Register (CPR) and those subject to Care Orders/Looked After by the Trust, or their carers including foster carers.
- There is suspected or confirmed abuse of a child.
- In cases where there is a serious and imminent risk of family breakdown both in the community, foster care or kinship placements.
- Act as an appropriate adult for young people who are subject of a Care Order and only when the offence in question has involved the residential unit and its staff.
- In the case of hospitals, where there is a need to make an enquiry to the CPR.
- RESWS will **not** become involved in management issues in relation to residents or staffing issues within the residential units.
- RESWS will **not** accompany young people from the residential units to hospital for medical attention

Adult Safeguarding

RESWS will accept referrals where:

- There are concerns about the safety of an adult at risk of harm or in need of protection.
- Where there is suspected or confirmed abuse of an adult at risk of harm and in need of protection.

Mental Health/ Learning Disability

RESWS will accept referrals where:

- Circumstances warrant an assessment to determine whether someone should be admitted to hospital on a compulsory basis under the Mental Health (NI) Order 1986. RESWS will provide an Approved Social Worker to undertake a joint assessment with the GP.
- Families and carers have serious and immediate concerns in relation to an adult's safety.
- There are difficulties surrounding the care and safety of a person subject to Guardianship.

Older People/ Physical Disability

Any issues with regard to current and existing care plans and homecare arrangements should be directed to the responsible Trusts' Out-of-Hours Homecare Service.

RESWS will accept referrals where:

- Informal care arrangements have broken down and it is essential that immediate action is taken to secure the health and well-being of a service user.
- **Extensive** attempts by the **homecare service** to locate a service user have proved unsuccessful and there is a necessity to liaise with PSNI regarding further action required.
- Admission to a Nursing Home Care is required.

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

Over the past 12 months, RESWS has continued to discharge its statutory functions across the service areas (out of hours) despite a number of challenges:

- There remains a shortage of acute inpatient beds for patients requiring an admission for assessment under the Mental Health (NI) Order 1986.
- Continuing large number of out-of-Trust admissions placing increased demands on the RESWS and other agencies involved in facilitating the conveyance of patients in need of an acute psychiatric care.
- A continuing difficulty for some Trust's to identify placements for children either requiring to come into care or requiring a change of placement.

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

RESWS has highlighted the issue of delayed conveyance and the availability of inpatient beds for psychiatric patients at Trust level and interagency forums. In addition, RESWS has explored ways in which a detained patient awaiting delayed conveyance can be handed over to an ASW colleague coming on shift, or handed over to a daytime ASW to complete conveyance.

The issue of a lack of identified placements for children has been brought to the attention of the relevant Assistant Directors of each Trust when required and Trusts have worked hard to identify placements. The recent recruitment and retention of foster carers to provide emergency short-term placements for young people has led to some improvement in placements. This is not in place in all Trusts which often leads to a shortage of placements or overreliance on out of Trust placements.

RESWS has been able to support 1 member of staff to complete the ASW course thus increasing the number of dually trained staff in the Service to 16, and the number of permanent ASW staff to 23.

Access to Epex in the Western Trust has also been progressed for RESWS staff alongside a current pilot of access to PARIS in the Southern Trust. Currently all staff have access to the Electronic Care Record.

During 2018, a review of staff working patterns was undertaken and following this review, the service is working towards introducing a new working pattern for staff that meets both the service needs and supports the health and wellbeing of staff working overnight shifts.

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

Not applicable.

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

Service delivery audits are undertaken bi-annually. The recent audits documented clear evidence of adherence to both professional and service standards. Work is currently underway with our staff to review our audit programme and include a more thematic approach to audit. This will explore the quality of work undertaken by the service and identify areas of good practice and learning opportunities. We continue to audit referrals that require no further action and this is assisting the service in identifying trends and patterns of calls that are not appropriate for an emergency service. When appropriate, this information is provided to stakeholders to address the issues related to inappropriate referrals from specific areas of care.

The Service Manager completes a yearly supervision audit. During 2018/2019, a quarterly group supervision for all ASW staff has been included in the service.

The Service completed its fourth-Annual Report at the end of 2018, which provided statistical information to the Consortium Board and Operational Management Group as well as the Trusts and the HSCB. No significant changes to referral rates or trends were identified in this reporting period with numbers of referrals remaining similar to the previous year.

3. GENERAL NARRATIVE

3.1 Named officer responsible for professional social work

The Acting Service Manager, Mr Des Flannagan, is a qualified social worker and has been responsible for the provision of social work services within RESWS from 4th April 2018 on a temporary basis.

3.2 Supervision arrangements for social workers

All permanent social work staff receive six-weekly supervision from their line manager. The senior practitioners are divided into four groups with an Assistant Service Manager responsible for providing supervision to the staff in each group. The Service Manager provides supervision to the Assistant Service Managers and the Co-Director provides supervision to the Service Manager on a four- weekly basis.

A Service specific Supervision Policy is in place and this outlines the supervision arrangements for all staff within the Service.

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

The RESWS has addressed all of the recommendations of the RIQA Report presented in January 2017.

1. The Belfast should review the call management arrangements for the service and should include:
 - The training and support provided to the call handlers in relation to dealing with continuous crisis or emergency calls
 - The training requirements to ensure the call handlers can identify and have the confidence to redirect inappropriate referrals.
2. In the interim period until the implementation of regional IT initiatives, the Consortium Board should examine local measures for providing better access to the various IT systems with the aim of achieving appropriate access for RESWS staff.
3. The BHSCT should review the arrangements in relation to referrals associated with homelessness, in particular
 - Benchmarking the number of referrals received with similar jurisdictions across the UK, in relation to their appropriateness
 - Determining whether the work associated with referrals should be undertaken by a social worker
 - Confidentiality of information exchanged
 - Determining the appropriateness of the RESWS in providing such a service
4. The BHSCT should ensure that all staff are familiar with the arrangements for exchanging information between the RESWS and daytime services, and that a more robust process should be put in place for collating, recording and tracking referrals
5. The BHSCT should, as a matter of urgency, prioritise the development of arrangements for staff supervision and appraisal within the RESWS.
6. The BHSCT should review the current safety arrangements for staff within the RESWS and establish appropriate arrangements to minimise risks
7. The BHSCT should review the legacy arrangements with the SSA to determine the future need for the service provided by the RESWS.

Following receipt of the final report an Action Plan was compiled. The action plan was signed off as completed by the Consortium Board on 21 Jan 2019 and the Trust External Reports Governance Group on 23 March 2019.

Work completed in 2018/19 included the establishment and relocation of a new call handling service. This new service is now based in the RESWS Belfast office and commenced in September 2018.

In line with the review from RQIA, the RESWS is currently working with the NIHE on transition arrangements for the management of emergency homelessness out of hours. It is anticipated that the provision of emergency homelessness services out of hours will transition to the NIHE in September 2019.

The Service Audit Framework is now in place (as outlined in Section 2.7).

Emerging Trends

During this reporting period, a number of trends have emerged for RESWS as follows:

- There has been some improvement in relation to the availability of acute inpatient psychiatric beds following an assessment under Mental Health (NI) Order 1986. The circulation of bed availability for all Trust areas is helpful, however; it remains a concern that additional pressures are placed on ASW's and other agencies such as PSNI/NIAS when beds are not available in the Trust where the patient is assessed. The RESWS has undertaken some work with the BHSCT to pilot an arrangement between daytime ASWs and RESWS to safely transfer the conveyancing ASW duty when the ASW has worked excessive hours due to the delay in bed allocation, or Ambulance/ Police availability.
- The service continues to experience high levels of referrals for ASWs between 5-7 pm. This is likely to be influenced by GP working hours.
- The Service continues to review the Lone Working Standard Operating Procedure, which has been implemented.
- Recruitment for ASW staff continues to be challenging in some areas in Northern Ireland. RESWS has been very successful in developing its own staff to be dual trained to assist in addressing this issue. However, locum ASW availability in some Trust areas remains a challenge for the service.
- Continued difficulties for some Trusts in identifying emergency care placements for children and young people

Approved Social Worker (ASW) Register

1. Number of newly Approved Social Workers during period - 2
2. Number of Approved Social Workers removed during period - 0

3. Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards) - 26 permanent staff (including managers) and 16 locum staff
4. 5 Permanent RESWS staff and 1 Locum staff member completed re-approval training in 2018/19.
 - During the reporting period, no permanent ASWs left the service
 - 2 newly qualified ASWs began working in the service 2018/2019

The Service has routinely provided 2 candidates for ASW training each year. There is currently 1 permanent senior practitioner completing training and it is expected they will be able to fully practice by the end of 2019. In 2018/2019, the service focused on the training needs of ASWs with no direct childcare experience in order for them to undertake the dual role required by RESWS Senior Practitioners. This training was delivered in partnership with the BHSCT Social Work Training Department, with input from the PSNI. Staff also received follow-up training on-shift with the support of more experienced childcare social workers and managers. The expectation that all permanent staff will be ASW qualified is being realised in a planned and timely fashion; a significant achievement is that all of our candidates have achieved the ASW award from 2013, thanks to strenuous efforts both in terms of Internal Practice Assessor supports, and financial supports to provide easement.

The number of locum ASWs is reviewed regularly to ensure adequate cover is provided and RESWS is able to discharge its statutory functions. During 2018/19, the service provided a number of secondment opportunities for staff from the Northern, Southern and Belfast Trust to cover maternity leave and cover for staff undertaking the ASW course. This worked very well, and provided an excellent opportunity for both the service and the staff who participated. Currently the RESWS is satisfied it retains adequate staffing to meet service need.

DELEGATED STATUTORY FUNCTIONS**DATA RETURN 9****REGIONAL EMERGENCY SOCIAL WORK SERVICES (RESWS)****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		BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
9.1	Total Number of Assessments made by ASWs under the MHO	172	101	104	109	160
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	153	91	93	100	149
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	1	1	2	2	4

Comment on any trends or issues in respect of requests for ASW assessment or ASW applications:

The figures above were the fourth year's data RESWS are able to report on using Paris Recording and Reporting systems. During 2018 / 2019, 652 assessments were undertaken by the service on behalf of the five Trusts. This includes 4 Assessments of ROI residents and 2 GB residents. Of the 652 assessments there were 590 detentions. There were 630 assessments in 2016/17 and 632 in 2017/18, so the figures have been quite stable over the past three years.

RESWS made assessments for admission for 23 young people in 2018/19, which is less than for the previous years (36 in both years), and are as follows: BHSCT 6, NHSCT 3, SEHSCT 4, SHSCT 1, WHSCT 9. The figure of 10 second opinions being sought is relatively low and reflects the relative rarity of the procedure, and has remained stable and outside being statistically significant (+/- 3%), ASWs remain vigilant in reminding Nearest Relatives of their rights in exercising their rights and are mandated in recording this on each assessment.

As with previous years there are trends emerging that RESWS continue to monitor, such as the large number of referrals coming in from 5pm-7pm, this is closely watched both in terms of causation- GPs preferences- and its effect on staffing numbers and impact of other aspects of service delivery.

RESWS remains confident that current ASW staffing levels remain effective in meeting need. Additional locum ASW staff were recruited in 2018 to help support the service.

It should be noted that the vast majority of RESWS permanent staff are now trained as ASWs, reflecting the time and financial commitment of the service in achieving this.

One emerging issue in 2019, which is of particular concern, is the situation relating to difficulties around adults requiring an admission for assessment to a Learning Disability Hospital. Given the recent reduction in admissions to Muckamore Abbey Hospital, assessment times have become quite elongated.

HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2020

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1 EXECUTIVE SUMMARY

Executive Director of Social Work:

The Role of Executive Director of Social Work has been held by Mrs Carol Diffin from 1st September 2018.

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Please provide a high level summary overview which must include:

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

1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust

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

The Executive Director of Social Work:

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

During this reporting period the Trust's social care workforce has been located across three Directorates: Adult Social and Primary Care, incorporating Older People's Services and Community Adult Learning Disability Services; Specialist Hospitals, incorporating Mental Health Services and Childrens Community Services. Muckamore Abbey Hospital was managed by a new senior team for the last 6 months of the reporting period to allow the Director of ACOPs to focus on the development of a resettlement strategy.

Each of the operational Directorates have established Divisions mirroring the former service delivery units and have appointed Senior Leadership Teams, which have accountability for Divisional service delivery, performance and governance arrangements. The Divisional Social Workers have assumed the responsibilities for professional Social Work practice as members of their Divisional Senior Leadership Team and accountably for the range of corporate governance and service delivery functions.

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

- The professional leadership of the Division's social work and social care workforce.
- The assurance of arrangements for the discharge of statutory functions relating to the delivery of statutory social care services by the Divisional workforce as detailed in the Regional Scheme of Delegation.
- The provision of expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions.
- The establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.
- The establishment of arrangements and ongoing responsibility for the completion of the Divisional Interim and Annual Statutory Functions Reports.
- The establishment of arrangements to facilitate the completion of other reporting requirements (both internal and external) relating to the discharge of statutory functions.
- The establishment and assurance of Divisional arrangements to ensure the social work and social care workforce's compliance with NISCC's regulatory requirements.

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

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

Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Divisional Social Workers) is a sub-committee of the Social Care Committee with responsibility for the monitoring of and reporting to the Committee on the discharge of statutory functions.

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

The Trust also has an Adult Safeguarding Committee, which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective.

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

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

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

1.2 Statement of the Executive Director of Social Work's assessment of the Trust's performance in effectively and efficiently delivering Delegated Statutory Functions during the reporting period

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

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

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

Within this reporting period the Trust has experienced significant Industrial Action from December 2019 to March 2020, which impacted on the delivery of services. This included both full strike action and action short of strike such as, working contracted hours only and non-cooperation with reporting procedures. Daily meetings and negotiations with Trade Unions ensured that the minimum safe practice requirements continued during these periods.

Towards the end of January 2020 the Trust commenced its preparations for the arrival of the COVID 19 virus with the development of Business Continuity Plans and Surge Plans across all services. The move to a lockdown position on 24th March 2020 had a significant impact on the way in which community social care services were delivered. The Trust responded by making use of technology for virtual contact through various IT platforms for both staff and service users, prioritised workloads to ensure the most vulnerable cases were responded to and followed the Regional and Trust Action Cards where these had been agreed. The Trust was responsive to PPE requests within our Social Care Sectors which enabled frontline work to continue as much as possible.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions and worked hard to address any concerns raised.

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

As at 31 March 2020, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

1.3 Comment on the Trust's progress in delivering the 2019/2020 local DSF Plan (further detail to be provided for each Programme of Care at Section 2.6)

This has been a challenging year for the Trust in the context of the following issues: the demands, levels and complexity of need across all settings; enhanced public expectations and levels of scrutiny; the impact of the phased re-structuring of regional commissioning and reporting structures; the overarching financial and resources context; and ongoing difficulties with the regional recruitment pathway. In addition the Industrial Action which took place from December 2019 to March 2020 and the commencement of the COVID 19

Pandemic at the beginning of March provided further challenges to how services were delivered.

Despite these challenges the Trust has continued to prioritise the following:

- Safe, effective, compassionate and quality service delivery.
- The embedding of a culture and underpinning values, which promote excellence, innovation and continuous learning as, reflected in its investment in its workforce's knowledge and skills base.
- Partnerships with local communities and voluntary, private and statutory agencies.
- Community capacity building.
- Co-production, partnership and purposeful engagement with service users, carers and communities to improve service delivery.
- The Trust achieved IiP Silver accreditation in May 2019.

Significant progress has been made by each Programme of Care with their local DSF Action Plans which are detailed in the individual service areas summaries. The key areas of progress are as follows:

Older Peoples Programme of Care

Workforce

The workforce issues that were identified in the last reporting period for social work in the Hospital and Older Peoples Community services have been successfully addressed with the programme reporting no vacancies at the end of this reporting period. This has brought considerable stability to the workforce and allowed for the development and strengthening of the social work role within these areas.

Domiciliary Care Unmet Need

This remains a significant risk for the Older Peoples Programme of Care in relation to high levels of unmet need. Unfortunately, the modernisation of Statutory Home Care has not delivered the additional capacity required and further work will be undertaken during the next reporting period to address this.

Care Management Audit

The Trust can report that some progress has been made in responding to the recommendations of the BSO audit. However as the service area continues to achieve limited assurance an implementation plan is in place to further address the areas that require improvement.

Adult Safeguarding

The service has reduced the number of non-protection cases being referred to the Gateway Team during this reporting period through the transfer of the

screening function to Community Social Work. However, further work is required in relation to standardisation of practice when working with Adults at Risk of Harm. The service area awaits the implementation of the recommendations from the Independent Review into Dunmurry Manor.

Learning Disability

Iveagh

The issue of delayed discharge from Iveagh Regional unit has continued in the main due to the lack of community provision for these young people. This is also highlighted with the Children's Community Services Action plan. Iveagh remains within ACOP Directorate and whilst some work has been undertaken to explore which service it should be managed by the conclusion of this work has been delayed due to COVID19 and a change in management within ACOP and Learning Disability Services. Further meetings are planned within the next reporting period to take this forward.

Mental Capacity Act (NI) 2016 Phase 1 (MCA)

Within All Programmes of Care significant training in respect of the Mental Capacity Act has taken place. However Adult Learning Disability and Older Peoples Programme of Care will not be in a position to fulfil the requirements for DOLs with their legacy cases by December 2020. This is due to a number of factors: the lack of available medical practitioners- Trust and GPs; issues with ASW capacity; Industrial action from December 19 to March 20 and latterly the COVID 19 Pandemic.

Accommodation Needs

The Trust can report good progress with meeting the accommodation needs of adults with learning disabilities, specifically supported housing placements. The Learning Disability Division has developed an Accommodation Plan for the period through until 2023. A new specialist Learning Disability nursing care provider is opening in the autumn of 2020 and Supported Housing Schemes continue to be developed including a supported living scheme, Cherryhill which will accommodate 9 patients from the hospital.

Mental Health

Assessment Centre Model/Amalgamation of Primary care and Recovery Services

The Trust can confirm that the Assessment Centre has been implemented. An implementation plan has been developed to take forward the amalgamation of Primary care and Recovery Services. Unfortunately the completion of this within the reporting period was delayed due to COVID but will be taken forward over the next few months.

Article 15 payments

The Trust undertook a review of Article 15 payments and has confirmed that all payments were appropriate. The service continues to monitor expenditure in this area.

ASW reports completed within timescale

There has been some improvement in the number of reports completed within the 5 day timescale and the Division will continue to work to try to address this.

Children's Community Services

Within Children's Community Services the greatest impact on the delivery of its statutory functions is the ongoing deficits in staffing across the Directorate despite significant ongoing work being undertaken to address this. During this reporting year these shortages have been compounded by the impact of Industrial Action and the early stages of the COVID19 Pandemic lock down. The Directorate continues to work to try to address these challenges although recognises that the workforce issue is a regional one.

Looked After Children

Despite the recruitment of significant numbers of new social work staff the Directorate continued to experience significant vacancy levels which impacted on its ability to deliver its statutory functions at all times in relation to its looked after children population. The vacancies identified during last year's report were addressed with a successful recruitment campaign last April 2019. This ensured that the Trust was able to move to a position of full compliance in relation to it's looked after children's population. However retaining social workers has continued to be a challenge across all frontline social work teams in children's services and despite further recruitment campaigns later in the year not all vacancies were filled. Consequently a small number of looked after children experienced short gaps in having their own allocated social worker and 29 Looked After Children did not receive all of their statutory visits ie at least once a month during this reporting period. The Trust has been able to return to full compliance with the latest recruitment of staff in February 2020 as all LAC social work posts have been filled.

14 Children with a Disability, did not have their statutory visits due to Covid 19 during March.

76 Looked After Children were not reviewed in line with statutory requirements in March 2020 and plans are in place to meet these requirements by the end of July 2020.

Adequate Supply of Placements

The Belfast Trust has been unable on occasions to match the needs of the children being admitted into care with the most appropriate placement. The main reasons for this is: the lack of placement range available, the challenges

experienced in the recruitment and retention of foster carers, the success of the GEM scheme over the years resulting in the reduced availability of these careers for new admissions, alongside the growing numbers of children remaining in care for longer and the growing complexity of their needs which are harder to meet through the more traditional placements. This is across residential and fostering services. Currently the residential Children's homes within BHSCCT are working at full capacity with no vacancies. The Trust has had to maintain its Home for 8-12 year olds such is the demand for placements for this group of children. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma. The Directorate has developed a Trauma informed approach across residential and fostering services supported by TSS which will hopefully begin to impact positively on placements.

The Regional Fostering service is continuing to try and recruit new carers to the service, but there is always a lag between interest, recruitment approval training and subsequent placement.

1.4 Identify the areas where the Trust has not adequately discharged their statutory functions and the actions taken to address this (further detail to be provided for each Programme of Care at Section 2.7)

The following is an overview of a number of areas, which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service reports provide additional commentary on these themes.

DEPRIVATION OF LIBERTY:

Mental Capacity Act (NI) 2016 Phase 1 (MCA)

The Mental Capacity Act is currently being implemented across the Trust, this has met with a number of challenges. There are significant legacy cases within Learning Disability and Older Peoples Programme of Care which require DOLs and subsequent reviews. Issues include the lack of medical staff/GPs to undertake medical assessments, within the community and ASW capacity.

It is very unlikely that the Trust will meet the December 2020 deadline for having the relevant DoLS in place across all the Adult Programmes of Care.

Children's Community Services have also undertaken relevant training and have held a workshop for staff across Corporate Parenting to address the issues for those 16 and 17 year olds who may require DOLs, however there remains a need for appropriate regional guidance for staff especially within residential and fostering where there may be situations which require DOLs.

Consistent with NISCC standards and RQIA advice, the Trust has worked in attempts to resolve complex cases involving service users deemed to lack capacity to consent or object to decisions on their welfare, including considerations of Best Interests and deprivation of liberty safeguards. .

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

ADULT SAFEGUARDING

With the need for the Trust to respond to the Investigation into historical abuse in Muckamore Abbey Hospital a number of key staff were redeployed from the Gateway Team to support the Trust's investigation. This resulted in a significant loss of experience within the Gateway team and there were a number of difficulties experienced in trying to backfill these positions. Consequently this service was placed on the Trust's Corporate Risk register. The position stabilised by the end of the reporting period with a number of the key staff returning to their substantive posts. Work will continue during the next reporting period on the model of delivery for adult safeguarding across the Trust.

LARGE SCALE ADULT SAFEGUARDING INVESTIGATION

This has been a very challenging year in light of the high profile, large-scale adult safeguarding investigation in Muckamore Abbey Hospital, which has had a detrimental impact on our service users and carers and staff. A number of staff have been suspended and a number of staff are off on sick leave and staffing levels are reviewed daily. A police investigation is ongoing alongside a Trust investigation. An SAI was undertaken, chaired by an independent person, Margaret Flynn, the findings of which, alongside RQIA Inspection findings have provided the focus for work undertaken by the Trust in relation adult safeguarding, service user and carer involvement, and planning for delayed discharges.

There remains accommodation needs for those being discharged from Muckamore Abbey Hospital. Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for service users with complex and challenging needs resulting in delayed discharges. The availability of admission beds in Muckamore Abbey Hospital, continues to be a challenge despite the number requiring admission being significantly lower than in previous years.

ASW DAYTIME ROTA

There remains an ongoing challenge in maintaining the daytime ASW rota within Mental Health programme of Care. Currently there are 28 registered ASW within the Division, an increase of three from last year, however not all of the registered ASWs are able to participate in the rota for a number of reasons which are detailed in the Mental Health Service Report. Mitigating action has been taken to address this but this remains a pressure within the service.

Recruitment and retention of the ASW role continues to be challenging because of the additional pressures of the role.

DOMICILLARY CARE

The lack of capacity within Domiciliary Care is a significant concern for the Trust. Despite remedial measures put in place demand continues to outstrip capacity for this service. Care providers continue to report ongoing challenges to recruit and sustain the workforce. On the 31st March 2020 there were 705 unsecured care packages equating to 5228 hours in Older Peoples Services. It is important to note that in March 2020 with the impact of COVID 19 there was a surge in unmet domiciliary care need, due to significant pressures to create bed capacity in hospitals in preparation for the impact of COVID 19.

PLACEMENT CAPACITY IN CHILDRENS SERVICES

Pressures with regard to placement availability across residential and fostering services in the context of the volume and complexity of needs of the Trust's looked after children population. The numbers of looked after children within the Trust continue to rise which creates continued pressure on the residential and Fostering placements. The reconfiguration of the Glenmona Site, with the closure of Donard and the required workforce realignment processes has created pressure on the workforce with the inability to recruit to the 10 permanent vacancies within residential. Each of the children's homes are working at full capacity which reduced placement options and the Fostering service remains under pressure due to the lack of placement options.

There is constant movement within fostering with a number of carers who are wishing to retire from fostering due to age or personal circumstances. Despite many different strategies it remains challenging to recruit new carers into the system. They require training and support before placement can commence so there is a time lapse between recruitment, approval and placement. This is being addressed through the regional fostering initiative.

Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma, this can prove to be very testing for even the most experienced foster carer. There is a lack of carers who can accommodate sibling groups. The Trust is increasingly providing training and support from TSS to support carers with these challenges to try and minimize the foster carer breakdowns and subsequent pressure on the system and supply of placement options and choice. COVID 19 and the restrictions during Lockdown had a significant impact on placement breakdowns.

The lack of choice means children are not always placed in the most suitable placements or remain as sibling groups which are contributory factors to breakdowns. Emergency provision is also limited. This creates a constant pressure for the Looked after Children services across the Trust.

PERSONAL ADVISORS

Despite additional resources being allocated by the Trust through demography monies the provision of PAs within the Leaving and After care service has remained a challenge for the Service. Currently there are 103 young people who do not have a personal advisor. This noticeable increase is

due to a number of factors: the increase in the number of looked after children, late entrants into care and the growth in numbers of unaccompanied minors being looked after by BHSCT.

CHILDREN WITH A DISABILITY

The Trust has for the past few years highlighted the growing challenges arising in supporting this group of children to live within their own Homes due to the lack of community infrastructure as well as short break and long term placement options for children with disability, particularly those with severe learning disability, autism and other co-occurring conditions. This lack of provision continues to impact on the functioning of Iveagh where the Trust has two delayed discharges.

There also remains a lack of jointly commissioned placement options for those who are 16+ or leaving care. This is not a problem that is unique to BHSCT and requires a regional approach and a clear strategy to be developed.

EARLY YEARS INSPECTIONS AND REGISTRATIONS

It is unusual for the Early Years team within the Trust to have outstanding Inspections or registrations, however mainly due to the COVID 19 restrictions there are 89 Early Years Inspections outstanding and a total of 8 outstanding registration applications at the end of March 2020.

WORKFORCE

The challenges of recruiting and retaining a social work and social care workforce are highlighted in each service areas report particularly at band 5/6 and band 7 level with the exception of Older Peoples Programme of Care.

The Trust welcomes the pending Workforce Review being led by the DOH and hopes that this will provide some direction regionally on how to address the high levels of vacancies, the high turnover of staff and high levels of sickness absence so that a more stable workforce can be maintained. At a Trust level there is a pressing need to complete a robust Trust-wide workforce planning approach to social work and social care to secure the necessary workforce volume, skills and knowledge base to meet service delivery demands across, frontline children's services, adult safeguarding, ASW functions and domiciliary provision. This work will be a priority for the next reporting period.

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

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

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

Within children's services, there have been significant challenges over the past year with both recruiting and retaining experienced staff in fieldwork and residential settings. High levels of vacancies and high turnover of staff, with lack of available newly qualified staff have led to increased pressures on existing staff within the system, and growing caseload sizes. The challenges in relation to workforce was added to the Trusts Corporate Risk Register.

COMMUNITY INFORMATION SYSTEM (PARIS)

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

1.5 Comment on the Trust's current workforce arrangement for both the professional leadership of delegated statutory functions and the operational delivery of service

As outlined in Section 1.1 the Executive Director of Social Work provides professional leadership to the Trust's social care workforce. She also is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same. Within Children's Community Services the 2 Co-Director posts are designated social work posts which ensures the delivery of statutory functions across all areas of children's social work. Within ACOPs and Mental Health Services the Director and Co-Director posts are not designated social work posts but they hold operational responsibility for the delivery of the Trust delegated statutory functions.

The Trust has four Divisional Social Workers who are key members of the Divisional teams. They are responsible for providing professional leadership of the Division's social work and social care workforce and for providing expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions. They are also responsible for the establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.

Each of the Divisional Social Workers is responsible for highlighting any issues in relation to the social work and social care workforce both to the operational managers within the Divisional teams and to the Director of Social Work.

There have been a number of challenges impacting on the workforce during this reporting period. The Trust continues to experience a high levels of Social Work vacancies across all programmes of care with the exception of Older peoples programme of Care who report no vacancies. The Trust has contributed to the Regional Social Work Workforce Review group chaired by the DOH which is addressing these strategic issues and is developing a five year strategy to help strengthen the Social Work workforce.

Within Learning Disability there remains a need for additional SW staff to undertake the ASW and DAPO roles and to undertake DoLS/ DO. There is also a need to secure funding for a PSW post to support the Division in relation to the discharge of statutory functions to strengthen the SW governance requirements.

Recruitment campaigns have been undertaken to recruit to vacant posts within each of the programmes as vacancies have arisen. Specific recruitment campaigns by Children's Community Services were held in April 2019, and in February 2020 targeting final year students who were due to graduate in June 2020 this was to address the 40 vacancies which existed within the Directorate. This proved very successful with 49 new AYE staff recruited to the workforce. All of the programmes of care benefitted from this AYE targeted recruitment which was led by Childrens Community Services. Belfast Trust, like other Trusts, is subject to the lack of availability of qualified Social work staff to meet the demand within the system. The Social Work workforce has predominately female workforce over 83% on the part 1 of the NISCC register with 35% in the 50+ age category. The Belfast Trust demography mirrors this pattern.

The numbers of newly qualified staff entering the profession are not sufficient to fill all of the current vacancies. Whilst the overall numbers of professional social workers has increased over the years the range of opportunities including transformation projects and the MDT teams has contributed to the turnover of staff, often drawing on experienced staff to fill these posts and creating greater reliance on more inexperienced a staff.

During the initial phase of COVID 19 which occurred towards the end of this reporting period the Social Work and Social Care Learning and Development team quickly created a range of online learning opportunities for the 49 AYE staff who entered the workforce early during the pandemic. They also enhanced the support offered to them by providing an individual named staff member from Learning and Development offering them a monthly professional development session in addition to the other AYE supports normally provided.

A further challenge during this reporting period, was the Industrial action which took place from December 2019 through to the beginning of March 2020. This impacted on operational work with staff continuing to take action short of strike which included not working outside their working hours and not completing returns, including those required for this delegated statutory function report.

These factors were further compounded by COVID 19 and the impact on staff delivering services during a pandemic which included, new ways of working

using virtual methods; use of technology; use of PPE; additional reporting within the Trust to ensure that regional guidance and Action Cards were adhered to; redeployment of staff to ensure staffing levels remained at a level to operate key services for children young people families, vulnerable older people, those with mental health and learning disabilities.

The impact of COVID on the workforce has been significant and will continue as the Trust moves to resetting services in the next number of months whilst preparing for a second spike.

The resilience and creativity of Social Work and Social Care Staff during this period is a testament to their commitment to the needs of the most vulnerable in society. Services continued to the most vulnerable whilst staff were challenged in how to keep themselves and their own families' safe.

I would wish to place on record my thanks to the social work and social care workforce in BHSCT for their commitment to providing safe, effective and compassionate services to our most vulnerable during what has been a very challenging year.



Signature

Date 14th August 2020

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Older People's Services including Hospital Social Work

2.1	Named Officer responsible for professional Social Work
2.1a	<p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Ms Tracy Reid is the Divisional Social Worker for Adult, Community and Older People's Services. The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Service Area.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>The service area is pleased to report that there are no operational or professional Social Work vacancies between Band 7 and Band 8B in Hospital or Community Social Work. This is a significantly changed position from the chronic vacancy issues reported in previous DSF reports.</p>
2.1b	<p>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.</p> <p>Within this reporting period, the service area has significantly developed the operational and professional structure for Social Work across Hospital and Community Social Work. Historically, these areas were managed under the one operational and professional line of an 8B Social Work Service Manager. Furthermore, Hospital Social Work had a single Assistant Service Manager, to undertake operational and professional responsibility for 10 Hospital Social Work Teams. This created significant risk within the service area, as Hospital demands were often prioritised over operational issues in Community Social Work. During this reporting period, to ensure increased visibility into professional issues, the Division decided to split the 8B Service Manager into the 2 discreet roles of Hospital Social Work Service Manager and Community Social Work Service</p>

Manager. Furthermore, an additional Assistant Service Manager is now in place to support the Hospital Social Work Service Manager. These arrangements have been in place since February 2020 and notwithstanding the impact of COVID 19, the service area has already noted, the significantly positive impact of these new operational and professional structures.

The service area has been able to remove staffing issues in Older People's Social Work from the Divisional risk register.

Hospital Social Work Workforce

This reporting period has been less challenging for the service area, in terms of the stability of the Social Work workforce across hospital sites. As had been previously reported, the service had been particularly reliant on Band 6 agency Social Workers across the acute hospital settings at Royal Victoria, Belfast City and Mater hospitals, as well as experiencing high levels of unfilled posts. The Trust completed a Jobs Fair Recruitment Day in September 2019 and since then applicants have now filled the vacant posts reported in the previous period. However, due to significant delays in relation to Shared Services recruitment processes this recruitment process was not completed until June 2020. In addition, the significant vacancy and absence within the Band 7 Senior Social Worker group has diminished over the reporting period and all 9 Senior Social Worker posts are now filled. This has significantly improved the structure to support the delivery of core duties, management and assurance processes.

Community Social Work Workforce

During this reporting period there has been a marked improvement in relation to the stability of the workforce in Community Social Work, in comparison to the positions reported previously. The move to uplifting the Team Manager role from a Band 7 to a Band 8a role, has been successful in arresting the chronic vacancy challenges that have been endemic to this role in recent years, and the service area is pleased to report that there are no current vacancies in relation to this role currently.

Within the practitioner role, significant progress has been made in relation to reducing the dependency on agency and temporary staff. A recruitment day for Social Workers in September 2019 resulted in the appointment of 10 permanent Social Workers for community teams replacing temporary and agency staff. However due to the challenges within Shared Services these posts have only been fully recruited to in June 2020. The service area is pleased to report as of 1st July 2020, all posts are filled within the management and professional structure for Community Social Work. This is critical to enabling Community Social Work to recover from the impact of prolonged chronic vacancies and to ensure that there are the sufficient resource and structures in place to deliver statutory duties,

	<p>professional assessment and intervention, and to continually improve.</p> <p>As previously reported a significant challenge for Community Social Work has been the high dependency on Social Care staff, who had traditionally been utilised to deliver Statutory Duties. Since 2016, the service area had undergone significant transition to reduce the dependence on the Social Care and Care Management roles. Following the standing down of the Care Management role, the composition of the community teams was approximately 35 % Social Work and 65 % Non-Professional Social Care staff. Working to an objective for Community Social Work of team compositions of 70 % Social Work staff and 30% Non- Professional Social Care staff, the service area is able to report further progress. The objective is to ensure that the service area has sufficient levels of professional staff to deliver statutory and professional duties. With the use of demography monies during this reporting period, the service area has begun the process of phasing out 15 Social Care Co-ordinator roles and uplifting their replacements with Social Work posts. Some 10 posts have already transitioned with ongoing transitions planned. The service area is able to report that teams now have an average team composition of 55 - 65 % Social Workers. This transition remains a key objective for the service area.</p> <p>Care Review and Support Team (CREST)</p> <p>One area where recruitment is proving more challenging is the Care Review and Support Team. This team was set up to provide support and review to people who are in permanent care placements. The intention of this team was to have a cross representation of professions, recognising the diverse needs of residents. The composition of the team was to be 40% Social Work, 40% nursing and 20% others (SW, Nursing or AHP). The service area is being significantly challenged in its ability to recruit nursing and AHP staff, which is impacting upon the Teams ability to meet its full complement of staff and consequently to meet the demands of its workload. Whilst the service area has seen increased interest amongst applicants for Community and Hospital Social Work, the generic CREST Practitioner role does not appear to be as appealing to Social Work applicants. The impact of this, is a reduction of the number of cases transferred to the team, once the resident becomes permanently placed. This is resulting in additional pressures for Community Social Work. A number of recruitment drives have occurred, including the use of social media, pod casts and rolling recruitment. The service area continues to keep this under review.</p> <p>Professional Roles</p> <p>a) Designated Adult Protection Officer (DAPO)</p> <p>The service area has in place sufficient numbers of DAPO's to meet its current responsibilities in relation to Adult Safeguarding</p>
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	<p>responsibilities.</p> <p>b) Investigating Officers</p> <p>Within the total service area, there are sufficient numbers of Investigating Officers available. However, given the significant numbers of new staff within the service areas, the service area is now putting in place arrangements for additional Investigating Officer training.</p> <p>c) Approved Social Worker</p> <p>The Trust takes a corporate position in relation to the Approved Social Worker role and this is reported on within Mental Health Statutory Function report</p> <p>d) Mental Capacity Act</p> <p>As stated above, the service area is able to report notable improvements in relation to recruitment to the service area. However, this has brought additional challenges in regards to meeting responsibilities in relation to the Mental Capacity Act. These recruitment improvements have resulted in significant numbers of recently qualified staff and staff from other programmes of care, coming to the service area. However, we are challenged in relation to having access to suitably eligible and qualified Social Workers, who can undertake capacity assessments. It is the experience of the service area that other professions are expressing a lack of confidence in undertaking assessments and that these will in the future predominantly fall to Social Work.</p>
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework - No</p> <p>If not, outline the remedial action taken to address this</p> <p>Whilst the service area at the end of this reporting period is able to report a more stable structure in relation to Line Management structures, this has not been the case throughout the whole reporting period. Absence and vacancy in the Team Leader role across the reporting period has impacted upon the service areas ability to be fully compliant with the policy in relation to standards regarding the frequency of supervision</p> <p>Actions taken by the service area include:</p> <ul style="list-style-type: none"> ➤ Supervisors are required to report monthly on instances where staff have not received supervision and identify actions in place to address this. The Principal Social Worker monitors exception

	<p>returns and trends are analysed to identify areas of concern.</p> <ul style="list-style-type: none"> ➤ An action plan has been in place to address the absence and vacancy issues across the Team Leader role and this is now resolved ➤ The Service area have put in place a supervision audit cycle and whilst COVID 19 affected the completion of this, the audit is now finished. Learning from this is being shared across the Division, to ensure continuous improvement ➤ The service area welcomes and is working to implement the new regional supervision policy. ➤ Newly qualified staff are supervised in line with AYE guidance
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool - No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Hospital Social Work</p> <p>The centralisation of referrals through the Community Discharge and Social Work Hub has significantly improved visibility of Social Work referral and demand across acute hospital sites. Working with Intermediate Care services, the service area has now in place an allocation system. This system is overseen by a Band 7 Social Work Lead, who screens all referrals to the Hub and ensures that the most appropriate professional takes forward the case. This also ensures that high risk statutory cases in hospitals involving adult safeguarding, child protection, self-neglect, mental incapacity, addiction and domestic violence are better identified as discrete social work referrals. This is a move from historical practices where prioritisation was often only understood within the context of discharge activity and targets. This improved screening has reduced the number of inappropriate referrals to Hospital Social Work and this is reflected in Data Return 1</p> <p>Community Social Work</p> <p>Caseloads in the service area have been traditionally very high, with a mix of low level social care cases and high risk statutory cases. The service area implemented a risk stratification tool in late March, in response to COVID 19 and this identified that 40% of all cases in Older People's Social Work were categorised as high risk. This tool has helped the service to understand and analyse the complexity of cases and will be further developed to build the profile of caseloads. Caseloads previously for Social Workers in Older People's Services were approximately 90 to 100 cases. These are considered to be excessive and through the implementation of the actions noted above, these are able to be reduced to caseloads of approximately 60, with a longer term aim of a further 10 -15 % reduction, in line with other programmes of care in Adult Services.</p>

2.3	<p>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.</p>
	<p>BSO Care Management Audit</p> <p>Further to the BSO Care Management Audit of 2019, the Trust undertook significant improvement work to address the concerns raised. This included the updating of Trust wide Care Management Procedures and a review of the risk assessment, care plan, review tools. All of these tools have been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 before the full implementation of the improvements had been completed. Therefore full implementation had not occurred. BSO audit team very much commended the service area on the work that had been done, but as the full implementation of the care plan was not in place we remained with limited assurance. There is to be a potential audit later in the year. The service area has just completed a baseline audit, further to the implementation of new procedures and is implementing a monthly audit cycle until improvement is achieved and sustained. As highlighted before a key challenge to the service area, in achieving compliance has been the availability of professional staff to undertake the required duties.</p>
	<p>East Belfast Pilot</p> <p>The Service Area has continued with its implementation of improved Duty Desk systems across Community Social Work. This has enabled improved visibility and demand, which has identified the need for further development of the duty desk system. In the East Belfast Team, in partnership with the Re-ablement Service, Connected Community Hubs and Domiciliary Care, the service area has been piloting a new duty desk model. This has involved the integration of 2 former duty desks for Community Social Work into one, with increased senior decision making up front. Working on the principal of ensuring that people get onto the right pathway for them, as early as possible, has highlighted that Social Work does not always have to be the first professional involved in a social care case. This has shown significant impact with a preliminary reduction of some 30% of the cases going to Social Work and an increase in the number of cases being directed to Connected Community Hubs and Re-ablement services. Improved outcomes and reduced delay are also noted. Whilst this pilot has been, temporarily stood down, due to COVID 19, it is the intention of the service to recommence this work imminently and to spread learning across all community teams. The improved management and allocation of referrals, the reduction in staff vacancies and the realignment of staff from Social Care roles to Social Work will place the service area in a stronger position going forward.</p>

	<p>Social Work Strategy Innovation Fund</p> <p>The Service Area was successful in receiving grants of £15,000 each for 2 projects. Whilst both of these projects have delayed due to COVID 19, they will be restarted with a return to normative business</p> <ol style="list-style-type: none"> 1. A joint initiative with the Northern Ireland Fire Service has enabled the development of information, public awareness campaign and included Service User design and development and peer educators. This was to be launched formally in May 2020, but this will be carried forward into the Autumn 2. Funding provided to further the work commenced with the ASCOT Team at Kent University to deliver further training to relevant staff in the use of outcome measures in supporting quality improvements in care homes. It is not currently possible to complete this work due to the restrictions around care home settings. <p>CLARE Project</p> <p>As part of the Reform of Domiciliary Care, the service area has been involved in working with the CLARE project to identify alternative community responses, to services that otherwise would have been provided through formal commissioned services. There have been a number of challenges in relation to this project including the vacancy of the Project Manager post. The evaluation of the project has been delayed due to COVID 19.</p> <p>Shared Lives</p> <p>As part of the Reform of Domiciliary Care, the service area has been supporting the development of a Shared Lives model for the region. This work has involved engagement with community organisations and service users. The approach was widely welcomed across these groups as a positive direction of travel. Whilst the carrying forward of this work has been delayed due to COVID 19, the service area are supportive of the approach and would welcome a regional model.</p>
2.4	<p>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.</p>

	<p>Continuing Healthcare</p> <p>The service area continues to be significantly challenged in relation to the management of Continuing Health Care assessments and the full implementation of relevant paragraphs of the 2010 Care Management Circular. This matter has been the basis of [REDACTED] a NIPSO finding against the Trust, [REDACTED] and a high number of complaints during this reporting period.</p> <p>In relation to the NIPSO finding, it is the view of the Ombudsman that the Trust can no longer justify the absence of a Policy for Continuing Health Care. However, as has been previously highlighted the Trust is awaiting policy guidance in relation to a framework to support the assessment of people with Continuing Healthcare needs. The Trust would welcome policy clarity and the outcome of 2017 Department of Health consultation.</p> <p>Adult Safeguarding</p> <p>The evidence paper from the Independent Review of Dunmurry Manor has highlighted a number of significant weaknesses in current Adult Safeguarding practices across the region. Of particular note is the overdependence on process and procedures, with a less focus on meaningful outcomes for service users and families. Some of the themes identified in this report are similar to themes being identified in SAI reviews and complaints in the service area during this reporting period. The Trust would welcome a regional plan for the implementation of learning from COPNI Home Truths report and the Independent Review, to ensure that the necessary improvements are no longer delayed.</p> <p>A RQIA inspection of Valencia Ward was undertaken on 10th & 11th February 2020. Valencia Ward based at Knockbracken provides support to A formal feedback meeting between RQIA and BHSCT on 25th February 2020 identified inspection concerns within Valencia Ward related to adult safeguarding, incident management systems and leadership and culture within the ward. An action plan was developed to address the issues raised, which included ongoing senior management oversight, independent care quality audits and support to the nursing team by sharing new evidence based nursing practices such as care planning, which was implemented within Valencia. The ward has been supported by social work regarding the identification of themes and trends in relation to safeguarding referrals and maintaining referral logs. The ward sister was provided with additional support to develop leadership and management qualities and skills, professional accountability and governance whilst delivering safe services within a specialist assessment facility.</p>
2.5	<p>Advise on any Safeguarding issues that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</p>

	<p>The Adult Protection Gateway Team (APGT) continues to operate a dual system, which consists of a duty function, which screens and co-ordinates adult safeguarding referrals, and an investigatory function, which has operational responsibility for conducting all Adult Protection investigations for Older Peoples Programme of Care and Physical Health and Sensory Disability.</p> <p>This reporting period has been particularly challenging for the Adult Protection Gateway Team, as a number of key personnel from the team had been transferred to the Muckamore Abbey investigation. Given the loss of experienced personnel and due to challenges in backfilling staff, the team moved into a very high risk position with the risks being reported on the Corporate Risk Register. The position has now stabilised with the return of key personnel to the team and the Team has now been removed from the Corporate Risk Register. Also community and hospital teams are taking more responsibility for screening and assessing all other adult safeguarding activity outside of Adult Protection referrals and investigations.</p> <p>In February 2020, BHSCT Prevention, Protection & Partnership working group facilitated an Adult Safeguarding Champion Forum. The purpose of this meeting was to look at the purpose of the annual position report, and it was also utilised as an opportunity to refresh and remind all Adult Safeguarding Champions of the referral pathways and to discuss thresholds for 'Adult Protection', 'At Risk of Harm' or 'Alternative Safeguarding Response'. The feedback from this forum was positive and resulted in the request for regular Adult Safeguarding Champion Forums to be facilitated by the BHSCT.</p> <p>The Adult Protection Gateway Team continues to be the central point of referral for Human Trafficking and central point of contact for Police/Central Referral Unit. Over this reporting period, APGT continue to experience interface issues with the PSNI in relation to adherence with some aspects of the Joint Protocol, particularly around application of thresholds and challenges in relation to ABE interviews. It is noted that over this reporting period, APGT commenced 35 Joint Protocol investigations; this is a reduction of 60% from the previous year.</p> <p>The Trust has been awaiting the implementation of APP forms onto the PARIS system, which has taken a number of years to develop. This was due to be operational by March 2020, however with factors beyond the control of the BHSCT, including COVID19, this has not been achieved.</p> <p>Whilst in the main COVID 19 has only affected the later part of this reporting period, it is important to highlight that COVID 19 has significantly impacted upon Adult Safeguarding, with a significant drop in referrals. This has been recorded on the Divisional Risk</p>

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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in June 2019	Progress Update at 31 st March	RAG Rating
A	Hospital Social Work- Staffing, Attendance Management and Recruitment	As reported in 2.1b, the workforce issues in relation to Hospital Social Work have now been addressed and a stable workforce structure is now in place	
B	Social Work Model Royal Victoria Hospital	As reported in 2.2 b, Hospital Social Work within the RVH site is a critical part of the Community Discharge and Social Work Hub. Hospital Social Work has retained its own respective operational and management structure, though they will be closely inter-connected with Intermediate Care. Low level tasks such as restarts [of care packages are now undertaken by Discharge Hub staff, as well as there being increased support for Social Workers in relation to the administrative processes for discharge. It remains the aim of the service that Social Work should not be defined only in relation to discharge processes, but that there is a need to focus on the core Social Work role. In this forthcoming year, Hospital Social Work will focus on widening their professional toolkit, with an increased focus on meaningful interventions and Multi-Disciplinary working.	
C	Domiciliary Care Unmet Need	As reported in 2.6, this remains a significant risk for the service area. Whilst COVID 19 has reduced significantly	

		the level of unmet need, this is likely to be a temporary position, with increased demand as people come out of lock down. The modernisation of Statutory Home Care has not delivered the additional capacity required. This work is ongoing.	
D	Care Management Audit	As reported in 2.3, whilst significant progress has been made in relation to achieving compliance, ongoing implementation is required. The service area remains with limited assurance but a implementation plan is in place	
E	Adult Safeguarding	The service has reduced the number of non-protection cases being referred to the Gateway Team during this reporting period through the transfer of the screening function to Community Social Work. However, further work is required in relation to standardisation of practice when working with Adult's at Risk of Harm. The service area awaits the implementation of the recommendations from the Independent Review into Dunmurry Manor.	

Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Those actions which are amber and red will be added to the Action Plan for the next reporting period - 2020/2021

2.7 Discharge of Delegated Statutory Functions

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p>Domiciliary Service Provision</p> <p>The Service Area continues to be challenged in the demand and supply of domiciliary care. The service area has continued to be significantly impacted by the lack of availability in domiciliary care, particularly in South and East Belfast. On the 31st March 2020 there were 705 unsecured care packages equating to 5228 hours in Older Peoples Services. These ongoing supply issues affected the availability of sustainable and flexible Domiciliary Care to support people to live safely in their own homes and delayed people in hospital. There was also reduced flow through intermediate care services such as re-ablement, community rehabilitation and bed based provision, due to the lack of available packages for those people exiting these services, who require long term support. This resulted in multiple people having to await packages of care in a bed based facility.</p> <p>It is important to note that in March 2020 with the impact of COVID 19 there was a surge in unmet domiciliary care need, due to significant pressures to create bed capacity in hospitals in preparation for the impact of</p>	<p>1) The Service Area continued with the modernisation of the Statutory Homecare Service through the recruitment of additional home care staff and the introduction of a revised job description that may result in the newly recruited posts and some/all existing posts being re-banded. Whilst the aim of modernisation was to increase the capacity of the Home Care service to deliver an additional 1500 hours per week, this has not been realised to date. Whilst the service area undertook a re- banding of the home care service, the uptake from staff was limited. This was due to staff not wishing to avail of the fixed hour contracts associated with the uplift. Recruitment to Home Care posts remained a challenge during this reporting period. As the service area comes out of the COVID 19 surge, it is a priority for the service area to continue with the modernisation of this service.</p> <p>2) The service area in response to the high demand for Domiciliary Care, particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective is to improve hospital discharge and intermediate care flow, and to reduce unmet need.</p> <p>3) The service area has continued to utilise interim care beds as a way of supporting hospital discharges.</p>

<p>COVID 19.</p> <p>Continuing Healthcare CHC - As detailed in section 2.4 The service area continues to be significantly challenged in relation to the management of Continuing Health Care assessments and the full implementation of relevant paragraphs of the 2010 Care Management Circular.</p> <p>Mental Capacity Act</p> <p>The introduction of the MCA in December 2019 has brought significant challenges to the Service Area, as the service area moved to achieve a position of readiness. The impact of the implementation of the Act has been acutely felt in Adult Community and Older People's Services, where there are significant numbers of legacy cases. The service area is currently unable to achieve Trust Panel Authorisations for people who are Deprived of their Liberty and are living in the community or care homes, due to the lack of access to medical assessments. This has been captured on the risk register.</p>	<p>4) The service area has implemented twice weekly collective telephone conference calls to prioritise high risk cases and has developed an information system to capture daily activity/demand & flow.</p> <p>5) Service users are being encouraged to avail of Self Directed Support in the form of Direct Payments in lieu of Dom Care service.</p> <p>The Trust awaits Department of Health Policy Guidance</p> <p>The Trust has sought to recruit appropriate medical staff to undertake medical assessments, but has been unsuccessful. The Trust continues to explore ways to recruit medical staff to undertake medical assessments.</p>
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<p>Industrial Action</p> <p>The service was significantly impacted by the industrial action by NIPSA in the later part of this reporting period with a need to implement the Business Continuity Plans on days of Strike action, with services reduced to emergency only. Industrial action in relation to data collection also affected the service area, particularly where it was dependent upon manual counts.</p> <p>COVID 19</p> <p>The impact of COVID 19 was widely felt in the last month of this reporting period. The pandemic has impacted significantly upon normal business and the ability of the service to discharge its Statutory Function and has disrupted normal working practices. COVID 19 has been particularly felt in Older People's Services with Business Continuity Plans activated across Hospital and Community Social Work during March 20. The service area put in place significant measures in relation to supporting Care Homes, established a Community Co-ordination Centre to meet basic welfare needs and had a significant role in supporting hospital discharges</p>	<p>The service area worked closely with Trade Union colleagues to reduce the impact of Industrial Action.</p> <p>The service area remains on amber in relation to the surge plan</p>
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PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9**DATA RETURN 1 – PoC / Directorate: Older People's Services including Hospital Social Work**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?		4113
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?		3274
1.3	How many adults are in receipt of social work or social care services at 31 st March? This is the total of 1.4 + 5.4		6159
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? The Trust do not have an electronic mechanism to determine which open cases have only social work input. This figure has always depended on a manual count at the end of March. Due to the Coronavirus Pandemic this count did not take place on 31 st March. .It is not possible to report this information accurately retrospectively.		Unable to report in this period
1.4	How many care packages are in place on 31 st March in the following categories:		5868
	i. Residential Home Care		681
	ii. Nursing Home Care		1551
	iii. Domiciliary Care Managed		3069
	iv. Domiciliary Non Care Managed		444
	v. Supported Living		123
	vi. Permanent Adult Family Placement		0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. Further to the BSO Audit of 2019, the Trust undertook significant improvement work including the updating of Care Management Procedures and a review of the risk assessment, care plan, review documentation. All of this is has been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 whilst it was completing training for staff and implementation. Therefore full implementation had not occurred. Whilst BSO audit team		

	commended the service area on the work that had been done but full implementation of the care plan was not in place. Therefore we remained with limited assurance and there is to be a potential audit later in the year.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector The service area has worked to implement electronic recording of attendees at day centres. Therefore, we are no longer dependant on a manual count. It is the view of the that there has been an improvement in the reporting mechanism this year and increased accuracy in relation to information.		856
	- Independent sector The service area has worked disaggregate between Independent Day Centre attendances and Day Opportunities. Whilst there has been a reduction in Day Centre attendees, a proportionate increase in Day Opportunities is also noted in 1.6a.		217
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities		243
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		159
	- Independent sector The Service area is unable to disaggregate this information		N/A
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		3

DATA RETURN 1 – Acute Hospital (general setting) Older People's Services including Hospital Social Work

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
	The figures provided are as per Paris report.	<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	18	2538	7301
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	18	2538	7301
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March? The service area is unable to disaggregate this information by age group			Total number for all age groups - 4284

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate: Older People's Services including Hospital Social Work

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		483
	Partially sighted		216
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		80
	Deaf without speech		32
	Hard of hearing		2122
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		109

Please note that this return does not reflect the number of service users who have a sight loss but do not meet the medical threshold for certification of **Severely Sight Impaired** (Blind) or **Sight Impaired** (Partially Sighted). The service are records these people as Visually Impaired on its database and feels it is important to reflect this in the returns as these individuals require assessment and service provision.

Adults over 65 who are Visually Impaired: 954

DATA RETURN 3 – PoC / Directorate: Older People's Services including Hospital Social Work

3 DISABLED PERSONS (NI) ACT 1989 <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	N/A
	Number of Disabled people known as at 31 st March.	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate: Older People's Services including Hospital Social Work

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	39
	Total expenditure for the above payments	£6698.02
4.2	Number of TRUST FUNDED people in residential care	451
4.3	Number of TRUST FUNDED people in nursing care	1022
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	529

DATA RETURN 5 – PoC / Directorate: Older People's Services including Hospital Social Work

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period. <i>Please note 514 are presumed to be over 65 as DOB were not provided</i>		352	814
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – to be collect from PMSI)</i>		229	391
5.2a	<p>Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i></p> <p>Reason for decline</p> <p>A1 - 18 A2 - 42 A3 - 35 A4 - 283 A5 - 33 A6 - 3 A7 - 14 A8 - 131</p> <p>The 2 main reasons for decline:</p> <p>A4- The Carer feels that they do not need any support/additional A8- The Carer would not give a reason / No reason recorded</p>		123	436
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		0	0
5.4	<p>Number of adult carers receiving a service @ 31st March</p> <p>Please note that not all carers declared age therefore some assumptions are made</p>		200	91
5.5	Number of young carers offered individual carers assessments during the period.		0	
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>		0	
5.7	Number of young carers receiving a service @ 31 st March		0	

5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	136
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	136
	(c) Number of adults receiving direct payments @ 31 st March	228
5.9	Number of children receiving direct payments @ 31 st March	N/A
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	N/A
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	505

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

Commentary

Due to the significant level of Band 4 staff in community Social Work and the transition of all initial assessments to Social Workers, the service area has struggled to prioritise carers assessments. The Trust has worked during this reporting period to reduce the number of Social Care Co-ordinators through the uplift of 15 Social Care Co-ordinator posts to Social Work posts and these will be phased in through the summer of 2020. The increase in professional staff should assist the service area to discharge this responsibility more efficiently

The service area has worked during this reporting period to cleanse carers data. This has led to increased utilisation of PARIS and a review of internal processes, with a decreased dependence on manual counting.

**DATA RETURN 6 – PoC / Directorate: Older People's Services including
Hospital Social Work****6 SAFEGUARDING ADULTS**

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

DATA RETURN 9 – PoC / Directorate: Older People's Services including Hospital Social Work

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	44	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	36	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge YES	Yes, the Service area can provide this assurance and new templates are now in place to provide additional assurance	
Use of Doctors Holding Powers (Article 7)			
9.2	How many times did a hospital doctor use holding powers? This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	MH Return	
9.2a	Of these, how many resulted in an application being made? This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	MH Return	
ASW Applicant reports			
9.3	Number of ASW applicant reports completed	44	
9.3.a	Confirm if these reports were completed within 5 working days YES / NO <i>If no, please explain</i> The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.		
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>	0	

9.4.a	Confirm if these reports were completed within 14 days? YES If no, please explain	N/A
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Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients	0
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	2
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	0

Approved Social Worker (ASW) Register

9.7	Number of newly appointed Approved Social Workers during period	
	The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	
9.7.a	Number of Approved Social Workers removed during period	
	See Mental Health Report	
9.7.b	Number of Approved Social Workers at period end (who have	

	fulfilled requirements consistent with quality standards)	
	See Mental Health Report	

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting. NO	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues. Increasingly the Service area is challenged in accessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments. Staff from the service area have attended training with DLS during this reporting period in relation to OCP duties	41

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Physical & Sensory Disability
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Ms Tracy Reid is the Divisional Social Worker for Adult, Community and Older People's Services. The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Service Area.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
2.1b	<p>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.</p> <p>The service area is pleased to report that there are minimal professional Social Work vacancies, with 1 Senior Social Work and 1 Social Work vacancy at the end of this reporting period. The service area can also report that staffing has remained very stable with a low turnover of staff at practitioner or managerial level.</p> <p>Professional Roles</p> <p>a) Designated Adult Protection Officer (DAPO)</p> <p>The service area has in place sufficient numbers of DAPO's to meet its current responsibilities in relation to Adult Safeguarding responsibilities.</p> <p>b) Investigating Officers</p> <p>The service area has in place sufficient numbers of IO's to meet its current responsibilities in relation to Adult Safeguarding responsibilities.</p> <p>c) Approved Social Worker</p>

	The Trust takes a corporate position in relation to the Approved Social Worker role and this is reported on within Mental Health Statutory Function report
2.2	Supervision arrangements for social workers
2.2a	Please confirm that the Trust is fully compliant with the Regional Supervision Framework - <u>Yes</u>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool - <u>No</u></p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>The service area would welcome regional guidance in relation to a standardised Case Weighting Tool for Adult Social Work. The service area does have a Risk Stratification tool in place to identify high, medium and low risk cases, which informs caseload allocation. Caseloads are kept under review through the supervision process, caseload analysis and allocation systems. The service area currently has sufficient staffing to meet referral demand.</p>
2.3	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.
	<p>BSO Care Management Audit</p> <p>Further to the BSO Care Management Audit of 2019, the Trust undertook significant improvement work to address the concerns raised. This included the updating of Trust wide Care Management Procedures and a review of the risk assessment, care plan, review tools. All of these tools have been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 before the full implementation of the improvements had been completed. Therefore full implementation had not occurred. BSO audit team very much commended the service area on the work that had been done, but as the full implementation of the care plan was not in place the service remained with limited assurance. There is to be a potential audit later in the year.</p> <p>Physical Disability Services</p> <p>Social work staff in the Physical Health and Disability Team for North and West Belfast, based in Grove Wellbeing and Treatment Centre</p>

embarked on a Quality Improvement Project, co-produced with young carers. This resulted in the production of an information leaflet resource, which can be provided to young carers within the programme of care.

Day Centre Services

Service users from Grove Day Centre participated in a partnership project between the Belfast Trust and Northern Ireland Fire and Rescue Service, to promote fire safety awareness within the community.

Enler Day Centre was successful at the Regional Quality Improvement 'Dragons Den' for their co-produced 'Good Grief' project helping service users to think about death and dying issues. Plans are in place to develop the sensory garden into a memorial space, with a commissioned sculpture.

Community Brain Injury Team

The Community Brain Injury Rehabilitation Team continue to audit and review service delivery in order to improve and sustain high standards in service delivery and practice. During this reporting period CBIRT have undertaken a quality improvement initiative involving update of operational policy and internal processes focussing on strength-based and person-centred approaches and practice to support adults with acquired brain injury and their families. The multi-disciplinary team continue to work closely with other professionals within the Trust, other statutory bodies, voluntary sector, third sector and service users to achieve positive outcomes and ensure timely responses to referrals and rehabilitation interventions.

Sensory Support Team

As reported last year the Sensory Support Team were involved in the development of a regional equipment framework in order to ensure compliance with procurement legislation. The aim was to ensure equitable and accessible provision of sensory equipment. The framework is now operational and working well.

Self-Directed Support

Within the Belfast Health and Social Care Trust, the Self Directed Support (SDS) Project Manager is based within Physical and Sensory Disability Services. In partnership with Older People's Social Work the teams developed Self-Directed Support Project for Older People in BME (Black, Minority, Ethnic) Community. The aim was to increase the uptake of Direct Payments in the Chinese community. The Project was shortlisted for Co-production category of regional Social Work Awards on 15th November 2019 which project team attended and this was presented at the 7th Annual Social Work and Social Care Research in Practice Conference 11th March 2020, with a submission

2.4	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.
	The Community Brain Injury Rehabilitation Team continues to experience difficulties accessing appropriate mental health support for people with brain injury. Following learning from an SAI during this reporting period recommendations were made to develop a clear pathway between Physical Health and Sensory Disability and Mental Health Services for those presenting with both mental health and brain injury and/or physical health issues. A working group has been established to address this. It is anticipated that a pathway may include consultation clinics to discuss cases and formulate treatment and management plans with GP and Care Management inputs.
2.5	Advise on any Safeguarding issues that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.
	<p>The Adult Protection Gateway Team (APGT) continues to operate a dual system, which consists of a duty function, which screens and co-ordinates adult safeguarding referrals for the service area, and an investigatory function, which has operational responsibility for conducting all Adult Protection investigations for Physical Health and Sensory Disability.</p> <p>Physical and Sensory Disability Service has worked in collaboration with the Belfast Area Domestic & Sexual Violence and Abuse Partnership to develop a Working Group specifically for Disability & Domestic Violence. The service area provided an awareness raising session for both statutory and voluntary sector staff in November 2019 as part of the 16 Days of Activism Against Gender Based Violence Campaign.</p> <p>Whilst in the main COVID 19 has only affected the later part of this reporting period, it is important to highlight that COVID 19 has significantly impacted upon Adult Safeguarding, with a significant drop in referrals. This has been recorded on the Divisional Risk register.</p>

2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in June 2019	Progress Update at 31 st March	RAG Rating
	Accuracy of Data in relation to deafblind figures .	The Sensory Support Team and Business Support have worked together to develop a Deafblind register on the PARIS system. This will improve the accuracy of data	

Rag Rating:

Green - Complete
 Amber - Partially Complete
 Red - Not complete

Those actions which are amber and red will be added to the Action Plan for the next reporting period - 2020/2021

2.7 Discharge of Delegated Statutory Functions

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.6	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p>Domiciliary Service Provision</p> <p>The Service Area continues to be challenged in the demand and supply of domiciliary care. The service area has continued to be significantly impacted by the lack of availability in domiciliary care, particularly in South and East Belfast. On the 31st March 2020 there were 82 unsecured care packages equating to 711 hours in Physical and Sensory Disability services. These ongoing supply issues affected the availability of sustainable and flexible Domiciliary Care to support people to live safely in their own homes and delayed people in hospital.</p> <p>It is important to note that in March 2020 with the impact of COVID 19 there was a surge in unmet domiciliary care need, due to significant pressures to create bed capacity in hospitals in preparation for the impact of COVID 19.</p>	<p>1) The Service Area continued with the modernisation of the Statutory Homecare Service through the recruitment of additional home care staff and the introduction of a revised job description that may result in the newly recruited posts and some/all existing posts being re-banded. Whilst the aim of modernisation was to increase the capacity of the Home Care service to deliver an additional 1500 hours per week, this has not been realised to date. Whilst the service area undertook a re- banding of the home care service, the uptake from staff was limited. This was due to staff not wishing to avail of the fixed hour contracts associated with the uplift. Recruitment to Home Care posts remained a challenge during this reporting period. As the service area comes out of the COVID 19 surge, it is a priority for the service area to continue with the modernisation of this service.</p> <p>2) The service area in response to the high demand for Domiciliary Care, particularly in South and East Belfast, continues to provide a rapid response domiciliary care pilot to commission additional domiciliary hours from a number of providers at an enhanced rate. The objective is to improve hospital discharge and intermediate care flow, and to reduce unmet need.</p> <p>3) Service users are being encouraged to avail of Self Directed Support in the form of Direct Payments in lieu of Dom Care service.</p>

<p>Continuing Healthcare CHC -</p> <p>The service area continues to be significantly challenged in relation to the management of Continuing Health Care assessments and full the implementation of relevant paragraphs of the 2010 Care Management Circular.</p> <p>Mental Capacity Act</p> <p>The introduction of the MCA in December 2019 has brought significant challenges to the Service Area. The service area is currently unable to achieve Trust Panel Authorisations for people who are Deprived of their Liberty and are living in the community or care homes, due to the lack of access to medical assessments. This has been captured on the risk register</p> <p>Industrial Action</p> <p>The service was significantly impacted by the industrial action by NIPSA in the later part of this reporting period with a need to implement the Business Continuity Plans on days of Strike action, with services reduced to emergency only. Day Centres were particularly impacted, although some level of service was always retained. Industrial action in relation to data collection</p>	<p>The Trust awaits Department of Health Policy Guidance</p> <p>The Trust has sought to recruit appropriate medical staff to undertake medical assessments, but has been unsuccessful. The Trust continues to explore ways to recruit medical staff to undertake medical assessments.</p> <p>The service area worked closely with Trade Union colleagues to reduce the impact of Industrial Action.</p>
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<p>also affected the service area, particularly where it was dependent upon</p> <p>COVID 19</p> <p>The impact of COVID 19 was widely felt in the last month of this reporting period. The pandemic has impacted significantly upon normal business and the ability of the service to discharge its Statutory Function and has disrupted normal working practices. Business Continuity Plans have been activated across the service area. In March, the eleven physical & sensory disability and older people's day centres closed to attendees and 43 staff were redeployed to other frontline social care services including Home Care, Supported Living, Care Homes, Rapid Response Team, Covid Centre, PPE Hubs and the Care Home Support Service. A number of staff were retained within day care services and a programme of outreach was immediately developed to support all day care attendees in an alternative format, including regular telephone calls, provision of activity packs and baths or showers within two dedicated day care sites for those in need of the facilities. Planning towards recovery has been ongoing with the expected return of high-risk service users in the summer period.</p>	<p>The service area remains on amber in relation to the surge plan</p>
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PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9**DATA RETURN 1 – PoC / Directorate: Physical & Sensory Disability**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	1205	991
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	982	910
1.3	How many adults are in receipt of social work or social care services at 31 st March? This is the total of 1.4 + 5.4	1228	300
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? The Trust do not have an electronic mechanism to determine which open cases have only social work input. This figure has always depended on a manual count at the end of March. Due to the Coronavirus Pandemic this count did not take place on 31 st March. .It is not possible to report this information accurately retrospectively.		Unable to report in this period
1.4	How many care packages are in place on 31 st March in the following categories:	857	
	vii. Residential Home Care	16	N/A
	viii. Nursing Home Care	111	N/A
	ix. Domiciliary Care Managed	536	N/A
	x. Domiciliary Non Care Managed	136	N/A
	xi. Supported Living	58	N/A
	xii. Permanent Adult Family Placement	0	N/A
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. Further to the BSO Audit of 2019, the Trust undertook significant improvement work including the updating of Care Management Procedures and a review of the risk assessment, care plan, review documentation. All of this is has been transferred to the electronic recording system Paris. The Trust was re-audited in February 2020 whilst it was completing training for staff and implementation. Therefore full implementation had not occurred. Whilst BSO audit team commended the service area on the work that had been done		

	but full implementation of the care plan was not in place. Therefore we remained with limited assurance and there is to be a potential audit later in the year.		
1.5	Number of adults provided with respite during the period	31	N/A
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector The service area has worked to implement electronic recording of attendees at day centres. Therefore, we are no longer dependant on a manual count. It is the view of the service area that there has been an improvement in the reporting mechanism this year and increased accuracy in relation to information.	256	See OPS Return
	- Independent sector The service area has worked disaggregate between Independent Day Centre attendances and Day Opportunities. Whilst there has been a reduction in Day Centre attendees, a proportionate increase in Day Opportunities is also noted in 1.6a.	85	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	379	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector The Service area is unable to disaggregate this information	N/A	N/A
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		3

DATA RETURN 1 – Acute Hospital (general setting)

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
	The figures provided are as per Paris report.	<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A	N/A	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	N/A	N/A	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March? The service area is unable to disaggregate this information by age group	N/A	N/A	N/A

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate: Physical & Sensory Disability

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65		X
2.2	Number of adults known to the Programme of Care who are:		
	Blind		483
	Partially sighted		216
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		80
	Deaf without speech		32
	Hard of hearing		2122
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		255

Please note that this return does not reflect the number of service users who have a sight loss but do not meet the medical threshold for certification of **Severely Sight Impaired** (Blind) or **Sight Impaired** (Partially Sighted). The service are records these people as Visually Impaired on its database and feels it is important to reflect this in the returns as these individuals require assessment and service provision.

Adults who are under 65: 211

Adults over 65 who are Visually Impaired: 954

DATA RETURN 3 – PoC / Directorate: Physical & Sensory Disability

3 DISABLED PERSONS (NI) ACT 1989 <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.	2200
	Number of Disabled people known as at 31 st March.	1531
3.2	Number of assessments of need carried out during period end 31 st March.	1061
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate: Physical & Sensory Disability

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	33
	Total expenditure for the above payments	£1056
4.2	Number of TRUST FUNDED people in residential care	16
4.3	Number of TRUST FUNDED people in nursing care	101
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	10

DATA RETURN 5 – PoC / Directorate: Physical & Sensory Disability**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period. <i>Please note 514 are presumed to be over 65 as DOB were not provided</i>	1	289	0
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – to be collect from PMSI)</i>	1	184	0
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i> Reason for decline Unable to report The 2 main reasons for decline: Unable to report due to manual counting issues, this is being addressed	0	35	0
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March <i>Please note that not all carers declared age therefore some assumptions are made</i>	0	62	0
5.5	Number of young carers offered individual carers assessments during the period. Unable to report due to manual counting, this is being addressed.	0		
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i> Unable to report due to manual counting issues, this is being addressed.	0		
5.7	Number of young carers receiving a service @ 31 st March Unable to report due to manual counting issues, this is being addressed.	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	40		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	36		
		170		

	(c) Number of adults receiving direct payments @ 31 st March	
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	362

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

Commentary

The service area has worked during this reporting period to cleanse carers' data. This has led to increased utilisation of PARIS and a review of internal processes, with a decreased dependence on manual counting.

DATA RETURN 6 – PoC / Directorate: Physical & Sensory Disability**6 SAFEGUARDING ADULTS**

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

DATA RETURN 9 – PoC / Directorate: Physical & Sensory Disability

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		TRUST ASW	RESWS ASW
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)		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge YES		

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers? This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	
9.2a	Of these, how many resulted in an application being made? This is reported in the Mental Health Statutory Function report to avoid duplicate reporting	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	
9.3.a	<i>Confirm if these reports were completed within 5 working days YES / NO If no, please explain The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.</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	Confirm if these reports were completed within 14 days? YES	

	If no, please explain	
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Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients	
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end											
9.6.a	New applications for Guardianship during period (Article 19(1))											
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))											
9.6.c	How many were Guardianship Orders made by Court (Article 44)											
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))											
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)											
9.6.f	Number of Guardianships accepted by a nominated other person											
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)											
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)											
	<table><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>Total</td><td></td></tr></table>	Discharges as a result of an agreed multi-disciplinary care plan		Lapsed		Discharged by MHRT		Discharged by Nearest Relative		Total		
Discharges as a result of an agreed multi-disciplinary care plan												
Lapsed												
Discharged by MHRT												
Discharged by Nearest Relative												
Total												

Approved Social Worker (ASW) Register

9.7	Number of newly appointed Approved Social Workers during period	
	The Trust takes a corporate approach to ASW provision and this will be reported in the Mental Health Statutory Function Report.	
9.7.a	Number of Approved Social Workers removed during period	
	See Mental Health Report	
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	

	See Mental Health Report	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting. NO	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues. Increasingly the Service area is challenged in accessing Mental Capacity Assessments to understand financial capacity or support referrals to the Office of Care and Protection. We continue to have to fund private financial capacity assessments. Staff from the service area have attended training with DLS during this reporting period in relation to OCP duties	

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Mental Health
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>During the reporting period, Ms Mary O'Brien discharged the role of Divisional Social Worker within the collective leadership model within mental health services. The post incorporates professional responsibility for the Social Work and Social Care workforce.</p> <p>Ms O'Brien is accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Mental Health Division.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the Social Work and Social Care workforce runs from the individual practitioner through the Divisions line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Mental Health Service's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>A Structural chart is attached in Appendix</p>
	<p>Highlight any vacancies and the action taken to recruit against these.</p> <p>There are currently 18 social work vacancies within the adult mental health service with 17 posts within a recruitment process and 15 band 5/6 agency staff employed at the 31st March 2020. 17 of these posts are band 6 social work posts and one is a band 7 DAPO post.</p> <p>The Trust has initiated planning with learning and development (L&D) teams to support the recruitment of social work students into temporary Social Work posts who have qualified under the Coronavirus Act 2020 following early graduation from the degree in Social Work to support the workforce during the pandemic. Targeted 1-1 supportive supervision has also been set up via the L&D team to support these staff in the initial stages of their employment as Social Workers in addition to AYE supervision arrangements by professional Social Work supervisors, line management operational supervision and the Social Work forums.</p> <p>Control systems in place to mitigate against this – 15 social work agency posts, 2 posts filled temporarily by redeployed staff during the</p>

	<p>covid19 period. The DAPO post is currently being covered by the ASG lead. ASG is currently undergoing a review and this post will be considered in that process. There are currently four Social Work recruitment processes taking place to address the social work vacancies across teams within the Mental Health Division.</p>
2.1b	<p>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.</p> <p>Key workforce planning issues</p> <p>Mental Capacity Act (NI) 2016 Phase 1: Implementation-2nd December 2019</p> <p>The Trust was required to develop an infrastructure to support Trust Panels for Deprivation of Liberty in line with the requirements of the Mental Capacity Act. This necessitated the development of an interim Mental Capacity Act team to ensure the Trust meet its delegated functions associated with the implementation while continuing to ensure that statutory functions under the Mental Health Order were provided in tandem.</p> <p>As the Trust did not have a sufficient pool of ASW's to undertake the functions under MCA partial implementation a decision was made to recruit 6 as Short Term Detention Authorisers to undertake the appointed ASW role under the Act.</p> <p>The timescales in relation to training of relevant staff to undertake specific functions of the Act was a significant challenge to meet. A training guide was developed for all disciplines within the Division to ensure the needs of the service could be met by the 2nd December 2019. The release of staff to complete the necessary training was a challenge due to limited funding, workforce issues and pressure on services.</p> <p>The DoH had funded 4 nominations for MCA in-house trainers within the Trust. 44% of the mental health workforce have completed training relevant to their roles under MCA to date. Since the 2nd December 2019, the team have dealt with 173 STDA's referrals with 65 completed STDA's, and 172 Trust panel applications with 44 authorisations made (those not authorised were rejected as incomplete or did not meet the criteria).</p> <p>Mental Capacity Act delegated functions</p> <p>The Trust MCA Implementation plan established a system to manage the services required alongside the implementation lead, specifically in relation to STDA and TPA's. This was built around the need for provision of ASW's who undertake key statutory functions of the Act, but also for the future full implementation of the MCA where additional</p>

ASW roles have been enshrined.

An operational management structure regarding ASW roles under MHO and MCA is currently being designed incorporating a clear Social Work professional line of responsibility. Profiling of future ASW numbers in this context is a priority with the need for representation across all key programmes of care given the brevity and scope of the Act and statutory roles of ASW's that have been prescribed (see section 2 which illustrates ASW workforce planning estimates that have been commissioned by the DoH from QUB).

Recruitment and Retention of Approved Social Workers

There is a continued challenge in recruiting and maintaining ASW's on the daytime rota.

Current total of 28 (25 last period) ASW's registered, 22 on the ASW rota which includes 5 staff who successfully completed ASW training in the last period. Not all of these staff participate on the rota due to the following reasons;

- 2 staff moved post and came off the Rota
- 2 staff came off the Rota due to the pressure of the role
- 2 staff are on maternity leave
- 4 staff are shielding due to Covid 19

In addition 4 staff have limited participation on the rota due to having substantive management posts or senior Social Work posts (Team Leader or Senior Social Work Practitioner)

- In order to mitigate against the above to provide sufficient numbers on the Rota the Mental Health Division has had to do the following;
 - Redeploy a full time member of staff to cover 12 slots per month
 - Utilise Agency ASW staff to provide 10 slots per month (2 staff)
 - Utilise 1 bank member of staff to provide 3 slots per month.

These mitigating measures ensure that the Trust is able to meet its delegated statutory functions in this area.

8 new ASW's have been trained during the reporting period and will support the rota on completion of shadowing.

Recruitment of ASW candidates has also proved challenging due to difficulty in release from other Divisions outside of the Mental Health Division and this is an area that continues to require attention by service managers to reiterate the corporate responsibility of all Divisions to contribute to the provision of ASW staff.

Retention of ASW staff

This proves a continuing difficulty which has seen a number of staff report work related stress associated with their ASW role due to;

- The unpredictable nature of the role.
- lack of beds leading to prolonged waits and impact on finish times
- The limited availability of GP's due to surgery duties often leading to request later in the day to undertake assessments under MHO. This inevitably leads to longer working hours as ASW are forced to work outside of their working hours to facilitate the working patterns of GP's this has been a long standing issue and has impact on the perception of and interest in the role by band 6 social workers.
- The potential for verbal and physical aggression during assessments.
- Interface issues with bed management, Home treatment teams, police and ambulance have been identified as problematic and impacting on stress during assessments.
- lone working

See section 2.3 in relation to audit of ASW feedback regarding support networks to facilitate the ASW role contributing to retention of staff.

- The ASW daytime service has just joined the a Paris system as of the 1st June 2020 enabling the development of data collation, management and analysis as part of a Directorate-wide focus on substantially enhancing its information infrastructure and reporting capacity. This will aid current and future workforce planning regarding the ASW service based on capacity and demand.

Social Work Staffing requirements

The Office of Social Services DoH has commissioned a workforce planning estimate which has been undertaken by QUB to identify the need for an evidence based estimate of the number of Approved Social Workers (ASWs) required for Trusts to fulfil their statutory duties under the Mental Health (Northern Ireland) Order 1986. This review is most welcome given the ongoing challenge in the recruitment and retention of ASW staff and representation from across programmes of care.

Team Leader recruitment and ASW/DAPO role

There continues to be a challenge in encouraging band 6 social work staff into band 7 team lead and Senior Social Work practitioner posts. Service managers have indicated band 6 staff are not attracted to the team leader posts due to perception of the level of responsibility and remit of the post in addition to other statutory roles such as professional supervision, DAPO and ASW roles, which their nurse counterparts do not have. The service area has 7 band Social Work team leaders out of 28 potential posts (excluding psychology posts).

This impacts on Social Works ability to influence services at the point of service delivery and on service provision to carers.

4 Senior Social Work practitioner posts have been created in the

	<p>Community Mental Health Teams, which have strengthened the delivery of statutory functions within the teams particularly where the team leader is not of a Social Work background. All teams have a DAPO in situ or receive long arm support from the ASG team. There still remains a total of 20 teams without DAPO provision within the Service.</p> <p>Investigating Officer Role The role of IO has historically tended to fall to the social work band 6 staff to undertake. A welcomed development is that the band 6 CPN job description now includes the requirement to undertake the IO role. This change in role will now be taken forward with the existing staff through the usual HR processes.</p> <p>The Children's Community Services leaving and aftercare team (18 yrs plus) also require IO/DAPO due to increased referrals generated by this vulnerable service user group. Discussions have commenced with Children's services in relation to workforce planning to address this need, however as this is not in place, this work is currently undertaken by the MH ASG team</p>
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework</p> <p>Yes</p> <p>If not, outline the remedial action taken to address this</p> <p>The provision of professional Social Work supervision has been strengthened due to the recruitment of two Social Work trained Clinical Services Managers and 7 Social Work trained team leaders and 4 SSWP's. The PSW, ASG lead and two Social Work Development leads continue to provide a high level of professional supervision within the Division.</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool</p> <p>No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Capacity CAPA is used within the CMHT's but is not a caseload weighting tool. It uses a RAG rating system within the caseload to ascertain risk and demand.</p> <p>The Division would welcome a uniform caseload weighting tool and opportunity to work with the HSCB/DoH to develop said tool. The Divisional Nurse and Divisional Social Worker are currently researching available models used in other regions with the intention of creating a</p>

	<p>multidisciplinary tool.</p> <p>Capacity is managed through supervision 4-6 weekly with each staff member to ascertain the complexity and time management for each case and the impact on workload.</p> <p>Caseload management is a challenge for the ASW workforce as they are not issued with an ASW job description so no particular easement arrangement is in place. Caseload management is therefore currently managed through the same process as per other Social Work staff.</p> <p>Demand</p> <ul style="list-style-type: none"> - Service demand is monitored by teams on a monthly basis via team activity audit, which contributes to the Divisions overall annual review of resource allocation. - RAG rating within caseloads, supervision referral screening identifies demand within the teams. - The development of the assessment centre has significantly benefited access to mental health services and reduced waiting times for a mental health assessment. In the reporting period, there have been 4902 referrals and 3074 assessments completed by both assessment centres combined. This has also benefited community mental health teams in ensuring that service users have been assessed and referred to the most appropriate services to meet their needs. <p>Workforce availability</p> <ul style="list-style-type: none"> - 4 SSWP posts were developed within the CMHTs and a further 4 x band 7 promotions created through staff completion of ASW training during the reporting period. This increases team capacity to respond to delegated statutory functions such as Review Tribunals, ASW rota, professional supervision, DAPO role and guardianship as required. - Agency staff have helped to mitigate service deficits due to vacancies and sick leave but can also contribute to inconsistency when agency staff move post. - Integration of CMHT's in recovery and primary care – this project is ongoing. The current workforce will be divided into 4 larger CMHT's. This will reduce ambiguity in referral allocation between teams. This will improve service user access to teams without the need to transfer between primary and recovery teams. It will enhance the skill mix of the teams in enabling staff to work with a variety of service users with different level of need. - Reduction in vacancies within primary and recovery teams in the reporting period due to recruitment drive, which is beginning to stabilise capacity within teams (see section 2.1a and 2.1b).
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2.3	<p>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.</p>
	<p>The following Audits and reports were completed in the reporting Period;</p> <ul style="list-style-type: none"> <p>Mental Health & Learning Disability Sites BHSCT Quarterly spot checks on forms and processes 36th Report Quarter October to December 2019.</p> <p>In order to measure the effectiveness of training on Mental Health (NI) Order 1986 and scrutiny of forms completed within Adult Social and Primary Care, quarterly spot checks are undertaken. These checks report on how staff implement the training materials and also aim to eradicate the possibility of forms being incorrectly completed which may lead to detentions being open to legal challenge. This audit covers the time period of October to December 2019 inclusive at Beechcroft, Muckamore Abbey, Knockbracken Site, AMHIC and Iveagh hospitals. There were no invalid detentions during the quarter and all legal documentation was completed to a high standard with no recommendations.</p> <p>Professional social work supervision audit March 2020</p> <p>The professional social work supervision audit targeted 30% of the Social Work workforce with 80 % reaching a high standard of compliance of files audited. Standards were compared against the supervision policy and governance arrangements. There were no incidences where the minimum standard was not met.</p> <p>Mental Health Adult Safeguarding Audit March 2020</p> <p>The ASG audit of 107 ASG referrals across mental health teams indicated compliance with ASG policy and procedure and quality assurance in standards of reporting. This was exemplified in 83% of cases in the following areas;</p> <ul style="list-style-type: none"> ➤ clear recording of incident detail ➤ use of appropriate documentation ➤ appropriate application of safeguarding thresholds ➤ service users wishes being clearly considered and documented ➤ safeguarding action planning clearly documented ➤ appropriate reporting of reportable crimes to PSNI <p>In 17% of cases, further development and learning was indicated. Recommendations included;</p> <ul style="list-style-type: none"> ➤ The need for continued monitoring of the detail in APP1 forms ➤ more focus on interim protection plan documentation ➤ need to ensure recording of meeting thresholds for intervention and

	<p>consent</p> <ul style="list-style-type: none"> ➤ capacity and human rights considerations more consistently documented ➤ DAPO's to monitor protection planning focusing on the action being proportionate to the protection required ➤ strategy meetings are documented on the appropriate format following regional implementation of adult safeguarding forms. <p>• In-patient adult safeguarding Audit August 2019</p> <ul style="list-style-type: none"> ➤ The SMT governance team requested an audit in regard to quality assurance of governance systems in relation to inpatient ASG referrals in comparison to Datix reporting of incidents to ensure that reporting was in line with regional policy and procedure. ➤ There were 32 Datix reports analysed to ensure compliance with safeguarding reporting. The audit concluded that 6 incidents met the threshold for reporting under adult safeguarding but had not been completed. This was actioned with immediate effect with all referrals being completed. None required safeguarding investigation after screening. <p>Recommendations regarding review of ASG referral pathway and actions on each ward;</p> <ul style="list-style-type: none"> ➤ Nursing staff completing ASP1s to email ward manager and DAPO so PARIS duty desk can be screened. ➤ Cover for ward managers when off shift / leave as there is delay in ASG referrals being actioned - Deputy Ward managers to screen referrals. ➤ Senior Nurse Manager and Senior Social Worker to meet at beginning of each month to cross reference ASG referrals with DATIX incidents. ➤ ASM and Senior Social Worker to meet at beginning of each month to cross reference ASG referrals with DATIX incidents – Acute wards ➤ Ward Managers and deputy ward managers to complete line manager ASG training as mandatory and added to the mandatory training matrix. ➤ Adult Safeguarding Session to be added to N2F / Induction training for new staff. ➤ Implementation of information ASG boards with ASG pathways for referrals, contacts for DAPO etc. on all wards. <p>• Performance Review</p> <ul style="list-style-type: none"> ➤ The Trust's Staff Development Review (SDR) Framework was merged with KSF Social Work outlines in 2019. The Trust compliance contributed to the Investors in People awards with compliance at 60% approximately in 2018-2019. The SDR audit completed during the reporting period demonstrated compliance in 53% of Social Work staff within the Division. The main reasons reported for non-completion was in relation to change of team
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leader, team restructuring and staff member sick leave.

Action: A monthly review and update of SDR completion has been commenced to monitor progress and adherence to the trust standard for yearly completion.

- **ASW Workforce Audit**

- The Division are working on key developments to support the ASW workforce to support retention of staff and completed an audit in December 2019 based on feedback from ASW staff as to how to improve their support network. Key areas identified were;
- Establishing an ASW hub – proposal presented to SMT and being considered.
- On-call access to an ASW adviser after 5pm for calls that continue after 5pm (currently undertaken by the PSW as and when required).
- Protected time within substantive post to participate on ASW rota and to complete MHOB reports.
- Caseload weighting in substantive post
- PSW has also identified need for access to psychological services for ASW staff and is developing a framework with the psychology lead.
- Lone working and operational guidance developed for ASW staff.

Action: A proposal has been submitted to the Planning & Performance Manager in conjunction with the operational restructuring review of the ASW role under MCA requirements by the Trust, which will be supported by the workforce estimates review being undertaken by QUB and DoH.

- **Think Family Social Work Assessment (TFSWA) submission to Advances in Mental Health journal submission July 2019-2020**

- The pilot undertaken during 2017-2018 in use of the TFSWA and The Family Model (TFM) (Falkov 2012) was developed by the HSCB involving all 5 Trusts. The pilot, while small scale demonstrated positive recovery focused outcomes for the families involved, with a consideration for continued, long term study of the TFM and TFSWA as a family focused intervention. The PSW has obliged a request by the HSCB to write a paper for the journal on the pilot during the reporting period, given that the Trust participated in almost half of the cases involved. BHSCT had commenced a further local pilot in January 2020 in use of TFSWA prior to covid19 and will continue once the emergency period ends.

- **Care Management Audit**

The first Care Management Audit took place in Aug 2019.

BSO auditors and the Care Management Team facilitated the audit. The audit was to review Care Management Standards and Procedures. Care Management records were randomly selected and care managers were interviewed.

Feedback for mental health outlined two recommendations

- 1) Service user consent was to be indicated on care manager needs assessments and initial point of referral.
- 2) Timeliness in the requirement of holding reviews

BSO completed a re-audit in Jan 2020 on the above recommendations. Care management was able to evidence and demonstrate a strengthening of governance procedures when agreeing to allocate referrals on the duty desk. A task bar was created on Paris It system regarding the initial referral form for the referrer to tick regarding service user consent. Administration put in place to check this process.

Review format changed from first point of contact at 6 weekly and then 12 weekly to two weekly and then 6 weekly.

The outcome of the re- audit in Jan 2020 indicated full implementation of Standards and Procedures reflecting updated assessments, reviews and reporting. No further recommendations for improvement.

Mental Health received an acknowledgement from BSO on the improvements implemented as per their recommendations and there were also complementary on actions taken and found no need for any further actions.

Monthly file audits

Audit of case files x 2 each month by team leaders to provide assurance that standards and governance arrangements are being adhered to according to agency and professionals standards.

CAMHS

The CAMHS service has made a number of significant developments during the reporting period as follows

- Video call assessments and treatments at all steps of care. Stepped care model, coproduced care pathway, single point of entry with child health service.
- Outcomes framework in operation, with informatics and data managers to get and make better sense of their information, peer reviews with QNCC and QNIC.
- Transition manager in post from CAMHS to AMHS.
- Metallisation training, multi group family therapy, online interventions, CAMHS world mental health day event at Stormount.
- QIs this year reducing DNAs and CNAs, star project (to reduce re presentations at crisis), reducing PRN on the wards, Patient participation events in QI's, IMPACT CAMHS service user group, making it easier to attend appointments, youth advisors in place. Ongoing joy at work initiatives.

The service area has encountered the following challenges during the reporting period and in recent years.

	<ul style="list-style-type: none"> • 30 % increase in referrals year on year for 2 year • Significant staffing vacancies which has required the over reliance on Agency staff • Difficulty with filling vacant posts due to insufficient nursing numbers in the region, which is further exacerbated by delays in recruitment processes. <p>CAMHs had one RQIA inspection in the reporting period (25th and 26th of March 2019) there were 20 areas for improvement detailed in the report, the service area are currently working their way through the action plan.</p>
2.4	<p>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.</p>
	<ul style="list-style-type: none"> • SAI Action Plan Monitoring & Tracking Report September 2019 <p>The Division investigated the circumstances involving the death of a service user known within the service area. The Service User was unable to use keypad access to go out for short periods as they had enabled other vulnerable Service Users to leave the locked care setting. However, the action to restrict access was a deprivation of liberty. The Service User fully disengaged from services as a result of this and their actions subsequently had serious implications for their physical health. There was significant delay in the community team being able to communicate with the GP surgery on multiple occasions to request an urgent MHO assessment, this delayed the assessment taking place. The Service User had been assessed as requiring a compulsory admission by an ASW and GP however, due to the Service Users physical condition, assessment by the emergency department was required prior to psychiatric admission and assessment. The ED did not assess the service user as requiring admission to provide treatment for his physical health. The service user died several days after admission under the MHO.</p> <p>The process under the MHO was fully adhered to by the ASW involved and they had appropriately raised concerns in relation to the Service Users physical health needs. No recommendations in relation to ASW practice however several recommendations that will impact on future MHO/MCA assessments;</p> <ul style="list-style-type: none"> ➤ Team Leaders/Care Managers to escalate any issues not resolved at a local level to Senior Management in order for timely resolution re disputes with care providers. ➤ Patient deprivation of liberty care plans should be reviewed under

	<p>the Mental Health Capacity Legislation (being partially implemented from 02 December 2019) and where necessary updated following any change in circumstance.</p> <ul style="list-style-type: none"> ➤ Practitioners should consult the Trust Adult Safeguarding Team or the Mental Capacity Act Admin Team where there are concerns that a patient is being deprived of their liberty. ➤ Health and Social Care Board to develop a protocol with Primary Care for response to their statutory responsibilities under Mental Health Order assessments.
2.5	<p>Advise on any Safeguarding issues that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.</p>
	<p>During the reporting period, the Division has experienced challenges in managing COVID-19. It was noted that adult safeguarding referrals from nursing homes had decreased and while safeguarding remained an essential service during COVID, how safeguarding was responded to changed with less face to face contact for investigations, use of IT systems to undertake adult safeguarding meetings, strategy meetings etc., and the use of PPE. Measures were put in place during COVID with increased contact with care homes. Mental Health safeguarding is now moving towards a return to face-to-face contact with Service Users for safeguarding investigations as lockdown/social distancing measures ease.</p> <p>Training of IO/DAPO's was initially stood down during COVID-19 lockdown. This is now being addressed through training being offered remotely using Microsoft teams.</p> <p>The Division's ASG team continues to liaise with Service Managers with regard to workforce planning to ensure that there is adequate IO and DAPO provision in all service areas. As only 50 % of all services have adequate provision in their teams the ASG team continue to do in reach to provide a DAPO service as required. This situation remains under review.</p> <p>The Division continues to await PARIS implementation for adult safeguarding investigation. This will also require some additional training for IO/DAPO and admin staff in the use of the documentation, alerts, duty desk and inputting of ASG referrals.</p>

2.6 Progress Update

Progress Update - This Section is for the Programme of Care to record their progress against the Local DSF Plan (cross reference with section 1.3). RAG rating also to be provided.

2.6	Action identified at DSF meeting in June 2019	Progress Update	RAG Rating
	<p>Issue 1: Trust previously planned to implement an Assessment Centre model and amalgamate Primary Care and Recovery services to address waiting time target breeches. Update / Action:</p>	<p>March 2020 – Assessment Centre has been running for 2 years now. All areas are fully functioning with psychiatry sessions three days per week and also in-reach from senior registrar.</p> <p>The project to amalgamate primary care and recovery services is in process and has been delayed due to the current Covid19 arrangements. Agreement has been reached in regards to the service model from all disciplines.</p> <p>Physical restructuring: The move to six core community mental health teams underpinned by a standard model of care, progress and timeframes; The amalgamation of current teams/reconfiguration- Timeframe: 3-6 months GP realignments - move toward shared caseloads for consultants to provide peer review of diagnosis and treatment plan. Timeframe: With immediate effect Pathways for patients and model of care; 3-6 months Managing existing caseloads, ensuring minimal disruption to service users: with immediate effect Development of operational policy: 3-6 months</p>	<p>Green</p> <p>Amber</p>

<p>Issue 2: BHSCT MH has a high number of Article 15 payments (205 / £10,856). Is this reflective of any specific issue / service deficit within the geography?</p> <p>Action No of article 15 payments have decreased in the current reporting period to 182/ £8,285.</p> <p>Issue3 : Data Return 9 9.3 – 91.5% (283/309) of ASW reports were completed within the required timescale of 5 working days. What action will the Trust take to improve this? Update/Action: Regional requirement for report completion within 5 days reiterated with all ASW's and their team leaders. Current restructuring of the ASW workforce by the Trust to develop a model which will support the current and future delegated statutory functions of the ASW across all programmes of care – commenced June 2020.</p>	<p>Monitoring patent flow/thresholds and discharge: ongoing Staff development and training: ongoing GP interface and liaison with the MDT model in GP surgeries: ongoing June 2019 – Trust confirmed that these payments are used appropriately. Recent changes in the benefits system, PIPS etc may have been a contributing factor. BHSCT also has the highest area of deprivation and there is also a large refugee population which may also be contributing factors. On further scrutiny of the allocations under Article 15 the programme can confirm that allocation is appropriate and required as per individual assessment of need. No further action required.</p> <p>While there has been a slight improvement in the number of reports that have been completed within the timescale in the last year (93%, 254/271 reports) that were not within the timescale, this has again been monitored and collated for each assessment. The average reason for late reports has been due to sick leave and work load. The Division has highlighted that the ASW function is a delegated statutory function and reports need to be prioritised in the overall caseload weighting for the ASW caseloads in their substantive post. This is complicated by fact that the ASW is a promotion and is not a commissioned post resulting in additional work for the individual/team which is not funded. As a result, the ASW</p>	<p>Green</p> <p>Amber</p>
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		often carries the ASW workload additional to substantive post without easement which impacts on overall capacity.	
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Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Those actions which are amber and red will be added to the Action Plan for the next reporting period - 2020/2021

2.7 Discharge of Delegated Statutory Functions

Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p>Issue 1: The project to amalgamate primary care and recovery services in in process and has been delayed due to the current Covid19 arrangements. Agreement has been reached in regard to the service model from all disciplines.</p> <p>Issue 3: Data Return 9 9.3 – 91.5% (283/309) of ASW reports were completed within the required timescale of 5 working days.</p>	<p>This a service improvement piece which does not impact on the Divisions ability to adequately discharge its delegated statutory functions. No remedial action required as service delivery is not affected.</p> <p>The Divisional Social Worker has highlighted that the ASW function is a delegated statutory function and reports need to be prioritised in the overall caseload weighting for the ASW caseloads in their substantive post. An operational structure is currently be developed by the Trust to review the ASW workforce for current and future delegated statutory functions under the MHO and MCA. All instances of delay in reporting will be investigated by PSW and reported to the operational manager for their attention.</p>

PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9**DATA RETURN 1 – PoC / Directorate: Mental Health**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	5728	14
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	4834	13
1.3	How many adults are in receipt of social work or social care services at 31 st March?	2687	111
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1694	99
1.4	How many care packages are in place on 31 st March in the following categories:		
	xiii. Residential Home Care	39	35
	xiv. Nursing Home Care	64	48
	xv. Domiciliary Care Managed	142	47
	xvi. Domiciliary Non Care Managed	0	0
	xvii. Supported Living	168	9
	xviii. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES The Service area can provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 and Care Management Standards and Procedures 2019. This is undertaken via care management reviews, review of contractual arrangements involving service users and carers throughout.		
1.5	Number of adults provided with respite during the period	7	2
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	230	24
	- Independent sector	33	7
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	159	12

1.7	Of those at 1.6 how many are EMI / dementia	X	X
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	9	0

DATA RETURN 2 – PoC / Directorate: Mental Health

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	88	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	11	1
	Partially sighted	18	16
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	11	2
	Deaf without speech	16	0
	Hard of hearing	26	30
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

DATA RETURN 3 – PoC / Directorate: Mental Health

3 DISABLED PERSONS (NI) ACT 1989 <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.	49
	Number of Disabled people known as at 31 st March.	139
3.2	Number of assessments of need carried out during period end 31 st March.	339
3.3	Number of assessments undertaken of disabled children ceasing full time education.	

DATA RETURN 4 – PoC / Directorate: Mental Health

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;			
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]			

		<65	65+
4.1	Number of Article 15 (HPSS Order) Payments	182	X
	Total expenditure for the above payments	£8,285	X
4.2	Number of TRUST FUNDED people in residential care	38	35
4.3	Number of TRUST FUNDED people in nursing care	64	45
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	3	0

DATA RETURN 5 – PoC / Directorate: Mental Health

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.	X	1189	37
5.2	Number of adult individual carers assessments undertaken completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	X	459	31
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>	X	730	6
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	X	1	0
5.4	Number of adult carers receiving a service @ 31 st March	X	220	22
5.5	Number of young carers offered individual carers assessments during the period.		20	
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>		15	
5.7	Number of young carers receiving a service @ 31 st March Of note, Across the year action for children worked with 15 young carers whose referral originated from BHSCT MH. 11 cases closed during the year due to no longer living with care receiver, outcome met or reduced engagement.		4	
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March Of note, this figure does not include the figures for requests for Self Directed Support which has increased during the reporting period; Under 65 yrs 42 payments Over 65 yrs 5 payments		2	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March		2	
	(c) Number of adults receiving direct payments @ 31 st March Of note, this figure does not include the figures for those in		40	

	receipt of Self Directed Support which has increased during the reporting period; Under 65 yrs 42 payments being received Over 65 yrs 5 payments being received	
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	19
5.10	Number of carers receiving direct payments @ 31 st March	41
5.11	Number of one off Carers Grants made in-year.	620
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary		

DATA RETURN 6 – PoC / Directorate: Mental Health**6 SAFEGUARDING ADULTS**

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

DATA RETURN 9 – PoC / Directorate: Mental Health

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO It is noted that the number of assessments had reduced during the period from last year from 309 assessments to 271 during this reporting period. This should be considered in relation to the reduction in learning disability assessments from 15 last year to 8 this year.	271	x
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	202	x
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	4	x
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES <i>If no, please explain</i>	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	81
9.2a	Of these, how many resulted in an application being made?	75

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	271
9.3.a	Confirm if these reports were completed within 5 working days NO <i>If no, please explain</i> 18 reports were not submitted within the 5 working day period. This was due to; 3 cases due to annual leave, 5 cases due to sick leave, 1 report late due to completion of an STO report that was required for Court deadline, 2 reports late due to IT issues. 7 cases were the ASW identified workload capacity impacted on ability to complete the assessment within timescale. This has been addressed with the individuals involved. There is also a full time ASW on the rota who can have an unpredictable	18

	level of assessments per day culminating over a short period of days impacting on meeting deadlines for report completion. The ASW rota in Belfast Trust has been under significant pressure due to the number of assessments requested daily, despite there being 3 ASW's on the rota daily. This issue continues to be monitored.	
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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>	1
9.4.a	Confirm if these reports were completed within 14 days? YES If no, please explain	Yes

Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients	88
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	5
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	5
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1 completed & 4 due in next reporting period.
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	1
	Discharges as a result of an agreed multi-	

	disciplinary care plan		
	Lapsed		
	Discharged by MHRT		
	Discharged by Nearest Relative		
	Total	1	

Approved Social Worker (ASW) Register

9.7	Number of newly appointed Approved Social Workers during period	5
9.7.a	Number of Approved Social Workers removed during period	2(moved post)
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	30 (2 of which are agency ASW's & 1 Bank ASW)

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old?</p> <p>If yes, please provide number and advise on any issues presenting</p> <table border="1"> <thead> <tr> <th>Date</th><th>Age/Years</th><th>Relevant Powers Guardianship/ Admissions</th></tr> </thead> <tbody> <tr> <td>14/6/2019</td><td>17</td><td>Compulsory Admission</td></tr> <tr> <td>13/1/2020</td><td>17</td><td>Compulsory Admission</td></tr> <tr> <td>30/7/2019</td><td>16</td><td>Compulsory Admission</td></tr> <tr> <td>26/9/2019</td><td>16</td><td>Compulsory Admission</td></tr> <tr> <td>13/1/2020</td><td>16</td><td>Compulsory Admission</td></tr> <tr> <td>18/2/2020</td><td>17</td><td>Compulsory Admission</td></tr> <tr> <td>25/2/2020</td><td>14</td><td>Compulsory admission</td></tr> <tr> <td>6/3/2020</td><td>17</td><td>Compulsory Admission</td></tr> <tr> <td>26/3/2020</td><td>16</td><td>Compulsory Admission</td></tr> <tr> <td>25/3/2020</td><td>15</td><td>Compulsory admission</td></tr> <tr> <td>31/3/2020</td><td>15</td><td>Compulsory admission</td></tr> </tbody> </table>		Date	Age/Years	Relevant Powers Guardianship/ Admissions	14/6/2019	17	Compulsory Admission	13/1/2020	17	Compulsory Admission	30/7/2019	16	Compulsory Admission	26/9/2019	16	Compulsory Admission	13/1/2020	16	Compulsory Admission	18/2/2020	17	Compulsory Admission	25/2/2020	14	Compulsory admission	6/3/2020	17	Compulsory Admission	26/3/2020	16	Compulsory Admission	25/3/2020	15	Compulsory admission	31/3/2020	15	Compulsory admission
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9.9	<p>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.</p> <p>2 – Community 3 – Inpatient</p> <p>No issues reported.</p>	5																																				

**The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).
Schedule 2A Supervision and Treatment Orders.**

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	1
9.10	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	1
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	None
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	1

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Learning Disability

2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Ms Rhoda McBride is the Divisional Social Worker for Adult Learning Disability Services, including Iveagh. The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Service Area.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Vacancies-</p> <ul style="list-style-type: none"> • 1x 8B Service Manager Post with responsibility for community teams, hospital SW and adult safeguarding. This is a new post, as this was previously part of the other service manager post. Funding was secured and this post has now been recruited with a start date agreed 1.9.20. • 1x 8a PSW- new post still to be recruited. • 2x Band 7 Team leader posts are vacant- backed filled through an expression of interest from existing staff within the service area. Both posts recruited July 2020. • 1x SSW post in MAH vacant since last July 2019- this post was temporarily covered by the Community SW operations manager- Post has now been recruited June 2020. • 1x 0.5 B7 SW in Iveagh remains vacant – currently covered by agency. • 3 x Band 7 DAPO posts vacant- One post has been back filled by part time agency staff. One post was recruited in April and the other is in process of being recruited.
2.1b	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.

- Mental Capacity Act (NI) 2016 Phase 1 (MCA)** - To meet the requirements under the legislation most staff in Learning Disability have now completed up to level 4 MCA training. The service area has scoped the number of service users both within the hospital and community who require a DoLS. Across the community there are 647 service users who require a DoLS. The service area is experiencing very difficult challenges in completing all the relevant documentation for DoLS given that only 359 of the 647 community DoLS to be completed are known to a psychiatrist. Therefore, there is a reliance on GP to complete the medical report for a sizable number of our service users. Unfortunately, to date we have been unable to receive a medical report in relation to DoLS from a GP and it is therefore highly probable that we will be unable to place the necessary legal safeguards around our service users by December 2020.
- There has been a significant increase in work associated with the implementation of phase 1 of the MCA. This has put additional pressure on the existing staff in terms of the documentation that is required. Given the nature of our service many of our service users have communication difficulties and therefore the assessments take much longer.
- In addition, as this is new legislation, there have been many challenges in implementing it [REDACTED]
[REDACTED] As only phase 1 of the MCA has been implemented, the service area, on occasion, has therefore sought Declaratory Orders, when Physical intervention is required.
- ASW and STDA-** The service area continues to have a small number of ASW staff, who are on the ASW day time rota. There are currently 6 ASW's on the day time rota, two of which are Band 8a and only temporarily supporting the ASW rota during COVID. The lack of ASW within the service area continues to present challenges in terms of having the necessary level of expertise from the Division on the ASW daytime rota and also to provide advice and direction to the Division in relation to the complexities relating to the Mental Health (N. Ireland) Order 1986 and the MCA 2016.
- Attempts this year to recruit staff to be Short Term Detention Authorisers (STDA) and undertake the ASW training have been unsuccessful within the service area. However, the job description for SW and Team leader within the Division was amended, now requiring new employees to undertake the ASW training within 2 years of appointment. As a result, it is likely that a number of staff will therefore be applying for the ASW course

	<p>next year.</p> <ul style="list-style-type: none"> • Vacancies- Two team leader vacancies in the community have been covered by Expression of Interests from staff within the service area. Both were recruited permanently in July 2020. All four community teams have retained social workers as their lead although these posts are not designated SW posts. • There are 4 x Band 6 SW vacant posts. All these vacancies have been covered by agency staff. One was recruited in July and the others due to be recruited. • There is 1x Band 6 SW (jobshare) maternity leave (both SW's off at the same time). 0.5 x Band 6 SW maternity leave is covered by agency. • The service has recruited 2 additional social workers (one in East Belfast and one in North Belfast). • The service is in the process of recruiting additional social workers for West and South Belfast Community Learning Disability Teams and Muckamore SW team- 2 are in the process of being recruited and one is with BSO for processing. • The SSW post in Muckamore had been vacant since July 2019. This post was recruited June 2020. • ABE staff- The service area has 3 x ABE trained staff which is sufficient for the needs of our service area.
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes</p> <p>If not, outline the remedial action taken to address this</p> <ul style="list-style-type: none"> • The Adult hospital SSW post proved difficult to recruit so on occasion there had been some gaps in terms of supervising the SW staff in the hospital as frequently as required. • We are pleased to report this vacancy was filled in June 2020 and this will address this issue.
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool- No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <ul style="list-style-type: none"> • The service area does not utilise a caseload weighting tool. • The service area has been undertaking a review of our current service users. A band 7 practitioner has reviewed a number of

	<p>service users on the community caseload, who have required minimal input from the service area. She has reviewed each of these cases, along with the service user and carer and agreed whether: they need signposted on to other services; they require input that is more intensive; or they can be discharged, on the understanding that if they require the service again they will be quickly reviewed.</p> <ul style="list-style-type: none"> • All staff record on the PARIS system and so at supervision their team leader is able to run reports, which outlines the number of service users on their caseload, the frequency of contact and the nature of contact. This enables the team leader to have a good overview of the staff members' workload and informs allocation of work. • Supervision provides the opportunity to address the current workload demands on staff including the complexity of cases, time management and to identify any workload capacity issues. • Files are audited each month to provide assurance in relation to agency and professional standards. • All staff have their mandatory and individualised training needs identified as part of supervision but also as part of their annual SDR. This ensures staff are adequately trained and upskilled to meet the service user needs. • Where there are a number of SW vacancies, backfill has been arranged through internal expression of interests or through recruiting agency staff. All these temporary staff have a robust induction, access to relevant training and regular supervision. • Recruitment is currently underway to recruit any permanent vacancies.
2.3	<p>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</p> <p>1. Care Management Audit of 19/20</p> <p>An updated audit took place by BSO in March 2020. The service area are pleased to report that we achieved a satisfactory report. Significant progress had been made from the previous audit. This included-</p> <ul style="list-style-type: none"> ➤ Implementation of Nursing Care Plans for Care Home Residents ➤ Recording consent ➤ Signing of Care Plan by service user or family ➤ Recording of Review Arrangements – Partially implemented due to issues with the PARIS system. PARIS team are addressing this. ➤ Assessment of Need clearly documented ➤ Financial capacity recorded ➤ Allocation Panel for services ➤ Electronic Referrals

- Transition Pathway – partially implemented.
- Sharing Information with Service Users and families
- Utilisation of Paris Task Bar- partially implemented. PARIS staff addressing issue.
- Review Template to be recorded on Paris and printed and shared with service user or family for signing
- Monitoring of Review Compliance – Task bar report issue is being addressed – partial implementation
- Operational Procedures reviewed and updated.
- Staff Training – partially implemented

2. Feedback from Service Users/ Carers

- Feedback has been positive from Residential & Supported Living perspective about the support and choice they were offered. They were particularly positive that WIFI had been installed and was operational.
- Feedback from the monthly internal monitoring visits (from service users, MDT member and carers) in Residential & Supported Living has also been very positive.
- Pre and post questionnaires with carers in relation to Adult Safeguarding have been implemented in the adult hospital- feedback has been positive with 84% of carers overall experience being either very satisfied or satisfied.

3. ASCOT

- The community teams continue to submit returns for any new referrals where the service user is able and willing to complete the assessment. These returns are submitted to PSD for collation.
- Service area is awaiting outcome of the analysis of this data.

4. Research

- A Senior SW Practitioner from the service area commenced a secondment to complete a PhD at Queen's University. The Title of Ms McIlroy's research is 'Decision-making processes in Learning Disability services: in whose best interests?'

5. The ASW audit

- ASWs within the service are audited within the Mental Health (N. Ireland) Order 1986 quarterly audits in relation to compliance with the Order. The outcome of the audit was that documentation was completed to a high standard, save that within Muckamore Abbey Hospital there were 2 administration errors one on a Form 5 and one on a Form 7.

6. Shared lives

- There was a year long regional project about Shared Lives due for completion at the end of March 2020. There was a consensus that Learning Disability was already providing this service through Families Matter and the use of host families for both long term placements and respite. Significant work was completed on community engagement and the development of regional documentation and communication systems, which were very focused around service user involvement in the development process. There was an intention to move this respite option into elderly services initially to help expand the concept across Northern Ireland, however there was no funding agreement in place.
- All the documentation and proposal to the Board was submitted by the project lead on 31st March.

7. BSO Financial Audit in Muckamore

- In 2019/20 a Comprehensive Financial Audit was completed within Muckamore Abbey Hospital. A series of recommendations were made ranging from patient finance processes to a Financial Policy review. Muckamore Abbey Hospital has been able to action all of the recommendations and received a satisfactory report from BSO.

8. Review of Unsuccessful Trial placements for Regional Intellectual Disability Discharges from hospital.

- During the period of February 2019 – February 2020, there were 25 patients with planned resettlements. Of the 25, 19 were successfully placed and 6 placements were unsuccessful (3 Belfast Trust and 3 Northern Trust).
- Following each unsuccessful placement, a review took place either using the format of a Shared Learning Event or a Significant Event Audit.
- The main learning identified related to: the assessment process; communication between community providers and hospital; training for the providers; placements being identified before full assessment completed; the model of support housing; and the need for more service user and carer involvement.

An action plan is currently being devised to address these issues including; additional staff to assist with resettlement; checklists; more regular meetings with providers and with contracts etc.

2.4	<p>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.</p>
	<p>1. RQIA inspections in Day Care and Statutory Residential and Supported Living facilities</p> <ul style="list-style-type: none"> ➤ The Learning Disability Day Centres had a total of eight unannounced inspections in 2019/20. ➤ Six of these inspections made no recommendations in their Quality Improvement Plans. 2 centres had a total of 4 recommendations. These included ensuring that minutes were taken at all staff meetings and further development of the person-centred planning review reports. ➤ Within Residential and Supported Living services, there were a total of six announced and seven unannounced inspections. ➤ Seven of these inspections resulted in no recommendations. ➤ Six inspections resulted in a total of 23 recommendations ranging from: ensuring that recommendations from other health care professions are accurately reflected in the care plan; that each (short breaks) resident is provided with an individual written agreement setting out the terms and conditions of their stay; minor works issues regarding floor covering and pipework to WIFI access; and the display of menus. ➤ All recommendations have been actioned across the services. <p>2. RQIA Inspection in Iveagh</p> <ul style="list-style-type: none"> ➤ An Unannounced Inspection on 1 August 2019 had 17 recommendations. ➤ The focus of the Inspection was on 'person centred care' i.e. treating young people as individuals and involved examining various aspects of the hospital, from front line care and practices through to management and oversight of governance across the organisation. ➤ The Inspection found areas of good practice including: 'staff demonstrating... core values'; a positive picture of the MDT and the involvement of families and carers; multiple areas of strength in relation to front line care such as- <ul style="list-style-type: none"> • written and verbal communication, • evidence based practice,

	<ul style="list-style-type: none"> • new staff receiving relevant training, • support by ward manager for the team • leadership from the clinical team including the lead psychiatrist, psychologist and nursing staff • clarity in the team on the role and function of the medical and clinical governance lead • increased availability of activities since last inspection • good practice in recording consideration of human rights, specifically in relation to restrictive practice <p>➤ Areas identified but not included in the recommendations are that the RQIA wished to see an improvement in senior staff presence in Iveagh. At the time of the Inspection the responsible Assistant Service Manager (ASM) had been off for an extended period. The ASM has been back in place since August 2019 and the ASM role was reviewed resulting in a dedicated, permanent ASM based in Iveagh, rather than having other roles as part of Muckamore Abbey staff. Staffing deficits were also noted with a reliance on Bank and Agency. While there remains a need for cover, the vacant posts have been recruited with both nursing and HCA staff appointed.</p> <p>➤ Feedback from carers was positive in relation to the team and care provided, however, parents expressed concern about delays in securing alternative care options in the community which remains a challenge with gaps in community provision and services to meet the needs of young people leading to delayed discharges. RQIA flagged Articles 3 and 8 of the Human Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the Inspection, however, this pressure continues.</p> <p>➤ The plan for future management of the service remains under review.</p> <p>➤ The use of seclusion has been stopped since 2018, and the Trust at the time suggested capital works to develop the seclusion area. However, the use of low stimulus areas rather than seclusion has been the preferred choice of the clinical team.</p> <p>➤ To address a number of issues a meeting was arranged with RQIA for April 2020, however, this was postponed due to COVID. It is hoped to re-schedule this meeting prior to the next Inspection.</p> <p>➤ Since the Inspection the number of beds in Iveagh has been reduced from 8 to 6, with regional agreement.</p>
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3. RQIA Improvement Notices in Muckamore (MAH)

- Detailed RQIA inspections have been completed at MAH over the financial year. The subsequent Reports highlighted a number of recommendations and included 3 formal Improvement Notices in the areas of Staffing, Patient Finance and Adult Safeguarding. A Quality Improvement Action Plan was developed in response to the Report and Improvement Notices. RQIA have now removed all the Improvement Notices as they were satisfied that the necessary actions have been completed.

- Actions implemented focussed on-

- **Staffing**

Work has been progressed to determine safe staffing levels through an assessment of the current patient population's acuity (based on current levels of observation) and dependency (using Telford to determine the registrant levels). This nursing model was been developed by the senior team in MAH (in conjunction with the ward managers and ASMs) and approved by the Executive Director of Nursing and the Expert Nurse Advisor, DoH, and it has been presented to and supported by RQIA

- **Safeguarding**

Please see details in Section 2.5- A detailed action plan was developed and implemented. All actions have been completed apart from 3 actions, which are currently on hold due to COVID.

- **Finances**

Following concerns raised by RQIA relating to the management of financial affairs for long stay patients in Muckamore Abbey, the Trust implemented a review of patient finances within the hospital. On review, it became apparent that there were 4 patients, where the Trust was the appointee, whose savings exceeded the threshold, normally resulting in a referral to Office of Care and Protection (OCP). RQIA advised that referrals for these 4 patients were not required and gave the Trust permission to draw up financial support plans.

The Trust subsequently reviewed the finances of all patients in the hospital and financial support plans or financial support agreements are now in place for all long stay patients.

- **CCTV**

The CCTV policy has been reviewed and updated and is currently with the Trust's Standard and Guidelines Committee.

	<p>A CCTV working group has been set up (this includes a representation from ward staff, SW safeguarding staff, management, litigation and unions) to review the current use of CCTV and the development of its use within the hospital.</p> <p>Feedback surveys have been developed to obtain feedback from staff, families, carers, advocates and patients.</p> <p>➤ Restrictive Practice</p> <p>Restrictive Practice policies have been reviewed in line with best practice across the UK. The use of restrictive practice is included in the weekly Patient Safety Report and reviewed at the monthly Governance Committee.</p> <p>To date the use of seclusion and physical intervention have greatly decreased in the hospital.</p> <p>A Restrictive Practice Working group has been set up to provide a strategic overview of the use of and future use of Restrictive Practices within the hospital. The group has representation from medical staff, ward staff, management, SW Safeguarding Staff, Governance, Positive Behavioural Support and pharmacy.</p> <p>MAH have formed a 'critical friend' relationship with East London NHS Foundation Trust to provide support and challenge in respect of all restrictive practices.</p> <p>➤ Patient Observations</p> <p>A monthly audit process has been embedded across the hospital. The audit looks at the use of observations and reports compliance or non-compliance with the policy.</p> <p>The outcome of each audit is circulated to the management team, discussed at PIPA and reviewed at the Governance Committee meeting.</p> <p>➤ Physical Health Care Needs</p> <p>A GP role has been recruited to the hospital to focus on physical health checks for all patients.</p> <p>➤ Discharge Planning</p> <p>A Quality Improvement project has been initiated involving staff from across the hospital to focus on standardising and improving the transition processes for patients resettling from hospital.</p>
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➤ **Strategic Planning and Communication**

Monthly staff briefing meetings have been embedded within the hospital. These meetings aim to share information with all staff across the site and respond to any questions. A weekly newsletter is distributed to all staff across the hospital, providing information updates and sharing news.

4. JR proceedings

- JR proceedings were issued against the Trust by the family of Patient X. They alleged that the Trust had failed in its duty to assess patient X under the Mental Health Order and had failed to provide a suitable placement. After negotiations, the case was resolved as the Trust agreed to find an alternative placement for Patient X. As part of Patient X's Care plan involved physical intervention and administration of medication, the Trust applied and obtained a Declaratory Order from the High Court.
- JR proceedings were also issued by the family of Patient Y. He is currently residing part time in Iveagh and part time at home. Patient Y's discharge from the hospital has been delayed. He is a young person and requires a community placement to be provided by Family and Child Care services to facilitate his discharge. A DoLS and DO is currently being considered and a business case for bespoke placement is currently being processed by Children's Community Services.

5. Significant MHRT

- Patient Z is a long term patient in MAH under a Hospital Order with restrictions. He has been in a community placement since December 2018 and remains under Article 15 leave with ongoing approval by the DOJ for this and for any outings. A mandatory referral to the MHRT was made and the recommendation from the Trust would have been for his conditional discharge but this proved problematic due to a ruling by the Supreme Court in *Secretary of State for Justice V MM* (UKSC 60). In MM the Supreme Court ruled that conditions, which objectively amount to a DoLS cannot be imposed by the First Tier Tribunal or the Secretary of State. The MCA cannot be used as Patient Z is assessed as having capacity. [REDACTED]

In December 2019 and February 2020 the MHRT found as follows-

	<p>a. That the patient's mental disorder does not warrant his detention in hospital for treatment;</p> <p>b. Discharge to suitable care would not create a substantial likelihood of serious physical harm to himself or others;</p> <p>c. For the purposes of Article 78(1)(a) of the Order the Tribunal was not satisfied as to either and both of the criteria at Article 77(1)(a&b);</p> <p>d. For the purposes of Article 78(1)(b) the Tribunal found that it was appropriate for the patient to remain liable to be recalled to hospital for further treatment.</p> <p>The Trust is hopeful that these issues can be addressed by the High Court imminently as this situation relates to 2 other patients in Muckamore for whom specialist supported living have been identified.</p>
2.5	<p>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.</p>
	<p>1. RQIA Safeguarding Improvement Notice in Muckamore Abbey Hospital</p> <p>RQIA placed a safeguarding improvement notice on the Adult Hospital with the following recommendations-</p> <ul style="list-style-type: none"> • Ensure all staff are aware of and understand the procedures to be followed with respect to adult safeguarding; this includes requirements to make onward referrals and for notifications to other relevant stakeholders and organisations. • Ensure that there is an effective system in place for assessing and managing adult safeguarding referrals, which is multidisciplinary in nature and which enables staff to deliver care and learn collaboratively. • Ensures that protection plans are appropriate and that all relevant staff are aware of and understand the protection plans to be implemented for individual patients in their care. • Ensures that the quality and timeliness of information provided to other relevant stakeholders and organisations with respect to adult safeguarding is improved. • Implement an effective process for oversight and escalation of matters relating to adult safeguarding across the hospital site; this should include ward sisters, hospital managers, Trust Senior managers and or Executive Team as appropriate. • Implement effective mechanisms to evidence and assure its compliance with good practice in respect of the adult safeguarding across the hospital. <p>As a result of these notices a considerable amount of work has been completed to address these recommendations.</p> <p>We are pleased to report that RQIA lifted this notice in April 2020.</p>

Some of the work completed includes the following-

- More robust governance arrangements
- Additional training has been completed for DAPO/IO; Line manager/ Champion training; Talking mats for SW staff; completion of ASP1; DATIX; Medical staff training etc.
- ASG notice boards are now placed on all wards with relevant Adult Safeguarding (ASG) information.
- Aide memoires have been developed to assist staff in completion of ASG forms and Form 2 for RQIA.
- Clear escalation plans have been devised and now displayed, so everyone knows what to do if there is an ASG referral- who to contact, what documentation to complete and their responsibilities.
- Flow charts have been developed, which are now displayed which show everyone's role in safeguarding, how quickly action should be taken, who it should be escalated to and the responsibilities to make onward referrals to other relevant stakeholders and organisations.
- A flowchart showing the process and interface between frontline staff, line management, ASG, SMT etc has been devised and has been disseminated to all MDT staff.
- ASG and Protection Planning (PP) is now a standing agenda item at the following meetings- Daily handovers, safety briefings, PIPA, Weekly ASG MDT meeting, live governance, ward managers meeting, monthly ASG Forum, Clinical governance meeting and SMT meetings.
- All templates for meetings have been revised to ensure ASG and PP are recorded.
- A new weekly ASG MDT meeting has been established in each ward to discuss new and review existing referrals.
- A Monthly ASG Forum has been established- to learn collaboratively in respect of ASG investigations through sharing outcomes, good practice, learning from CCTV viewing, sharing outcomes of audits etc.
- An extensive ASG data base has been developed and the ASG Lead now analyses ASG data to establish trends/ patterns to inform MDT team, live governance, ward managers meeting, Safety Report for SMT.
- Regular audits are carried out to ensure compliance.
- Development of Immediate Protection Plan (IPP) Proforma including an aide memoire:- disseminated and now implemented
- Roll out of preventative work i.e. keeping yourself safe programme
- Pre and post ASG questionnaires to receive real time feedback from carers to understand better if intervention is improving outcomes for service users.

CCTV continues to be live across the hospital site. Contemporaneous viewing of CCTV also takes place- areas of good practice and areas for learning are fed back to the staff, and a new quality assurance process has been developed.

A PSNI Liaison Officer is now identified for the hospital site, which has been extremely beneficial. The PSNI officer is also a link person for single agency PSNI ASG referrals in relation to incidents of patient on patient, which have been reported to PSNI.

A flowchart has been developed outlining the process and how staff can access additional support and updates from the PSNI liaison officer in relation to incidents where they have been subject to an alleged assault from patients. A central email address has been established by the PSNI which staff can email to request input. A memorandum of understanding is also being developed between PSNI and MAH in relation to times when the PSNI are called to the wards to assist in de-escalation. This is on hold due to COVID.

The BHSCT have also commissioned a service from the Association for Real Change (ARC) to :

- Carry out a baseline assessment in Muckamore Abbey Hospital utilizing a number of different approaches and techniques, including group work and 1:1 support, to explore how safe and happy patients feel in Muckamore. It is planned to pilot this in Ardmore Ward and then roll this out across the hospital site. The end result of this work will culminate in a report followed up with a conversation regarding how this information will support future planning for patients.
- Carry out post incident ASG investigations with patients, to explore the impact of response, support offered and aftercare. This will include the completion of the questionnaire the service area has drafted which will be amended by ARC.
- Deliver the Keeping You Safe Programme to all the remaining patients within the hospital, who the social work team have been unable to deliver the programme to, including those with communication needs.

Unfortunately, due to COVID these 3 actions are temporarily on hold.

2. Adult Safeguarding workforce issues

- Most of the DAPO's in the service area are also SW Team leaders and this puts additional pressure on them as they are also undertaking other key functions e.g. managing a MDT, chairing PQC meetings, undertaking ASW roles etc. The Team Leader posts are not designated SW posts so if recruited by other professions this could add significant pressure on the service area in terms of discharging this statutory function.
- Funding for 4 DAPO posts has been secured. One DAPO

	<p>position is filled and the recruitment for the other 3 vacancies will take priority. It is anticipated that this post will be a Band 7 Senior Practitioner role along with DAPO responsibility.</p> <ul style="list-style-type: none"> ➤ There is a lack of business support to aid the safeguarding staff to represent data in a meaningful way to show trends and patterns. The service area is currently considering a business case in relation to this. ➤ The Service area has worked very closely with the Training Department in the Trust who have been extremely flexible and responsive in terms of providing additional training for all staff in the hospital. This has included bespoke training for DAPO and IO staff, for medical staff, for contemporaneous CCTV viewers etc. This has ensured all staff are sufficiently trained and upskilled in relation to specific aspects of safeguarding. <p><u>3. Challenges in the provision of Safeguarding services that have arisen during the reporting period and actions taken to mitigate any difficulties.</u></p> <ul style="list-style-type: none"> ➤ PARIS <ul style="list-style-type: none"> • The service area continues to use the ASG forms from the previous policy and await PARIS implementation to ensure staff move to using the new documentation. Additional PARIS training will also be required to train up DAPO/IO staff and referral agents when this is being introduced. A significant amount of documentation, flowcharts and aide memoirs will also have to be amended to reflect the new documentation. ➤ COVID <ul style="list-style-type: none"> • COVID has had a number of implications for the service area with COVID ASG contingency plans being developed for the community and hospital. • In the hospital the number of staff on patient referrals remained largely unchanged. Whilst patient on patient incidents initially decreased they then rose again, probably due to the impact of lockdown, new routines, and having to move patients to allow for the development of COVID isolation areas. • As a result of COVID new developments also took place within the hospital which included: the development of a new flow chart in the hospital to advise of the new process; there was a move from face to face to virtual weekly ASG MDT meetings; patients were seen on the ward using PPE; CCTV was viewed as quickly as possible when required; and staff on patient allegations in the hospital were initial screened by Assistant Service Manager and DAPO. • As a result of COVID Day centres and short break units closed in March and therefore there was a decrease in the number of adult safeguarding referrals. However, since then
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there has been a slight increase over time in referrals coming from services users' homes /supported housing. There has also been a rise in incidents of domestic violence. The referrals made to community DAPOs reflect more complex incidents.

- As a result of COVID all external providers were contacted with contact details, thresholds for ASG referrals etc. The service area established an ASG Data base to identify priority cases. All ASG referrals for the service area were directed through the central point of the Gateway Service so that all data could be captured for the entire directorate.
- Other actions taken as result of COVID included: liaison with PSNI re Domestic Violence cases; alerts sent to RESWS; daily contact with high risk service users was maintained; Community ASG strategy meetings were conducted via Microsoft Teams; there was collaboration with wider MDT colleagues (community midwives etc) to provide information and support to service users; and information was published on the Trust Hub and Twitter regarding safe spaces, silent solution initiative etc.

➤ Hospital

- Over the reporting period the vast majority of referrals in the hospital continued to be of a physical nature. Many of these referrals relate to patient on patient incidents and a high proportion relate to the same patients who have either allegedly caused harm or have been harmed. Referrals are screened by a DAPO and if accepted for investigation (threshold met), allocated to an Investigating Officer, who will be one of the ward social workers. The DAPO and IO will support the multi-disciplinary team in the development of either an alternative safeguarding response (where a referral has been "screened out") or a protection plan.
- The use of CCTV on the hospital site has been of great assistance as the adult safeguarding staff can quickly access the relevant CCTV, which enables them to either screen out the referral or instigate an investigation. However, the viewing of CCTV can also be very time consuming especially if the exact time/ date of the alleged incident is not known. Although many of the referrals are screened out, as there is no evidence of an incident of a safeguarding nature viewed on CCTV, this still involves a considerable amount of work and so the term 'screened out' does not reflect the amount of work involved.
- Within the hospital, there are ongoing difficulties relating to the physical environment and the mix of patients in the wards:- many of whom have complex needs, present with behaviours that challenge and whose discharge has been delayed due to a lack of suitable community placement. A number of patients would not have the skills to protect themselves or to understand risks. Staffing levels can also

	<p>often affect the patient's ability to avail of opportunities to be off the ward and this can increase the number of incidents on the ward.</p> <ul style="list-style-type: none"> To mitigate these issues- Each patient has an individualised activity plan. The activity co-ordinator left post this year and discussions are in place for this post to be replaced. There has also been additional staff recruited to assist in the resettlement of patients and to explore further options with independent and private providers. The ASG team have now developed a robust data base and are able to look at trends and patterns. This information is presented at our newly established monthly ASG Forum which is attended by the MDT team. From the data we can identify themes in relation to a wide range of factors which may impact of safeguarding e.g. the location and time of incidents on the ward. This information has greatly assisted the ASG team to work with the MDT team to ensure protection plans are robust. For example, steps have been taken which have reduced the number of incidents between certain patients; there have been environmental changes and meals etc., have been staggered as required. Despite good multidisciplinary working, including robust risk assessment and risk management plans, there can be difficulties implementing suitable protective plans to reduce the likelihood of further incidents. All ASG incidents are now reviewed on a weekly basis at the newly established Adult Safeguarding MDT meeting which the DAPO chairs. Risks are identified, analysed and protection plans reviewed in relation to new and existing ASG referrals. There is ongoing Contemporaneous CCTV viewing across the hospital site. It has also provided reassurance to the families, senior management team, Trust Board and Department of Health. The CCTV viewers have recently received further training on adult safeguarding. The Contemporaneous CCTV documentation and processes have also been revised and a new quality assurance process is in place so that ASG and hospital management review all contemporaneous CCTV viewing sheets. Further viewing of CCTV can take place as required. Areas of good practice and areas for development are identified and taken forward <p>➤ Community</p> <ul style="list-style-type: none"> The service has continued to investigate concerns raised in nursing homes, residential homes and supported living units. The referrals cover a range of abuse including alleged physical abuse, psychological abuse, financial abuse of service users and institutional practices. The service remains concerned about quality issues which, while they do not meet the threshold for safeguarding, may have significant impact on the quality of life for service users.
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	<p>Many of these facilities continue to experience high turnover of staff, low staff morale and poor resilience. The Trust continues to work with providers to build their capability and improve their resilience.</p> <ul style="list-style-type: none"> • Within community facilities, referrals mostly relate to low level physical incidents, where one individual has hit out at another. This reflects the reality of group care for individuals who may have communication difficulties and can display behaviours which challenge. All group living services are aware of the need to review care plans, environments and the mix of service users in order to promote a safe living environment for all. Other preventative measures are also required to address these issues such as good quality staff recruitment, retention, support and training. <p>➤ Historical CCTV Adult safeguarding investigation</p> <ul style="list-style-type: none"> • This has continued to be a very challenging year as the large scale historical CCTV adult safeguarding investigation into Muckamore continues. It remains extremely time consuming and complex. • Within the reporting year, there has been a change in the personnel of the team including the 8b manager and the 8a staff. • The processes and documentation have recently been significantly revised to ensure there is better communication and smoother interfaces between ASG, HR, Management, PSNI and Senior Management. • An Operational Group comprising of representatives from ASG team, HR, Management, RQIA and the PSNI now take place every three weeks to review the management decisions in relation to the safeguarding referrals and provide assurance. • A significant amount of CCTV has been viewed although there is still some outstanding. PSNI and the Trust are separately viewing the CCTV footage. • A software solution is currently under development with testing taking slightly longer than anticipated to ensure it is working as required. The completion date for this work is now end of July 2020. • The PSNI are actively involved in viewing CCTV and interviewing possible suspects. • A large number of both registrants and non registrants have been placed on precautionary suspension or on supervised practice. • The ongoing investigation continues to cause our service users and carers a significant amount of distress and stress. Unfortunately, given the size of the investigation and the complexity of it, it will not be completed for some time. As some of the CCTV is still to be viewed this continues to leave service users and carers with feelings of anxiety and fear in relation to what is still unknown. All the affected families have
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	<p>a nominated DAPO attached to them and they are provided with regular updates and ongoing support, including emotional support.</p> <ul style="list-style-type: none">• It is hoped the work commissioned from ARC will enable us to understand better the views of service users about what makes them feel safe/ happy. This is temporarily on hold because of COVID.• Similarly, the ongoing investigation has had a significant impact on the stability of the hospital workforce and the welfare of staff. Whilst the CCTV remains outstanding, there is also a feeling of uncertainty across the staff group at the hospital. Staff across the site have been supported through a counsellor who provides 1:1 emotional support, reflective practice sessions, workshops with staff and support sessions with HR and OH. The Service Area has continued to work within the Adult safeguarding Regional Policy, the HR disciplinary processes and Joint protocol. This has resulted in many challenges balancing the requirements of each process and being proportionate in relation to staff but at the same time protecting patients.
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in June 2019	Progress Update at 31 st March	RAG Rating
1.	<p>Learning Disability Issues</p> <p>Issue:</p> <p>Detention under Mental Health Order</p> <p>Number of children detained in Iveagh from BT – implications given this is a regional facility?</p> <p>Action:</p> <p>Nov 19 - Review Report and Pathway Paper to be provided</p>	<p>There were six children detained in Iveagh from 1.4.19-31.3.20.</p> <p>Two of these children were from the Belfast Trust. One child was discharged within this period.</p> <p>One of the main challenges faced by Iveagh is a lack of community options leading to delayed discharges, which reduces the hospitals ability to function effectively for assessment and treatment. More comprehensive planning with community colleagues continues to be a focus for the clinical team, however, this is impacted by the regional nature of the service.</p> <p>Feedback from carers was positive in relation to the team and care provided, however, parents expressed concern about delays in securing alternative care options in the community, which remains a challenge with gaps in community provision and services to meet the needs of young people leading to delayed discharges. RQIA flagged Articles 3 and 8 of the Human</p>	<p>AMBER</p>

	<p>Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the Inspection, however, this pressure continues.</p> <p>The RQIA inspection indicated they wanted to see an improvement in senior staff presence in Iveagh. The ASM role was reviewed resulting in a dedicated, permanent ASM based in Iveagh, rather than having other roles as part of Muckamore Abbey staff.</p> <p>Staffing deficits were also noted with a reliance on Bank and Agency. While there remains a need for cover, the vacant posts have been recruited with both nursing and HCA staff appointed.</p> <p>The plan for future management of the service remains under review.</p> <p>The use of seclusion has been stopped since 2018, and the Trust at the time suggested capital works to develop the seclusion area. However, the use of low stimulus areas rather than seclusion has been the preferred choice of the clinical team.</p> <p>To address a number of queries a meeting with RQIA was arranged for April 2020, however, this was postponed due to Covid.</p> <p>Since the Inspection the number of beds in Iveagh has been reduced from 8 to 6, with regional agreement.</p>	<p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>GREEN</p> <p>AMBER</p> <p>GREEN</p>
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2.	<p>Issue: MCA June 2018- [REDACTED] [REDACTED] [REDACTED] [REDACTED]. The Trust was incurring significant costs including staff time to comply with the demands of court, and the fact that Royal College of Psychiatrists have advised their members to consider court reports as private work and to charge accordingly. HSCB reminded that Trust had been advised to prioritise contentious cases.</p> <p>Action/ Update: June 2018 - Trusts requested a regional workshop with Legal Advisors to consider this issue. HSCB to give consideration.</p> <p>Update January 2019 – no further update. This was discussed at the last Mental Health Improvement Board on 11th March 2019. [REDACTED] [REDACTED]</p> <p>Update June 2019 – Issue addressed through the Mental Health Capacity</p> <p>Action/ Update March 2020: Implementation of MCA and Use of Emergency provision using COVID legislation.</p>	<p>Most of the staff in Learning Disability have now undertaken MCA training up to level 4 across the service area.</p> <p>The service area has scoped the number of service users both within the hospital and community who require a DoLS. The service area have or are in process of putting in place legal safeguards for a number of these service users either through a DoLS or through the emergency Provisions as part of the COVID legislation.</p> <p>A high number of community service users are not known to the Psychiatrist and therefore will require a medical assessment to be completed by a GP. Unfortunately to date they have not agreed to complete any medical forms in respect of our service users and therefore it is likely that we will be unable to put in place the necessary legal safeguards before Dec2020.</p> <p>In addition, as this is new legislation, there have been many challenges in implementing it [REDACTED] [REDACTED] As only phase 1 of the MCA has been implemented, the Declaratory Orders are also being considered for those patients subject to Physical intervention.</p> <p>The service area continues to only have a small number of ASW staff working within the area and this continues</p>	<p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>AMBER</p> <p>AMBER</p>
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		to present challenges in terms of having this expertise in the service area. Attempts to recruit staff to be STDA and undertake the ASW training have been unsuccessful within the service area. With changes to the job description several years ago, which now requires new SW employees to undertake the training; it is likely that a number of staff within the service area will apply for the ASW course next year.	
3.	<p>Issue: Accommodation Needs Noting the Trusts assessment of needs for supported housing placements for a range of people with complex needs, and in the context of no new developments in the Supporting People pipeline, what is the Trusts doing to plan for the accommodation needs of the individuals identified.</p> <p>Action: Development of services</p>	<p>The Learning Disability Division has developed an Accommodation Plan for the period through until 2023. The plan has identified accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options.</p> <p>A new specialist LD nursing care provider is opening in the Autumn of 2020 and assessments are underway for patients from both Muckamore, Community Services and for the facility to provide 2 respite beds. Some delays due to Covid-19 are anticipated as all in-reach work continues to be suspended.</p> <p>Supported Housing Schemes continue to be developed through Business Cases to Supporting People for capital expense only / revenue neutral. These will be for</p>	<p>GREEN</p> <p>AMBER</p> <p>AMBER</p>

		<p>developments within the next 2-3 years. Any additional accommodation needs are being considered within a procurement framework as part of the Regional Learning Disability Operational Group with the HSCB and in partnership with BSO.</p> <p>There is active planning for the discharge of patients from the hospital into appropriate and sustainable placements and a number of patients have already been placed successfully in the community from the hospital.</p> <p>The service area has also developed a supported living scheme, Cherryhill. This facility will accommodate 9 patients from the hospital. 3 patients from MAH have been successfully resettled to Cherryhill. However, due to significant challenges in recruitment further resettlements have been delayed. More recently further moves have been paused due to Covid-19.</p>	<p>GREEN</p> <p>AMBER</p>
4.	<p>Issue: Difficulty in admitting patients to Muckamore Abbey Hospital</p> <p>Action: Admission Criteria developed. Bedflow manger to be appointed</p>	<p>The overall strategy for the Hospital is a reduction in the number of inpatients through resettlement and admission avoidance – this is necessary for the overall safety and sustainability of the site to be able to achieve an appropriate skill mix of patients to registered learning disability nursing staff. Therefore, admissions to MAH are being managed on a case by case basis. In the first instance alternatives to hospital are being exhausted following a meeting/ consultation with the referrer including community staff, providers etc.</p>	<p>GREEN</p>

		<p>If a service user is detained for assessment under the Mental Health (N. Ireland) Order 1986 and has a mild to moderate LD then a bed is still being sought within general psychiatric wards, initially in Belfast and then across the province.</p> <p>If the service user has a severe Learning Disability and has been detained for assessment under the Mental Health (N. Ireland) Order 1986 then a Learning Disability bed is sought either within Muckamore Abbey Hospital (MAH) or in another Learning Disability facility in N. Ireland.</p> <p>There has also been agreement across the Region in relation to admission criteria for MAH.</p> <p>The Trust also attempted to recruit a regional bed flow manager but there were no applicants.</p> <p>It is also hoped to develop a Community Intensive Treatment Team in a bid to provide an alternative to admissions through providing a wrap around community response.</p>	<p>GREEN</p> <p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>AMBER</p>
5.	<p>Issue: Recruitment and retention of Social workers into the Team Leader role/ DAPO roles/ 8B service manager.</p> <p>Action: Recruit staff</p>	<p>There has been some difficulties recruiting SW into learning disability which may be related to recent negative media coverage. Ongoing attempts to recruit had been used through normal recruitment. A number of the Team Leader posts were temporarily recruited by</p>	<p>GREEN</p>

		existing staff within the service area but have now been permanently recruited. Other SW posts have been backfilled by agency staff and the majority of them are in the process of being recruited permanently. The service area continues to struggle to attract interest from outside the programme area and there are still a number of DAPO posts vacant but recruitment is underway. The 8B post is now a designated SW post and has been permanently recruited.	
6.	<p>Issue: Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings</p> <p>Action: Recruitment</p>	<p>The service area has continued to increase SW capacity by securing funding to recruit 4 additional DAPOs across the 4 community learning disability teams- One DAPO position is filled and the recruitment for the other 3 vacancies will take priority. It is anticipated that the post will be a band 7 senior practitioner role along with DAPO responsibility.</p> <p>The service area is pleased to report that a SSW for the hospital has now been permanently recruited and is due to take up in June. In addition, an 8B SW service manager with responsibility for ASG, hospital SW and the MDT community teams has also just recently been recruited and a start date agreed for 1.9.20.</p> <p>The service area also hopes to recruit a PSW.</p> <p>Securing the 8A Adult Safeguarding lead post last year has been extremely helpful to the service area especially</p>	<p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>GREEN</p>

		given the ongoing complexities associated with adult safeguarding in the service area.	
7.	<p>Issue: Domiciliary Care Trust advise there are 27 Domiciliary care packages outstanding which is noted on risk register. How is the Trust trying to address this?</p> <p>Action June 2019 – Trust advised this is an ongoing concern which they continue to review. They explained that these were in relation to smaller packages which proved more challenging to provide.</p>	The service areas waiting list has reduced to 12. The service area has promoted SDS and continues to access the Care Bureau.	AMBER
Safeguarding Issues in Learning Disability Hospital			
	<p>Issue: RQIA Safeguarding Improvement Notice</p> <p>Action: Significant work action plan developed and implemented to address the improvement notice</p>	See section 2.5 for details. The service area is pleased to report that all improvement notices, including the Safeguarding notice, have been lifted in Muckamore Abbey Hospital	GREEN

Rag Rating:

- Green - Complete
- Amber - Partially Complete
- Red - Not complete

Where the RAG status is Amber or Red, please include further detail in Section 2.7 of this template.

2.7 Discharge of Delegated Statutory Functions

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
1.	Domiciliary Care waiting list	
	The number of service users awaiting domiciliary care packages has reduced to 12 since Learning Disability arranged access to Care Bureau services. The waiting list for packages is primarily due to a lack of capacity to meet demand levels across independent sector providers.	The Service continues to access the Care Bureau and also proactively promotes SDS uptake accessing Direct Payments to obviate demand pressures for domiciliary packages.
2.	Potential failure to provide people deprived of their liberty with adequate legal safeguards	
	A significant number of service users in the community who lack capacity and who are restricted of their liberty is sizable within the service area. Whilst much work has been completed it is unlikely all these service users will have the appropriate legal safeguards in place before end of December 2020	Most staff in the service area have been MCA trained to Level 4. All service users have been scoped across the service area in relation to DoLS, DO etc Those service users known to a psychiatrist in the team are being prioritised. The service area will continue to progress what they can do in relation to DoLS until such times as the issue regarding GPs agreeing to undertake the medical report is resolved. A number of DoLS and DO are now in place Number of emergency provisions orders are in place under the COVID

		<p>legislation.</p> <p>This risk has been flagged with the MCA Implementation Lead in the Trust.</p> <p>There is an inadequate number of ASW and STDA in the service area</p> <p>The Job description of newly employed SW staff has been revised so that they are now required to undertake the ASW course within 2 years of being appointed. This should increase the number of ASW staff within the next 2 years and going forward. This should also help to resolve the issue of the requirement for an ASW to be involved in the DoLS review process.</p> <p>It is anticipated that due to the number of service users who will require a DoLS and DO that additional SW staff will be required to address the increased workload associated with completion of DoLS, the review process and the need to pursue DO for those individuals subject to physical intervention.</p>
3.	Iveagh delayed discharges	
	<p>There a lack of community infrastructure for young people to facilitate their discharge from hospital, which leads to, delayed discharges and unnecessary infringement on their human rights.</p>	<p>More comprehensive planning with community colleagues from Children's Community Services along with Iveagh MDT continues to be a focus for the clinical team, however, this is impacted by the regional nature of the service.</p> <p>RQIA flagged Articles 3 and 8 of the Human Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the RQIA Inspection, however, this pressure continues.</p> <p>The plan for future management of the service remains under review.</p>

4.	Accommodation needs for those being discharged from Muckamore Abbey Hospital.	
	<p>Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for our service users with complex and challenging needs resulting in delayed discharges from Muckamore Hospital.</p>	<p>Care management staff have forged links with a range of providers in order to meet the needs of the service users. Due to difficulties recruiting staff in the private and independent sector the Trust has agreed to pay increased costs for the placements so that pay rates for staff can be increased to reflect the complexity of the work role.</p> <p>The service area has also provided significant input to providers to build their capability and resilience to maintain patients in community settings. The Trust has provided intensive input through the Therapeutic Support Service, Community MDT teams, Care management and additional training to retain service users in their placements. The Trust has also been working with the contracts department to ensure contracts are more robust. The Trust has also encouraged Providers to employ Behaviour Support staff and has agreed increased placement costs for this service. The Trust have also agreed to provide funding for transport for complex service users, in order to improve their quality of life and make community activities and facilities more accessible to them.</p> <p>The Trust meets with the HSCB finance and performance managers monthly to report on progress in achieving the resettlement of the remaining Community Integration Project PTL patients.</p> <p>There are currently 4 PTL patients in hospital and 14 other BHSCT patients.</p> <p>Two PTL patients have specific plans in place and two currently have no placement to meet their needs and will require business cases.</p>

	<p>9 patients have been discharged from the hospital from April 2019 to current date (this includes one PTL patient who was discharged to a Nursing Home in July 2019).</p> <p>The Trust continues to work with a number of providers, which includes Gold Health Care, Cedar Foundation amongst others mentioned. Plans are in place that will take resettlement to 2023.</p> <p>Gold Healthcare are planning to open a new nursing facility before the end of 2020 and 5 patients are currently under-going comprehensive assessments for this specialist nursing service.</p> <p>Plans also continue with Triangle Housing Association through a business model to meet the needs of some patients with a forensic history.</p> <p>The Mews has supported the discharge of service users with complex needs. There are currently 10 people living in this service. Two service users returned to hospital and alternative plans are being developed to meet their needs. A further service user will be moving in October 2020.</p> <p>There continues to be a significant unmet need for nursing, residential and supported living, in particular for patients with multiple complex needs and behaviours that challenge.</p> <p>The service area has also developed a supported living scheme, Cherryhill. This facility will accommodate a total of nine patients from the hospital. 3 patients from MAH have been successfully resettled to Cherryhill. However, due to significant challenges in recruitment further</p>
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		<p>resettlements have been delayed. More recently further moves have been paused due to Covid-19.</p> <p>COVID has interrupted all in reach and development plans since March 2020 and will lead to further delays in 2020-2021.</p> <p>Additional resources have been put in place to support the resettlement of patients from the hospital.</p>
5	Access To Learning Disability Beds in Muckamore	
	<p>The Service Area continues to struggle to make admission beds available as required. However, the number of service users requiring admission has been significantly lower than in other years. This is due to all admissions being closely monitored to ensure they are necessary.</p>	<p>All admissions to MAH are being managed on a case by case basis. Alternatives to hospital are being exhausted before admission is considered following a meeting/ consultation with the referrer including community staff, providers etc.</p> <p>There has also been agreement across the Region in relation to admission criteria for MAH.</p> <p>The Trust also attempted to recruit a regional bed flow manager but there were no applicants. It is to be agreed if this is to be further pursued.</p> <p>Progress has been made in relation to the development of a Community Intensive Treatment Team to provide an alternative to hospital through providing a wraparound community response. This is currently on hold due to COVID</p>
6	Recruitment of SW staff to strengthen the workforce	

	<p>Additional SW staff are required to undertake ASW role, DAPO and undertake DoLS/ DO. There is also a need to secure funding for PSW post to support the Division in relation to the discharge of statutory functions, ensuring SW adhere to good practice standards, to undertake audits, supervision, professionally develop the workforce and provide assurance.</p>	<p>Business case to be put forward for additional SW resources. PSW post to be recruited. Funding to be secured.</p>
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PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9

DATA RETURN 1 – PoC / Directorate: Learning Disability

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	103	8
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	95	8
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1462	223
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1342	183
1.4	How many care packages are in place on 31 st March in the following categories:		
	xix. Residential Home Care	104	28
	xx. Nursing Home Care	64	97
	xxi. Domiciliary Care Managed	24	4
	xxii. Domiciliary Non Care Managed	91	13
	xxiii. Supported Living	224	37
	xxiv. Permanent Adult Family Placement	25	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES / NO <i>If no, please explain</i>	YES	
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	521	63
	- Independent sector	94	5
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	119	6
	Top figures refer to Trust provided day opportunities. Bottom figures refers to day opportunities fully or partially funded by the Trust with independent sector organisations with service users not known to any other	501	3
		Total =	Total =

	Statutory Day Support.	620	9
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	8	7
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	2	

DATA RETURN 1 – Iveagh and Muckamore Abbey Hospital

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	2	15	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	2	15	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	4	51	1

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) : N/A to Learning Disability

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate: Learning Disability

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	26	2
	Partially sighted	38	1
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	12	0
	Deaf without speech	16	0
	Hard of hearing	27	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	3	0

DATA RETURN 3 – PoC / Directorate: Learning Disability

3 DISABLED PERSONS (NI) ACT 1989 <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.	38
	Number of Disabled people known as at 31 st March. Top figure is community and bottom is hospital	1685 52 Total = 1737
3.2	Number of assessments of need carried out during period end 31 st March.	79
3.3	Number of assessments undertaken of disabled children ceasing full time education.	16

DATA RETURN 4 – PoC / Directorate: Learning Disability

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	100
	Total expenditure for the above payments	£15657.86
4.2	Number of TRUST FUNDED people in residential care	131
4.3	Number of TRUST FUNDED people in nursing care	161
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	1

DATA RETURN 5 – PoC / Directorate: Learning Disability

5 CARERS AND DIRECT PAYMENTS ACT 2002				
		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.		106	50
5.2	Number of adult individual carers assessments completed during the period <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		96	41
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>(to be collected from 2019/20 onwards – it is hoped to collect from PMSI)</i>		10	9
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		0	0
5.4	Number of adult carers receiving a service @ 31 st March		595	330
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period <i>(to be collected from 2019/20 onwards)</i>	0		
5.7	Number of young carers receiving a service @ 31 st March	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	51		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	51		
	(c) Number of adults receiving direct payments @ 31 st March	230		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	230		
5.10	Number of carers receiving direct payments @ 31 st March	230		
5.11	Number of one off Carers Grants made in-year.	287		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary The service area is pleased to report that there has been a significant increase in SDS and all service users have been transferred to SDS from direct payments with a support plan in place. The service continues to process requests for new services including direct payments under the SDS framework.				

The number of carer's assessments offered during the year have increased from 114 to 156. The number of carer assessments completed has also increased from 85 to 137. The number of young carers being offered assessments has decreased and the service recognises there is need for a robust plan to address this.

A relatively small number of carers declined a carer assessment. The reasons for this was that it was not the right time for them and therefore carer assessments will be offered at a more suitable time.

DATA RETURN 6 – PoC / Directorate: Learning Disability**6 SAFEGUARDING ADULTS**

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

DATA RETURN 9 – PoC / Directorate: Learning Disability

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO The top figure refers to BHSCT and the bottom is other Trusts	6 12	RESWS will provide
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	4	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES / NO <i>If no, please explain</i>	YES	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	1 (SET)
9.2a	Of these, how many resulted in an application being made?	1

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	8
9.3.a	Confirm if these reports were completed within 5 working days YES <i>If no, please explain</i>	8

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>	0
9.4.a	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	N/A

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients NB 7 relate to BHSCT patients and 7 relate to patients from other Trusts	14

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	0
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	1
	Lapsed	1
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	2

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	1
9.7.a	Number of Approved Social Workers removed during period	4
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	8

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 yes, please provide number and advise on any issues presenting</p> <p>Belfast Trust Patients Under 18 years of age who were in Iveagh between 1st April 2019- 31st March 2020 who are / were subject to detention.</p> <p><u>Patient A</u></p> <p><u>Family Background:</u> Patient A lived at home with his Mum.</p> <p><u>Reason for Detention:</u> Patient A was initially detained to Iveagh on 10/04/18. This was renewed on 08/04/19.</p> <p>Patient A presents with a two year history of paranoid thinking and a delusional belief that he should kill himself to become a superhero figure. He also presents with significant affective disturbance.</p> <p>Patient A requires high level nursing and psychiatric care and supervision to prevent him acting on his delusional beliefs.</p> <p><u>Discharge Plan:</u> Patient A was transferred to Knockbracken Healthcare Park on 30/09/19.</p> <p><u>Patient B</u></p> <p><u>Family Background:</u> Patient B lived at home with his parents.</p> <p><u>Reason for Detention:</u> Patient B was admitted to Iveagh on 27/09/18 as a detained patient. His detention was renewed on 09/09/19.</p> <p>Patient B is a 13 year old with a severe intellectual disability, severe autism & ADHD. He has a history of being aggressive towards others.</p> <p><u>Discharge Plan:</u> It is planned that he will return to live with parents on discharge. A Business Plan is currently being completed by the Belfast Trust to identify a suitable care package to support him in the community.</p>
9.9	<p>How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.</p>

(NI) Order 1996.SArticle 50A(6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	N/A
	(a) Treatment as an in-patient	N/A
	(b) Treatment as an out patient	N/A
	(c) Treatment by a specified medical practitioner	N/A
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	N/A
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	N/A

6. Safeguarding Adults

6.1	Number of safeguarding adult referrals within the period	838
6.2	Of the referrals at 6.1, how many were received from acute settings?	0
6.3	Number of investigations commenced within the period	241
6.4	Number of investigations completed within the period	0
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)	N/A
6.6	Number of adult protection plans commenced within the period	649
6.7	Number of adult protection plans in place on 31 st March	649

Commentary

These statistics relate to the Historical Investigation of Institutional Abuse in Muckamore Abbey Hospital for the period 1st April 2019 – 31st March 2020.

All incidents recorded are 'staff on patient' incidents.

Categories of Abuse as per institutional investigation are as follows:

- A- Ill treatment/Neglect
- B- Restricted/Inappropriate practices requiring MAPA assessment
- C- Inappropriate use of seclusion

Please note there are a number of referrals which span across either 2 or 3 of the categories above.

PICU (Total Investigations Commenced: 63)

A: 56 B: 4 C: 23

Six Mile A (Total Investigations Commenced: 50)

A: 49 B: 6 C: 17

Six Mile Treatment (Total Investigations Commenced: 3)

A: 2 B: 1

Cranfield 1 (Total Investigations Commenced: 115)

A: 114 B: 1

Cranfield 2 (Total Investigations Commenced: 10)

A: 10 C: 1

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Children's Community Services
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>The Co-Director for Safeguarding and Early Intervention is Dr Michael Murray and the Co-Director for Corporate Parenting and Regional Emergency Social Work Service is Ms Kerry Lee Weatherall they have the overarching responsibility and accountability for the operational delivery of statutory functions by the Children's Community Service Directorate within the BHSCT. Ms Dawn Shaw is the Deputy Executive Director of Social work/Divisional Social Worker for Children's Community Services and fulfils the Social Work Governance role within Children's Community Services. They report directly to the Executive Director of Social work / Director of Children's Community services.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work. The Executive Director of Social work reports to the Chief Executive and to the Trust Board.</p> <p>The Deputy Director/Divisional Social worker has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>A structural chart is attached at Appendix 1</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>The Belfast Trust has experienced a high level of vacancies within Social Work during this reporting period with a total of 39 vacancies across Children's Community Services. Recruitment campaigns have taken place in April 2019, December 2019 and then in February 2020 to address the issue. The final campaign resulted in the appointment of 49 AYE staff into the Directorate during June 20.</p> <p>The Belfast Trust is experiencing the same pressures as other Trusts within NI due to a strategic lack of qualified Social Workers coming into the workforce to meet the demand. This is being addressed in the Regional Workforce Planning Group led by the DOH, who are developing a five year plan to help resolve the issue, Belfast Trust is actively participating in this work.</p> <p>The constant turnover of staff puts pressure on the system with the additional support required to support AYE staff.</p>

	<p>The Directorate has a number of new team leaders who have been appointed and will need support with the new to management role. The Trust is working to develop a programme to support them.</p>
2.1b	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (i.e. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</p> <p>As noted in 2.1a the level of vacancies remains an issue within Children's Community Services. The Trust has particular difficulty in attracting and retaining staff within the Family Support teams due to the nature of the work involved in this part of the service. The Directorate has the highest number of AYE staff within this area.</p> <p>Retention of staff is also an issue, with staff moving posts within the Trust to achieve a work life balance or to posts in other Trusts to be closer to home or for promotion. The Directorate has started to develop a workforce plan with support from HR colleagues to address the issues around retention. A workshop was held on 7th February 2020 using an OBA approach to develop an initial plan with a cross section of staff from the Directorate to better understand the reasons for staff leaving. This work has been paused due to the impact of COVID but will be progressed during the next reporting period.</p> <p>A weekly workforce meeting was initiated within the Directorate to manage the high levels of vacancies to support recruitment processes and to ensure each operational area had an appropriate level of cover. The use of agency staff has continued as has the use of bank staff to support residential care homes.</p> <p>A further issue which impacted upon social work recruitment across the Directorate related to number of children's social work posts having to be held due to the regional decision to close Donard children's residential home. This decision resulted in this staff group having to be supported through the organisational changes processes associated with redeployment. This process will not be finalised until the end of June 2020 after which the Directorate will be able to proceed to wider recruitment.</p> <p>Due to the high turnover of staff within the last year, particularly in the gateway Service, the Trust now has a deficit in the number of staff trained in the Joint Protocol procedures. This will be addressed during the next reporting period but due to the small numbers that can undergo training at any one time, this will continue to be a pressure for the service.</p> <p>The Trust welcomes the recent investment from the DOH to recruit additional Band 7 Senior Social Work Practitioners and Band 4 family support workers to reduce the unallocated cases.</p> <p>While the vacancies are a critical issue in the Directorate the workforce</p>

	is fully committed to delivering a high quality service to children and their families.
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</p> <p>If not, outline the remedial action taken to address this Not fully</p> <p>The Directorate overall has achieved satisfactory compliance for supervision of staff. However due to delays in recruitment of managers on occasions it cannot confirm it is fully compliant with the regional supervision framework. Action has been taken to recruit to acting roles where this was possible until permanent posts were recruited to mitigate this. The use of group supervision has also been used successfully in line with the Signs of Safety implementation.</p> <p>The Trust has developed a new reporting template for recording supervision which will provide further assurance in this area.</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>The Directorate has not universally implemented the Caseload Weighting Tool across all service areas with practice varying across different teams.</p> <p>Within Gateway the tool is not used due to the nature of the work, that is, the high throughput of cases within tight timescales. Other measures are used as an alternative, such as using the waiting list to prioritise need alongside the allocation of cases on the basis of the social workers capacity and experience.</p> <p>Within Family Support the use of the Caseload Weighting Tool is used in some teams. The full implementation has been impacted upon by staff shortages, industrial action, including work to rule, the perceived lack of effectiveness of the tool by the teams and more latterly the Covid pandemic.</p> <p>Supervision with staff is utilised in relation to ascertaining demand and capacity for individual social workers. Team meetings are also utilised at all levels to ascertain demand and capacity for teams and within a service area to identify particular difficulties/ issues as they arise and ensure appropriate actions are implemented to manage demand and capacity issues as required.</p> <p>Recruitment, retention and workforce availability within Family Support</p>

	<p>has continued to be challenging throughout this reporting phase. Whilst the Trust has just completed a successful recruitment campaign, the ability to retain Social Worker's within Family Support teams has contributed to having high levels of inexperience in the workforce. This impacts on capacity given the high volume of AYE staff within the Family Support service area.</p> <p>The Looked After service is utilising the case load weighting tool and is currently reviewing the implementation of the model.</p> <p>Caseload weighting is used in the Leaving and After Care teams, the Fostering teams and the Adoption teams.</p> <p>The case load weighting tool is not widely used across the Children with Disabilities Teams as it is not viewed as providing an accurate reflection of the complexity of the family support cases carried by this service. This has been raised regionally over the past few years. Cases are allocated by the Senior Social Worker at team meetings where a number of factors are considered: capacity \experience \ knowledge of staff member alongside complexity of the case.</p> <p>The Residential Service does not utilise a caseload weighting tool.</p>
2.3	<p>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.</p>
	<p>There have been a number of Audits, which have been carried out during the reporting period.</p> <p>Gain Audit</p> <p>A full GAIN Audit was complete in the autumn of 2019. The Audit focussed on Child Protection and the implementation of Signs of Safety. A total of 46 cases across the Directorate were Audit. The key findings from the audit include:</p> <p>Administrative – GAIN Part 1</p> <ul style="list-style-type: none"> • Social workers need to ensure that all basic biographical details are filled in at time of referral • There were gaps in the documentation of biographical information relating to Child Protection Cases <p>Quality</p> <ul style="list-style-type: none"> • There was good evidence that social workers work closely with families and take into consideration the needs of the family and children • It is evident that multidisciplinary\interagency working is going on • Good communication with families is happening • Better analysis of risk needs to take place

	<ul style="list-style-type: none"> • There needs to be better evidence of supervisory oversight taking place <p>An Action Plan is being developed and will be taken forward during the next reporting period.</p>
	<p>Signs of Safety</p> <p>Six Signs of Safety collaborative case file audits were undertaken during the reporting period to test out the new audit process.</p> <p>What Worked Well</p> <ul style="list-style-type: none"> • The collaborative audit was a helpful process for Quality Assurance and practice improvement. They felt it enabled a stronger, qualitative focus on the quality of the work that was much more child focused. The conversation enabled a greater exploration of the purpose and meaning of the work which was a move away from process led practice. • The relationship based model promoted a safer learning environment for shared learning from the case. The experience of using the relationship based approach to QA was described as power levelling by front line staff. It promoted trust and respect between worker and manager who described feeling that they had been able to participate together in a joint learning conversation. • The strength based approach created opportunity to recognise good practice as well as skill or knowledge gaps in practice that had impacted the quality of the work and the positive and negative outcomes for children. • Collaborative auditing required and enabled staff to develop and strengthen skills in reflective practice, motivational and strength based questioning in line with SOS principles of practice. <p>What Staff Were Worried About:</p> <ul style="list-style-type: none"> • Lack of space and time for auditing. Despite positive feedback about the collaborative audit model all staff voiced concerns about having the time to embed this into ongoing practice and there was a strong view that permission and drive from leaders was vital. • Leadership - The drive and messaging from Senior Leaders is really important to embedding this into sustainable practice. • UNOCINI does not support recording of Signs of Safety approach to practice which is confusing and frustrating. It feels like there is duplication and it's not clear what gets recorded were." • Align the GAIN audit with the collaborative process. Reduce duplication and make the GAIN audit more focused so that it doesn't take up too much time and we are only counting what really matters <p>Within the Family Support service the Service Area's Case Conference Chairs meet within the context of the continuing implementation of</p>

Signs of Safety and the training required for them to facilitate and implement this practice model within Child Protection Case Conferences. This training, development and support will continue in line with the trajectory of full implementation of the Signs of Safety within the Case Conference process.

An Audit in relation to the outcome of Signs of Safety and service user's views has been completed.

The Staff Survey that was independently completed by Professor Eileen Munro for the Belfast Trust concluded:

- The biggest worry is that workloads are too high to be able to practise Signs of Safety at the level to which they aspire.
- There has been a considerable increase since the first survey in the numbers of staff having received training in Signs of Safety — the number for direct workers has risen from 73% to 94% and for managers from 28% to 100%.
- The numbers who report having used Signs of Safety in the last 3 months has increased since Survey 1, from 66% to 76% for direct workers and from 69% to 92% of managers.
- There is growing confidence in using Signs of Safety methods compared with the first survey.
- The teamwork climate continues to be very good suggesting that staff receive considerable support from their colleagues.
- In most respects the results indicate a good safety climate.
- In terms of job satisfaction, there is little change since the first survey except fewer managers agree or strongly agree with the statement "*Morale in my area/region is high*"; down from 35% in the first survey to 15% here — a worryingly low level.
- However, numbers who agree or strongly agree with the statement "*I like my job*" continue to be high: 83% of direct workers and 92% of managers.
- the dominant tone is of approval for using Signs of Safety, but many wanting more training and on-going support, being worried about what will happen when the Signs of Safety team is disbanded in September 2020

While the Parent Survey was completed for the region by Professor Munro and not Trust specific - the findings and key messages were encouraging. Professor Munro found:

- 79.8% of parents reported they were listened to
- 72.7% their worker doing what they say they will do
- 85.4% the worker being clear about their concerns about the family situation
- 80.7% the worker notices what is working well in my family regarding the care, safety and well-being of the child/ren:
- one in five parents do not feel that they are assessed in a balanced way.
- 82.3% agreeing with their worker on what we are concerned about
- 74.7% feeling involved in making plans about what to do

- 82.8% believe their worker cares that we solve problems
- 64.1% agree the worker spends time with the service users child/ren

Gateway Audits

Within the Gateway Service the CSM and PSW in Gateway regularly sample initial assessments to ensure compliance with UNOCINI standards and continue to undertake an annual review of supervision between the social worker and line manager. An audit is underway in relation to thresholding in Gateway and will be reported on in the next reporting period.

CSE

Following on from the Thematic Review in relation to Child Sexual Exploitation (CSE) in November/December 2016, SBNI commissioned a further Audit into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland. This was carried out by Leonard Consultancy and Associates (report February 2020). This evaluation took the form of file audits, focus groups with social work staff and service users, and the audit team was assisted by the CSE lead for BHSCT. The evaluation recognised the progress that had been made by all agencies in this area and made a number of recommendations to further strengthen practice in this area:

- the need to manage CSE under established Child Protection Policies and Procedures rather than continuing with a separate process
- increased commitment by all agencies in relation to information sharing and collaboration
- the need to establish a drug and alcohol service for adolescents
- reviewing current policies for missing from care with particular reference to the Return Home interviews
- development of the current training
- considering the accommodation needs of the 16+ age group to prevent vulnerability
- the development of the data requiring collection
- considering the support needs of young adults who are vulnerable to CSE as they transition from children's services to adult services.
- Continued awareness raising of CSE with the Night time economy and hospitality industry

The Trust will work closely with the SBNI to deliver on the audit recommendations.

The Trust's Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young people who go missing from home/care. The Trust reports on this data to the HSCB. Joint working between the PSNI and Trusts is crucial and has enhanced service delivery in the area of missing

children. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people.

Harmful Sexual Behaviour

The Trust has engaged in an audit during this reporting period examining the referral processes and services for children and young people who display Harmful Sexual Behaviour (HSB). This was commissioned by the HSCB and carried out by the NSPCC with a view to developing an evidence informed operational national framework for children and young people who display harmful sexual behaviour.

This audit involved Trust representatives and all partner agencies (education, health, PSNI, voluntary organisations, PBNI, youth justice). At the time of writing of this report, the findings of the audit have not been made available. However one clear theme emanating from the audit process was the identified need for training in the area of HSB for all agencies and this is currently being progressed by HSCB.

Care Orders

A quality improvement project into "Care Orders at Home" undertaken by the LAC service has led to an improved performance as to how these cases are managed under the Placement with Parent's regulations. The participation of parents and young people in this project was of key importance.

There was service user involvement as part of the project with both parents and young people's participation.

There are clear plans in place to review each case within the looked after review process to determine if the Care Order is still required. The lead Principal Social Worker for the project undertakes a twice annual audit of all looked after children subject to a care order at home to monitor progress of the above plans.

The Regional Emergency Social Work Service carried out a call handling audit in February 2020 and an audit of all assessments completed by RESWS social workers in the month of April 2020. Action plans were developed and feedback was provided to all relevant staff.

2.4	<p>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.</p>
	<p>Within the reporting period, the Directorate has continued to submit early alerts, serious adverse incident reports, Case Management Review notifications and have been subject to the usual RQIA inspections. Of particular note are the following:</p> <p>Judicial Reviews</p> <p>The Children with Disability Service is currently involved in a Judicial Review along with other Trusts concerning delayed discharges from Iveagh. The HSCB is aware of these actions and is involved in seeking a solution.</p> <p>RQIA</p> <p>There was one failure to comply notice from RQIA in respect of Willow Lodge short breaks home in August 2019. The notice referred to:</p> <ul style="list-style-type: none"> • Reporting on the views of parents and children in the Monthly Monitoring Returns • The assessment of children who experience pain <p>An Action Plan was developed and agreed with RQIA which was reviewed and reported back to RQIA on a regular basis (every 2 weeks). After a period of 3 months (November 2019) RQIA were assured with the improvements that had been made and the failure to comply notice was removed.</p> <p>RQIA received an anonymous letter from staff within Somerton Road Long term Childrens Home for children with a disability, outlining a number of issues/ grievances in terms of the management of the unit. The Co-Director, CSM and registered manager attended a meeting with RQIA in February 2020, to address the issues raised. RQIA was satisfied with the Trusts plan to address these management issues and agreed that they should be dealt with through the usual Trust processes without further involvement of RQIA. The senior managers within the service have engaged in a process with all staff and are currently working on an action plan to address the concerns raised. This work is ongoing.</p> <p>A letter of serious concern was also received in relation to Fortwilliam Park Children's Home in January 2020 in respect of the number of young people resident was over the agreed number and concern regarding the delay in addressing a significant damp issue within the Home. Following a meeting in relation to these concerns by senior managers RQIA were reassured by the plan in place to address these</p>

issues and no further action was taken.

Mainstream Residential Children's Homes

There were ten RQIA inspections during the time period. There were common themes for all of the homes from the Quality Improvement Plans.

- Records of Induction Training for new staff and agency staff.
- Development of a training matrix for all staff.
- Identification of a shift co-ordinator who is competent to fulfil this role.
- For some of the homes, clearer evidence was required of young people's views being captured from young people's meetings and being discussed and actioned, where possible, in team meetings.

The themes that emerged were consistent with other Trusts regionally in relation to Quality Improvement Plans.

A number of professional staff within the residential service, have availed of the Quality Improvement training. Staff at different levels have taken a lead in Quality Improvement projects. One of the projects adopted a co-production approach, to involve young people in one of the children's homes, in developing a platform where young people's views were shared and incorporated into decisions that were relatable to daily living within the home.

An initiative developed with the Belfast HSCT as the lead, including PSNI and IFA as partner agencies, "Dare to Win", has been successful in engaging young people in a programme targeted at personal development, and promoting leadership qualities. Young people participated in the development of the programme which will contribute to shaping future "Dare to Win" programmes.

The Developing Outcomes, Opportunities, Responsive Support service (DOORS) became operational in September 2019. The service provides wrap around support to young people in residential care and support and development for staff with regard to well-being and training. So far, the DOORS service has successfully engaged 23 young people resident in the children's home. Approximately 60 staff from the residential social work teams were provided with three day Trauma and Attachment training and 45 staff attended a Health Fair, both which were facilitated by the DOORS clinical psychologist. The DOORS clinical psychologist has taken a lead in developing a wellbeing strategy for staff, and also provides RSW teams with monthly reflective practice sessions and a monthly Learning Forum for Managers.

CMRs

- 1 CMR notification was made by the Trust to the SBNI. This relates to a child who was placed in a kinship placement in Newcastle (England) and was abused by her kinship carers. Following an SEA

	<p>it was agreed this met the threshold for a CMR notification. The CMR Panel recommended a CMR and this was ratified by the SBNI Board. The Trust is currently undertaking an Individual Agency Review that will be submitted to the CMR Team</p> <ul style="list-style-type: none"> • 2 notifications were made by the PSNI concerning service users known to the Trust. These 2 cases are active CMRs and the Trust is in the process of completing Individual Agency Reviews. One concerns a still birth and the other concerns a sexual assault on a teenager living in a Children's Home. • 1 CMR Notification was made by the Southern Trust concerning the death of a child. The Belfast Trust had some historical involvement with the mother. The SBNI have requested that we complete an Individual Agency Review <p>2 Case Management Reviews have been concluded during this reporting period and the final reports relating to cases in the Belfast Trust have been provided to the Trust for action;</p> <p>CMR R</p> <p>Recommendations focus on:</p> <ol style="list-style-type: none"> 1. Information sharing and communication between agencies in line with core child protection policy and procedures. 2. Training staff for Joint Protocol Investigations 3. Disclosure of offender convictions 4. Thresholding cases for Initial Assessment (Gateway) 5. Reviewing processes for Autism Spectrum Disorder 6. Sharing of information between the Trusts and Regional Emergency Social Work Services <p>CMR J</p> <p>Recommendations focus on:</p> <ul style="list-style-type: none"> • BHSCCT should convene a reflective practice event for the management team within the Gateway Service to consider professional judgements / dilemmas associated with threshold for intervention at the point of referral, and transfer for on-going Family Support within the context of parental resistance to social work intervention. This has been completed • The CSM for Gateway should table the aforementioned recommendation with the Regional Threshold Group and consider the need to identify a Task and Finish group to revise the Unocini Guidance specifically in regards threshold for statutory social services' intervention with children and families. The implementation of Signs of Safety this has assisted both referrers and Gateway staff with thresholds for intervention • Though unique, this case highlighted the complexities associated with two Trusts working with different children of the same
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	<p>household. Where this occurs, at a minimum, consideration should be given to convening a professional face to face case discussion and determine the appropriateness of a joint home visit thereby enhancing professional decision making in respect of each individual child. This was agreed by the Assistant Directors Group</p> <p>(Note – the recommendations following a CMR are multi-agency – the multiagency SBNI Belfast CMR Panel is responsible for ensuring the recommendations are implemented. Due to COVID this process was stood down but is to reconvene in August 2020.)</p>
2.5	<p>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.</p>
	<p>Within the reporting period, the Belfast Trust had an unprecedented influx of unaccompanied asylum (23) seeking children and young people, which placed immense strain on safeguarding teams in terms of caseloads and on the availability of its care placement provision. This was particularly challenging as this cohort of young people are subject to rigorous safeguarding and legal procedures and processes. In conjunction with the HSCB and other Corporate Parenting Assistant Directors across the other 4 Trusts, placements for some of these young people were made available. The HSCB secured funding for a 'step down facility' so that some of these young people could move on from Aran Home in order to make available more in house resources. A number of fostering placements were also provided as well as partnerships developed with the independent sector to provide accommodation and wrap around support.</p> <p>Continued safeguarding issues for young people in residential care are substance misuse and missing from care. Residential homes along with the drug and alcohol worker implement harm reduction programmes with young people whom are misusing substances. With the initiation of the DOORS project, albeit in its infancy, it is intended that this service will be part of the harm reduction programme by way of engaging young people in diversionary activities.</p> <p>In relation to young people going missing from care homes, the Co-Director for Corporate Parenting meets on a monthly basis with PSNI Superintendent responsible for Strategic Partnerships to review all missing episodes from children's homes. This process is currently undergoing a review to include more strategic connections across police and social services areas and will also be informed by the regional Missing From Care Strategic Group. All Belfast Trust children's homes have a dedicated PSNI officer specifically for young people going missing from the care home, ensuring robust interagency collaboration on safeguarding issues.</p> <p>The Directorate has been developing its data sets/ run charts over the past year to assist it in overseeing its business and identifying trends. On closer examination of the data it became evident to the Directorate</p>

	<p>SMT that the numbers of children on the CPR was showing a downward trend whilst the number of children admitted into Care was showing an upward trend. The Directorate is currently undertaking a “deep dive” of a sample of LAC cases to examine more fully the pathway followed and identify a greater understanding of any practice issues which may arise. This work will be concluded during the next reporting period</p> <p>From the middle of March 2020 the Directorate has had concerns in relation to the fall in the number of Child Protection referrals which was believed to be a direct result of the impact of the COVID Pandemic. The Trust promoted the importance of referring child protection concerns via social media and internally across all staff. The number of family support referrals initially dropped immediately after Lockdown but returned quickly to normal levels.</p> <p>The number of children in care remains high when compared with other Trusts and with historical patterns. The Trust continues to develop Early Intervention Service, Edge of Care services, Signs of Safety to ensure that families are supported and to prevent the need for children coming into care.</p>
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	<p>Looked After Children</p> <p>Named Allocated Social Worker There were 9 Looked After young people who did not have an allocated named Social worker at period end. This was mainly due to staff shortages and vacancies. For 7 of these young people this was due mainly to staff shortages, work to rule during the industrial action, cases waiting to transfer to LAC teams. For the remaining 2 young people their Social Worker went on sick leave and did not return to post. As part of the Industrial action / work to rule the re-allocation of cases to a social worker was not possible.</p> <p>Statutory Visits There were 29 Looked After Children who did not receive their statutory visit at least once a month during this reporting period. This was mainly due to staff vacancies, the impact of Industrial Action and latterly COVID 19. 14 Children with a Disability, did not have their statutory visits due to Covid 19 during March.</p>	<p>The Senior Social Worker covered all urgent issues and assumed case responsibility until the work to rule ended.</p> <p>By the end of the first quarter of the next reporting period all of these young people will have a named social worker.</p> <p>A successful recruitment process took place for vacant posts in February 20.</p> <p>As these staff come into post this will enable cases to be transferred ensuring that all young people have a named allocated Social worker and that the Statutory visits are undertaken within the time scales.</p> <p>All were visited by Principal Social Worker during the first week of May 2020.</p> <p>Team meetings have reinforced Policy and Procedures to ensure statutory visits are completed. This was reviewed through supervision and audits of files to ensure statutory visits were</p>

	<p>Statutory Reviews</p> <p>76 young people Looked After Child were not reviewed in line with Statutory requirements. There were a number of reasons including staff vacancies; staff sickness; delay in transferring cases; dual process and ICC was already scheduled and LAC delayed to be completed at the same time; delay in expert meeting taking place; a death in the family; lack of an interpreter being available; rescheduled at request of family and young person; young person on holiday; crisis in family being prioritised. Covid 19 restrictions had an impact during March on being able to undertake reviews, work was undertaken in line with the developing regional Action Cards.</p> <p>All of the outstanding reviews are being rescheduled and should be completed by end of July 2020.</p> <p>Adequate Supply of Placements</p> <p>The main reasons for inadequate placement choices is the lack of placement availability. This is across residential and Fostering.</p> <p>Currently the residential Children's homes within BHSCOT are working at full capacity with no vacancies. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma, this can prove to be very testing for even the most experienced foster</p>	<p>completed and recorded.</p> <p>All children will have received their Statutory visits by the end of June 20.</p> <p>All of the outstanding reviews are being rescheduled and should be completed by end of July 2020.</p> <p>Despite many different strategies it remains challenging to recruit new carers into the system they require training and support before placement can commence so there is a time lapse between recruitment, approval and placement. This is being addressed through the regional fostering initiative.</p> <p>The Trust is increasingly providing training and support from TSS to support carers with these challenges to try and minimize the foster carer breakdowns and subsequent pressure on the system and supply of placement options and choice.</p> <p>The Trust has continued to maintain its Children's home for children aged 8-12 to meet then need of those young people with</p>
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	carer	highly complex needs that cannot be cared for within a fostering placement. This has had an impact on the number of beds available for the 13yr + age group. In addition the supply of residential beds was restricted through having to use some of our mainstream beds to accommodate the significant influx of UASC. The Trust has worked with the HSCB to develop alternative move on beds for the UASC to allow the Trust to return to its commissioned bed numbers.
	<p>Children with a disability</p> <p>There is a long standing issue with the lack of placement options for children with disability, particularly those with severe learning disability, autism and other co-occurring conditions. This lack of provision continues to an impact on the functioning of Iveagh where the Trust has two delayed discharges.</p> <p>There also remains a lack of jointly commissioned placement options for those who are 16+ or leaving care.</p>	<p>The Trust is working with the HSCB to address these shortfalls and to carry out a further assessment of need to inform commissioning priorities. Individual business cases have been developed in relation to young people who are delayed discharges from Iveagh. The Trust also continues to fund a private placement for one young person who was not accepted by the ECR panel but whose needs could not be met within the existing residential or fostering provision.</p>
	<p>Personal Advisors</p> <p>103 young people do not have a personal advisor. This is a noticeable increase since the last reporting period. There are a number of explanations for this rise including the increase in the number of looked after children, late entrants into care and the unaccompanied minors.</p>	<p>Recruitment is continuing for the personal Adviser vacancies which once appointed will go some way to addressing these outstanding referrals.</p>

	<p>Early Years</p> <p>Inspections There are 89 Early Years Inspections outstanding. This is mainly due to the impact of COVID 19.</p> <p>Registrations There is a total of 8 outstanding registration applications, 1 day nursery; 1 playgroup and 6 Childminder applications outstanding at the end of March 2020.</p>	<p>There is a plan in place to reinstate the Inspections in line with the regional resetting of services and the Early Years plan to have these completed by the end of September.</p>

2.7 Progress Update

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.4)

2.7	Action identified at DSF meeting in June 2019	Progress Update	RAG Rating
	Family & Child Care Issues		
	<p><i>Detention under Mental Health Order</i> Issue: Number of children detained in Iveagh from BT – implications given this is a regional facility?</p> <p>Update / Action: Nov 19 - Review Report and Pathway Paper to be provided</p>	<p>Since the last reporting period a workshop was held on the 13th January which included: Director Children's Community Services, Director of Adult Services Representatives from HSCB, BHSC Children's Community Services, Iveagh and CAMHS. This workshop focussed on the regional model provided by Iveagh which Psychiatry were leading and the future alignment of Iveagh within the Trust. The model proposed was one of short term assessment and treatment and it was acknowledged that the issues relating to delayed discharge are linked with the lack of appropriate long term provision for some of the very complex young people. Iveagh currently sits within the Adult Learning Disability Division which is in the Adult Services Directorate. It was agreed that further discussion was required in relation to the interface between Iveagh, CAMHS and Childrens Community Services. Due to changes in the leadership within the Trust, (ACOPs Director has retired, Interim Director newly appointed and 2 new Co-Directors have been appointed in Mental Health and</p>	

		Learning Disability) Industrial action and COVID 19, this has been delayed. Further meetings will be planned during the next reporting period.	
	LAC & Leaving Care Issue: Care Pathway Project Review - clarify when report is to be available Update / Action: Nov 19 - Work remains outstanding due to staffing issues. AD Forum scheduled to look at principles to progress this work, provide update	This a now a regional piece of work to be undertaken by the Regional AD group	
	Looked After Children Issue: 10.3.9 – number of moves shows the Trust is notably higher than the rest of the region. What action is the Trust taking to minimise placement moves?	This is being addressed by the Regional Fostering service focussing on increased recruitment of Foster Carers to increase capacity and placement choice.	
	Issue: 10.3.24 notes total of 39 LAC without an allocated social worker. Trust to specify actions to be taken to ensure continuity of care	This was resolved by the end of the last reporting period.	
	Mental Health Concerns (for 16+ leaving and after care)	All children are seen within 6 weeks for an initial meeting. This was discussed at the HSCB Trust review meeting on 5 th June	

	Issue: Waiting times over one year – Trust to confirm current position, including LAC, and outline actions being taken to reduce these	2020 and it was agreed to close this action.	
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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:-

	This data item is completed in the DSF spreadsheet
	This data item should be completed in this Data return 10
	Other - there is no need to complete this data item and it is sourced from HSCB/DoH

**DATA RETURN 10 – PoC / Directorate
Belfast Trust Children's Community Services**

Please Note: Information for this section will inform the Corporate Parenting Report (CC3/02)

10 Children (NI) Order 1995																							
Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177																							
10.1 CHILDREN IN NEED																							
10.1.1	How many Children in Need are there in your area as at 31st March? (exclude children on the caseloads of statutory mental health services) <div style="text-align: right;">3546</div>	DSF -Children In Need Spreadsheet																					
	<i>Trend analysis and commentary (Trusts must clarify how they arrive at this total figure, and reference any likelihood of double or under representation)</i> <table border="1"> <thead> <tr> <th>Children in Need</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>As at: 31 March</td> <td>5739</td> <td>5153</td> <td>4262</td> <td>4331</td> <td>4088</td> <td>3546</td> </tr> <tr> <td>As at: 30 Sept</td> <td>4939</td> <td>4778</td> <td>4272</td> <td>4179</td> <td>3844</td> <td></td> </tr> </tbody> </table>	Children in Need	2015	2016	2017	2018	2019	2020	As at: 31 March	5739	5153	4262	4331	4088	3546	As at: 30 Sept	4939	4778	4272	4179	3844		Data Return 10
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10.1.2	<table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td colspan="2">Ethnic Origin of Children in Need</td> </tr> </tbody> </table>	Ethnicity	Total	Ethnic Origin of Children in Need		DSF -Children In Need Spreadsheet																	
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	<table><tr><td>White</td><td>2446</td></tr><tr><td>Chinese</td><td>26</td></tr><tr><td>Irish Traveller</td><td>22</td></tr><tr><td>Roma Traveller</td><td>15</td></tr><tr><td>Indian</td><td>12</td></tr><tr><td>Pakistani</td><td>5</td></tr><tr><td>Bangladeshi</td><td>4</td></tr><tr><td>Black Caribbean</td><td>1</td></tr><tr><td>Black African</td><td>72</td></tr><tr><td>Black Other</td><td>15</td></tr><tr><td>Mixed Ethnic Group</td><td>93</td></tr><tr><td>Any Other Ethnic Group</td><td>72</td></tr><tr><td>Not Stated</td><td>763</td></tr><tr><td>TOTAL</td><td>3546</td></tr></table>	White	2446	Chinese	26	Irish Traveller	22	Roma Traveller	15	Indian	12	Pakistani	5	Bangladeshi	4	Black Caribbean	1	Black African	72	Black Other	15	Mixed Ethnic Group	93	Any Other Ethnic Group	72	Not Stated	763	TOTAL	3546			
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Not Stated	763																															
TOTAL	3546																															
10.1.3	<div>Religion of Children in Need</div> <table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>1005</td></tr><tr><td>Presbyterian</td><td>433</td></tr><tr><td>Church of Ireland</td><td>89</td></tr><tr><td>Church of England</td><td>10</td></tr><tr><td>Methodist</td><td>8</td></tr><tr><td>Other Christian</td><td>381</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>82</td></tr><tr><td>Other</td><td>104</td></tr><tr><td>Not Known</td><td>735</td></tr><tr><td>Not Completed</td><td>630</td></tr><tr><td>None</td><td>68</td></tr><tr><td>Refused</td><td>1</td></tr><tr><td>TOTAL</td><td>3546</td></tr></table>	Religion	Total	Roman Catholic	1005	Presbyterian	433	Church of Ireland	89	Church of England	10	Methodist	8	Other Christian	381	Jewish	0	Muslim	82	Other	104	Not Known	735	Not Completed	630	None	68	Refused	1	TOTAL	3546	DSF -Children In Need S preadsheet
Religion	Total																															
Roman Catholic	1005																															
Presbyterian	433																															
Church of Ireland	89																															
Church of England	10																															
Methodist	8																															
Other Christian	381																															
Jewish	0																															
Muslim	82																															
Other	104																															
Not Known	735																															
Not Completed	630																															
None	68																															
Refused	1																															
TOTAL	3546																															
10.1.4	<div>(a) How many children have been referred for an Assessment of Need during the reporting period i.e.</div> <div>1st September - 31st March - 3371</div> <div>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st September - 31st March</div> <div>See Excel Spreadsheet 10.1.44</div>	DSF -Children In Need Spreadsheet																														
10.1.5	<div>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).</div> <div>210 cases</div>	HSCB (PMSI)																														

	Source PMSI data on Unallocated cases – comes with child protection data.	
10.1.6	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> 773	DSF -Children In Need Spreadsheet
10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place. 3 Young people with transition plans These young people are within Family support services and have been persistent non-attenders at school who have not left school early.	DSF -Children In Need Spreadsheet
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	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>	
10.1.9	This is intentionally blank	
10.1.10	How many of the Children in Need are Young Carers 115	Data Return 10
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 <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> 13	HSCB (Homelessness Data)
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 324 (b) How many of these children have a disability 24	DSF-Children In Need Spreadsheet
10.1.13	Trust usage of Family Centre Places for interventions See Spreadsheet 10.1.13	DSF-Children In Need Spreadsheet
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) 23	DSF -Children In Need Spreadsheet
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) 9	DSF -Children In Need Spreadsheet

10.2 Children (NI) Order 1995

Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177

CHILD PROTECTION

No data is required for items (10.2.1-10.2.8)– data sourced from HSCB quarterly Child protection Report.

No data is required for items 10.2.1-10.2.6 - data sourced from HSCB quarterly Child Protection Report.

10.2.1	How many children are on the Child Protection Register as at 31st March? <div>251</div>	Quarterly CP return to HSCB																		
10.2.2	How many of these children have a learning disability? 4 children within the Disability teams are on the CP register.	Quarterly CP return to HSCB																		
10.2.3	How many of these children have a physical disability? 0 Note this not currently captured on PARIS	Quarterly CP return to HSCB																		
10.2.4	Religion of children on the Child Protection Register <table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>70</td></tr><tr><td>Presbyterian</td><td>32</td></tr><tr><td>Church of Ireland</td><td>4</td></tr><tr><td>Methodist</td><td>1</td></tr><tr><td>Other Denomination</td><td>38</td></tr><tr><td>None</td><td>5</td></tr><tr><td>Refused/Unknown</td><td>101</td></tr><tr><td>Total</td><td>251</td></tr></table>	Religion	Total	Roman Catholic	70	Presbyterian	32	Church of Ireland	4	Methodist	1	Other Denomination	38	None	5	Refused/Unknown	101	Total	251	Quarterly CP return to HSCB
Religion	Total																			
Roman Catholic	70																			
Presbyterian	32																			
Church of Ireland	4																			
Methodist	1																			
Other Denomination	38																			
None	5																			
Refused/Unknown	101																			
Total	251																			
10.2.5	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template) <table><tr><th>Ethnic Origin</th><th>Total</th></tr><tr><td>White</td><td>188</td></tr><tr><td>Chinese</td><td>1</td></tr><tr><td>Irish Traveller</td><td>0</td></tr><tr><td>Roma Traveller</td><td>0</td></tr><tr><td>Indian</td><td>2</td></tr><tr><td>Pakistani</td><td>3</td></tr></table>	Ethnic Origin	Total	White	188	Chinese	1	Irish Traveller	0	Roma Traveller	0	Indian	2	Pakistani	3	Quarterly CP return to HSCB				
Ethnic Origin	Total																			
White	188																			
Chinese	1																			
Irish Traveller	0																			
Roma Traveller	0																			
Indian	2																			
Pakistani	3																			

	<table><tr><td>Bangladeshi</td><td>1</td></tr><tr><td>Black Caribbean</td><td>0</td></tr><tr><td>Black African</td><td>2</td></tr><tr><td>Black Other</td><td>0</td></tr><tr><td>Mixed Ethnic Group</td><td>13</td></tr><tr><td>Any Other Ethnic Group</td><td>4</td></tr><tr><td>Not Stated</td><td>37</td></tr><tr><td>Total</td><td>251</td></tr></table>	Bangladeshi	1	Black Caribbean	0	Black African	2	Black Other	0	Mixed Ethnic Group	13	Any Other Ethnic Group	4	Not Stated	37	Total	251	
Bangladeshi	1																	
Black Caribbean	0																	
Black African	2																	
Black Other	0																	
Mixed Ethnic Group	13																	
Any Other Ethnic Group	4																	
Not Stated	37																	
Total	251																	
10.2.6	How many registrations have there been during the period? 129	Quarterly CP return to HSCB/Sosc are Reports																
10.2.7	How many de-registrations have there been during the period? 22	Quarterly CP return to HSCB																
10.2.8	What percentage of registrations are re-registrations? 17%	Quarterly CP return to HSCB																
10.2.9	This is intentionally blank																	
10.2.10	For children on the register, how long have they spent on the Register (as at 10.2.1)? <table><tr><td>Duration</td><td>Total</td></tr><tr><td>less than 3 months</td><td>0</td></tr><tr><td>3 months < 6 months</td><td>7</td></tr><tr><td>6 months < 1 year</td><td>0</td></tr><tr><td>1 year < 2 years</td><td>0</td></tr><tr><td>2 years < 3 years</td><td>7</td></tr><tr><td>3 years or more</td><td>0</td></tr><tr><td>TOTAL</td><td>7</td></tr></table>	Duration	Total	less than 3 months	0	3 months < 6 months	7	6 months < 1 year	0	1 year < 2 years	0	2 years < 3 years	7	3 years or more	0	TOTAL	7	Quarterly CP return to HSCB
Duration	Total																	
less than 3 months	0																	
3 months < 6 months	7																	
6 months < 1 year	0																	
1 year < 2 years	0																	
2 years < 3 years	7																	
3 years or more	0																	
TOTAL	7																	
10.2.11	This is intentionally blank																	
10.2.12	This is intentionally blank																	
10.2.13	This in intentionally blank																	
10.2.14	This is intentionally blank																	

10.3 Children (NI) Order 1995**Looked After Children**

10.3.1	<div>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)</div> <div>866</div> <div>Looked After Population March 2014 – March 2020</div> <table><tr><th>Looked After Children</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th><th>2020</th></tr><tr><td>As at: 31 March</td><td>721</td><td>742</td><td>739</td><td>743</td><td>766</td><td>824</td><td>866</td></tr><tr><td>As at: 30 Sept</td><td>714</td><td>740</td><td>763</td><td>757</td><td>795</td><td>826</td><td></td></tr></table>	Looked After Children	2014	2015	2016	2017	2018	2019	2020	As at: 31 March	721	742	739	743	766	824	866	As at: 30 Sept	714	740	763	757	795	826		DSF – LAC Spreadsheet						
Looked After Children	2014	2015	2016	2017	2018	2019	2020																									
As at: 31 March	721	742	739	743	766	824	866																									
As at: 30 Sept	714	740	763	757	795	826																										
10.3.2	<div>Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)</div> <table><tr><th>Ethnicity</th><th>Total</th></tr><tr><td>White</td><td>728</td></tr><tr><td>Chinese</td><td>5</td></tr><tr><td>Irish Traveller</td><td>19</td></tr><tr><td>Roma Traveller</td><td>2</td></tr><tr><td>Indian</td><td>1</td></tr><tr><td>Pakistani</td><td>0</td></tr><tr><td>Bangladeshi</td><td>0</td></tr><tr><td>Black Caribbean</td><td>1</td></tr><tr><td>Black African</td><td>21</td></tr><tr><td>Black Other</td><td>10</td></tr><tr><td>Mixed Ethnic Group</td><td>18</td></tr><tr><td>Any Other Ethnic Group</td><td>26</td></tr><tr><td>Not Stated</td><td>35</td></tr><tr><td>TOTAL</td><td>866</td></tr></table>	Ethnicity	Total	White	728	Chinese	5	Irish Traveller	19	Roma Traveller	2	Indian	1	Pakistani	0	Bangladeshi	0	Black Caribbean	1	Black African	21	Black Other	10	Mixed Ethnic Group	18	Any Other Ethnic Group	26	Not Stated	35	TOTAL	866	DSF – LAC Spreadsheet
Ethnicity	Total																															
White	728																															
Chinese	5																															
Irish Traveller	19																															
Roma Traveller	2																															
Indian	1																															
Pakistani	0																															
Bangladeshi	0																															
Black Caribbean	1																															
Black African	21																															
Black Other	10																															
Mixed Ethnic Group	18																															
Any Other Ethnic Group	26																															
Not Stated	35																															
TOTAL	866																															
10.3.3	<div>Number of Looked After Children (as at 10.3.1) by type of placement at 31st March</div> <div>Summary of placement type at 31st March 2020</div> <table><tr><th>Type of placement</th><th>Totals</th></tr><tr><td>Residential</td><td>72</td></tr><tr><td>Fostering – (stranger)</td><td>227</td></tr><tr><td>Fostering (Kinship)</td><td>365</td></tr><tr><td>Fostering (Independent)</td><td>95</td></tr><tr><td>Placed at home with parents</td><td>82</td></tr></table>	Type of placement	Totals	Residential	72	Fostering – (stranger)	227	Fostering (Kinship)	365	Fostering (Independent)	95	Placed at home with parents	82	DSF – LAC Spreadsheet																		
Type of placement	Totals																															
Residential	72																															
Fostering – (stranger)	227																															
Fostering (Kinship)	365																															
Fostering (Independent)	95																															
Placed at home with parents	82																															

	<table><tr><td>Placed for adoption</td><td>25</td></tr><tr><td>Other</td><td>0</td></tr><tr><td>Total</td><td>866</td></tr></table>	Placed for adoption	25	Other	0	Total	866	
Placed for adoption	25							
Other	0							
Total	866							
10.3.4	Age bands and length of time looked after for all Looked After Children at period end See attached Spreadsheet 10.3.4	DSF – LAC Spreadsheet						
10.3.5	Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement 48 See attached Spreadsheet 10.3.5	DSF – LAC Spreadsheet						
10.3.6	Number of children accommodated for 3 months or more in a hospital 3 See attached Spreadsheet 10.3.6	DSF – LAC Spreadsheet						
10.3.7	Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital 0	DSF – LAC Spreadsheet						
10.3.8	(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 59 places are available in the Trust Statutory 9 mainstream residential children’s home; 3 in the Long term CWD residential children’s home; 14 short break placements across three facilities; 2 voluntary respite and one private placement out of jurisdiction. (b) 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) 472 Foster Carers 499 Places	DSF – LAC Spreadsheet						
10.3.9	How many Looked After Children have had placement moves throughout the period? <table><tr><td>Placement Changes</td><td>Total</td></tr><tr><td>Number who moved once</td><td>146</td></tr><tr><td>Number who moved twice</td><td>18</td></tr></table>	Placement Changes	Total	Number who moved once	146	Number who moved twice	18	DSF – LAC Spreadsheet
Placement Changes	Total							
Number who moved once	146							
Number who moved twice	18							

	<table><tr><td>Number who moved 3 times</td><td>6</td></tr><tr><td>Number who moved 4 times or more</td><td>9</td></tr><tr><td>Total</td><td>179</td></tr></table>	Number who moved 3 times	6	Number who moved 4 times or more	9	Total	179	
Number who moved 3 times	6							
Number who moved 4 times or more	9							
Total	179							
	<p>Trust must provide an explanation of actions taken to reduce placement moves during the period.</p> <p>The Trust has lack of range of available foster placement types due to the rise in looked after children entering the care system and the demographic profile of foster carers. This places a reliance on the Trust to also scope appropriate placement matches from the independent fostering sector. In all cases, the Trust endeavours to match placements to looked after children's care needs both in-house and across the independent fostering sector to ensure best match. The Trust provides wrap around support to looked after children, as per their risk assessment and care planning needs determine. Referrals to LAC therapeutic support services are also made for those children whom experience placement breakdown, and multiple moves. In such cases, Looked After Children's needs are complex and may require referral onwards from fostering to residential service provision due to issues such as attachment disorders. (see also 10.3.20)</p>							
10.3.10	<p>(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March</p> <p style="text-align: right;">3</p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time?</p> <p style="text-align: right;">70 within the reporting period 12 weeks waiting time</p>	DSF – LAC Spreadsheet						
	<p>(c) Please provide actions taken to reduce waiting time.</p> <p>Current waiting times in Belfast for step 3 CAMHS is less than 2 weeks</p>	Data Return 10						
10.3.11	<p>How many Looked After Children are also on Child Protection Register at 31st March</p> <p style="text-align: right;">36</p>	Quarterly CP return to HSCB						
10.3.12	<p>How many Looked After Children are Disabled by major category at period end?</p> <p style="text-align: right;">193</p>	DSF – LAC Spreadsheet						

	<table><tr><th>Major Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>13</td></tr><tr><td>Sensory</td><td>4</td></tr><tr><td>Learning</td><td>58</td></tr><tr><td>Chronic illness</td><td>4</td></tr><tr><td>Autism (ASD)/Asperger's/ADHD</td><td>95</td></tr><tr><td>Other (undefined)</td><td>19</td></tr><tr><td>TOTAL Children with Disability</td><td>193</td></tr><tr><td>No Disability known</td><td>673</td></tr><tr><td>Total Looked After Children</td><td>866</td></tr></table>	Major Disability	Total	Physical (Ex. Sensory)	13	Sensory	4	Learning	58	Chronic illness	4	Autism (ASD)/Asperger's/ADHD	95	Other (undefined)	19	TOTAL Children with Disability	193	No Disability known	673	Total Looked After Children	866	
Major Disability	Total																					
Physical (Ex. Sensory)	13																					
Sensory	4																					
Learning	58																					
Chronic illness	4																					
Autism (ASD)/Asperger's/ADHD	95																					
Other (undefined)	19																					
TOTAL Children with Disability	193																					
No Disability known	673																					
Total Looked After Children	866																					
10.3.13	<p>How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?</p> <table><tr><th>Statement of Educational Needs</th><th>M</th><th>F</th><th>Total</th></tr><tr><td>Primary school</td><td>36</td><td>15</td><td>51</td></tr><tr><td>Secondary school</td><td>31</td><td>15</td><td>46</td></tr><tr><td>Special School</td><td>67</td><td>27</td><td>94</td></tr><tr><td>Total</td><td>134</td><td>57</td><td>191</td></tr></table>	Statement of Educational Needs	M	F	Total	Primary school	36	15	51	Secondary school	31	15	46	Special School	67	27	94	Total	134	57	191	DSF – LAC Spreadsheet
Statement of Educational Needs	M	F	Total																			
Primary school	36	15	51																			
Secondary school	31	15	46																			
Special School	67	27	94																			
Total	134	57	191																			
10.3.14	<p>(a) Has each Looked After Child an allocated named Social worker at period end?</p> <p style="text-align: right;">No</p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken</p> <p style="text-align: right;">9</p> <p>For 7 of these young people this was due mainly to staff shortages, work to rule during the industrial action, cases waiting to transfer to LAC teams. By the end of the first quarter of the next reporting period all of these young people will have a named social worker.</p> <p>For the remaining 2 young people their Social Worker went on sick leave and did not return to post. As part of the Industrial action / work to rule the re-allocation of cases to a social worker was not possible. The Senior Social Worker covered all urgent issues and assumed case responsibility until the work to rule ended.</p>	DSF – LAC Spreadsheet																				

10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period?</p> <p style="text-align: right;">No</p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken.</p> <p style="text-align: right;">29</p> <p>For 9 of the young people, this was due to the impact of the Industrial action/ work to rule. When this was stood down the cases were either transferred to LAC, or allocated once vacant Social Work posts were filled.</p> <p>Team meetings have reinforced Policy and Procedures to ensure statutory visits are completed. This was reviewed through supervision and audits of files to ensure statutory visits were completed and recorded.</p> <p>For 6 young people, due to unexpected Social Workers sick leave in mid-March went the March visits did not take place.</p> <p>Team meetings have reinforced Policy and Procedures to ensure statutory visits are completed. This is further reviewed through supervision and audits of files to ensure statutory visits are completed and recorded. All 6 were visited by Principal Social Worker during the first week of May 2020.</p> <p>14 Children with a Disability, did not have their statutory visits due to Covid 19 during March. These have now resumed and all children will receive a statutory visit in July.</p>	DSF – LAC Spreadsheet
10.3.16	<p>No. of Looked After Children Reviews held during the period</p> <p style="text-align: right;">822</p>	DSF – LAC Spreadsheet
10.3.17	<p>Was the case of each Looked After Child reviewed in line with Statutory requirements?</p> <p style="text-align: right;">No</p> <p>If No, please provide number (<i>in the LAC spreadsheet</i>) and explain actions taken to address this issue.</p> <p style="text-align: right;">76</p> <p>There were a number of reasons including staff vacancies; staff sickness; delay in transferring cases; dual process and ICC was already scheduled and LAC delayed to be completed at the same time; delay in expert meeting taking place; a death in the family; lack of an interpreter being available; rescheduled at request of family and young person; young person on holiday; crisis in family being prioritised.</p> <p>Covid 19 restrictions had an impact during March on being able to</p>	Data Return 10

	undertake reviews, work was undertaken in line with the developing regional Action Cards. All of the outstanding reviews are being rescheduled and should be completed by end of July 2020.	
10.3.18	This is intentionally blank	
10.3.19	This is intentionally blank	
10.3.20	<p>Is there an adequate supply of placements for children to enable placement choice? Yes/No</p> <p style="text-align: right;">No</p> <p><i>(If no, Please explain)</i></p> <p>The main reasons for inadequate placement choices is the lack of placement availability. This is across residential and Fostering. Currently the residential Children's homes within BHSCT are working at full capacity with no vacancies. There is constant movement within fostering with a number of carers who are wishing to retire from fostering due to age or personal circumstances. Despite many different strategies it remains challenging to recruit new carers into the system they require training and support before placement can commence so there is a time lapse between recruitment, approval and placement. This is being addressed through the regional fostering initiative. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma, this can prove to be very testing for even the most experienced foster carer. There is a lack of carers who can accommodate sibling groups. The Trust is increasingly providing training and support from TSS to support carers with these challenges to try and minimize the foster carer breakdowns and subsequent pressure on the system and supply of placement options and choice. COVID 19 and the restrictions during Lockdown had a significant impact on placement breakdowns. The lack of choice means children are not always placed in the most suitable placements or remain as sibling groups which are contributory factors to breakdowns. Emergency provision is also limited. This creates a constant pressure for the Looked After Children services and Fostering services across the Directorate.</p> <p>Children with a disability</p> <p>There is a long standing issue with the lack of placement options for children with disability, particularly those with severe learning disability, autism and other co-occurring conditions. The Trust is working with the HSCB to address these shortfalls and to carry out a further assessment of need to inform commissioning priorities. The service has contributed to several "Edge of Care" statistical exercises in the last 4 years. This lack of provision continues to an impact on the functioning of Iveagh where the Trust has two</p>	Data Return 10

	<p>delayed discharges. There also remains a lack of jointly commissioned placement options for those who are 16+ or leaving care.</p> <p>Measures the Trust has taken to address this</p> <p>The ages, specific needs (sibling, disability/high complex needs) and duration (fulltime, long term, respite) of potential placements is regularly reviewed and incorporated into subsequent recruitment plans in order that the needs of children referred are appropriately met.</p> <p>The Fostering Service has a dedicated kinship team to enable children to remain within extended family if assessed to be in a child's best interests.</p> <p>A specialist Adolescent Fostering Scheme that provides placements for young people aged 12-18 years.</p> <p>All registered foster carers are approved for various age ranges, including sibling groups, and for both short term and long-term duration dependent on children's assessed needs and also on the ability of the carers to offer various types of foster care.</p> <p>The fostering service in partnership with children's disability service has developed a disability scheme which assesses applicants who can meet the very specific needs of children with disabilities. The scheme has four foster carers who provide full time placements to children who have been identified as requiring foster placements by the Children's Disability teams.</p> <p>At the point of referral, attempts are made to match children to carers taking into account carers skills and capacity, child's views, geographical considerations, birth family contact, cultural and identity needs and education.</p> <p>In the event of an emergency placement being required, placement choice can be limited and dependent on carer availability at that given time. However, no such placements would be made without the agreement of the child's social worker and will be reviewed immediately in terms of attempting to identify a more suitable alternative placement, if required.</p> <p>As above, in relation to emergency referrals, fostering do try and identify "emergency carers" who are available to provide these type of placements for a minimum of 6 weeks to allow more appropriate matching of placements to occur for any child placed in an emergency however this is dependent on the volume of emergency referrals received into fostering as the amount of emergency carers available is limited</p> <p>The PACS service also allows "time out" for young people aged 12-18 years living in the community who are experiencing "crisis" with a PACSS foster carer and the frequency and timescale for time out is again based on the needs of the young person and their families</p> <p>The fostering service has an intensive fostering scheme for children who have more complex, challenging needs. To date, there are six specialist foster carers approved for this scheme. The type of children placed within this scheme range from having significant disabilities to children who have significant needs due to</p>	
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	<p>either their own adverse childhood experiences or as a result of multiple foster placement moves. This scheme will target potential carers for those children who are currently placed in ECR placements outside of the jurisdiction (two children in total). One of these specialist carers has been identified to be matched with a 13-year-old boy currently placed in an ECR placement.</p> <p>The fostering service also has a parent and baby scheme which will provide a foster placement to a young parent (up to the age of 21 years old) with their baby. This placement will be an assessment placement in terms of supporting a mother and baby in a foster placement living in the community for a 12 week period.</p>	
10.3.21	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?</p> <p>One exemption (12-year-old female) which commenced 01.02.19 to end of this reporting period. This was to accommodate a sibling group. This exemption was with very experienced AFP carers and had been approved at Belfast Trust fostering panel and reviewed every six months. There remained a high level of visiting both announced and unannounced to this placement and other supports were implemented as and when required.</p> <p>Please note this exemption is no longer in place after end of reporting period as eldest LAC is now 18 years of age.</p>	DSF – LAC Spreadsheet
10.3.22	This is intentionally blank	
10.3.23	<p>How many children are deemed to be in an inappropriate placement given their assessed needs? (Please explain)</p> <p style="text-align: right;">16</p> <ul style="list-style-type: none"> • 11 children are in short-term placements when their care plan is long term Foster Care. These carers have been approached to consider long term care however they advise they wish to provide short term placements only. • 1 child was placed in an emergency bridging placement following a placement breakdown with a single carer. This bridging placement also disrupted and the child was placed in Somerton Road whilst a specialist residential unit could be identified and confirmed. • 1 child was placed in Aran House following multiple foster placement moves and sudden breakdown of Intensive Fostering placement. • 1 child remains in an Independent fostering placement however notice has expired for the cessation of this placement by the foster carers but an alternative long term placement has not yet been identified. • 1 Young person was placed with an emergency OOH foster 	DSF – LAC Spreadsheet

	<p>carer for several weeks as there was no alternative foster placement available, this Young person moved to a kin option, however the young person was subsequently admitted to secure accommodation.</p> <ul style="list-style-type: none">1 - CWD - Young person is delayed discharge due to lack of suitable community placement. Trust in discussion with HSCB about future commissioning needs.																							
10.3.24	<p>Please provide the number of restraints carried out by staff on young people within each Home during the period.</p> <p>See attached Spreadsheet. 10.3.24</p>	DSF – LAC Spreadsheet																						
10.3.25	<p>Do all looked after children have a concurrent plan by the time of their first 3-month statutory LAC Review? Yes/No</p> <p style="text-align: right;">No</p> <p>BHSCT was on track to meet these requirements, until COVID 19, when the Review LACS were stood down in line with the Regional Action Card. Care plans were considered in line with family circumstances and generally moved to twin track at the 3 month LAC review, if significant progress was not achieved with the parent or if Medical information was outstanding to determine Concurrent caring planning.</p>	Data Return 10																						
10.3.26	<p>Permanency Planning for Looked After Children at period end</p> <p>See Attached Spreadsheet 10.3.26</p> <table><tr><th>Permanency Plan</th><th>Total</th></tr><tr><td>Return to Birth Family</td><td>69</td></tr><tr><td>Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)</td><td>0</td></tr><tr><td>Adoption</td><td>49</td></tr><tr><td>Long term Fostering (Including Kinship)</td><td>477</td></tr><tr><td>Supported Living/Independent Living</td><td>26</td></tr><tr><td>Other</td><td>83</td></tr><tr><td>Total</td><td>704</td></tr><tr><td>Number of children not included above as they have been in care for less than 9 months</td><td>162</td></tr><tr><td>Total</td><td>866</td></tr><tr><td>Number where plan has been in place for 12 months or more and yet to be achieved</td><td>97</td></tr></table>	Permanency Plan	Total	Return to Birth Family	69	Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)	0	Adoption	49	Long term Fostering (Including Kinship)	477	Supported Living/Independent Living	26	Other	83	Total	704	Number of children not included above as they have been in care for less than 9 months	162	Total	866	Number where plan has been in place for 12 months or more and yet to be achieved	97	DSF – LAC Spreadsheet
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10.3.27	This is intentionally blank																							

10.3.28	This is intentionally blank	
10.3.29	<p>(a) How many Looked After Children are involved in offending behaviours (are formally cautioned or convicted)</p> <p style="text-align: right;">22</p> <p>and</p> <p>(b) How many Looked After Children are suspected to use drugs and/or alcohol?</p> <p style="text-align: right;">47</p>	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 th 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 th 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
	<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 style="text-align: center;">See attached spreadsheet 10.3.34(b)</p>	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	<p>(a) Number of Sibling groups accommodated:</p> <ul style="list-style-type: none"> • Together - 112 • Not accommodation together at period end – 110 	Data Return 10

10.3.37	<p>Number of young people admitted to Secure Accommodation and the reasons for admission during the period</p> <p><i>This data is sourced directly from Lakewood (it will be forwarded by South Eastern Trust) – after this reporting period the data will be sourced from the Regional Secure panel which is located within HSCB</i></p>	Lakewood/ Regional Panel																				
10.3.38	<p>Please provide report into the operation of the Trusts Restriction of Liberty Panel</p> <p><i>This data is collected annually and sourced from a Restriction of Liberty report (it comes in with DSF). The data will be sources from the Regional Secure Panel going forward – panel began on 1.9.19.</i></p>	Lakewood/ Regional Panel																				
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 style="text-align: right;">141</p> <p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p> <p style="text-align: right;">0</p> <p>(c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date</p> <p style="text-align: right;">53</p> <p>(d) Number of Children and Young People who became Looked After during the period had a CLA1 form completed and forwarded to School?</p> <p style="text-align: right;">0</p> <p>(e) Can you confirm that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (e.g. a fostering breakdown where the RESWS moves the child to a children's home) Yes/No</p> <p style="text-align: right;">Yes</p>	DSF – LAC Spreadshe et																				
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> <table><tr><th>Legal status</th><th>Total</th></tr><tr><td>Art. 21(1) Accommodated <16</td><td>50</td></tr><tr><td>Art. 21(3) Accommodated 16+</td><td>29</td></tr><tr><td>Art. 21(4) Accommodated</td><td>24</td></tr><tr><td>Art. 21(5) Accommodated 16+ <21</td><td>8</td></tr><tr><td>Art. 44 (5) Secure</td><td>0</td></tr><tr><td>Art. 44 (6) Interim Secure</td><td>0</td></tr><tr><td>Art. 50 (1) (a) Care Order</td><td>5</td></tr><tr><td>Art. 57 (1) Interim CO</td><td>23</td></tr><tr><td>Emergency Protection Order Art. 63</td><td>1</td></tr></table>	Legal status	Total	Art. 21(1) Accommodated <16	50	Art. 21(3) Accommodated 16+	29	Art. 21(4) Accommodated	24	Art. 21(5) Accommodated 16+ <21	8	Art. 44 (5) Secure	0	Art. 44 (6) Interim Secure	0	Art. 50 (1) (a) Care Order	5	Art. 57 (1) Interim CO	23	Emergency Protection Order Art. 63	1	DSF – LAC Spreadshe et
Legal status	Total																					
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Art. 57 (1) Interim CO	23																					
Emergency Protection Order Art. 63	1																					

	<table><tr><td>Art. 23(2) Accommodated</td><td>0</td></tr><tr><td>Other</td><td>1</td></tr><tr><td>TOTAL</td><td>141</td></tr></table> <p>(b) (i) Were these admissions planned, unplanned or emergency; (ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?</p> <table><tr><td>Admissions</td><td>Total</td></tr><tr><td>Planned</td><td>69</td></tr><tr><td>Unplanned</td><td>39</td></tr><tr><td>Emergency</td><td>33</td></tr><tr><td>Total</td><td>141</td></tr><tr><td>Kinship</td><td>44</td></tr></table> <p>(iii) Of those unplanned or emergency admissions how many were admitted by RESWS?</p> <p>0</p>	Art. 23(2) Accommodated	0	Other	1	TOTAL	141	Admissions	Total	Planned	69	Unplanned	39	Emergency	33	Total	141	Kinship	44							
Art. 23(2) Accommodated	0																									
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Total	141																									
Kinship	44																									
10.3.41	<p>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</p> <table><tr><td>Length of time Looked After prior to discharge</td><td>Total</td></tr><tr><td>Under 2 weeks</td><td>12</td></tr><tr><td>2 weeks < 6 weeks</td><td>6</td></tr><tr><td>6 weeks < 3 Months</td><td>8</td></tr><tr><td>3 Months < 6 months</td><td>10</td></tr><tr><td>6 Months < 1 Year</td><td>5</td></tr><tr><td>1 yr. < 2 yrs.</td><td>10</td></tr><tr><td>2 yrs. < 3 yrs.</td><td>11</td></tr><tr><td>3 yrs. < 5 yrs.</td><td>13</td></tr><tr><td>5 yrs. < 10 yrs.</td><td>17</td></tr><tr><td>10+ yrs.</td><td>12</td></tr><tr><td>Total</td><td>104</td></tr></table> <p>See excel spreadsheet 10.3.41</p>	Length of time Looked After prior to discharge	Total	Under 2 weeks	12	2 weeks < 6 weeks	6	6 weeks < 3 Months	8	3 Months < 6 months	10	6 Months < 1 Year	5	1 yr. < 2 yrs.	10	2 yrs. < 3 yrs.	11	3 yrs. < 5 yrs.	13	5 yrs. < 10 yrs.	17	10+ yrs.	12	Total	104	DSF – LAC Spreadsheet
Length of time Looked After prior to discharge	Total																									
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10+ yrs.	12																									
Total	104																									
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> <table><tr><td>Destination</td><td>Total</td></tr><tr><td>Returned to Parents/Siblings</td><td>53</td></tr><tr><td>Returned to Relatives/friends</td><td>13</td></tr><tr><td>Adopted</td><td>10</td></tr><tr><td>Independent living/Tenancy (NIHE/H Assoc./Private etc)</td><td>3</td></tr><tr><td>Foster Carers (GEM)</td><td>7</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>5</td></tr><tr><td>Bed + Breakfast</td><td>1</td></tr></table>	Destination	Total	Returned to Parents/Siblings	53	Returned to Relatives/friends	13	Adopted	10	Independent living/Tenancy (NIHE/H Assoc./Private etc)	3	Foster Carers (GEM)	7	Jointly Commissioned Supported Accommodation Projects	5	Bed + Breakfast	1	DSF – LAC Spreadsheet								
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	<table><tr><td>Hostel, Foyer</td><td>0</td></tr><tr><td>Supported Board and Lodgings</td><td>5</td></tr><tr><td>Prison, Hospital</td><td>0</td></tr><tr><td>Other</td><td>7</td></tr><tr><td>Total</td><td>104</td></tr></table> <p>(b) Of those 16+ year olds who ceased to be Looked After during the period what was their entitlement to Leaving Care Services by age and gender</p> <table><tr><td>Category</td><td>Total</td></tr><tr><td>Number entitled to access Leaving Care Services</td><td>43</td></tr><tr><td>Number not entitled to access Leaving Care Services</td><td>11</td></tr><tr><td>Total</td><td>54</td></tr></table> <p>See excel spreadsheet 10.3.42</p>	Hostel, Foyer	0	Supported Board and Lodgings	5	Prison, Hospital	0	Other	7	Total	104	Category	Total	Number entitled to access Leaving Care Services	43	Number not entitled to access Leaving Care Services	11	Total	54	
Hostel, Foyer	0																			
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Number entitled to access Leaving Care Services	43																			
Number not entitled to access Leaving Care Services	11																			
Total	54																			
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 style="text-align: right;">25</p> <p>For (a) above please give the number of children that were formerly placed with Stranger (Foster Carers), Kinship (Foster Carers), Residential Care or other placement.</p> <table><tr><td>Placement</td><td>No. of Children</td></tr><tr><td>Stranger (Foster Carers)</td><td>6</td></tr><tr><td>Kinship (Foster Carers)</td><td>11</td></tr><tr><td>Residential Care</td><td>6</td></tr><tr><td>Other placement</td><td>2</td></tr><tr><td>Total</td><td>25</td></tr></table> <p>(b) How many Residence Orders are in place at period end?</p> <p>166</p>	Placement	No. of Children	Stranger (Foster Carers)	6	Kinship (Foster Carers)	11	Residential Care	6	Other placement	2	Total	25	DSF – LAC Spreadsheet						
Placement	No. of Children																			
Stranger (Foster Carers)	6																			
Kinship (Foster Carers)	11																			
Residential Care	6																			
Other placement	2																			
Total	25																			
10.3.45	<p>Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age</p> <p style="text-align: center;">1 young person due to terminal illness.</p>	DSF – LAC Spreadsheet																		

Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4

10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002																																																																				
Article 34E, Article 34F																																																																				
10.4.1	Number of young people subject to Leaving Care Act by category, age and gender									DSF-16+ Spreadsheet																																																										
<table><tr><th>Category</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21 +</th><th>M</th><th>F</th><th>Total</th></tr><tr><td>Eligible</td><td>53</td><td>67</td><td>0</td><td>0</td><td>0</td><td>0</td><td>77</td><td>43</td><td>120</td></tr><tr><td>Relevant</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Former Relevant</td><td>0</td><td>0</td><td>61</td><td>73</td><td>68</td><td>35</td><td>128</td><td>109</td><td>237</td></tr><tr><td>Qualifying</td><td>3</td><td>4</td><td>3</td><td>0</td><td>4</td><td>1</td><td>7</td><td>8</td><td>15</td></tr><tr><td>Total</td><td>56</td><td>71</td><td>64</td><td>73</td><td>72</td><td>36</td><td>212</td><td>160</td><td>372</td></tr></table>									Category	16	17	18	19	20	21 +	M	F	Total	Eligible	53	67	0	0	0	0	77	43	120	Relevant	0	0	0	0	0	0	0	0	0	Former Relevant	0	0	61	73	68	35	128	109	237	Qualifying	3	4	3	0	4	1	7	8	15	Total	56	71	64	73	72	36	212	160	372
Category	16	17	18	19	20	21 +	M	F	Total																																																											
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Total	56	71	64	73	72	36	212	160	372																																																											
10.4.2	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																																																										
<table><tr><th>Legal Status</th><th>16</th><th>17</th><th>Total</th></tr><tr><td>Accommodated (Article 21)</td><td>6</td><td>21</td><td>27</td></tr><tr><td>Care order (Art 50 or 59)</td><td>45</td><td>46</td><td>91</td></tr><tr><td>Interim Care Order (Art 57)</td><td>2</td><td>0</td><td>2</td></tr><tr><td>Deemed Care Order</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>53</td><td>67</td><td>120</td></tr></table>									Legal Status	16	17	Total	Accommodated (Article 21)	6	21	27	Care order (Art 50 or 59)	45	46	91	Interim Care Order (Art 57)	2	0	2	Deemed Care Order	0	0	0	Other	0	0	0	Total	53	67	120																																
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10.4.4	This is intentionally blank																																																																			
10.4.5	This is intentionally blank																																																																			
10.4.6	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?									DSF-16+ Spreadsheet																																																										

	<table><tr><th>Category</th><th>Named Social Worker only</th><th>Named Personal Adviser only</th><th>Named Social Worker and Personal Adviser</th><th>Awaiting allocation of a social worker</th><th>Awaiting allocation of a personal adviser</th></tr><tr><td>Eligible</td><td>86</td><td>0</td><td>34</td><td>0</td><td>86</td></tr><tr><td>Relevant</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Former Relevant</td><td>9</td><td>158</td><td>69</td><td>0</td><td>9</td></tr><tr><td>Qualifying</td><td>8</td><td>0</td><td>0</td><td>0</td><td>8</td></tr></table> <p>(b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser?</p> <p style="text-align: right;">0</p> <p>(c) How many do not have an up to date Pathway Plan at period End?</p> <p style="text-align: right;">4 Pathway Plans outstanding</p>	Category	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser	Awaiting allocation of a social worker	Awaiting allocation of a personal adviser	Eligible	86	0	34	0	86	Relevant	0	0	0	0	0	Former Relevant	9	158	69	0	9	Qualifying	8	0	0	0	8	
Category	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser	Awaiting allocation of a social worker	Awaiting allocation of a personal adviser																											
Eligible	86	0	34	0	86																											
Relevant	0	0	0	0	0																											
Former Relevant	9	158	69	0	9																											
Qualifying	8	0	0	0	8																											
10.4.7	<p>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?</p> <p>4 needs assessments to be completed. 1 waiting 3-6 months; 1 waiting 7- 12months 2 waiting more than 1 year.</p>	DSF-16+ Spreadsheet																														
10.4.8	<p>Summary of failure to comply as detailed in 10.4.6, 10.4.7 at period end.</p> <p>103 young people do not have a personal advisor. This is a noticeable increase since the last reporting period. There are a number of explanations for this rise including the increase in the number of looked after children, late entrants into care and the unaccompanied minors. There has also been an uncertain staffing situation within the personal advisor service due to sick leave, despite efforts to recruit additional personal advisors. The Trust is intending to undertake a review of the arrangements for social workers and personal advisors to identify the reason for this increase and produce an action plan to address this failure to comply.</p> <p>There were 4 Pathway Plans outstanding and 4 needs assessments to be completed at the end of the reporting period.</p>	Data Return 10																														

	This has arisen within one particular team with a high turnover of staff. The team is currently now fully staffed and a new team leader appointed, the outstanding needs assessments and Pathway Plans will be completed for the next reporting period.																																																																																													
10.4.9	<p>Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for</p> <p>(a) Eligible;</p> <table><tr><th>Placement Type</th><th>16</th><th>17</th><th>Total</th></tr><tr><td>Foster Placement (Stranger)</td><td>14</td><td>22</td><td>36</td></tr><tr><td>Foster Placement (Kinship)</td><td>16</td><td>5</td><td>21</td></tr><tr><td>At Home In Care</td><td>5</td><td>12</td><td>17</td></tr><tr><td>Residential Children's Home</td><td>18</td><td>16</td><td>34</td></tr><tr><td>Secure Care</td><td>1</td><td>1</td><td>2</td></tr><tr><td>Specialist Residential Placement (NI/UK)</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Hospital</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>0</td><td>7</td><td>7</td></tr><tr><td>Unregulated Placement</td><td>0</td><td>4</td><td>4</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>54</td><td>67</td><td>121</td></tr></table> <p>(b) Relevant;</p> <table><tr><th>Living Arrangements</th><th>16</th><th>17</th><th>Total</th></tr><tr><td>Tenancy (NIHE/H Assoc/Private)</td><td>0</td><td>0</td><td>0</td></tr><tr><td>At Home with Parents/Siblings</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Relatives/friends</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Hostel, B+B, Foyer</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Supported Board and Lodgings</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Halls of residence/Student Accommodation</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Prison</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>0</td></tr></table>	Placement Type	16	17	Total	Foster Placement (Stranger)	14	22	36	Foster Placement (Kinship)	16	5	21	At Home In Care	5	12	17	Residential Children's Home	18	16	34	Secure Care	1	1	2	Specialist Residential Placement (NI/UK)	0	0	0	Hospital	0	0	0	Jointly Commissioned Supported Accommodation Projects	0	7	7	Unregulated Placement	0	4	4	Other	0	0	0	Total	54	67	121	Living Arrangements	16	17	Total	Tenancy (NIHE/H Assoc/Private)	0	0	0	At Home with Parents/Siblings	0	0	0	Jointly Commissioned Supported Accommodation Projects	0	0	0	Relatives/friends	0	0	0	Hostel, B+B, Foyer	0	0	0	Supported Board and Lodgings	0	0	0	Halls of residence/Student Accommodation	0	0	0	Prison	0	0	0	Other	0	0	0	Total	0	0	0	DSF-16+ Spreadsheet
Placement Type	16	17	Total																																																																																											
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Other	0	0	0																																																																																											
Total	0	0	0																																																																																											

(c) Former Relevant;

Living Arrangements	18	19	20	21 +	Total
Former Foster Carers (GEM)	18	19	21	9	67
Tenancy (NIHE/H Assoc/Private)	1	18	30	13	62
At Home with Parents/Siblings	12	10	6	3	31
Jointly Commissioned Supported Accommodation Projects	16	9	2		27
Relatives/friends	8	6	3	3	20
Hostel, B+B, Foyer	1	4	3	1	9
Supported Board and Lodgings					0
Halls of residence/Student Accommodation				6	6
Prison	1	3			4
Other	3	5	3		11
Total	60	74	68	35	237

(d) Qualifying young people

Living Arrangements	16	17	18	19	20	21 +	Total
Former Foster Carers (GEM)	0	0	0	0	0	0	0
Tenancy (NIHE/H Assoc/Private)	0	0	0	0	1	1	2
At Home with Parents/Siblings	0	0	1	0	0	0	1
Jointly Commissioned Supported Accommodation Projects	0	0	0	0	0	0	0
Relatives/friends	0	0	0	0	1	0	1
Hostel, B+B, Foyer	0	0	1	0	0	0	1
Supported Board and Lodgings	0	0	0	0	0	0	0
Halls of residence/Student Accommodation	0	0	0	0	0	0	0
Prison	0	1	0	0	0	0	1
Other	3	3	1	0	2	0	9
Total	3	4	3	0	4	1	15

10.4.10

Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end? 10.4.10

DSF-16+
Spreadsheet

(a) Eligible;

ETE Status	16	17	Total	No. Receiving financial support
Secondary Level Education	40	23	63	13
Further Education	3	5	8	1
Training (Govt. sponsored training)	3	24	27	9
Pre-Vocational	3	4	7	0
Employment	0	2	2	1
ETE Inactive	1	4	5	0
Training (Non Govt. sponsored training)	0	0		0
Other(Sick/Disabled, Parent, Carer)	5	3	8	1
Total	55	65	120	25

(b) Relevant;

ETE Status	16	17	Total	No. Receiving Financial support
Secondary Level Education	0	0	0	0
Further Education	0	0	0	0
Training (Govt. sponsored training)	0	0	0	0
Pre-Vocational	0	0	0	0
Employment	0	0	0	0
ETE Inactive	0	0	0	0
Training (Non Govt. sponsored training)	0	0		0
Other	0	0	0	0
Total	0	0	0	0

(c) Former Relevant;

ETE Status	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	10	4		2	16	5
Further Education	7	12	16	2	37	15
Higher Education	1	5	4	12	22	12
Training (Govt.	11	7	11		29	7

	sponsored training)							
	Pre-Vocational	1	1		1	3	3	
	Employment	5	11	13	5	34	1	
	ETE Inactive	18	21	14	6	59	1	
	Training (Non Govt. sponsored training)	6	9	2	5	22	8	
	Other	2	3	8	2	15	0	
	Total	61	73	68	35	237	52	
	(d) Qualifying young people							
								No. Receiving Financial support
	ETE Status	16	17	18	19	20	21+	Total
	Secondary Level Education	0	0	0	0	0	0	0
	Further Education	0	0	0	0	0	0	0
	Higher Education	0	0	0	0	0	0	0
	Training (Govt. sponsored training)	0	1	1	0	0	0	2
	Pre-Vocational	0	0	1	0	0	0	1
	Employment	0	0	0	0	0	0	0
	ETE Inactive	0	1	1	0	1	1	4
	Training (Non Govt. sponsored training)	0	0	0	0	1	0	1
	Other	3	2	0	0	2	0	7
	Total	3	4	3	0	4	1	15
10.4.11	Of the young people reported at 10.4.1 how many were convicted during this reporting period?							
	19							
10.4.12	Of the young people reported at 10.4.1 how many have a disability by major disability – physical, sensory, learning, chronic illness, Autism (see definition) and other, type and gender at period end?							
	Type of Disability	Male		Female		Total		

	<table><tr><td>Physical (Ex. Sensory)</td><td>3</td><td>1</td><td>4</td></tr><tr><td>Sensory</td><td></td><td></td><td>0</td></tr><tr><td>Learning</td><td>10</td><td>8</td><td>18</td></tr><tr><td>Chronic illness</td><td></td><td>2</td><td>2</td></tr><tr><td>Autism(ASD)/ Asperger /ADHD</td><td>30</td><td>5</td><td>35</td></tr><tr><td>Other (undefined)</td><td>1</td><td>1</td><td>2</td></tr><tr><td>No Disability</td><td>175</td><td>136</td><td>311</td></tr><tr><td>Total</td><td>219</td><td>153</td><td>372</td></tr></table>	Physical (Ex. Sensory)	3	1	4	Sensory			0	Learning	10	8	18	Chronic illness		2	2	Autism(ASD)/ Asperger /ADHD	30	5	35	Other (undefined)	1	1	2	No Disability	175	136	311	Total	219	153	372	
Physical (Ex. Sensory)	3	1	4																															
Sensory			0																															
Learning	10	8	18																															
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No Disability	175	136	311																															
Total	219	153	372																															
10.4.13	<p>Of the young people reported at 10.4.1 what is their parental status at period end?’</p> <table><tr><th>Parental Status</th><th>No of Young People</th></tr><tr><td>Parent</td><td>28</td></tr><tr><td>Lone Parent</td><td>21</td></tr></table>	Parental Status	No of Young People	Parent	28	Lone Parent	21	DSF-16+ S/Sheet																										
Parental Status	No of Young People																																	
Parent	28																																	
Lone Parent	21																																	
10.4.14	<p>‘Of the young people reported at 10.4.1 how many are receiving treatment for mental health issues at period end? Of these, how many were new referrals to mental health services during the period?</p> <table><tr><th>Mental Health Concerns</th><th>No. of Young People waiting for or receiving Mental Health interventions/ services</th><th>Number of new referrals to mental health intervention/services during period (1.4.19 - 30.9.19).</th></tr><tr><td>Mental Health Concerns</td><td>56</td><td>23</td></tr><tr><td>Self-Harm</td><td>27</td><td>11</td></tr></table>	Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/ services	Number of new referrals to mental health intervention/services during period (1.4.19 - 30.9.19).	Mental Health Concerns	56	23	Self-Harm	27	11	DSF-16+ S/Sheet																							
Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/ services	Number of new referrals to mental health intervention/services during period (1.4.19 - 30.9.19).																																
Mental Health Concerns	56	23																																
Self-Harm	27	11																																
10.4.15	<p>Number of Young People who are no longer Looked After but who died during the current reporting period and were in receipt of aftercare services by cause/age.</p>	DSF-16+ S/Sheet																																

10.5 FOSTERING

10.5.1

(a) How many foster carers are registered with the Trust at period end? How many of the carers above also provide a GEM placement? Of the carers above how many are Prospective adopters dually approved as foster carers? Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers?

(b) Please give the number of other foster carers;

(c) Please give a breakdown of the number of foster carers de-registered during the period and the reason;

Carers	Totals
Foster Carers registered with the Trust	472
Carers providing GEM Placements	25
Prospective adopters dually approved as foster carers	27
Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers	5
Other Foster Carers	82
Foster Carers deregistered	41

Reasons for de-registration

Carer had adopted or granted Residence Order: **30**
(Kin 4, Non-Kin 26)

Retired/phased out: **7**

Opted to be GEM carer only: **4**

(d) Please advise of the recruitment process activity during the period;

Recruitment activity during the period	Totals
Numbers receiving information packs	97
Number of Initial Home Visits	79
Numbers of Households attending Skills to Foster course	26
Number of Completed Assessments during the period	37
Number of these assessments that	3

DSF-Foster care Spreadsheet

	<table><tr><td>were already approved as Adopters.</td><td></td></tr></table> <p>(e) Please give the number of regional enquirers received by the Trust</p> <p>20</p>	were already approved as Adopters.								
were already approved as Adopters.										
10.5.2	<p>For the foster carers return at 10.5.1 how many places are they registered for and the number of vacant places at period end. Please also provide the number of fostering households that have no child placed with them at period end.</p> <p>499 registered places 12 Vacancies 63 households with no child placed with them</p>	DSF-Foster care Spreadsheet								
10.5.3	<p>How many foster carers have annual reviews outstanding?</p> <p>129</p> <p>Support and Development team :16 Kinship team: 81 Recruitment and Assessment team: 22 AFP: 10</p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p> <table><tr><td>Fostering – (stranger)</td><td>227</td></tr><tr><td>Fostering (Kinship)</td><td>365</td></tr><tr><td>Fostering (Independent)</td><td>95</td></tr></table> <p>From 10.3.1 687</p>	Fostering – (stranger)	227	Fostering (Kinship)	365	Fostering (Independent)	95	<table><tr><td>Data return 10</td></tr><tr><td>DSF-Foster care Spreadsheet</td></tr></table>	Data return 10	DSF-Foster care Spreadsheet
Fostering – (stranger)	227									
Fostering (Kinship)	365									
Fostering (Independent)	95									
Data return 10										
DSF-Foster care Spreadsheet										
10.5.4	<p>Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed</p> <p>Outstanding annual reviews have been scheduled to take place in July/August/September</p> <p>3 Agency staff have been employed to address backlog in annual reviews</p> <p>New full-time social worker for kinship team due to start in July 2020 and prioritise backlog in annual reviews in kinship.</p> <p>Priority given within caseloads for completion of annual reviews.</p> <p>Workforce pressures continue to be reviewed with Co-Director to ensure on-going completion of annual reviews</p>	Data return 10								
10.5.5	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places.</p>	Data return 10								

	<ul style="list-style-type: none"> • Weekly placement review meetings within fostering to ensure appropriate placements are made to meet the individual needs of the Looked after Child, matched with the skill base of foster carers to avoid minimise disruption/placement moves when Looked after Children are being matched for placements. These review meetings also take cognizance of Looked after Children placed within private agencies and this is reviewed to ensure there is no “drift” in care planning of children placed out with the Trust. • Quarterly review meetings are held with private/ voluntary agencies to ensure the needs of children placed with them are being met, and to ensure contingency planning is implemented to avoid any unnecessary or additional placement moves. • Continually working to try and ensure there is an adequate supply of foster placements to meet the increasing number of children requiring placements. • Regular review of recruitment campaigns to ensure that carers recruited meet the needs of children referred i.e. requirement for full time carers, sibling groups, children with learning or disability needs and carers who can provide permanent care. • Ensuring effective use of current and projected resources, ensuring information on carers is accurate, regularly updated. • Identification of early signs of potential disruption and timely access to therapeutic and support services. • Ensuring foster carers are fostering within their agreed registration to avoid overload and potential disruption. • Timely referral of children to permanence panel. This enables regular monitoring of care plans, exploration of potential permanence options for children, thus reducing multiple moves. • Timely referral of children and young people to resource panel and earlier exploration of options for young people at the edge of care, greater use of family group conferencing, and use of appropriate supports/early interventions within the community. • Increased numbers of dual approved/concurrent carers. This can ensure identified young children can achieve permanency at an earlier stage and avoid drift in care. This process also increases the number of foster carers increasing placement choice, potential matching and thus reducing placement moves. • Quarterly review meetings with Adoption to ensure children requiring adoptive placements that are currently within short term foster placements are 	
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	<p>identified and approximate timescales given to ensure projected availability planning for fostering and placements required.</p> <ul style="list-style-type: none">• Evaluation of Til I Grow Up project – the recent Til I Grow held In May 2019 which has been successful in achieving permanency via adoption or long term fostering for several children.• Regular monitoring & review of Looked after Children referred for long term placements, ensuring timely delivery of permanence plans.• Identification of an ECR fostering link person to ensure those children/young people who are placed within a specialist unit continue to be monitored and reviewed by fostering to ensure at point of discharge, robust planning and matching has been considered for mainstream fostering as a placement option• Appropriate gatekeeping of referrals made to Fostering and ensuring PACS service is involved if appropriate, with families and young people in the community.• Placement under pressure meetings chaired at Co-Director level for identified children and young people where the assessment is that they can no longer be fostered due to their specific needs and require an alternative placement, either ECR or a specialist type unit for complex needs, including children and young people with significant physical or learning difficulties or children or young people with severe attachment difficulties.• On-going development of therapeutic model of care to identify and match children aged 8-12 in Osbourne House to long term foster placements.• Recruitment of Intensive foster carers (6 in total) who foster children with significant and complex disabilities and also young people who are on the higher threshold of risk presenting behaviours.• Recruitment of parent and child foster carers who assess a parent's capacity to parent their child through a 12 week assessment period.	
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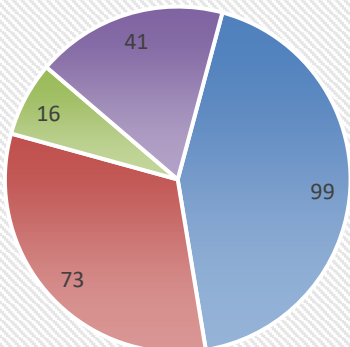
10.5.6	What steps has the Trust taken to encourage notifications? The DHSSPS Circular and covering letter Children Living with Carers in Private Fostering Arrangements, including Children from Overseas – CCPD 1/11 has previously been disseminated across the Trust. It has previously been discussed at the Trust's Safeguarding Committee and Adult services interface meeting.	DSF-Foster care Spreadsheet
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31st March? 0	DSF-Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period? 0	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 N/A	DSF-Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted? N/A	DSF-Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust N/A	DSF-Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113 N/A	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. N/A	DSF-Foster care Spreadsheet
	Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996	
10.5.14	How many notifications has the Trust received in respect of children being adopted from abroad i.e. Inter-country Adoption within the period. 0	DSF-Foster care Spreadsheet
	Please specify the child's DOB and the date the Trust received each notification N/A	DSF-Foster care Spreadsheet

10.6 Adoption (NI) Order 1987 Adoption (Intercountry Aspects) Act (NI) 2001																										
Article 3(as amended by HPSS Order 1994), Article 11																										
10.6.1	<p>(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach?</p> <table border="1"> <thead> <tr> <th>Source of Enquiries</th> <th>Domestic</th> <th>Inter-Country</th> </tr> </thead> <tbody> <tr> <td>Central Regional Team (e.g. Website)</td> <td>0</td> <td>0</td> </tr> <tr> <td>Newspaper advertisement</td> <td>0</td> <td>0</td> </tr> <tr> <td>Radio advertisement</td> <td>0</td> <td>0</td> </tr> <tr> <td>Word of mouth</td> <td>6</td> <td>0</td> </tr> <tr> <td>Trust Website</td> <td>15</td> <td>0</td> </tr> <tr> <td>Specific local campaign</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>21</td> <td>0</td> </tr> </tbody> </table> <p>(d) Please provide the waiting time from initial inquiry to commencement of training</p> <p>For the 7 waiting within this period it was between 1 and 3 months</p>	Source of Enquiries	Domestic	Inter-Country	Central Regional Team (e.g. Website)	0	0	Newspaper advertisement	0	0	Radio advertisement	0	0	Word of mouth	6	0	Trust Website	15	0	Specific local campaign	0	0	Total	21	0	DSF-Adoption Spreadsheet
Source of Enquiries	Domestic	Inter-Country																								
Central Regional Team (e.g. Website)	0	0																								
Newspaper advertisement	0	0																								
Radio advertisement	0	0																								
Word of mouth	6	0																								
Trust Website	15	0																								
Specific local campaign	0	0																								
Total	21	0																								
10.6.2	<p>Number of domestic applications for assessment received by the Trust by civil status of applicant</p> <table border="1"> <thead> <tr> <th>Household type</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>Single carer</td> <td>0</td> </tr> <tr> <td>Cohabiting heterosexual couple (where this is a joint application)</td> <td>0</td> </tr> <tr> <td>Cohabiting same sex couple (where this is a joint application)</td> <td>1</td> </tr> <tr> <td>Married</td> <td>6</td> </tr> <tr> <td>Total</td> <td>7</td> </tr> </tbody> </table>	Household type	No.	Single carer	0	Cohabiting heterosexual couple (where this is a joint application)	0	Cohabiting same sex couple (where this is a joint application)	1	Married	6	Total	7	DSF-Adoption Spreadsheet												
Household type	No.																									
Single carer	0																									
Cohabiting heterosexual couple (where this is a joint application)	0																									
Cohabiting same sex couple (where this is a joint application)	1																									
Married	6																									
Total	7																									
10.6.3	<p>Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting</p> <p>For the 7 applicants noted at 10.6.1, who waited between 1- 3 months, this is due to a Social Worker capacity within the team.</p>	DSF-Adoption Spreadsheet																								
10.6.4	<p>Number of inter-country applications for assessment received by the Trust by civil status of applicant (to be completed by NHSCOT on behalf of the region)</p>	DSF-Adoption Spreadsheet																								
10.6.5	<p>Number of Prospective Inter-country adopters awaiting assessment</p>	DSF-Adoption																								

	at period end (to be completed by NHSCT on behalf of the region)	Spreadsheet																
10.6.6	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes 5 Households were approved as Dual carers/Concurrent Carers	DSF-Adoption Spreadsheet																
10.6.7	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 1 child was freed for adoption within 6 months to 1 year.	DSF-Adoption Spreadsheet																
10.6.8	<p>(a) Activity under the Adoption (NI) Order 1987 during the period; Of the number above please give the number who were adopted in a Hague designated country and therefore not through the Courts in NI and have had their Article 23 reports completed in the time period; Please provide the number of Freeing Orders made during the reporting period;</p> <p style="text-align: right;">0</p> <p>There were 5 Freeing orders made during the reporting period.</p> <p>(b) Of those children who were adopted this period please give the length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.</p> <table><tr><th>Length of time</th><th>Number</th></tr><tr><td>0<6 months</td><td>3</td></tr><tr><td>6 months< 1 yr.</td><td>1</td></tr><tr><td>1 yr. < 2 yrs.</td><td>6</td></tr><tr><td>2yrs.< 3 years</td><td>1</td></tr><tr><td>3 yrs.< 5 yrs.</td><td>0</td></tr><tr><td>5 yrs.+</td><td>0</td></tr><tr><td>Total</td><td>11</td></tr></table>	Length of time	Number	0<6 months	3	6 months< 1 yr.	1	1 yr. < 2 yrs.	6	2yrs.< 3 years	1	3 yrs.< 5 yrs.	0	5 yrs.+	0	Total	11	DSF-Adoption Spreadsheet
Length of time	Number																	
0<6 months	3																	
6 months< 1 yr.	1																	
1 yr. < 2 yrs.	6																	
2yrs.< 3 years	1																	
3 yrs.< 5 yrs.	0																	
5 yrs.+	0																	
Total	11																	
10.6.9	<p>Please provide the number of children who, at period end, had received a best interest decision for adoption and had not been placed with approved adopters (either adopters, dual approved carers including concurrent carers) and the duration of that wait</p> <table><tr><th>Length of wait</th><th>Numbers</th></tr><tr><td>Less than 1 month</td><td>0</td></tr><tr><td>More than 1 month less than 3 months</td><td>1</td></tr><tr><td>More than 3 months less than 6 months</td><td>1</td></tr><tr><td>More than 6 month less than 12 months</td><td>1</td></tr></table>	Length of wait	Numbers	Less than 1 month	0	More than 1 month less than 3 months	1	More than 3 months less than 6 months	1	More than 6 month less than 12 months	1	DSF-Adoption Spreadsheet						
Length of wait	Numbers																	
Less than 1 month	0																	
More than 1 month less than 3 months	1																	
More than 3 months less than 6 months	1																	
More than 6 month less than 12 months	1																	

	<table><tr><td>1 year or more</td><td>3</td></tr><tr><td>Total</td><td>6</td></tr></table>	1 year or more	3	Total	6	
1 year or more	3					
Total	6					
10.6.10	<p>How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?</p> <p>112 Children 97 Households</p>	DSF- Adoption Spreadsheet				
10.6.11	<p>Of the number at 10.6.10 how many commenced during the period and how many households is this?</p> <p>2 Children 2 Households</p>	DSF- Adoption Spreadsheet				
10.6.12	<p>Details of recruitment, assessment, training, support for prospective adopters</p> <p>Analysis</p> <p>Belfast Health and Social Care Trust continue to have enquiries that progress to initial visits, preparation to adopt training and then on to assessment. Whilst these have dropped in numbers regionally there continues to be interest in progressing towards adoption with 7 couples attending our most recent preparation to adopt course in January 2020.</p> <p>This course is intensive and takes place over two and a half days. The course covers the following areas:</p> <ul style="list-style-type: none">• The adoption assessment• Legal context• Routes to adoption• Contact• Attachment• Trauma• Therapeutic parenting• Children’s needs and experiences• Separation and loss• Telling• Post adoption support• Resources <p>Adoption services work closely with our colleagues in the Family Centre to provide bespoke parenting assessments alongside concurrent placements. Adoption services take the responsibility for the recruitment, assessment and support of concurrent carers. There is a high demand from social workers for concurrent placements and the numbers of carers open to considering concurrency as their preferred adoption pathway is steady. The Trust have in the last reporting period made 2 concurrent</p>	Data Return 10				

	<p>placements.</p> <p>There are 15 assessments of prospective adopters currently ongoing. Adoption services has a small bank of experienced staff who assist in the completion of adoption assessments. This has reduced the length of time prospective adopters have to wait to be assessed. This has also enabled Belfast Trust to create a pool of approved prospective adopters who can meet the needs of our adopted children and reduce the need to place children in cross Trust placements.</p> <p>In the reporting period there are 5 prospective adopters on our adoption register awaiting a placement.</p> <p>All our approved adopters who are approved by our adoption panel as concurrent/dually approved carers are offered additional training which incorporates the Skills to Foster course.</p> <p>Adoption services also have an established an “in house” learning and development programme for prospective adopters who have completed the preparation to adopt course. This takes place bi monthly and covers the following topics:</p> <ul style="list-style-type: none"> • The Importance of Play • Attachment and Trauma • Transitions/Preparing for placement • Medical and developmental conditions of children • Understanding behaviours • Telling and Life story work • In addition to these Belfast Trust invite our approved adopters when they receive a placement to participate in our Nurturing Attachments programme. <p>In October 2019 the Belfast Trust adoption service participated in the second Regional Adoption campaign, “Adoption Changes Lives”. The event proved to be very successful and all Trusts experienced higher number of enquiries at this time.</p> <p>All of our approved adopters' avail of regular support from their social worker and are signposted and referred when necessary to TSS, Trauma Centre, and TESSA, Child care centre and Adoption UK support groups and training.</p> <p>Adoption services in Belfast also facilitate a bi-monthly support group for adoptive mums at all stages of the placement process (concurrent/dually approved/placed for adoption/adopted) which is led by the adopters. Feedback from this group is very positive and has led to improvements in our service design and delivery. E.g. development of a buddy scheme, family fun days, young person's support group etc.</p>	
10.6.13	Details of Post Adoption Support - this section should include data	Data Return

	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	10										
	<p>The Belfast Trust Post Adoption Team continue to strive to provide a high-quality post adoption service to ensure stability and positive wellbeing for adopted children and their families. The Post Adoption Team is passionate about delivering a service that not only recognises the needs of children and their parents but also provides a continuum of support that extends to adult adoptees and their birth relatives.</p> <p>229 clients are availing of post adoption support services. This can be broken down to the following areas of support:</p> <div><p style="text-align: center;">POST ADOPTION SUPPORT</p><table><thead><tr><th>Support Type</th><th>Count</th></tr></thead><tbody><tr><td>Indirect Contact</td><td>99</td></tr><tr><td>Direct Contact</td><td>73</td></tr><tr><td>Family Support</td><td>16</td></tr><tr><td>Adult Service</td><td>41</td></tr></tbody></table></div> <p><u>Indirect contact</u></p> <p>99 children are currently being supported with indirect contact arrangements. During the reporting period, 44 exchanges occurred. Their arrangements are managed by a social worker within the team and involves the administrative role of exchanging letters between adoptive parents, adopted children and birth relatives. The service also offers support to all persons involved in the arrangements to write letters and to manage the range of emotions that may be triggered when letters are exchanged. A high number of birth parents avail of this support.</p> <p><u>Direct Contact</u></p> <p>73 families are receiving support with direct contact arrangements. During the reporting period 27 contacts were organised and supervised by a social worker. Contact whilst beneficial for children, can also be challenging for all those involved. High levels of support is required to ensure contact is a positive and purposeful experience for all those involved. The supports provided include:</p> <ul style="list-style-type: none">• Supervising/Monitoring contact.	Support Type	Count	Indirect Contact	99	Direct Contact	73	Family Support	16	Adult Service	41	
Support Type	Count											
Indirect Contact	99											
Direct Contact	73											
Family Support	16											
Adult Service	41											

<ul style="list-style-type: none"> • Preparation work with adoptive families on how best to support their child before and after contact occurs. • Preparation and support work with birth parents and relatives to manage their emotions and feeling in managing contact arrangements. • Helping the adults involved remain empathetic and understanding of each person's role in the child's life. • Reviewing contact arrangements • Assessing risk <p>Over half of the families receiving support with post adoption contact arrangements also availed of a family support service in addition to this.</p> <p><u>Family Support Service</u></p> <p>A family support services has been provided to 16 families. (NB This figure does not include the adoptive parents who have received a family support service as well as support with post adoption contact arrangements).</p> <p>The service strives to provide a provision of a mix skill set amongst the team to provide both practical and therapeutic support to families. Services vary in kind and intensity dependent upon the presenting need and fragility of the family situation at point of referral. Provisions provided during the reporting period has included:</p> <ul style="list-style-type: none"> • One to one support and guidance in helping parents to respond to their child's behaviours using a therapeutic model of parenting. • Emotional support to parents in times of stress • Educative work with extended families on how best to support adopted child and their parents. • Direct work with children in the areas of life-story work, managing anxiety and providing a therapeutic space to explore thoughts and feelings. • Working with schools to provide advice on how best to support children in the school environment. • Assistance in accessing other services such as TESSA, Extern, CAMHS. • Consultations with Trust psychology services to review families' support needs. • Support to birth family wishing to establish contact with adopted children. <p><u>Training</u></p> <p>During the reporting period, 15 adoptive parents have completed a 12 Week Nurturing Attachment course. This training is delivered annually and once completed, ongoing support is provided through</p>

<p>follow up support meetings and dissemination of further reading material relevant to the learning they have gained. This also enables evaluation of how parents are applying the learning in their parenting role and the impact of the training on family life.</p> <p><u>Adult Services</u></p> <p>The team is currently providing a service to 39 adult service users. This involves both adult adoptees and birth relatives wishing to learn more about their origin or birth relatives wishing to search for an adoptee.</p> <p><u>Duty System</u></p> <p>The post adoption team operate a duty system Monday – Friday 9-1pm which can be accessed by adoptive parents in the Belfast Trust area. This can be used as a one off period of support / advice regarding a specific parenting issue/situation or to make a self-referral for more intensive support. Referrals from other professionals requesting support for a child can be made through the duty system also.</p> <p><u>Areas of Service Development</u></p> <p>Due to the dedication and commitment of the adoption community, we are able to offer a Buddy Scheme Service, to provide peer to peer support to adoptive parents who are experiencing parenting challenges. 5 adoptive parents have been selected to become volunteers for the Buddy Scheme and are waiting to attend mandatory training delivered by Belfast Trust Volunteer Service. During the reporting period, the Post Adoption Team in partnership with Belfast Sports Development Network, organised a 6 week activity based support group for children aged 5-11. 11 children were selected to participate in the programme. The aim of the programme is to provide the opportunity for children to meet other adopted children and to support them with their personal development. There will also be an opportunity for the parents of the children to meet each other over a tea/coffee with a social worker facilitating an informal social support group for parents. Due to Covid 19 the start date for the programme has been postponed.</p> <p>The team remain committed to improving parent's awareness of the supports available to them. A post adoption support leaflet has been devised and is now circulated to all adoptive parents following an Adoption Order being granted. The Post Adoption Team managers continue to attend all placement review meetings to establish relationships with families before an Adoption Order is secured.</p> <p>The Post Adoption Team strives to ensure all families who require support, receive this support at the earliest possible opportunity.</p>
--

	<p>To assist with this goal, a post adoption support plan is now devised for all children at the point of an Adoption Order being granted. This information is maintained on a database and all parents will receive a letter annually to have their child's support plan reviewed. The database will also be used to offer universal support to all adoptive families which will include invitations to: all training events, annual adoption celebration day and other support services that may be relevant to the child or parents' needs.</p> <p>The team is working towards expanding therapeutic services available to families through developing the skills and expertise within the team. In February 2020 a member of the Post Adoption Team was trained in DDP level 2. This will facilitate more direct one to one work with adoptive parents using DDP informed practice. 3 members of the post adoption are scheduled to be trained in DDP level 1 in November 2020.</p> <p>A post adoption support model has been devised by the team manager to ensure a consistent package of support is available to adoptive parents and children.</p> <p><u>Adoption Breakdowns</u></p> <p>There has been no adoption breakdowns in the reporting period.</p>	
10.6.14	This is intentionally blank	

10.7 EARLY YEARS

10.7.1	<p>Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers</p> <table><tr><th>Sector</th><th>Total number of services</th><th>Total number of placements</th></tr><tr><td>Day Nursery</td><td>102</td><td>4515</td></tr><tr><td>Out of School within Day Nursery</td><td>57</td><td>1627</td></tr><tr><td>Total Day Nursery Places</td><td></td><td>6142</td></tr><tr><td>Stand-Alone Crèche</td><td>14</td><td>191</td></tr><tr><td>Stand-Alone Playgroup</td><td>53</td><td>1524</td></tr><tr><td>Stand-Alone Out of School</td><td>61</td><td>2043</td></tr><tr><td>Childminder</td><td>289</td><td>1770</td></tr><tr><td>Approved Home Child carers</td><td>49</td><td>0</td></tr><tr><td>Holiday Scheme</td><td>8</td><td>266</td></tr><tr><td>Two year old Programme</td><td>26</td><td>336</td></tr><tr><td>Total</td><td>659</td><td>12272</td></tr></table>	Sector	Total number of services	Total number of placements	Day Nursery	102	4515	Out of School within Day Nursery	57	1627	Total Day Nursery Places		6142	Stand-Alone Crèche	14	191	Stand-Alone Playgroup	53	1524	Stand-Alone Out of School	61	2043	Childminder	289	1770	Approved Home Child carers	49	0	Holiday Scheme	8	266	Two year old Programme	26	336	Total	659	12272	DSF-Early Years Spreadsheet
Sector	Total number of services	Total number of placements																																				
Day Nursery	102	4515																																				
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Holiday Scheme	8	266																																				
Two year old Programme	26	336																																				
Total	659	12272																																				
10.7.2	<p>Registration issues and commentary as at period end <i>(If any challenges or issues please provide a brief analysis)</i></p> <p>No issues</p>	Data Return 10																																				
10.7.3	<p>Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March</p> <table><tr><th>Sector</th><th>No Requiring Inspections</th><th>No Inspections carried out</th><th>Inspections still to be carried out</th></tr><tr><td>Day Nursery</td><td>51</td><td>36</td><td>15</td></tr><tr><td>Crèche</td><td>7</td><td>4</td><td>3</td></tr><tr><td>Playgroup</td><td>35</td><td>25</td><td>10</td></tr><tr><td>Out of School</td><td>36</td><td>32</td><td>4</td></tr><tr><td>Childminder</td><td>137</td><td>87</td><td>50</td></tr><tr><td>Holiday Scheme</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Two year old Programme</td><td>19</td><td>12</td><td>7</td></tr><tr><td>Total</td><td>285</td><td>196</td><td>89</td></tr></table> <p>The 89 outstanding are all outstanding less than three months.</p>	Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out	Day Nursery	51	36	15	Crèche	7	4	3	Playgroup	35	25	10	Out of School	36	32	4	Childminder	137	87	50	Holiday Scheme	0	0	0	Two year old Programme	19	12	7	Total	285	196	89	DSF-Early Years Spreadsheet
Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out																																			
Day Nursery	51	36	15																																			
Crèche	7	4	3																																			
Playgroup	35	25	10																																			
Out of School	36	32	4																																			
Childminder	137	87	50																																			
Holiday Scheme	0	0	0																																			
Two year old Programme	19	12	7																																			
Total	285	196	89																																			

	This reflects the cessation of Inspections during mid-March at the start of the COVID outbreak in line with Departmental and HSCB guidance.	
10.7.4	<p>Number of outstanding applications for each of the above categories as at 31st March</p> <p>There is a total of 8 outstanding applications, 1 day nursery; 1 playgroup and 6 Childminder applications outstanding at the end of March 2020.</p> <p>NICMA - Northern Ireland Childminding Association, ceased undertaking pre-registration briefings therefore registrations did not progress.</p>	DSF-Early Years Spreadsheet
10.7.5	<p>Number of current applications being assessed at period end and duration of assessment</p> <p>There were 5 Childminding applications being assessed at the end of the reporting period, they are all under 3 months in duration.</p>	DSF-Early Years Spreadsheet

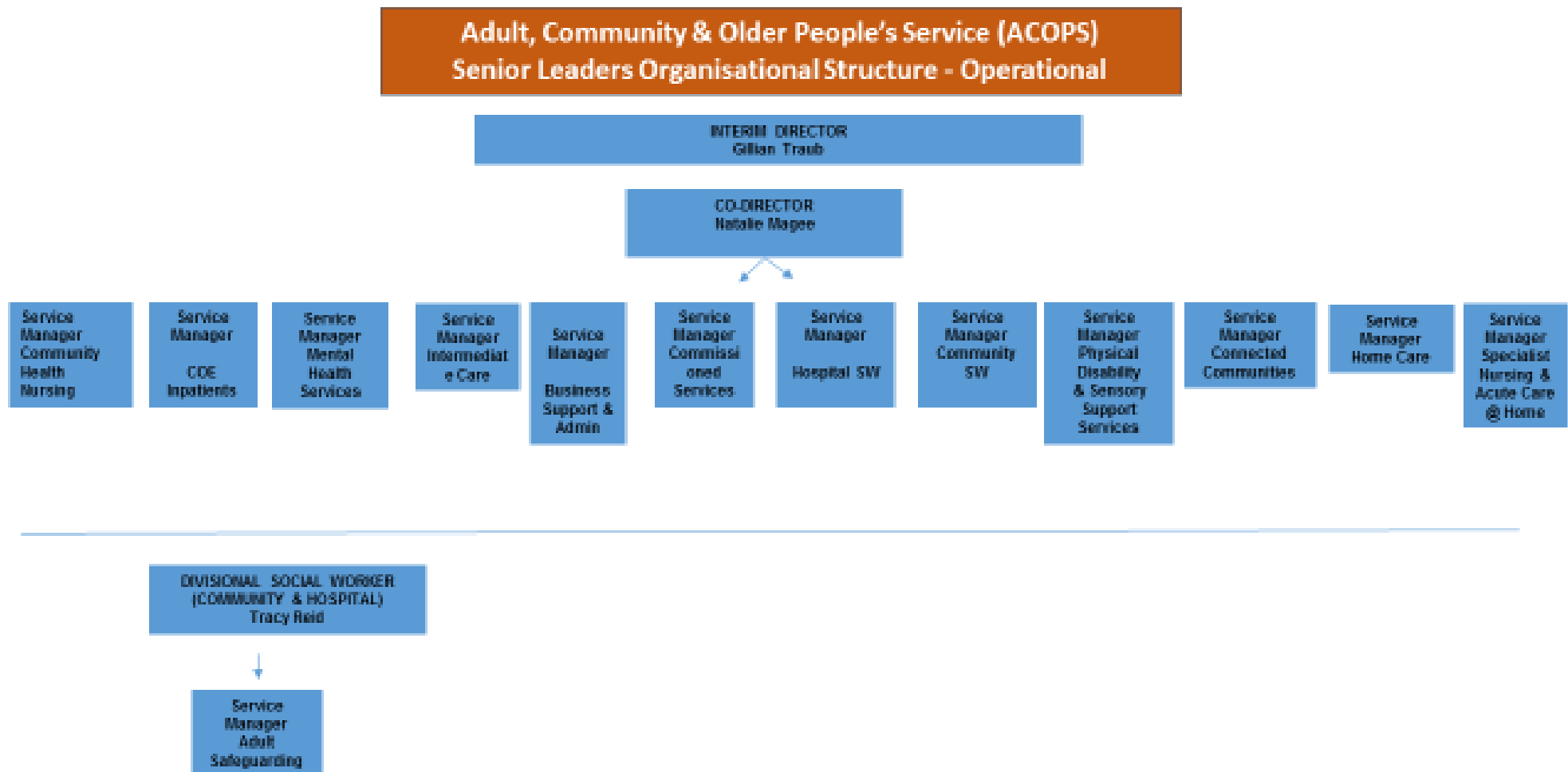
	10.8 Complaints & Representation	
10.8.1	<p>Does the Trust have an appropriately authorised and experienced children's complaints officer? Yes/No</p> <p>Yes</p>	Data Return 10
10.8.2	<p>Does the Trust have an independent advocacy service for children and their families? Yes/No</p> <p>Children, parents and carers are encouraged to access a range of independent advocacy provision including: the Northern Ireland Commissioner for Children and Young People; the Commissioner for Complaints; VOYPIC; the Children's Law Centre; and the Patient Client Council in pursuance of any complaint in respect of services provided by the Trust.</p> <p>The Trust has engaged VOYPIC to provide an advocacy service to its residential units. Trust foster carers access the advocacy and representation services of the Fostering Network.</p>	Data Return 10
10.8.3	<p>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?</p> <p>We can confirm arrangements are in place to ensure that all complaints, formally and informally are recorded and dealt with from children and their families.</p> <p>All complaints received are dealt with in accordance with the Trust's Complaints Procedure and the Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p> <p>The Trust's Corporate Governance processes provide robust reporting and scrutiny arrangements in relation to individual Directorate's management of complaints and arrangements for the dissemination and sharing of learning emerging from complaints</p>	Data Return 10
10.8.4	<p>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?</p> <p>Can confirm whistle –blowing arrangements are in place.</p>	Data Return 10

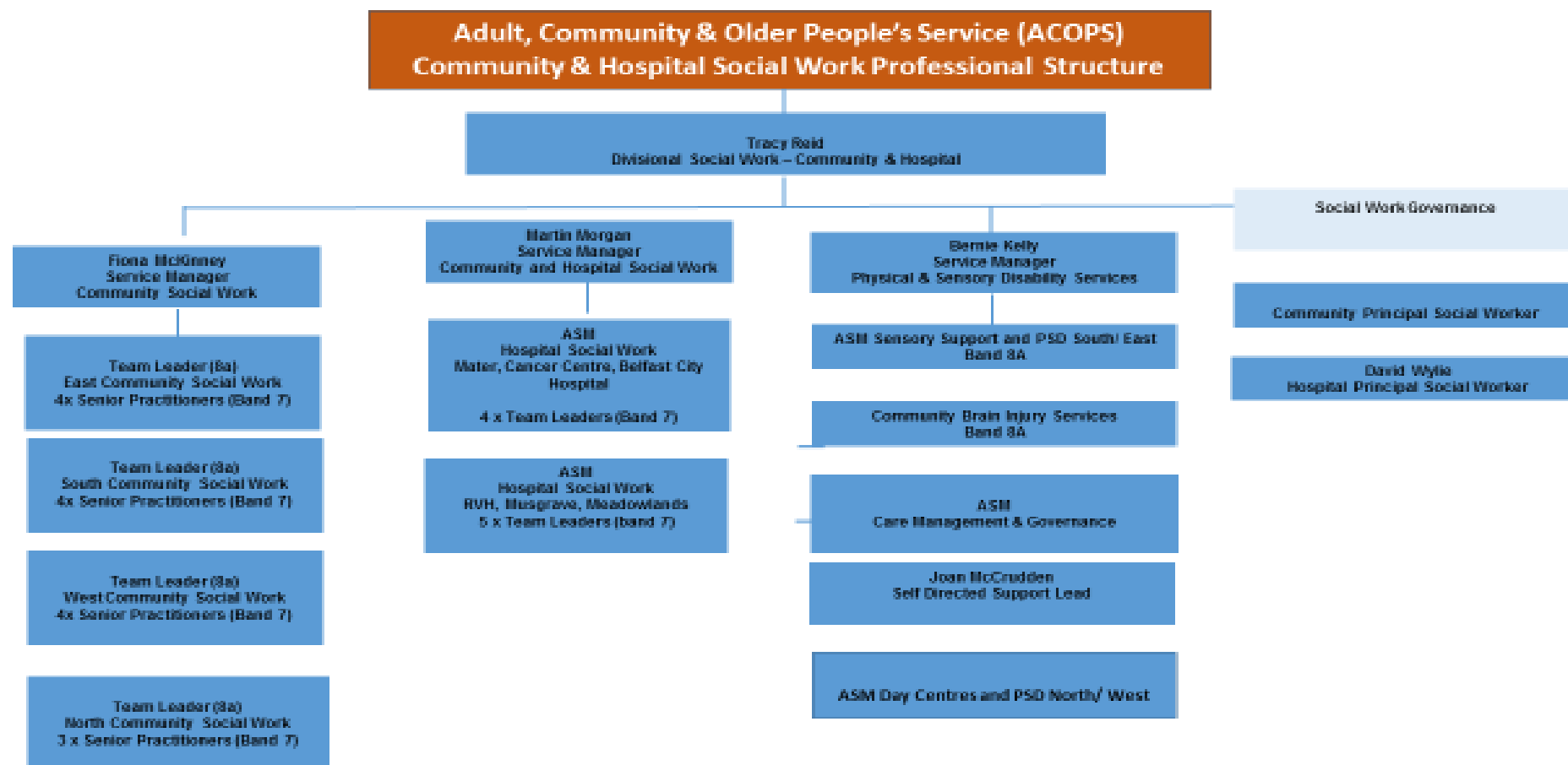
	The Trust's Whistle Blowing Policy provides the framework within which concerns raised by staff are recorded and dealt with. The Policy fully adheres to the requirements specified in the Public Interest Disclosure (NI) Order 1998.		
10.8.5	This is intentionally blank		
10.8.6	This is intentionally blank		
10.8.7	This is intentionally blank		
10.8.8	This is intentionally blank		
10.8.9	This is intentionally blank		

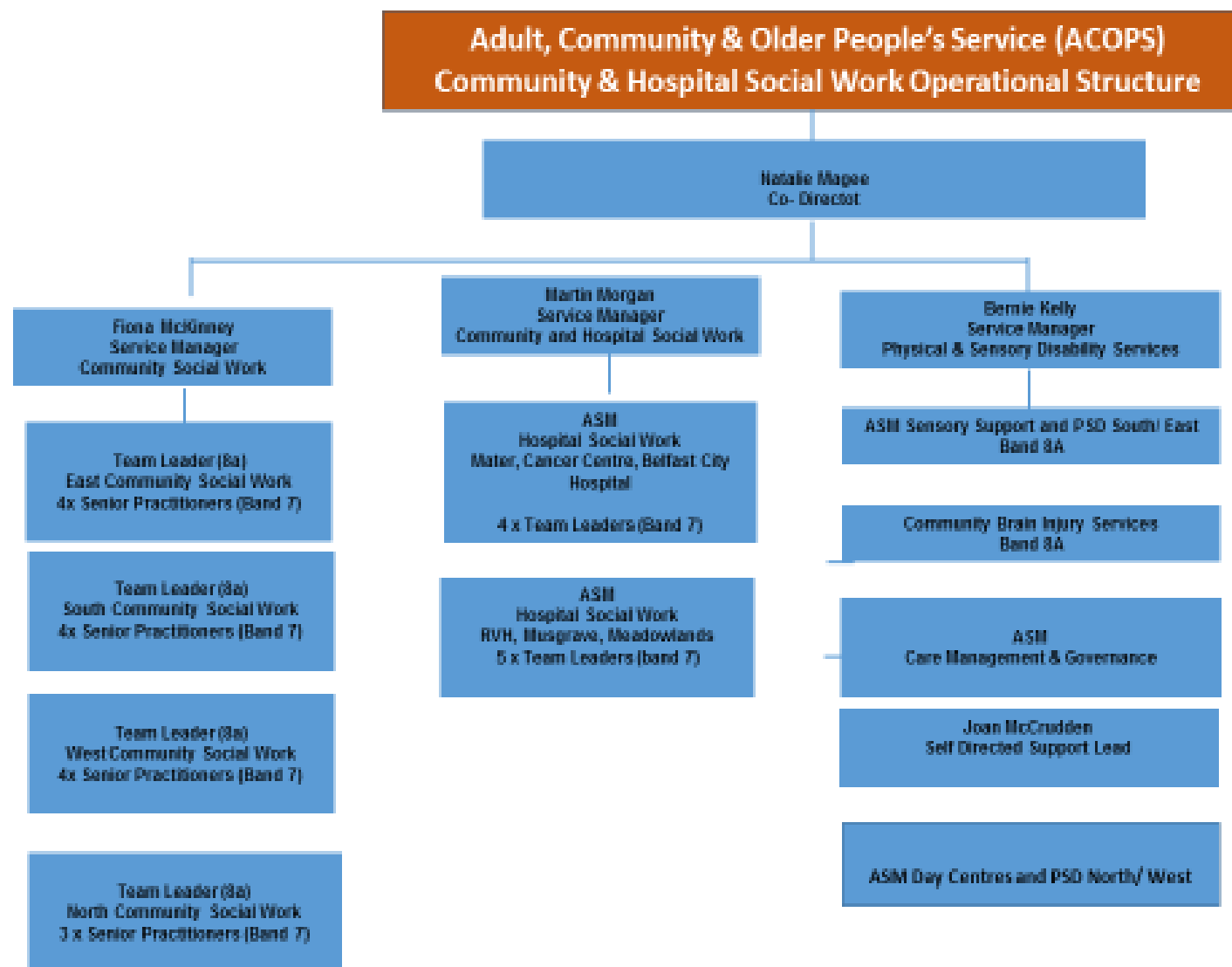
10.9 SEPARATED CHILDREN

10.9.1	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)	HSCB Separated Children Database
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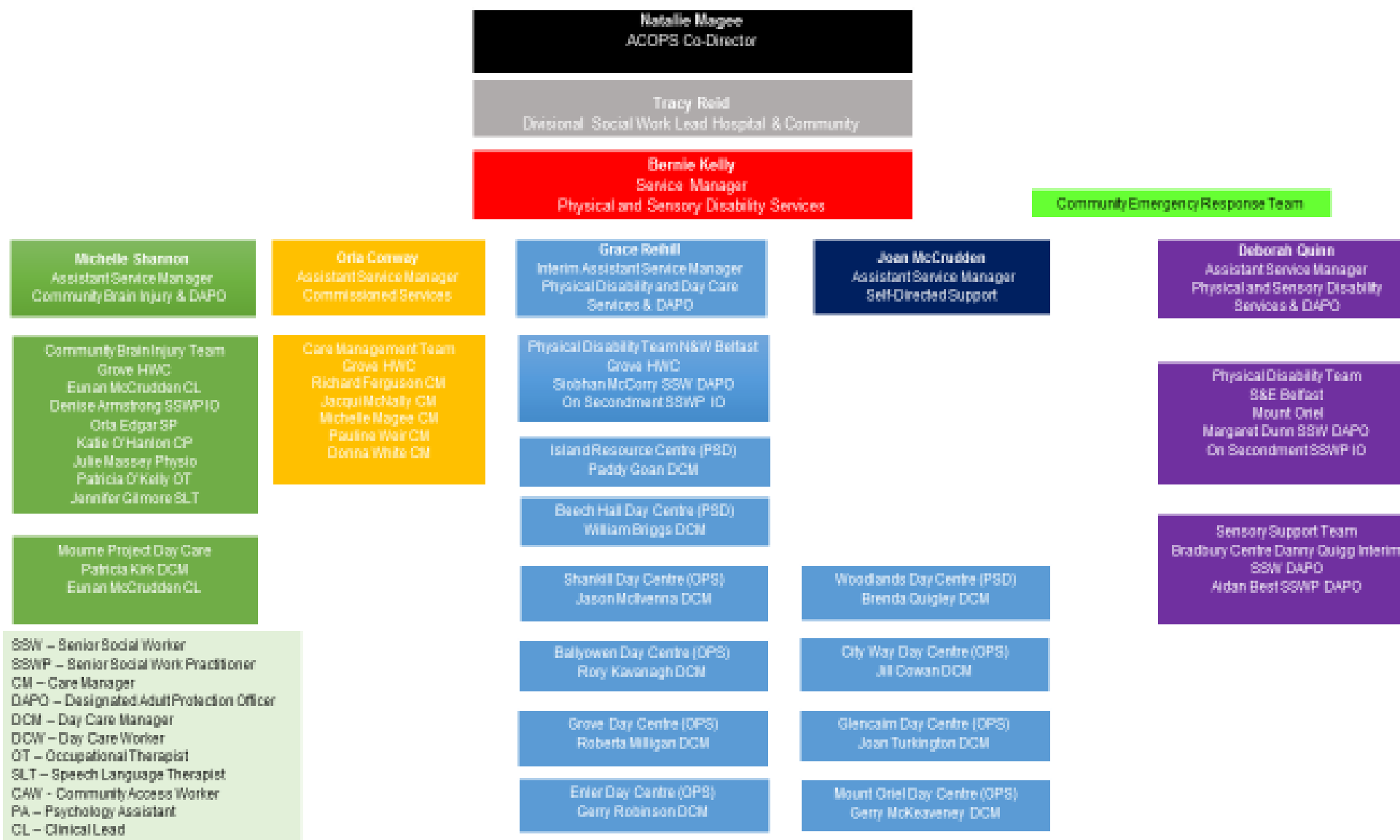
Appendix 1: Directorate/Programme of Care Structure Chart - Older People's Services



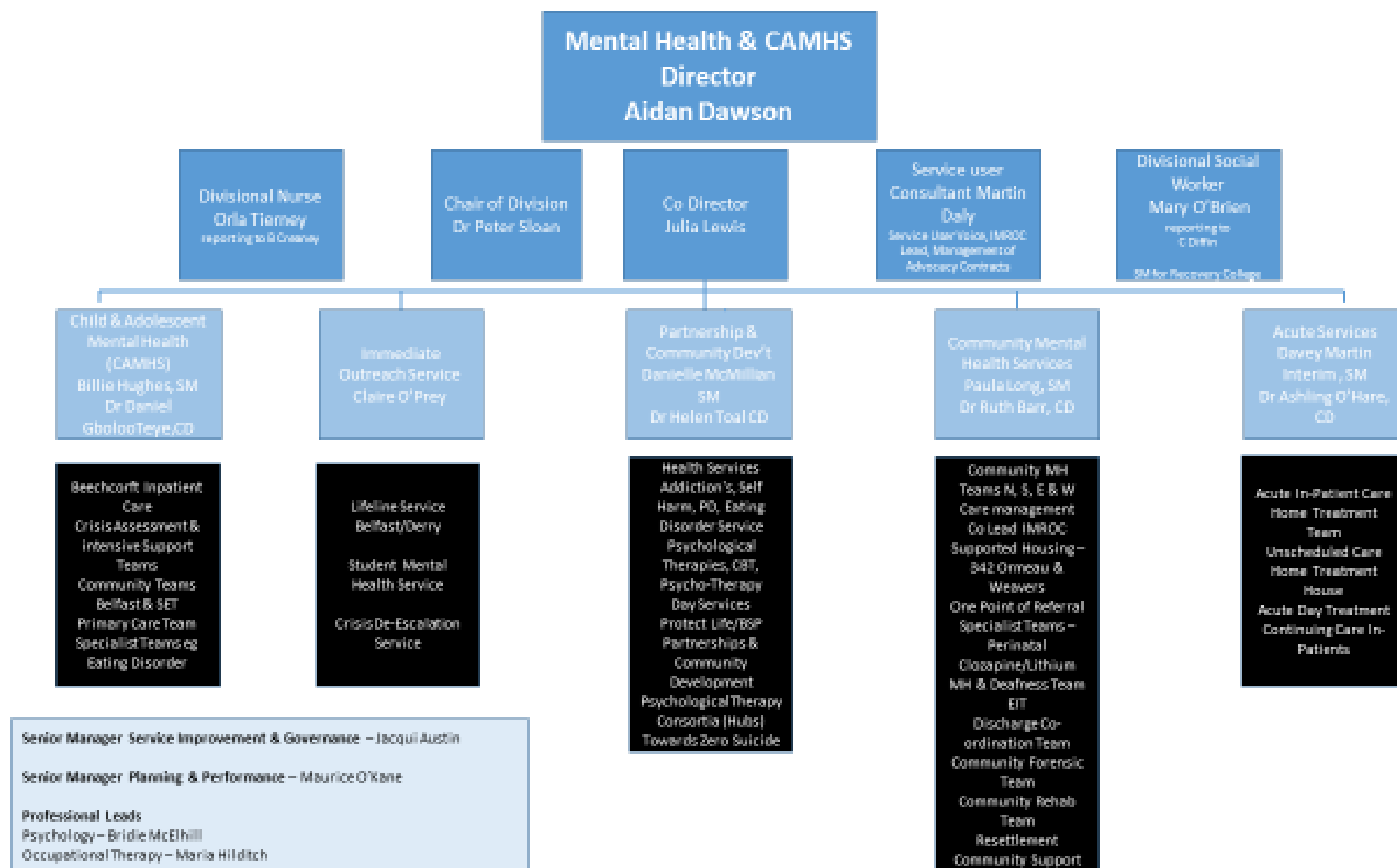


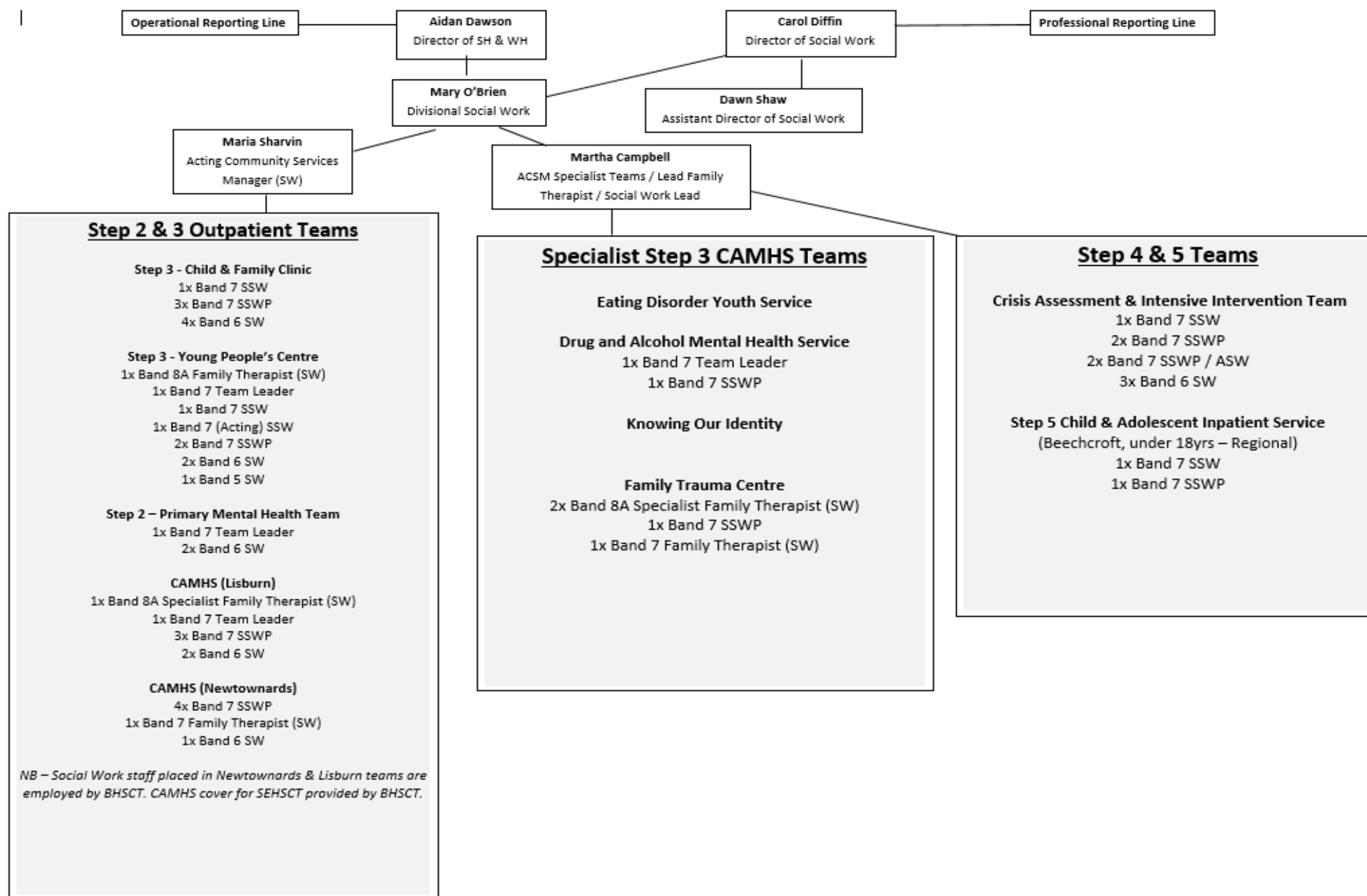


Appendix 2: Directorate/Programme of Care Structure Chart - Physical and Sensory Services



Appendix 3: Directorate/Programme of Care Structure Chart - Mental Health Services





Co-Director vacant post – Julia Lewis to start March/ April 2020
 Billie Hughes - Childrens Services Manager
Billie.hughes@belfasttrust.hscni.net
 Fairview 1 Mater Hospital
 Main Line 028 95041279

CAMHS - ORGANISATIONAL STRUCTURE Aug 2020

Step 2 & 3 Outpatient Teams

Step 3 - Child & Family Clinic
 (0-14 yrs. – Belfast Trust area)

Team lead – Lauren Lamberton

Lauren.lamberton@belfasttrust.hscni.net

RBHSC, 180 Falls Rd, Belfast, BT12 6BE
 028 96151188

Step 3 - Young People's Centre
 (14-18 yrs. – Belfast Trust area)

Team lead – Ciaran McKervey

ciarar.mckervey@belfasttrust.hscni.net

Step 2 – Primary Mental Health Team
 (Under 18yrs. – Belfast Trust area)

Team Lead – Val Rowan

val.rowan@belfasttrust.hscni.net

Acting ACSM for C&FC/YPC/PMHT – Maria Sharvin
maria.sharvin@belfasttrust.hscni.net Tel: 95048 991

YPC & PMHT Based at:

10 College Gardens
 Belfast

BT9 6BQ
 028 9504 0365

CAMHS (Newtownards)
 (Under 18yrs – Newtownards Area)

Team Lead – Nicky-Alexander Locke

nicky.alexanderlocke@belfasttrust.hscni.net Tel: 028 9504 7634

CAMHS (Lisburn)
 (Under 18yrs – Lisburn Area)

Team Lead – Marie Caldwell

Marie.caldwell@belfasttrust.hscni.net Tel: 028 9504 4013

Specialist Step 3 CAMHS Teams

Eating Disorder Youth Service

(EDYS, under 18yrs - Belfast & SE Trust area)

Team lead – vacant post

Tel: 95044 842

ACSM – Martha Campbell

Martha.campbell@belfasttrust.hscni.net Tel: 95048 869

Drug and Alcohol Mental Health Service

(DAMHS, under 18yrs - Belfast & SE Trust area)

Team lead- Kevin Regan

Kevin.regan@belfasttrust.hscni.net Tel: 95048 945

ACSM – Jacquie Wilson

Jacquie.wilson@belfasttrust.hscni.net Tel: 95045 062

Knowing Our Identity

(KOI, under 18yrs - Regional)

Team lead -vacant post

Tel:

Managed by CSM – Billie Hughes Tel: 9063 8000

Based at:

Beechcroft

110 Saintfield Road

Belfast, BT8 6GR

028 90638000

Family Trauma Centre

(Regional)

ACSM – Martha Campbell

1 Wellington Park, Belfast, BT9 6DJ

028 95042828

Step 4 & 5 Teams

Crisis Assessment & Intensive Intervention Team

(CAIIT, under 18yrs - Belfast & SE Trust area)

Team Lead - Cathy Bassett

cathy.bassett@belfasttrust.hscni.net Tel: 95044 810

ACSM - Jacquie Wilson

Jacquie.wilson@belfasttrust.hscni.net

Step 5 Child & Adolescent Inpatient Service

(Beechcroft, under 18yrs – Regional)

Charge Nurse, Admission ward – Fiona McCarry

fiona.mccarry@belfasttrust.hscni.net

Ward Sister, Treatment ward – Andrea Craig

andrea.craig@belfasttrust.hscni.net

ACSM – Jacquie Wilson

Based at:

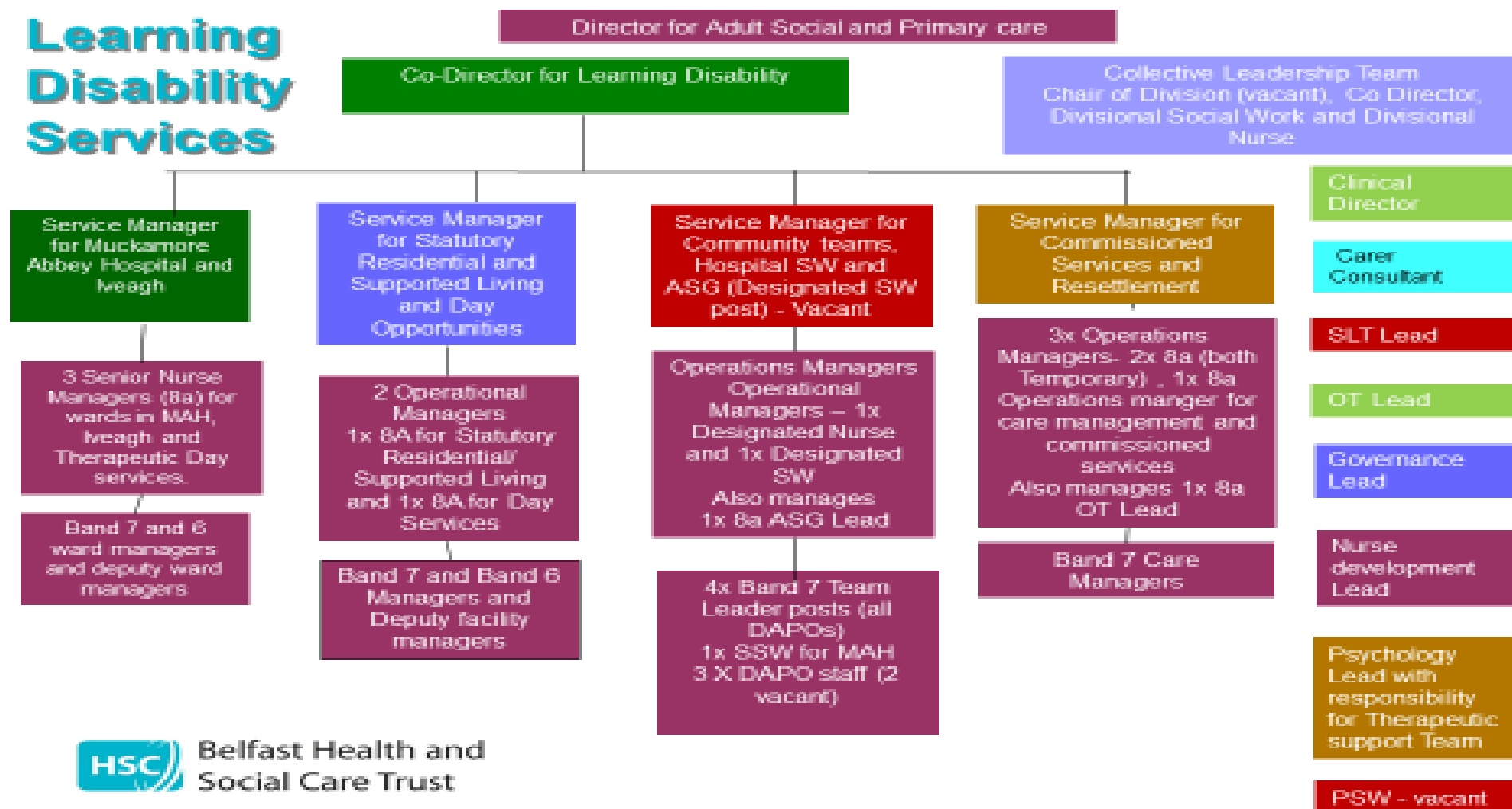
Beechcroft

110 Saintfield Road

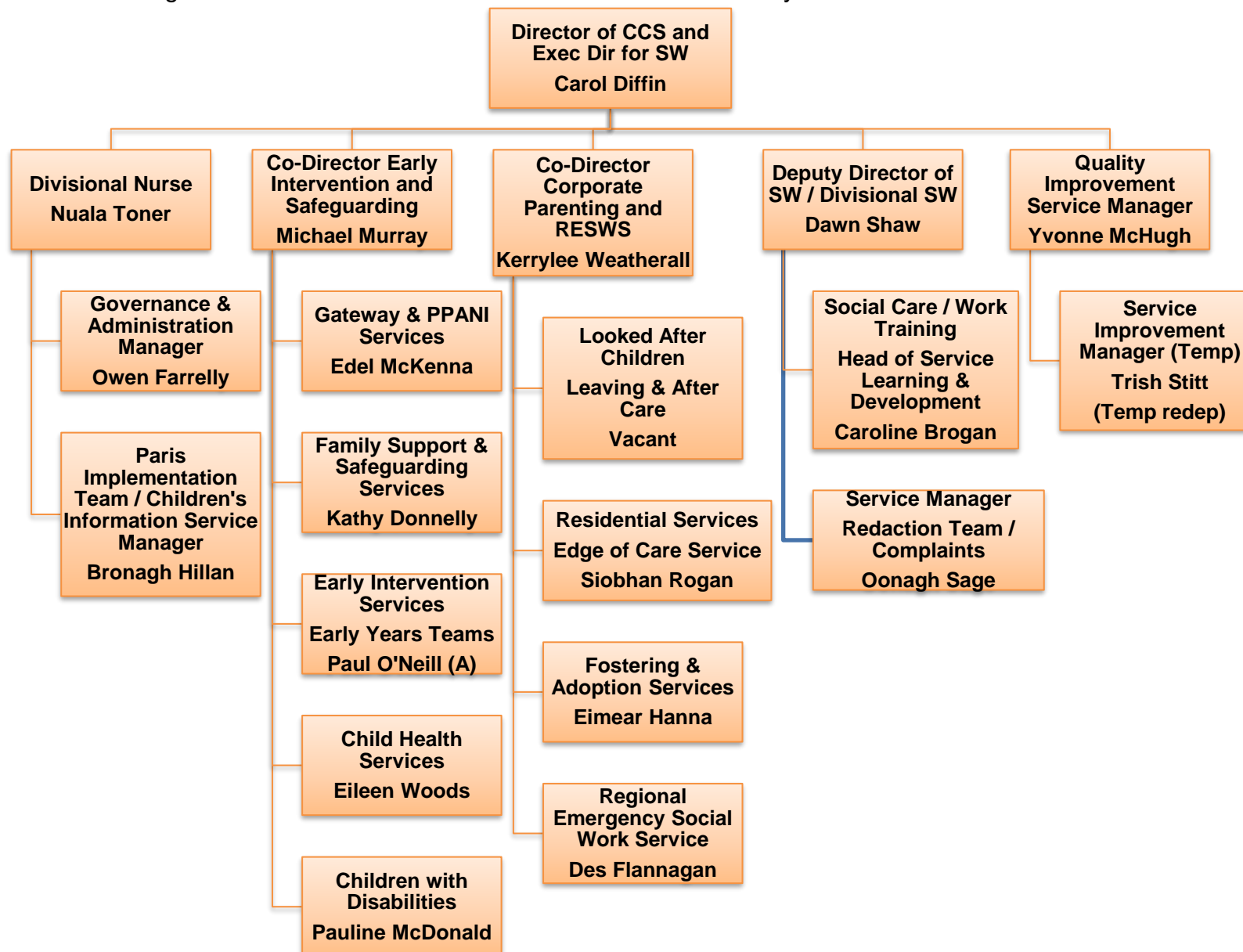
Belfast, BT8 6GR

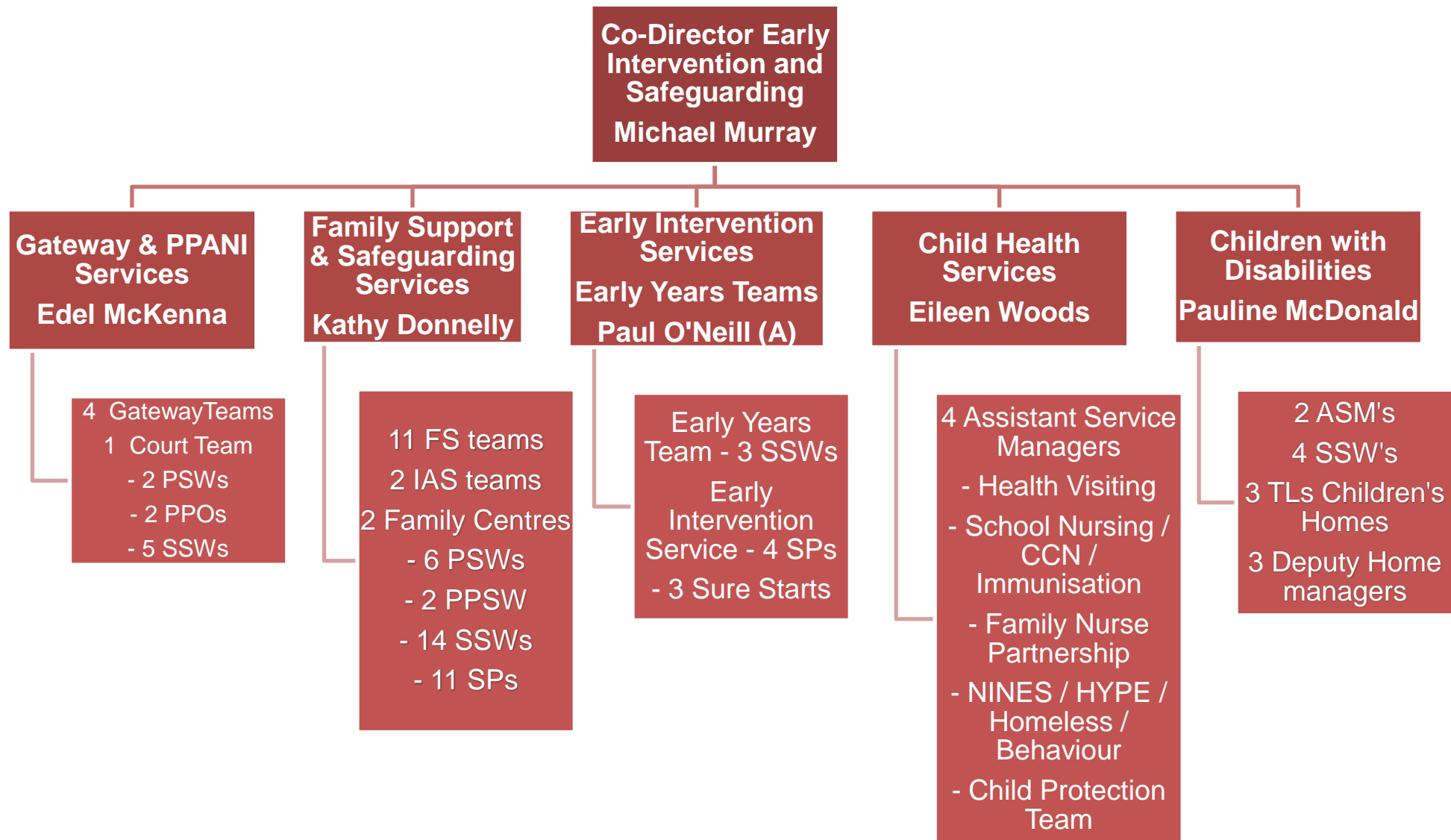
028 90638000

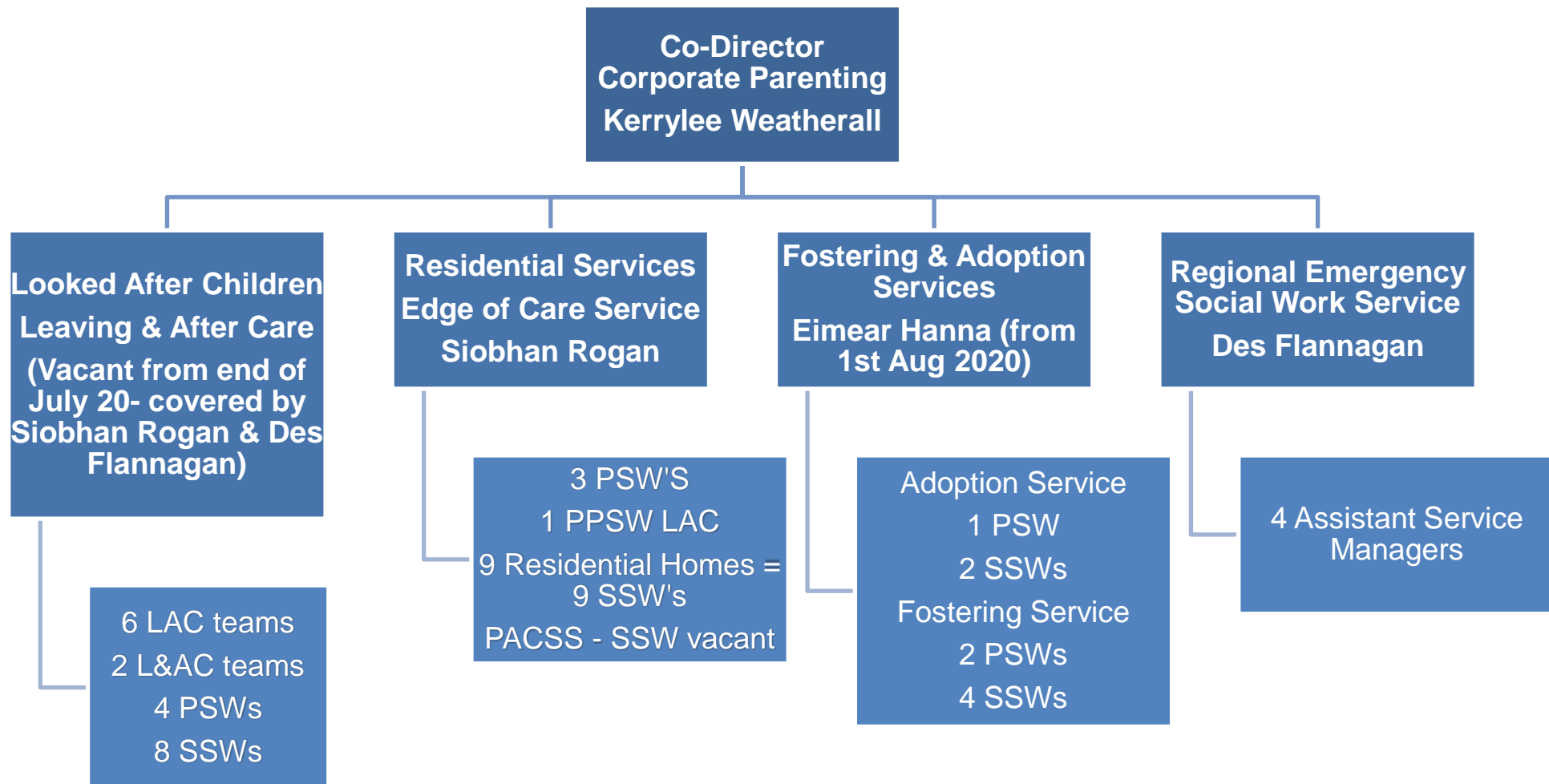
Appendix 4: Directorate/Programme of Care Structure Chart – Learning Disability Services

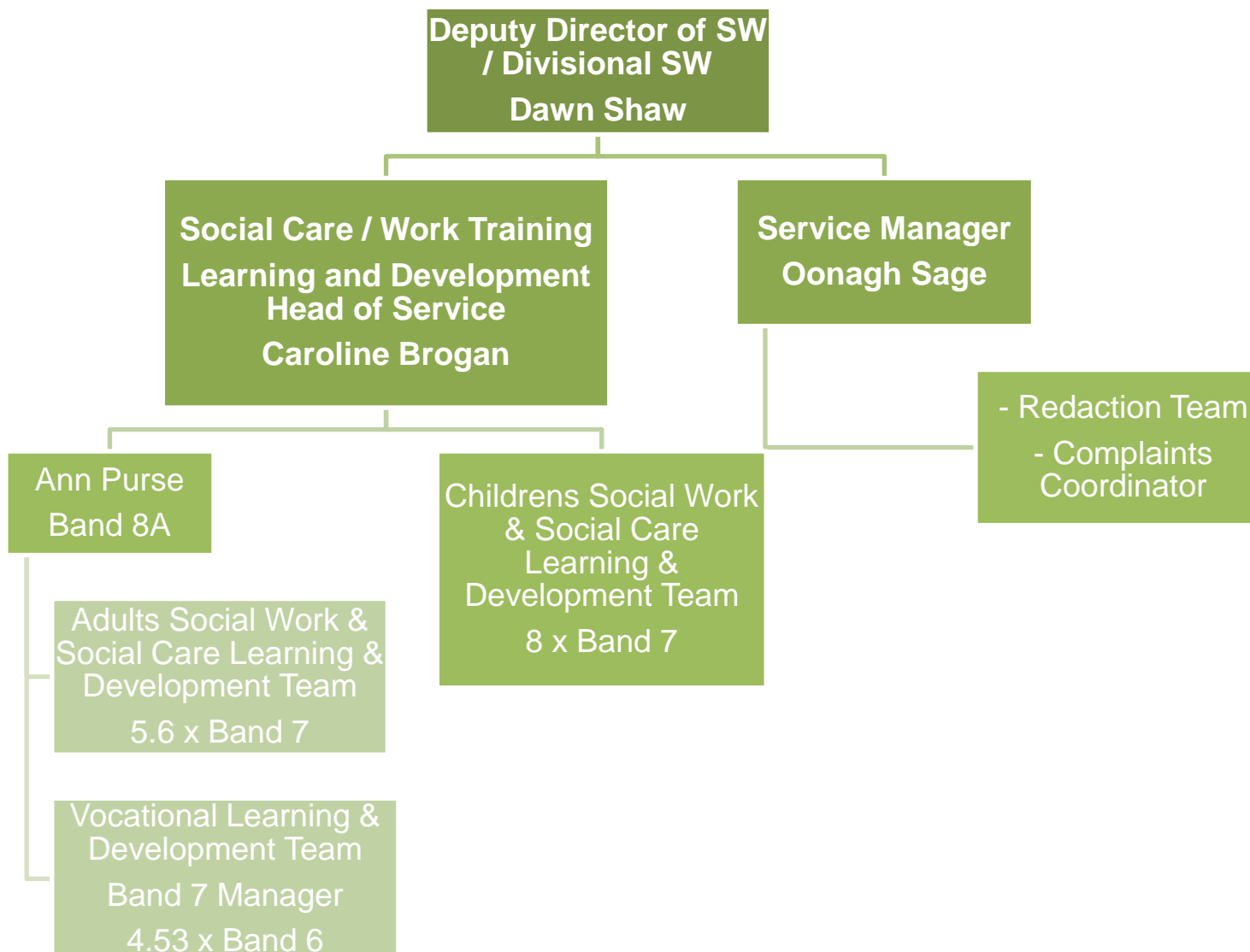


Appendix 5: Directorate/Programme of Care Structure Chart – Children's Community Services









BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2021

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1 EXECUTIVE SUMMARY

Executive Director of Social Work:

The Role of Executive Director of Social Work has been held by Mrs Carol Diffin from 1st September 2018.

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Please provide a high level summary overview which must include:

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

1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust

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

The Executive Director of Social Work:

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

During this reporting period the Trust's social care workforce has been located across three Directorates: Adult Social and Primary Care, incorporating Older People's Services and Adult Learning Disability Services (including Muckamore Abbey Hospital); Women & Specialist Hospitals, incorporating Mental Health Services; and Childrens Community Services.

Each of the operational Directorates have established Divisions mirroring the former service delivery units and have established Senior Leadership Teams, which have accountability for Divisional service delivery, performance and governance arrangements. The Divisional Social Workers have assumed the responsibilities for professional Social Work practice as members of their Divisional Senior Leadership Team and accountably for the range of social care governance and service delivery functions.

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

- The professional leadership of the Division's social work and social care workforce.
- The assurance of arrangements for the discharge of statutory functions relating to the delivery of statutory social care services by the Divisional workforce as detailed in the Regional Scheme of Delegation.
- The provision of expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions.
- The establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.
- The establishment of arrangements and ongoing responsibility for the completion of the Divisional Interim and Annual Statutory Functions Reports.
- The establishment of arrangements to facilitate the completion of other reporting requirements (both internal and external) relating to the discharge of statutory functions.
- The establishment and assurance of Divisional arrangements to ensure the social work and social care workforce's compliance with NISCC's regulatory requirements.

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

The Trust has in place a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. There are three other members of the Committee who are also Non-Executive Directors, Ms Miriam Karp, Dr Martin Bradley and Mrs Nuala McKeagney. The Committee is

authorised by the Trust Board to review the Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Divisional Social Workers and the Adult Safeguarding Lead) is a sub-committee of the Social Care Committee with responsibility for the monitoring of and reporting to the Committee on the discharge of statutory functions.

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

The Trust also has an Adult Safeguarding Committee, which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective.

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

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

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

During this reporting period the Executive Director of Social Work was tasked by the Trust Board to undertake a review of Social Care Governance arrangements within the Trust. This work commenced in September 2020 and is focusing on the following areas:

- Strengthening the role of the Executive Director of Social Work within the Trust
- Developing the Executive Director Social Work role in respect of the social care workforce
- Developing a quality management system for social work and social care
- Improving the Trust's response to adult safeguarding issues

This review will be completed in the first quarter of the next reporting period.

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

At the time of reporting last year the region was preparing for the peak of the first wave of the Covid 19 pandemic and the first period of lockdown had just commenced on 24th March 2020. The past year has been one of unprecedented challenge for the health and social care system as a whole as the pandemic has surged/peaked on three different occasions followed by periods of recovery and rebuild. Staff across the Trust have worked tirelessly to deliver services to the most vulnerable and have had to be flexible, agile and creative in how they have done so, adopting new ways of working and communicating whilst at the same time providing direct care to those most at risk and in need.

Despite these challenges, the Trust has continued to prioritise the safe discharge of its statutory functions and it is my professional opinion that the Trust has overall achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

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

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions and worked hard to address any concerns raised.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has arrangements in place to monitor and assure compliance with registration requirements. During the course of the reporting period, it became apparent that these arrangements required to be strengthened in respect of a cohort of social care staff. All issues of non-compliance have been identified and addressed and the learning will be shared across the Trust. The Trust is engaged in regular formal and informal contacts with NISCC.

As at 31 March 2021, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

1.3 Comment on the Trust's progress in delivering the 2019/2020 local DSF Plan (further detail to be provided for each Programme of Care at Section 2.6)

This has been a challenging year for the Trust in the context of the the delivery of services during a pandemic. Despite the impact of having to respond to the pandemic, progress has been made by each Programme of Care with their local DSF Action Plans, which are detailed in the individual service areas summaries.

The key areas of progress are as follows:

Older Peoples Programme of Care

Domiciliary Care

The Trust continues to have an overreliance on the independent sector for the provision of domiciliary care and is continuing to work towards a reform of its own statutory Homecare Service. Over the past year there has been a significant and sustained reduction of more than 65% in the level of unmet need across this division.

Continuing Healthcare

The Trust recently received the outcome of a NIPSO investigation, which concluded a finding of maladministration against the Trust for failure to implement a Continuing Health Care policy in line with the 2010 Care Management Circular. This finding has brought clarity for the Trust in respect of the regional position on this matter.

Implementation of the Mental Capacity Act

Some progress has been made within Older Peoples PoC in respect of the assessment of the legacy cases although the ongoing challenges in meeting the May 2021 deadline will be discussed in the next section.

Mental Health Programme of Care

Completion of ASW reports within 5 days

The service has always strived to complete its ASW reports within 5 working days. This year only 2 reports were not completed within this timescale compared to 26 reports last year. This is a significant improvement during a time when the service was under considerable pressure due to the pandemic.

Amalgamation of primary care and the recovery services

This work has continued over the past year. Progress has been made in completing a caseload waiting tool for the community teams and many of the social work vacancies have been filled.

Learning Disability

Domiciliary care

The number of cases on the waiting list for domiciliary care packages has continued to decrease, with further work being undertaken to increase capacity by May 2021.

Implementation of the Mental Capacity Act

Whilst some progress has been made in respect of the legacy cases the service still has a significant number of deprivation of liberty assessments to complete due to a lack of capacity across the division. All staff have been trained in the MCA and a steering group has been established along with a database to monitor progress.

Iveagh delayed discharges

The number of delayed discharges had reduced from 4 to 2 by the end of the reporting period and the Trust has been involved in a number of Judicial Proceedings (JR) taken in respect of these delays over the past year. The settlement reached in respect of a number of these JR proceedings has required the Trust to enhance the Operational Policy of Iveagh to ensure that escalation arrangements for delayed discharges are explicit. It has also required to HSCB to establish a standing forum to monitor the issue of delayed discharges.

Resettlement of patients from Muckamore Abbey into the Community.

The Trust has continued to be very active in planning for the resettlement of its patients with 6 successful discharges during the reporting period and 3 further patients on trial leave at the 31st March 2021. Planning continues in respect of the 16 remaining Belfast Trust patients.

Adult Safeguarding in Muckamore Abbey Hospital

A significant amount of work has been undertaken in respect of the Safeguarding Improvement Notice that was issued by RQIA in 2019 with the result that it was lifted in April 2020. The detail of the work undertaken is outlined in Section 2.5 of the Learning Disability Report and details the following: the development of new materials to support staff to understand their responsibilities in respect of adult safeguarding; the embedding of safeguarding into everyday core business through safety briefings, weekly ASG meeting; the development of an extensive data set providing information regarding safeguarding incidents, use of seclusion and use of restraint; and the introduction of regular audits.

Workforce

The Division has been successful in recruiting to some key social work posts such as the service manager with responsibility for adult safeguarding, hospital and community teams and the adult safeguarding lead post. The service also secured agreement for the recruitment of a professional social work band 8a post, which will support the Divisional Social Worker in strengthening the governance arrangements for social work and social care in this Division once appointed. Agreement has also been secured to recruit a number of designated social work team leader posts who will also undertake the role of DAPO given the challenges of recruiting sufficient DAPOs in this

division. Recruitment is also underway to recruit senior practitioner posts to fulfil the role of DAPO and band 6 posts to undertake the role of IO.

Children's Community Services

Detention under the MHO/delayed discharges from Iveagh and development of appropriate community placements

During the course of the year, the Directorate had two delayed discharges in the Iveagh Centre. One of these children was discharged to the care of his parents and has since transitioned to Adult Learning Disability Services. The second child remains in the Iveagh Centre. The Trust submitted two business cases to the HSCB in respect of packages of care required to meet the assessed needs of these young people and these continue to be discussed between all relevant parties. Both delayed discharges have been the subject of JR proceedings with a settlement reached in respect of one child and a contested hearing proceeding in respect of the other. The Trust has continued to work with the HSCB in respect of the dearth of appropriate resources for this service user group and a Framework for Children with Disability is currently being finalised by the HSCB, which will hopefully address some of the deficits in service provision.

In respect of assessments undertaken under the Mental Capacity Act the service has made good progress and aims to have all assessments completed by the deadline May 2021.

Personal Advisors

Whilst some progress was made initially during the reporting period in addressing the waiting list for personal advisors this has not been sustained due to ongoing staffing issues and the impact of Covid. Further detail will be provided in Section 1.4.

Early Years Inspections

As a result of Covid the inspection of early years facilities was paused during the first lock down and an action plan put in place to address this backlog by the end of September 2020. This action plan had not taken account of the subsequent second and third periods of lockdown and therefore progress was not achieved as outlined. The service worked within the agreements outlined by the DOH and HSCB. This will be addressed more fully in Section 1.4.

1.4 Identify the areas where the Trust has not adequately discharged their statutory functions and the actions taken to address this (further detail to be provided for each Programme of Care at Section 2.7)

The following is an overview of a number of areas, which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service reports provide additional commentary on these themes.

Implementation of the Mental Capacity Act (NI) 2016 Phase 1 (MCA)

The Mental Capacity Act has continued to be implemented across the Trust, although the challenges associated with providing services during the pandemic, along with workforce issues across the professions, has meant that the Trust has not made as much progress in respect of the legacy cases as it had hoped. Older Peoples and Learning Disability services have all reported that they will not meet the requirements by the May deadline given the volume of assessments to be completed and the challenges of rebuilding services. The Trust, along with the other four Trusts have highlighted their concerns to the DOH in respect of meeting this extended deadline. The Services continue to keep a focus on this work and to prioritise the completion of these assessments. Additional staff where possible, will be brought into support the existing teams to complete this work where this is possible.

Domiciliary Care

Whilst progress has been made in reducing the number of cases requiring domiciliary care packages across both Older Peoples and Learning Disability Services there continues to remain a level of unmet need in both of these areas. 290 individuals were awaiting care packages at the end of the reporting period. Priority continues to be given to support those individuals needing to be discharged from hospital rather than those already in the community. This represents a significant risk to service users and carers, in terms of unmet assessed need and additional carer stress. All unmet need cases are risk assessed and there continues to be arrangements in place for the prioritisation of high-risk cases. Further work is being undertaken to improve how the packages are provided and this will hopefully address some of the capacity issues and address user experience.

ASW Workforce

Recruitment and retention of ASW staff to populate the Trust's ASW rota has continued to be a challenge and whilst the Trust has managed to maintain this rota during the reporting period this was only possible with the early recruitment of 8 ASW candidates who were appointed by August 2020 under the Coronavirus Act (2020) with modifications to the MHO. Issues that continue to impact on the ability to interest staff to undertake this role are linked to the following:

- the additional pressures this role places on staff on top of their core role and
- the regular and significant delays they experience when requiring out of Trust beds resulting in lengthy assessments which in turn impacts on their work life balance and their health and safety

The Trust is exploring the development of an ASW hub to provide support to staff when on the rota, along with a formal on call rota to support staff when they are working beyond their normal hours. In

addition the Trust has invested in a patient conveyancing contract to reduce the waiting times for service users and has also continued to work with RESWS to agree transfer of some patients where the admissions process is likely to be significantly delayed.

Annual Reviews for Older People

The Older Peoples service has a significant backlog in relation to the completion of statutory annual reviews for both care homes and domiciliary settings. Whilst all non-essential reviews were stood down with agreement from the DOH during the pandemic, the backlog presents significant risk in respect of timely engagement and review of service users by the service and the ability of the service area to be assured in relation to the quality of care experienced by service users. The service has developed an action plan for restarting these reviews although it is anticipated that this will not be completed until December 2021.

CREST

All long term permanent care home cases are now managed within CREST within BHSCT. The work of this team has been impacted on by ongoing staff vacancies within the team, the disproportionate impact of the Mental Capacity Act on current cases and the need to restart the annual reviews. This has now been placed on the Trust's Principle Risk Register with actions being undertaken to improve staffing levels and ensure prioritisation of high risk cases.

Timely recording and closure of historic hospital social work cases

During the Covid period, due to the additional pressures to discharge patients in a very timely manner and also the number of staff being redeployed from some of the hospital sites, the service struggled to manage timely recording and historical case closures. An action plan has been put in place to address this as the service rebuilds and it is hoped that all historical cases will be closed by July 2021.

Adult Safeguarding

The Trust has continued to prioritise Adult Safeguarding during the reporting period and has placed this area of work on its Principle Risk Register given the concerns that have been highlighted by RQIA over the past year in respect of a number of facilities eg Shannon Clinic, Meadowlands, Valencia. An action plan has been developed by the Adult Safeguarding Committee to address these deficits in respect of the following: staff awareness of safeguarding policy and procedures, training of the workforce, recruitment of specialist adult safeguarding positions in some divisions, supporting the shared learning across the Trust where practice has improved e.g. Outpatients and Muckamore Abbey Hospital and collation of timely data.

The Trust has experienced challenges with regard to the recruitment of staff to specialist posts such as DAPOs and IOs particularly from within the Learning Disability Programme of Care. To address some of these deficits it has been agreed that the recruitment of future Team Leader posts within this service will now be designated SW posts, who will also undertake the role of DAPO. Currently there are additional pressures on the existing resource to the extent that demand is greater than the capacity of the ASG staff and this has caused ASG staff to be under significant stress which in turn impacts on retention of staff to these posts.

Community Placements for adults with a Learning Disability

Due to a lack of community infrastructure, the Adult Learning Disability service area continues to have difficulty finding suitable accommodation for its service users with complex and challenging needs resulting in delayed discharges from Muckamore Hospital. The service has undertaken a number of pieces of work to address this deficit: regional procurement for complex cases, development of an accommodation plan through to 2023, developing a business case for a Supported Living Development.

Children's Community Services

Personal Advisors

At the end of the last reporting period the Trust reported that it had 103 young people who did not have a personal advisor. An action plan was put in place and the Trust had hoped to have reduced this number significantly during the course of the year. Unfortunately due to a number of factors such as: the increased number of young people remaining in care; the impact of having to respond to the pandemic and the broader workforce challenges the total number at the period end is 83. The Trust will continue to work towards decreasing this number over the next few months as it begins to rebuild its services.

Unallocated cases/Statutory Visits/Statutory Reviews

The Directorate continues to make good progress in working to reduce the number of unallocated cases across Gateway, Family Support and Children with a Disability services. The Trust has recruited to the 9 senior practitioner social work posts that were funded through an IPT to address the issue of unallocated cases across these service areas and is currently out for recruitment of the permanent band 4 positions.

The Directorate has not been able to ensure that all looked after children have had an allocated social worker consistently throughout the year and has reported that 65 children over the course of the year did not have an allocated social work at some point and 35 young people remaining without a named social worker at period end. Despite the Trust agreeing to fund at risk an additional team to respond to the growing numbers of looked after children remaining in care it has been

unsuccessful in recruiting and retaining enough staff to ensure this new team is populated. Further work is underway to review caseloads across the Directorate to see if there is any scope to realign team structures. In addition, the Trust continues to proactively address recruitment and retention challenges.

94 statutory reviews did not take place within regulatory timescales mainly linked to the impact of Covid on the workforce and families, resulting in delays requiring to be facilitated to ensure all necessary staff and family members were able to attend. In addition, some reviews were delayed due to staff vacancies. The Directorate can report that all outstanding Reviews have now been completed and as part of its rebuild plan will ensure that these Reviews are undertaken within timescale as we move forward.

Placement Moves

Whilst the overall number of children who have experienced a move of placement has decreased from 179 last year to 117 during this reporting period, the number of children experiencing 2 or more moves has remained constant.

Challenges remain in respect of matching children with the most appropriate placement when they initially are admitted into care. The growing numbers of children remaining in care for longer and the growing complexity of their needs means it is harder to meet their needs through the more traditional placements. This is across residential and fostering services. The residential Children's homes within BHSCCT have remained at full capacity with no vacancies and on a number of occasions they have had to work out with their Statement of Purpose. The Trust has had to maintain its Home for 8-12 year olds such is the demand for placements for this group of children. Children and young people coming into care are presenting as very challenging due to their complex situations and the impact of trauma. The Directorate has continued to roll out a Trauma informed approach across residential, fostering and LAC services supported by TSS and this is beginning to impact positively on placements and staff.

The past year has been a particularly difficult one in respect of the recruitment of foster carers due to the usual methods of recruitment campaigns having to be paused due to the pandemic.

The Trust continues to look at a range of initiatives to support placements and minimize the need for a young person to move and these are outlined in Section 2.7 of the Children's Community Services Report.

Delayed Discharges from Iveagh / development of appropriate community placements

The Trust has one child who remains as a delayed discharge in the Iveagh Centre at the end of the reporting period. The Trust continues to

work with the DOH and HSCB to secure full approval for the capital and revenue funding required to meet this young persons assessed needs and to provide an appropriate community placement.

The Trust continues to be concerned at the lack of strategic direction with regard to the provision of a range of appropriate community placements for children with complex disabilities. During the reporting period the Trust has had to place two children with complex disabilities in its short breaks Home due to the lack of appropriate long term placements available both in the Trust and across the region. This has had a direct impact on the Trust's ability to provide residential short breaks to a range of families whose children are assessed as benefiting from these short breaks. The Trust has worked closely with the other Trusts and the HSCB to develop a framework for the provision of services to support this group of service users and their families. The Trust would request that the completion of this Framework is prioritised by the HSCB so that progress can be made in how these children and their families have their needs met in the most appropriate way.

Early Years Inspections

At the end of the last reporting period the Trust had a total of 89 Inspections outstanding and an action plan had been put in place to address them within the first half of the year. Unfortunately this plan did not take into account that the Covid pandemic would continue all year with a second and third surge. In line with DOH/HSCB regional direction these Inspections moved to a staggered inspection process from December 2020 with observation visits being deferred until March 2021 when Inspections resumed. At the end of the reporting period the Trust had a total of 355 inspections outstanding and an action plan had been established outlining how these would be addressed.

1.5 Comment on the Trust's current workforce arrangement for both the professional leadership of delegated statutory functions and the operational delivery of service

As outlined in Section 1.1 the Executive Director of Social Work provides professional leadership to the Trust's social care workforce. She is also accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same. Within Children's Community Services the 2 Co-Director posts are designated social work posts which ensures the delivery of statutory functions across all areas of children's social work. Within ACOPs, Learning Disability and Mental Health Services the Director and Co-Director posts are non designated social work posts but they hold operational responsibility for the delivery of the Trust delegated statutory functions.

The Trust has four Divisional Social Workers who are key members of the Divisional teams. They are responsible for providing professional leadership of the Division's social work and social care workforce and for

providing expert advice to the Divisional Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions. They are also responsible for the establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.

Each of the Divisional Social Workers is responsible for highlighting any issues in relation to the social work and social care workforce to the operational managers within the Divisional teams, their Director and to the Executive Director of Social Work. The Executive Director of Social Work has regular meetings with the divisional social workers to ensure the delivery of statutory functions across the Trust and also meets with the relevant Directors to discuss any issues arising that impact on the delivery of statutory functions.

The Trust has participated in the Regional Review of the Social Work workforce led by the DOH and awaits the completion of the final report.

The challenges of recruiting and retaining a social work and social care workforce are highlighted in each service areas report particularly at band 5/6 with the exception of Older Peoples Programme of Care. The need to encourage and support social workers to progress through to team leader posts and further up the line management structure will be a priority over the next few years. This is key to ensuring that social work has a strong voice at all levels of the organisation.

The Trust remains concerned at the high level of vacancies, particularly in Children's Community Services and also in relation to some of the key specialist posts ie ASW, DAPO and IO despite proactively going out to recruit. Additional support was provided by the Learning and Development team to the AYE's who graduated and commenced work early due to the pandemic and the Trust is keen to continue with this model going forward to support the retention of staff in these high turnover areas. The Executive Director of Social Work has also commenced a workforce strategy for social work and has identified four key areas of work: Ensuring sufficient capacity; Creating interest in social work as a profession; Creating the environment and Supporting the workforce. This work will continue in the next reporting period.

Despite these challenges the workforce has to be commended for remaining agile and flexible in how they provided services throughout this time adopting new ways of working using virtual methods; use of technology; use of PPE; additional reporting within the Trust to ensure that regional guidance and Action Cards were adhered to; redeployment of staff to ensure staffing levels remained at a level to operate key services for children young people families, vulnerable older people, those with mental health and learning disabilities.

The impact of the past year's pandemic on our staff cannot be underestimated and will continue as the Trust moves to rebuilding services over the next year.

The resilience and creativity of Social Work and Social Care Staff throughout this past year is a testament to their commitment to the needs of the most vulnerable in society and the strong desire to promote service users rights whilst ensuring their welfare and safety remains paramount. Throughout this past year staff worked tirelessly, to ensure that services continued to be delivered to the most vulnerable whilst they were challenged in how to keep themselves and their own families' safe.

I would wish to place on record my thanks to the social work and social care workforce in BHSC for their commitment to providing safe, effective and compassionate services to our most vulnerable during what has been a very challenging and unprecedented year.



Carol Diffin
Executive Director of Social Work

Date 14th May 2021

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Older People's Services
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Ms Tracy Reid is the Divisional Social Worker for Adult, Community and Older People's Services. The Divisional Social Worker has responsibility for professional issues pertaining to the social work workforce within the service area of Adult, Community and Older People's Services (ACOPS). This includes the areas of Community Social Work, Hospital Social Work, Adult Protection Gateway Team and singleton Social Workers across multi-disciplinary teams in Older People's Services. Within ACOPS, key working responsibilities and statutory duties to Older People in long-term care are discharged by the Care Review and Support Team (CREST). This is a multi-disciplinary team, with the current majority of key workers coming from a Social Work background.</p> <p>Ms Reid is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of Social Work services within the Service Area.</p> <p>The responsibility of the Divisional Social Worker is outlined in section 1.1</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work workforce, runs from the individual practitioner through the service area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>There is an ongoing audit process in place to assure the line of accountability within the service areas and the service area is compliant with its responsibilities. The service area can confirm that there are no current breaks in the professional line of accountability.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>There are no vacancies within the line of accountability for the discharge of statutory function</p>
2.1b	<p>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.</p>

Recruitment and Retention

During this reporting period, Community Social Work teams continued to work towards stabilising the social work workforce, and have demonstrably reduced dependency on agency and temporary staffing. In 2016 Community Social Work began a transformational process to transition from a high dependency on social care staff, to develop a workforce model to ensure that there were sufficient levels of professional staff to deliver statutory and professional duties to older people. The service area is pleased to report that it will have achieved its objective of a service composition of 70% Social Work staff and 30% non-professional Social Care staff by the end of April 2021. A recruitment day for Social Workers was held on 12th December 2020 resulting in the appointment of 19 permanent Social Workers across eight community teams. The service area can report that all posts within the management and professional structure for Community Social Work are filled.

The Care Review and Support Team (CREST) has been significantly impacted by vacancies over this reporting period and this continues to impact upon the service areas ability to meet its statutory duties. Since the inception of the service CREST has struggled to retain the required staffing model. The current staffing model is for 20 WTE Band 6 Practitioners. There are presently 8 vacant Band 6 posts (40%) and 2 vacant Band 7 posts (50% vacancy). The service area has undertaken a scoping exercise for voluntary staff re-deployments to the service, to provide support to the team. However, this has not achieved the desired impact. There is an active rolling recruitment campaign in place. The service area is pleased to report that 5 WTE Band 6 posts have been offered, with staff due to commence in early June 2021. Interviews for Band 7 posts are due in April 2021. The desirable skill mix, for the team would be 40% Social Work, 40% Nursing and 20% either or AHP. The team currently has a skill mix of 20% Nursing and 80% Social Work. The service has particularly struggled to recruit nurses to the team and this continues to be an area of focus. The impact of chronic vacancies, caseload demand and Mental Capacity Act, upon the ability of the service to meet its statutory duties is contained within the Trust's principle risk register and is discussed further in section 2.7.

There are no immediate work force issues within Hospital Social Work. The service has remained stable in the current reporting period. There has been a successful recruitment campaign in the current reporting period and the service has markedly reduced its dependence on temporary and agency staff, with 93% of Band 5/6 Social Work staff in permanent posts. With current recruitment activity, it is anticipated that the service will have 96% of its Band 5/6 posts permanently filled by June 2021. All management positions at Band 7, 8A and 8B remain stable and filled. This marks a reversal in the trend of poor retention in Band 7's, which had affected the service over more recent years.

Workforce planning

There are no vacancy controls across the service area

The service area recognises the challenges of recruitment and retention of Social Workers in a changing workforce environment, where job opportunities outweigh the number of qualified professionals. Whilst the Division has been able to make progress in relation to stabilising Community and Hospital Social Work, there is an increasing demand for Social Work across the Division, which the Division is struggling to meet. This is particularly evident in intermediate care, where there has been significant growth during the pandemic, with additional staff required in both home and bed based services. Also the growth in a Discharge to Assess model and a prioritisation of carer support in intermediate care will require additional Social Work investment. Attempts to re-deploy Social Work staff from other areas has proved challenging as staff can be reluctant to move and there is a concern in de-stabilising areas which are only recovering from chronic periods of instability and the impact of the pandemic.

The Trust held a Social Work Workforce Workshop in December 2020 in an attempt to explore and address these challenges across all areas of Social Work. A number of task and finish groups are currently in place with the aim to generate ways to attract staff to the Trust, encourage career progression and increase retention of staff. The service area also is committed to participating in and supporting the Social Work Regional Recruitment exercise commencing in April 2021.

Professional roles

a) Designated Adult Protection Officer (DAPO)

All Social Work Band 7's and 8a's in ACOPS are trained as DAPO's. The service areas currently have an adequate number of trained DAPOs. ACOPS take a Divisional approach to DAPO provision and where there are challenges in identifying a DAPO in a specific area, a DAPO will be sourced from across the Division. This was evident during the first surge of the pandemic where the Adult Protection Gateway Team provided DAPO support to those areas, that were struggling to meet their requirements. Staff are supported in their role through a regular DAPO Support Forum.

a) Investigating Officers (IO)

All Band 6 Social Workers in ACOPS are trained as IO's. The service areas currently have an adequate number of trained IOs and there are sufficient numbers of Investigating Officers in place to respond to adult safeguarding referrals across the Division. However, within the Adult Protection Gateway Team, there is an ongoing review into the service model and there may be a requirement for additional recruitment of Investigating Officers. ACOPS take a Divisional approach to IO provision and where there are challenges in identifying an IO, an IO

	<p>will be sourced from across the Division. Staff are supported in their role through a regular IO Support Forum.</p> <p>b) Achieving Best Evidence (ABE) Interviewers</p> <p>There are 8 staff members within ACOPS who are ABE interviewer trained and this is sufficient to meet the demand within the service area. It is noted within this reporting period there has been very low numbers of ABE interviews required. Staff are supported in their role through an ABE support forum.</p> <p>c) Approved Social Worker</p> <p>There are currently five Approved Social Workers in Older People's Services who conduct this role as part of a day time ASW rota. While this is an excellent resource within the teams, there is no easement for caseload and ASW staff incorporate this duty into their work plan. The Trust is in ongoing discussion with the Department of Health regarding future workforce planning in relation to the ASW role and funding of same.</p> <p>d) Mental Capacity (Northern Ireland) Act 2016</p> <p>The service area is significantly challenged by the end of May 2021 deadline for completion of legacy assessments under the Mental Capacity Act. This MCA work has greatly increased the workload of teams and the risks associated with this are further discussed in section 2.7. A key aspect of this risk is due to the limited number of sufficiently experienced Social Work qualified staff who are trained to undertake Trust Panel Applications. Recruitment has not addressed these pressures, as the majority of newly recruited staff are either newly qualified or without sufficient experience, thereby are ineligible to undertake the role. Whilst this is a role that can be undertaken by professions other than Social Workers, the release of these staff to undertake this role, has not been possible due to specific pressures related to the pandemic. Staff within the service area are being supported through workshops, individual mentoring, cases discussions and robust quality assurance systems in the completion of the MCA assessments.</p>
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes</p> <p>If not, outline the remedial action taken to address this</p> <p>The service area has a range of systems in place to ensure compliance with the Regional Supervision Framework. The delivery of this framework, is supported by an adequate number of professional supervisors and line managers who operate to this framework. During the surge periods of the pandemic the service area has been</p>

	<p>challenged in meeting full compliance with the supervision standards in relation to frequency. OPS compliance with supervision at the end of this reporting period was 73%. The top three reasons for supervision exception is annual leave, work pressures (particularly in the hospital setting) and sick leave either for supervisor or supervisee. Where a supervisor is on long term sick leave alternative arrangements are put in place.</p> <p>The service areas continue to comply with the Trust's monthly supervision exception reporting arrangements. Supervision compliance is reviewed on a monthly basis by the Divisional Social Worker through the Social Work Senior Leaders Assurance Group and by the Collective Leadership Team through the monthly Divisional governance and assurance arrangements. The service area has also recently established a centralised online electronic system for the reporting of supervision exception, registration compliance and annual appraisals. This enables increased visibility by senior managers into local compliance within teams.</p> <p>The service area has an annual supervision audit arrangement in place. The supervision audit for this reporting was delayed due to the pandemic but is currently ongoing, with completion due by June 2021. Areas of focus for improvement include:</p> <ul style="list-style-type: none"> - improving the opportunities for reflection - mutual supervision agenda setting - improving how risk is discussed/analysed within the supervision setting. <p>The Service area is working to both improve the experience of the supervisee through the planned piloting of a new template to guide supervision with an emphasis on case file audits. The Service area is also considering the implications of the regional draft supervision policy, as a way of shaping new and innovative to deliver supervision.</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool: No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Service areas have implemented differing local arrangements, across their teams for the management of current capacity, demand and workforce availability. However, the Division would welcome a regionally agreed caseload weighting tool and awaits further guidance in relation to this.</p> <p>Caseloads within Community Social Work have been traditionally very high, with a mix of low level social care cases and high risk statutory cases. In response to COVID 19, the service area implemented a risk</p>

stratification tool, which identified high levels of high and medium risk cases across all Community Social Work.

Case Complexity		
High Risk 38%	Medium Risk 34%	Low Risk 28%

Given the prevalence of high risk cases in the team and that 40-45 % of the team were not professionally social work qualified, caseloads for Social Workers had risen to approximately 90- 100 cases, with high levels of low risk unallocated cases emerging as a risk. This was also exacerbated by the inability of Community Social Work to transfer its cases to CREST, due to staffing vacancies within CREST. As a consequence community Social Work was put on the Divisional Risk Register as High Risk. As out workings of the risk reduction, additional Social Care Co-ordinator posts were uplifted from a Band 4 to a Band 5/6 Social Work post and a significant number of cases were transferred to CREST. This has had a significant positive impact on Community Social Work teams, enabling the reduction in individual Social Work caseloads to a safer, more manageable size. Social Workers now have an average caseload of 48 service users and professionally qualified staff undertake all assessment and statutory review activity. Community Social Work has been able to reduce the level of risk within the team to medium and anticipates further reduction, with the full completion of the recruitment process.

Community Social Work is currently undertaking an improvement project to add a case risk indicator on Paris. This work will help the service understand and analyse caseload complexity.

As highlighted previously, CREST has experienced chronic vacancy issues in recent years and this had delayed the transfer of cases from Community Social Work and Physical and Sensory Disability into CREST. The outworkings of this was a disparate caseload, with no central visibility of the level of risk associated with individual cases and a spread of nursing home intelligence across multiple teams. Therefore, as a way to manage and centralise the risk associated with these workforce pressures, the Senior Management Team agreed that the cases were best sitting in a central place, with consistent risk management arrangements and responses. This would also relieve the Community Social Work service who had been carrying additional workload pressures since 2017. Therefore all long term permanent care home cases will be managed within CREST, once the transfer process is completed. As a consequence, individual practitioner case load numbers have risen from 70 to 126 over last 9 months, which represents a 44% increase in caseload size. This is very challenging for the team, due to current staff vacancies, the disproportionate impact of the Mental Capacity legacy and current cases, and the need to restart non-essential reviews as part of the COVID rebuild.

Whilst ongoing recruitment within CREST will help to alleviate some of these pressures, this is an area of significant concern and has been raised on the Trust's Principal Risk Register. CREST was established to provide an improved quality of care experience through relationship based assessment and review, with improved sense making of risks within care homes and a focus on MDT working. The Trust will not be able to meet this vision without significant additional investment.

As part of the risk management arrangements for CREST the following safeguards are in place:

- all cases are risk assessed
- high risk cases are aligned to practitioners
- medium to low risk case are managed on a day to day basis by duty system - which has led to high levels of unallocated cases
- There are systems in place to prioritise case and workload at daily safety huddles, which is led by Senior Practitioner
- A fortnightly meeting led by Assistant Service Manager to review allocation, referrals, data in relation to duty system and data regarding incidents
- Governance process in place to review care homes on a weekly basis and incidents.
- Service continuity plan in place

As stated in 2.1(b) there is an ongoing rolling recruitment drive in place and voluntary re-deployment has been explored. An IPT has been developed by the Trust, which sets out the expansion necessary to address this issue.

The Hospital Social Work Service does not possess a formal Caseload Weighting Tool, however the service area would welcome any regional guidance in relation to this. Managers actively review equity of casework for the Social Workers within the respective acute and general hospital sites. The centralisation of referrals through the Community Discharge and Social Work Hub continues to significantly improve visibility of Social Work referral and demand across acute hospital sites. Working with Intermediate Care services, the service area has in place an allocation system. A Band 7 Social Work Lead, who screens all referrals to the Hub and ensures that the most appropriate professional takes forward the case, oversees this system. This also ensures that high risk statutory cases in hospitals involving adult safeguarding, child protection, self neglect, mental incapacity, addiction and domestic violence are better identified as discrete social work referrals. This is a significant improvement from historical practices where prioritisation was often only understood within the context of discharge activity. This improved screening has continued to reduce the number of inappropriate referrals to Hospital Social Work and this is reflected in Data Return 1. Furthermore, it has improved the visibility and awareness of the statutory social work role across the wider system, who have traditionally only understood the social work role in terms of discharge.

2.3	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.
	<p>Care Management</p> <p>a) The Trust has made progress with actions to respond to the recommendations of the BSO care management audit of 2019, which has included the reissuing of Care Management Standards, updating of and standardisation of care planning, risk assessment and review pro-forma, with full implementation of these on PARIS. Furthermore there has been additional training for staff and the development of additional tools to support them in their role. However, due to the impact of the pandemic a number of actions have been difficult to achieve full compliance in, due to restrictions in access to residents in care homes. This is an area of focus for the Division as part of the restarting of non-essential reviews. Outstanding recommendations include:</p> <ul style="list-style-type: none"> - All care plans should be signed by the service user - Risk management plans should be in place for all service users - Financial capacity should be assessed and documented as part of the assessment process <p>b) BSO undertook a financial audit in relation to one care home of concern during this reporting period, which included a focus on the management of service users' finance. This identified some learning for the Trust and as a consequence of this a number of actions have been taken:</p> <ul style="list-style-type: none"> - the development of a new draft financial policy for the Division in relation to supporting residents monies - the delivery of further training for staff from DLS in understanding their responsibilities in relation to supporting residents in the management of monies - issuing of additional guidance to staff <p>c) The ACOPS governance team have begun a monthly audit of all admissions to care homes, to ensure compliance with care home admission processes. These have included a focus on the assessment and care planning for service users in interim placements. This audit activity has continued to demonstrate improvements, particularly in the areas of evidence of assessments and compliance with the completion of Trust care plans. The audit identifies the requirement for service areas to strengthen their evidence of:</p> <ul style="list-style-type: none"> - the articulation of human rights issues considerations - service user and carer consultation, at the point of admission.

This is an ongoing area of focus for identified service areas and is being addressed with staff through a number of fora.

- d) The CREST service completes routine care management audits. These audits evidence that the CREST practitioners have achieved very high compliance in the review of changing needs of the residents. Overall, there is strong evidence of a holistic review of their needs being captured within reviews. Audits evidence strong consideration of the individuals capacity to participate in the review and strong evidence that resident's human rights are considered throughout all the reviews undertaken.

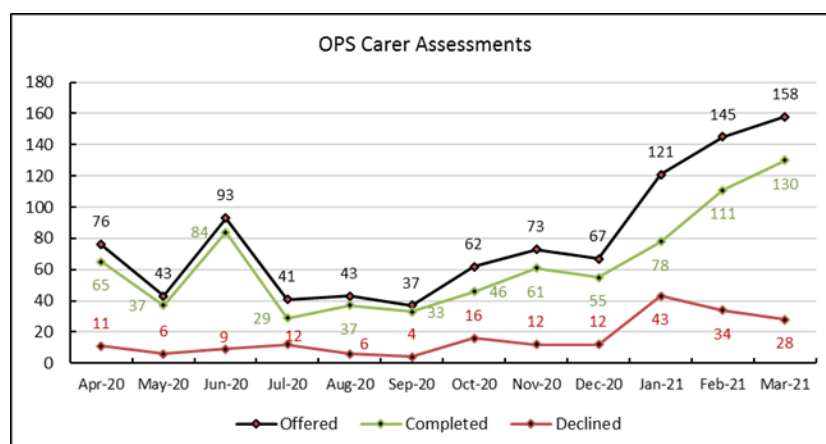
Carers

a) Remote Carers Assessment and Support Pilot

The significant impact on carers during Covid-19 was very evident and service areas have noted heightened anxiety amongst carers about infection, the suspending of care packages with increased burden on carers and the impact of long term restrictions on visiting in care homes. During the first surge of Covid 19 Community Social Work teams struggled to respond to service demands for carers assessments due to staff absence and Covid restrictions. There were 167 outstanding referrals for Carers Assessments at end of September 2020 across Community Social Work teams. The service area identified the need for an improved timely response to the needs of carers, yet recognised carers anxiety about unnecessary footfall into their homes. In response, the service implemented a remote carers assessment and support pilot where 1.5WTE Social Work resource was targeted to respond to referrals for Carers Assessments, piloting the facilitation of carers assessments by telephone or MS Teams. The pilot commenced in October 2020 with a six-month evaluation at the end of March 2021.

Outcomes from the pilot have included:

- reduced delay in awaiting carers assessment
- positive feedback and increased satisfaction from carers who found this approach to be more accessible
- increased uptake in carers assessments by carers:



b) Improving the Wellbeing of Carers

Community Social Work, as part of Safety Quality Belfast (SQB) with carers, commenced a service improvement project in December 2020. The aim was to improve the wellbeing of carers. The primary driver was to minimise the impact of the pandemic and support mental wellbeing. The project recognised the need to reach out to carers in a different way due to the pandemic restrictions. A Happy App was utilised, online questionnaires and fortnightly support groups with carers were facilitated on MS Teams. The evaluation demonstrates that carers who took part in support groups felt more supported, less isolated and more informed. Furthermore they benefited from the online group activity as an opportunity to chat with others in caring role. Community Social Work is currently working with the Trust Carers Co-ordinator to identify a new menu of online supports to carers, aimed at reducing isolation and improving well being.

c) Supporting Care Partners

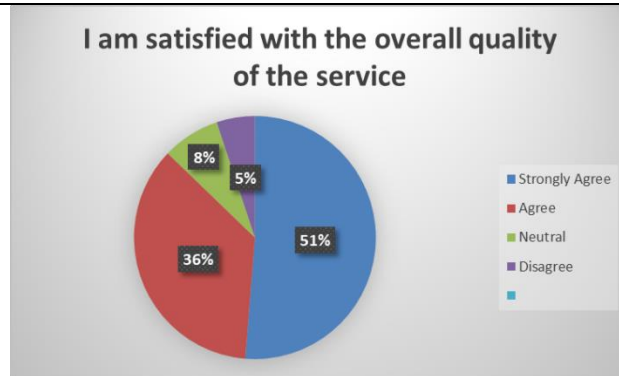
As part of the regional guidance to progress and support implementation of the care partner arrangements within care homes, CREST facilitated 2 engagement forums with care homes and families. The purpose of this has been to explore shared understanding of the care partner role; enable shared learning as to families experience of undertaking the care partner role and an articulation of the positive impact this had had on their relative. Crest Team has driven this initiative within locality care homes and this collaboration has led to a more successful implementation of care partner arrangements across Belfast locality homes.

Support to Care Homes

During the reporting period the CREST team engaged with care homes as to their level of satisfaction with the support provided by the CREST team:

87% of returns agreed or strongly agreed that they were satisfied with the overall quality of the service
79% agreed that the Input from CREST has improved the quality of care delivered to their residents.

92% of responses stated that they strongly agreed or agreed that the remit of CREST was clear to them
Overall, 90% of returns felt that the Input from CREST has been helpful in informing the care of the Residents in their care.



Hospital Social Work

In 2020, Hospital Social Work engaged with the Trust Learning and Development Department and the HSC Leadership Centre to undertake an extensive “Listening Exercise” with hospital Social Workers as part of a review of the current service delivery model. Participants included those at Bands 5/6, 7 and 8A. The outworkings of this are now integrated into a Hospital Social Work action plan for the incoming reporting period, with a focus on strengthening professional standards and governance.

Hospital Social Work is a core member of a newly established divisional Care Management Service User Experience Group. This group will carry through learning from the monthly Care Home admissions work, examine service user, carer and family experiences of discharge planning and transitions in community placements. This group will also scrutinise adverse incidents associated with service user experiences of discharge planning and community transitions. The group will develop service wide responses and shared learning initiatives to promote improved patient / service user experiences.

Data Quality Improvement

The implementation of a new Quality Management System within the Trust has led to significant work being undertaken across service areas in relation to the development of accurate and contemporaneous data reporting systems for social work and social care. This purpose of this is to support quality, safe and effective care and improve data driven decision making. Within this reporting period this has been a key focus for both Social Work and Social Care. Examples of this include:

- The development of new monthly safety and quality data sets for EMI Residential Homes and Supported Housing facilities
- The development of high value datasets and dashboards by CREST, evidencing key performance indicators aligned with safety, effectiveness, experience and equitable delivery of service across the independent commissioned care sector.
- Community Social Work has focused on developing new data sets to report monthly on the number of annual reviews completed and outstanding, monitor unallocated cases and caseload risk stratification. This is due for implementation in May 2021.
- The development of new Social Work Assurance Data Set to

	support and measure compliance with professional standards
2.4	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.
	<p>Serious Adverse Incidents</p> <p>In May 2020, significant concerns arose in relation to Clifton Nursing Home's ability to respond to its Covid-19 outbreak in respect of its leadership and governance arrangements, and its infection prevention and control approach. As a consequence of this, the Trust in collaboration with HSCB, RQIA, DOH and PHA decided that they no longer had confidence in Clifton Nursing Home to undertake the necessary measures to safeguard residents and therefore considered moving residents to alternative suitable accommodation. An interim Care Home provider was identified to provide day to day management of the home and the need to move residents was averted. A Serious Adverse Incident was reported by the Trust on 1 June 2020 in light of the serious concerns and events that had arisen. This is a Level 3 SAI with an independent chair and review team. A draft report is expected by the end of April 2021. Clifton Nursing Home remains as a home of concern on the Trusts Care Home Escalation Framework. Whilst sustained improvements in infection prevention and control arrangements and the environment have been evidenced over the last 9 months, there is an ongoing transition process in operational management arrangements to Kathryn Homes. This also includes the commencement of a new manager within the Home. During this period of transition, in addition to a weekly presence in the home, the service area is undertaking monthly monitoring visits and oversight meetings, which will remain in place to ensure sustained change.</p> <p>Within this reporting period the service areas of Community Social Work and Adult Protection Gateway Team completed a Level 2 SAI, which arose as a consequence of a failure of the service areas to prevent a perpetrator having further access to a victim. The case has highlighted a number of areas for training and development including:</p> <ul style="list-style-type: none"> - staff requiring a greater understanding of interface with PSNI - staff requiring additional training on the meaning of bail conditions, and the need at times to challenge the decisions of other professions in order to protect clients - the need to balance the out workings of criminal proceedings with the best interest of vulnerable service users - there is also learning regarding how the Service area works to engage the Human Rights of service users for their benefit

RQIA Inspection

During this reporting period, 3 of the Trust's Supported Housing facilities have been inspected, all of which received excellent reports and no Quality Improvement actions were required. Furthermore, all 4 Residential Homes for people with dementia have underwent inspections, which resulted in 4 QIP's in total. These QIP's in the main, related to environmental issues. The Trust has outdated EMI Residential buildings which are in need of modernisation and renovation. The Trust is currently seeking ways to secure funding for the modernisation of these facilities. Killynure Residential Home is currently decanted to allow for works to modernise the Home to commence.

NIPSO

Community Social Work has had one very significant set of NIPSO findings during this reporting period. The matter concerned maladministration, in relation to the failure to implement a Continuing Healthcare policy in line with the 2010 Care Management Circular. The area of Continuing Healthcare has been a challenging issue and the service areas welcome the development of a new regional position in relation to this matter.

NISCC

During this period the service area has identified weaknesses within the assurance processes for NISCC registration, in the statutory homecare service. As a result this Division is undertaking a Serious Event Audit methodology with NISCC and Human Resources. The out workings of this, will be to complete a review of the NISCC registration assurance processes across the Division, to make any recommendations for the wider Trust and to develop an action plan to implement identified improvements.

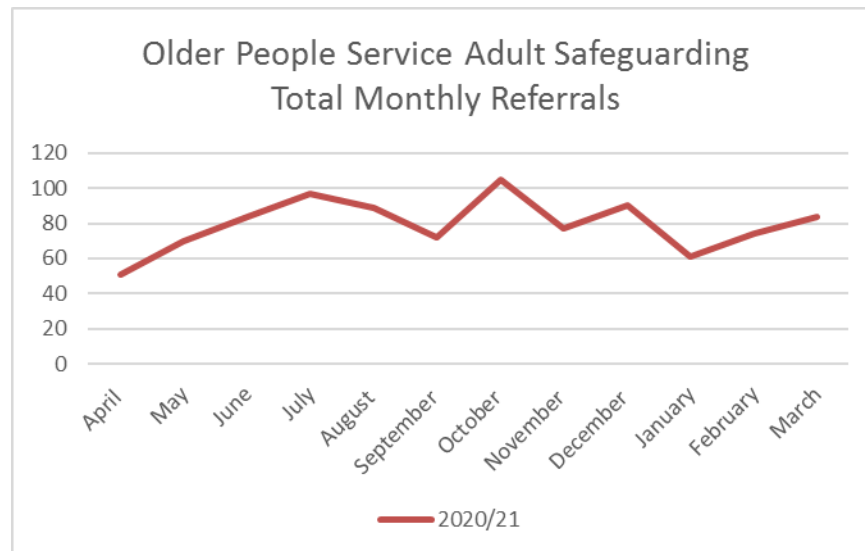
Courts and Tribunal Service

It has been a challenging year for the service areas as we continue to adjust to the implementation and impact of the Mental Capacity Act. Staff are continuing to work through complex cases and liaising with the Department of Legal Services to determine the best pathway to support our clients and understand how the law applies to particularly complex situations. The service areas are still required in some cases to seek the authority of the High Court to act in those areas where Phase 1 of the MCA does not as yet provide that authority. This has been in those cases where the Trust are undertaking a range of interventions on behalf of a person who lacks the capacity to make decisions for themselves.

The service areas also note, that in those cases where there has previously been a Declaratory Order in place that the High Court has, where there is no longer controversy in respect of a person's care, been directing that it is reasonable to have those cases managed under MCA

	<p>going forward. The Court is reassured that the independence of the Review Tribunal Service now provides the independent oversight to a person's care arrangements, where there is a Deprivation of Liberty inherent in the care arrangements. However, for a number of cases, it is not exceptional to be required to have in place concurrently, a Declaratory Order, a Trust Panel Application and an intensified care management process. Whilst this reflects the intensity of work that can be involved in the management of Older People with complex physical, social and behavioural needs, it is also important to note that the court service has also been very complimentary to the service area on a number of occasions, in relation the quality of reports provided and case law being explored. Virtual hearings have been established as routine, within the Court Service and staff have responded well to this.</p> <p>Office of Care and Protection (OCP)</p> <p>The service area have contributed to the Office of Care and Protection consultation process, regarding their review of their referral mechanism for safeguarding referrals. During the pandemic the OCP sought assurances that staff remained in place and were available to respond to concerns raised to the court or by the court, regarding the management or mis-management of a person's money/assets. A direct referral route through the Principal Social Worker was established and this has been very effective in providing a proactive and responsive approach to this interface with the OCP.</p>
2.5	<p>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.</p>
	<p>The Adult Protection Gateway Team (APGT) continues to operate a dual system consisting of duty function to screen and co-ordinate adult safeguarding referrals for the Division and an investigation function. APTG has operational responsibility for adult protection investigations for Older Peoples Programme of Care and Physical and Sensory Disability.</p> <p>Within this reporting period OPS received 954 Adult Safeguarding referrals, of the total referrals received 46% of referrals were screened out, 22% of referrals met the threshold for an Adult Protection Investigations to be commenced and for 10% Alternative Safeguarding responses were implemented. 21% of referrals were transferred to community teams within OPS for an adult safeguarding investigation. This continues to represent a significant over reporting of inappropriate referrals and requires a significant investment of resource, in relation to the level of screening required to manage referrals safely. In the forthcoming reporting period it is the intention of the service area to undertake an improvement project to better understand reporting behaviours and to identify ways to reduce inappropriate referrals, using Quality Improvement methodology.</p>

The impact of the pandemic was particularly felt in the first quarter of the reporting period, and resulted in a significant drop in adult safeguarding referrals, as highlighted below. This was particularly noted in relation to referrals from the Care Home sector, where referrals over this reporting period, have reduced by 43% to the previous year.



However, conversely PSNI referrals increased significantly over the reporting period 2020/21, with an increase of 203% in referrals noted from the previous year. However, many of these were noted to be welfare referrals as a result of the pandemic as opposed to allegations of abuse.

In response to the emerging patterns as the pandemic progressed, Older People's Services put in a number of mitigations, which included:

- In the early months of the pandemic, the service area established weekly Adult Safeguarding huddles with all ACOPS service areas to monitor changing patterns in referrals, to ensure timely remedial action was taken and to seek assurances that sufficient staffing was available to respond to referrals
- Updated data sets have been established to support trends analysis for ACOPS referrals and facilities
- All Trust Care Home referrals were centralised through a single point and Care Homes were reminded through letter and fora that they must continue to report Adult Safeguarding incidents
- Trends/ analysis of Care Homes Adult Safeguarding referrals discussed at weekly commissioned services governance meeting
- MARAC structures were supported to be maintained within the Division during surges
- Social media messaging and podcast was developed for sharing across Trust platforms to raise awareness of Adult Safeguarding

- Specific areas were targeted to raise awareness of Adult Safeguarding, through focused communication strategies including the development of new awareness posters. These were areas that were likely to have contact with service users and families during lockdown. These included Emergency Departments, NIAS, GP's, Domiciliary Care and District Nursing.
- Adult Safeguarding training was targeted at staff who were being redeployed into new roles as a consequence of the pandemic
- Concerns in relation to referral patterns were added to the Divisional risk register and were escalated to the HSCB Regional AS Group

During this reporting period the Division has commenced an improvement project, to assure the full implementation of Adult Safeguarding arrangements across the Division, considering arrangements not just within Social Work services but also across all areas where care is delivered. This considers key factors including: training of staff, awareness of reporting procedures, systems for analysing referral patterns, ensuring discussion of adult safeguarding at live governance, safety huddles and briefings, and quality assuring information held in all teams. This has been an extensive piece of work with a baseline audit conducted across 12 service areas. The outcome of this audit will form the basis of a Divisional Improvement Plan, which will include the establishment of a Divisional Adult Safeguarding Governance Group. To support the Division in this work we have appointed in March 2021, a new Adult Safeguarding Service Manager, who will not only manage the Adult Protection Gateway Team, but will also take forward a number of key improvement areas.

Another improvement focus is the undertaking of an audit of adult safeguarding responses and investigations, for adults who are at risk of harm, but are not in need of protection. It remains a risk across the Division that there are no regional standards for the management and investigation of adults at risk of harm. In the continued absence of this, the Division is commissioning a piece of work to support standardisation and consistency, through the development of local guidance.

Adult Safeguarding in Hospitals has had an acute focus for the Division in this reporting period. Within both Valencia and Meadowlands, RQIA identified concerns in relation to staff's ability to recognise and analyse adult safeguarding issues and trends. This led to 2 significant pieces of work in relation to the training and development of staff and the development of systems across both wards, to raise awareness of adult safeguarding and to capture activity. Whilst staff responded well to the improvement, it did highlight deficits within other professions in relation to their awareness of adult safeguarding issues, which is similar across the wider hospital system. The Adult Safeguarding Champion for the Trust is currently leading on a piece of work to develop additional training resources and action plan, to support hospital based staff to discharge fully their responsibilities in relation to safeguarding

	<p>vulnerable patients. Furthermore, Hospital Social Work continues to work closely with other hospital professionals in promoting children and adults safeguarding awareness. Hospital Social Work is currently developing a communication and engagement strategy with hospital wards to promote domestic violence and safeguarding awareness.</p> <p>Within this reporting period, the service area have noted increased delays with PSNI investigations, and the PSNI have advised that this is as a consequence of the impact of the pandemic. However, this has an impact on service user's confidence in the process as well as causing additional distress.</p>
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in October 2020	Progress Update at 31 st March (as per update meeting on 8 March 2021)	RAG
	Older People's Service		
	<p>Issue: Adult Safeguarding - Decrease in the number of Joint Protocol cases</p> <p>Update at DSF meeting – 5.10.20 Whilst the Trust continued to make Adult Safeguarding referrals to PSNI under the Joint Protocol guidance, the police are increasingly advising it will be a single agency response. This is a regional issue and as such will require engagement with PSNI to address. This alongside other challenges in Adult Safeguarding need to be taken forward regionally through the NIAS forum.</p> <p>Action:</p> <ul style="list-style-type: none"> Trust to continue to liaise with PSNI and address concerns regarding decline in JP investigations. Regional response and engagement with PSNI through NIAS forum 	<p>The Trust continues to make Adult Safeguarding referrals to PSNI under the Joint Protocol guidance, but it remains the issue that the police are increasingly advising it will be a single agency response. As previously stated this is a regional issue and as such will require further engagement with PSNI and will be taken forward through the newly-established Interim Adult Protection Board. The Gateway Team continue to liaise with PSNI on a case by case basis to determine whether the threshold for Joint Protocol is met. The PSNI are members of both the Transformation Board and the Interim Adult Protection Board and therefore going forward there will be opportunities to discuss and agree the way forward regarding the Joint Protocol</p> <p>Update from Meeting on 8 March 2021:</p> <ul style="list-style-type: none"> Regional approach noted 	

<p>Issue: Domiciliary Service Provision</p> <p>Update at DSF meeting – 5.10.20 Home Care in OPPC requires reform. There have been a number of reforms over the years but they have not achieved the aim of improving the service and managing the flow from hospital discharge. Until the Reform is successfully implemented there will continue to be an over reliance on the private sector. Trust advised the procurement process is restrictive and impacts on the progress of reforming the service</p> <p>Action:</p> <ul style="list-style-type: none"> Wider Regional Review and Reform of Domiciliary Care is underway, and will be kept under review during the next reporting period (2020/2021). 	<p>It remains the position of the Division (OPS and PSD) that there continues to be an over dependence on the independent sector for the provision of domiciliary care. However there has been a significant and sustained of >65% reduction in the level of unmet need across the Division at the end of this reporting period</p> <p>The Division has established an oversight group for the purpose of moving forward with the reform of Statutory Homecare. However, some identified key activities have been delayed due to the operational challenges associated with COVID.</p> <p>The Division await further regional reform and will implement as required any new recommendations arising from this.</p>	
<p>Issue: Continuing Healthcare CHC</p> <p>Action:</p> <p>The Trust awaits Department of Health Policy Guidance</p> <p>Update at DSF meeting – 5.10.20 Current policy position as outlined in the Care Management Circular sets out expectations on the Trust in relation to CHC. Trust confirmed there is no equality of</p>	<p>The service area have recently been found to have failed to put in place an operational policy for the purpose of assessing Continuing Health Care needs. The Trust welcomes the clarification of a regional position in relation to this matter and this significantly reduces this risk.</p>	

<p>access due to lack of clarity. HSCB acknowledged that whilst the Policy does not have sufficient detail, it does confirm that the Care Management Circular sets out expectations on the Trust in relation to provision of CHC.</p> <p>Action:</p> <ul style="list-style-type: none"> HSCB to follow up Ministerial approval on the Guidance 	<p>Update from Meeting on 8 March 2021:</p> <ul style="list-style-type: none"> DoH revised circular awaited <p>Raised at fortnightly Directors Meetings (DoH in attendance)</p>	
<p>Issue: Mental Capacity Act</p> <p>Update at DSF meeting – 5.10.20</p> <p>Medical staff have been recruited and ongoing recruitment is taking place to increase capacity. Trust confirmed this issue is on their risk register. Trust confirmed there are 'cross Trust' issues which are presenting practical difficulties. This is a challenge across all programmes of care. An early alert has gone to DoH. Trust confirmed they will not be able to meet the December deadline.</p> <p>Action</p> <ul style="list-style-type: none"> Trust to confirm actual numbers of backlog and action plan Regional discussion and agreement to any extension to the December deadline 	<p>Older People's Services has been challenged in the availability of sufficiently experienced/ qualified staff to meet the scale of the demand arising from legacy cases. Although progress has been made, there are still significantly high levels of legacy cases, that require assessing for Trust Panel Application process. Within this service area, suitably qualified staff have been redeployed to prioritise this work and overtime rates had been offered, but staff have been reluctant to take up this offer. As of reporting, it is recognised that this programme of care will not meet its obligations in relation to MCA by May 2021. This has been recorded on the Trust's principal risk register and an early alert has been sent to the Department of Health</p>	

	Update from Meeting on 8 March 2021: This remains an area of very high risk for the Trust. CEx is aware of the concerns	
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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.
	Older People & Adults Issues	
1)	<p>Domiciliary Care</p> <p>Older Peoples Services continues to be over dependent on the independent sector for the provision of domiciliary care. Whilst there has been a significant reduction in the level of unmet need across the Division, on 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>Weekly reporting systems are in place for the monitoring of unmet need. All unmet need cases are risk assessed and there continues to be arrangements in place for the prioritisation of high-risk cases. The new brokerage system has had a positive impact on the ability of the service to broker care in a more efficient and timely way. A working group has been established to support a number of key improvements including implementing a move away from designated call times to bandings, to address split packages and improve service user experience.</p>
2)	<p>MCA</p> <p>The inability of Older People's Services to meet full compliance by 31st May 2021 with MCA is a significant challenge for the service area and Trust. The inability to reach this target within target also presents a significant risk to service users, the service area and trust. This risk is recorded on the Trust's Principle Risk Register</p>	<p>The service areas continues to bring a focus and priority to this work. In addition to Trust Panel Applications there are also increasing numbers of Rule 6 reports that are required. However, given the staffing limitations highlighted, the service area has been forced to significantly reduce its statutory review activity in care homes. This is an unsustainable position for the Trust and a re-priorisation of staff towards care home reviews has been risk assessed as a priority. An early alert has been raised to the Department of Health and this is recorded on the Trusts Principal Risk register. The Service area will endeavour to continue to progress new MCA work, but is significantly concerned about its ability to progress legacy work</p>

3)	<p>Annual reviews</p> <p>The service areas have significant non-compliance in relation to statutory annual reviews for both care home and domiciliary settings. This is due to the impact of Covid restrictions on visiting and the DOH directing the standing down of non-essential reviews in April 2020. In January 2021, the Chief Social Worker wrote to the Trust to advise that care reviews should recommence using a risk-assessed approach. This presents a significant risk in terms of timely engagement and review of service users, and the ability of the service area to be assured in relation to the quality of care experienced by service users.</p>	<p>Service areas have in place action plans in place for the re-starting of reviews, using a risk based approach and this has commenced in the later part of this reporting period. Given that the service area has such a significant caseload who are in receipt of commissioned care, as referenced in data return 1.4, this recovery exercise in addition to normal business, is anticipated to take until December 2021.</p>
4)	<p>CREST</p> <p>Significant challenges in relation to support and review of residents in care homes. All long term permanent care home cases are now managed within CREST. However, as a consequence individual practitioner case load numbers have risen from 70 to 126 over the last 9 months, which represents a 44% increase in caseload size. There is also significant levels of unallocated low risk cases within the Team. This is very challenging period for the team, due to current staff vacancies, the disproportionate impact of the Mental Capacity legacy and current cases, and the need to restart non-essential reviews as part of the COVID rebuild. The lack of staff resource to carry out annual reviews, routine monitoring, or meet standard of monthly visits to aligned care homes presents risk to service users and weakens the Trust's assurance of safe care delivery and governance oversight in homes.</p>	<p>This is recorded on the Trust's Principal Risk register as an extreme risk. As part of the risk management arrangements for CREST the following safeguards are in place:</p> <ul style="list-style-type: none"> • all cases are risk assessed • high risk cases are aligned to practitioners • medium to low risk case are managed on a day to day basis by duty system - which has led to high levels of unallocated cases • There are systems in place to prioritise case and workload at daily safety huddles, which is led by Senior Practitioner • A fortnightly meeting led by Assistant Service Manager to review allocation, referrals, data in relation to duty system and data regarding incidents • Governance process in place to review care homes on a weekly basis and incidents.

5)	<p>Historical Case Closures in Hospital Social Work</p> <p>During the Covid period 2020/21, the service area has struggled to manage timely recording and historical case file closures in the hospital. This was exacerbated by a number of Hospital Social Workers being temporarily redeployed to alternative hospital and intermediate care sites under Covid contingency planning. This was to support effectiveness, experiences, equity and safe and timely Social Work discharge planning and Mental Capacity assessments. This presents a significant risk to Trust assurance processes and delays in recording and closures can impact on timely information sharing.</p>	<ul style="list-style-type: none"> • Service continuity plan in place <p>As stated in 2.1(b) there is an ongoing rolling recruitment drive in place and voluntary re-deployment has been explored. An IPT has been developed by the Trust which sets out the expansion necessary to address this issue. The Trust will be seeking the support of HSCB in addressing the funding required.</p> <p>In response, the hospital Social Work leadership group has implemented a robust action plan.</p> <p>This plan includes:</p> <ul style="list-style-type: none"> • Adopting new procedures and processes similar to other HSC Trusts to streamline case closures • Greater use of protected time for Band 5/6 staff members to complete recording and case closures • Creation of site specific centralised filing system (May 2021) • Weekly interrogation of PARIS reporting by Band 4 Information Officer • Band 6 Administration manager to provide fortnightly dashboard on case closures to the Service Manager for Social Work • Fortnightly Social Work and Administration management meetings to review the action plan <p>This target to have all historical cases closed by 1 July 2021</p>
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PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9

DATA RETURN 1 – PoC / Directorate: Older People's Services

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	0	4975
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?		2913
1.3	How many adults are in receipt of social work or social care services at 31 st March?		7293
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>There is no consistent reporting mechanism currently in place within PARIS to accurately reflect the number of cases which are Social Work only. The Service Areas continue to work with the with the Business Service Unit to resolve this data point.</i>		N/A
1.4	How many care packages are in place on 31 st March in the following categories:		4237
	i. Residential Home Care <i>The service area has refined how this data point is captured and now reflects the actual number of people in a residential home on the date of 31 March 2021, using a census approach. Within the first ¾ of this reporting period there has been a significant decline in the number of new placements in residential homes, with recovery in the final quarter</i>		562
	ii. Nursing Home Care <i>The service area has refined how this data point is captured and now reflects the actual number of people in a nursing home on the date of 31 March 2021, using a census approach. Within the first ¾ of this reporting period there has been a significant decline in the number of new placements in nursing homes, with recovery in the final quarter</i>		1331
	iii. Domiciliary Care Managed		3185
	iv. Domiciliary Non Care Managed		363
	v. Supported Living	7	96

	<i>A significant number of voids have emerged during this period and is understood to be linked to the impact of Covid.</i>		
	vi. Permanent Adult Family Placement		N/A
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES</p> <p><i>However, whilst the service area has given significant focus to improving compliance with the Care Management circular, full compliance in this reporting period was not achievable due to the impact of COVID, particularly in relation to review activity and signing of pro-formas. The Service Area has an audit cycle in place which is focused on the Care Management process for people who are in Care Homes to support the improvement of the quality of application of the process.</i></p>		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	<p>Number of adults known to the Programme of Care in receipt of Centre based Day Care</p> <p><i>We have interpreted this data point as being the number of people registered with the day centre on 31 March 2021. PSD attendees will be recorded PSD return and not as a composite figure for ACOPS.</i></p>		
	- Statutory sector	<i>n/a</i>	566
	- Independent sector		210
	-		
	<i>The Service Area do not have an electronic mechanism to capture this information. The Connected Community Hub contract with the IS Day Centre and manage this as manual count.</i>		
1.6a	<p>Number of adults known to the Programme of Care in receipt of Day Opportunities</p> <p><i>This number is achieved through a manual count.</i></p>		264
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector		103
	- Independent sector		N/A
1.8	This is intentionally blank		

1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?		2
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DATA RETURN 1 – General Hospital – OPS - HSW BCH, NICC, MPH, IMC

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	8	1162	1835
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	8	1162	1835
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	Under 18 = 0 18 -65 = 34 65+ = 403 Total 437		

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

*This is a manual count taken on the 31st March 2021. Paris system reports considerably higher open caseloads for HSW as at the 31st March 2021 due to impact of historical open caseload.

<18 return is 8 and 18-65 is 1162 – should this be included in Older People's Services

The service area has always reported the total numbers for Hospital Social Work in this way, as the service is managed by Older People's Services. Whilst it is noted that this year the HSCB has requested a disaggregation between Acute and Non-Acute settings, it was not noted that these figures should be reported across different programmes of care. This would be extremely challenging, as in relation to under 65's some of these service users will be known to PSD, some Mental Health, some Learning Disability and some are not required to be known to any community service. We would not have the ability through our IT system to disaggregate these. All 18 - 65's would not automatically transfer to the PSD report.

DATA RETURN 1 – Acute Hospital (general setting) OPS - HSW MIH and RVH

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	30	1469	3886
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	30	1469	3886
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	Under 18 = 7 18 – 65 = 51 65+ = 131 Total 189		

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

*This is a manual count taken on the 31st March 2021. Paris system reports considerably higher open caseloads for HSW as at the 31st March 2021 due to impact of historical open caseload.

<18 return is 30 and 18-65 is 1469 – should this be included in Older People's Services or are these overall figures for Acute?

These are the overall figures for acute

As above:

The service area has always reported the total numbers for Hospital Social Work in this way, as the service is managed by Older People's Services. Whilst it is noted that this year the HSCB has requested a disaggregation between Acute and Non-Acute settings, it was not noted that these figures should be reported across different programmes of care. This would be extremely challenging, as in relation to under 65's some of these service users will be known to PSD, some Mental Health, some Learning Disability and some are not required to be known to any community service. We would not have the ability through our IT system to disaggregate these. All 18 - 65's would not automatically transfer to the PSD report.

DATA RETURN 2 – PoC / Directorate _OPS - SEE FULL RETURN IN PH&D DATA

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<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		N/A
	Partially sighted		N/A
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech		N/A
	Deaf without speech		N/A
	Hard of hearing		N/A
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind		N/A

DATA RETURN 3 – PoC / Directorate __OPS_____

3 DISABLED PERSONS (NI) ACT 1989 <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	N/A
	Number of Disabled people known as at 31 st March.	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate OPS

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	47
	Total expenditure for the above payments	£5774.81
4.2	Number of TRUST FUNDED people in residential care	432
4.3	Number of TRUST FUNDED people in nursing care	894
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	437

DATA RETURN 5 – PoC / Directorate OPS**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+	n/k
5.1	Number of adult carers offered individual carers assessments during the period.	0	571	321	153 includes 83 not recorded on Paris
5.2	Number of adult individual carers assessments completed during the period	0	500	259	90 includes 83 not recorded on Paris
5.2a	Number of adult individual carers assessments declined during the period and the reasons why.	0	71	62	62
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	n/k	n/k	n/k	n/k
5.4	Number of adult carers receiving a service @ 31 st March	0	302	179	3
5.5	Number of young carers offered individual carers assessments during the period.			0	
5.6	Number of young carers assessments completed during the period			0	
5.7	Number of young carers receiving a service @ 31 st March			0	
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March (<i>Interpreted as same figure as new approvals</i>)			66	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March			66	
	(c) Number of adults receiving direct payments @ 31 st March			245	
5.9	Number of children receiving direct payments @ 31 st March			0	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person? (<i>unable to accurately disaggregate from Paris Data</i>)			n/k	
5.10	Number of carers receiving direct payments @ 31 st March (<i>unable to accurately disaggregate from Paris Data</i>)			n/k	

5.11	Number of one off Carers Grants made in-year.	701
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<p>Commentary</p> <p>There has been an overall decrease in the number of carers assessments offered(100) in this reporting period, in line with a general reduction of referrals across the service areas, as a consequence of the impact of Covid. However, a number of improvements have been noted across the service areas in relation to Carers:</p> <p>-There has been a significant improvement in the uptake of carers assessments (229) during this reporting period. This marked improvement has been assisted by the implement of a remote carers assessment project during Covid, which has been well received by carers and has significantly reduced delays in access to carers assessments. As a consequence of this improvement work there is a significant reduction in the number of carers assessments declined. The main reasons for decline in OPS are</p> <ol style="list-style-type: none"> 1. A4 – The carer feels they do not need any support. 2. A8 – The care would not give a reason or no reason recorded. <p>The service area is pleased to report that in this reporting period we have increased the number of carers grants being paid, for additional carer support, by 196</p> <p>In addition as a response to Covid, the service areas offered additional emotional support to bereaved carers and carers of residents in care homes.</p>		

DATA RETURN 6 – PoC / Directorate _____ OPS _____

6 SAFEGUARDING ADULTS

6.1	Number of safeguarding adult referrals within the period	954
6.2	Number of safeguarding adult referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	a. 136 b. 9 c. 118 d. 318 e. 115 f. 51 g. 6
6.3	Number of investigations commenced within the period	206 Adult Protection 208 Adult Safeguarding Total 414
6.4	Number of investigations completed within the period <i>Interpreted as number of adults in need of protection cases closed</i>	217
6.5	Number of care and protection plans commenced within the period	211
6.6	Number of care and protection plans in place on 31 st March PMSI do not collect 'care and protection plans in place on 31 st March'	Not required

No. of referrals in 6.1 is 954 but in 6.2 categories total 753. A difference of 201
 This is the number of referrals received by the Adult Protection Gateway Team (APGT)
 Over this reporting period, BHSCT APGT received 201 APP1's (Adult Protection referrals) for OPS which did not have a category of abuse, as these were screened as inappropriate referrals. However as the Gateway Team received the referrals on an APP1 form, this the data is reflected in section 6.1 Whilst the BHSCT added an additional line 'Inappropriate' to the HSCB return template section 4, to record the inappropriate APP1's, section 6.2 of this template did not provide this option and this is why there is a difference in figures.

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate _OPS_____

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO This figure is significantly lower than last year. OPS figures are collated by Mental Health Services who manage the ASW rota. The Mental Health Statutory Functions Report notes 40 assessments not specified to programme of care some of which may be in the older age profile but not known to OPS.	19	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	16	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	YES – mandatory templates are completed along with each ASW risk assessment which captures this information electronically.	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	7
9.2a	Of these, how many resulted in an application being made?	7

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	16
9.3.a	Confirm if these reports were completed within 5 working days YES – the reports are completed electronically and the confirmation of completion date is a mandatory field.	

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>	0

9.4.a	Confirm if these reports were completed within 14 days? YES / NO If no, please explain	0
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Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients	1
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	1										
9.6.a	New applications for Guardianship during period (Article 19(1))	0										
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1										
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0										
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0										
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	1										
9.6.f	Number of Guardianships accepted by a nominated other person	0										
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1										
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	1										
	<table><tr><td>Discharges as a result of an agreed multi-disciplinary care plan</td><td>1</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>Total</td><td>1</td></tr></table>	Discharges as a result of an agreed multi-disciplinary care plan	1	Lapsed		Discharged by MHRT		Discharged by Nearest Relative		Total	1	
Discharges as a result of an agreed multi-disciplinary care plan	1											
Lapsed												
Discharged by MHRT												
Discharged by Nearest Relative												
Total	1											

Approved Social Worker (ASW) Register

9.7	Number of newly appointed Approved Social Workers during period The Trust continues to take a corporate approach to ASW provision and this is reported in the Mental Health Statutory Function Report.	
9.7.a	Number of Approved Social Workers removed during period The Trust continues to take a corporate approach to ASW provision and this is reported in the Mental Health Statutory Function Report	
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	

	The Trust continues to take a corporate approach to ASW provision and this is reported in the Mental Health Statutory Function Report	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? NO If yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues. This figure is collated through a combination of electronic and manual count. The service area will work to provide greater precision in respect of the number of referral to the Office of Care and Protection. The Service area continue to have to fund private financial capacity assessments in most cases. Sourcing and accessing these assessments continues to present a challenge for staff. DLS continue to support training of OPS staff annually to support staff understanding of their statutory responsibilities in respect of the management of service user finances.	40

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Physical & Sensory Disability
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Ms Tracy Reid is the Divisional Social Worker for Adult, Community and Older People's Services. The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Service Area.</p> <p>The role of the Divisional Social Worker is outlined in section 1.1</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>There are no vacancies within the line of accountability for the discharge of statutory function.</p>
2.1b	<p>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.</p> <p>The service area is pleased to report that there are minimal professional social work vacancies in the service area with two social work vacancies at the end of this reporting period. The service area can also report that staffing has remained very stable with a low turnover of staff at practitioner or managerial level.</p> <p>Professional Roles</p> <p>a) Designated Adult Protection Officer (DAPO)</p> <p>The service area has in place sufficient numbers of DAPO's to meet its current responsibilities in relation to Adult Safeguarding responsibilities.</p>

	<p>b) Investigating Officers</p> <p>The service area has in place sufficient numbers of IO's to meet its current responsibilities in relation to Adult Safeguarding responsibilities.</p> <p>c) Approved Social Worker</p> <p>The Trust takes a corporate position in relation to the Approved Social Worker role and this is reported on within the Mental Health Statutory Function report. Physical & Sensory Disability has one Approved Social Worker.</p> <p>d) Mental Capacity Practitioners</p> <p>The service area has sufficient numbers of suitably qualified practitioners in place to meet its requirements for the Mental Capacity Act.</p>
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</p> <p>If not, outline the remedial action taken to address this</p> <p>During periods of surge in the pandemic, supervision took place in group settings. However this was for a short period before individual supervision sessions were resumed.</p> <p>There are arrangements in place to monitor compliance with supervision, through a monthly exception reporting arrangement. This ensures that the service manager maintains oversight of compliance with supervision. In Physical & Sensory Disability at March 2021, there was one episode of non-compliance due to maternity leave.</p> <p>The service area is subject to the Adult, Community and Older People's supervision audit.</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Whilst the service area does not apply a caseload waiting tool, during this period they have implemented a risk stratification tool, to identify high, medium and low risk cases. The utilisation of this tool informs caseload allocation. Caseloads are kept under review through the supervision process, caseload analysis and allocation systems. The service area currently has sufficient staffing to meet referral demand.</p>

	<p>An informal review of caseloads during the reporting period highlighted the growing complexity of cases in Physical & Sensory Disability. However, it is noted, that where there are growing levels of risk, much of it concentrated within the Care Management team. As a result, a formal review of roles and responsibilities in social work and care management will be undertaken in the next reporting period, in consultation with staff, to achieve a greater balance of risk and ensure equity of caseload.</p>
2.3	<p>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.</p>
	<p><u>Meeting accommodation needs for those with Complex Needs</u></p> <p>Due to significant numbers of Alcohol Related Brain Injury (ARBI) service users within Physical & Sensory Disability, the service area continues to make progress in working with others, internally and externally to address this unmet need. The service area worked in collaboration with Leonard Cheshire and other stakeholders, to develop the first residential Care Home in Northern Ireland, offering rehabilitation for ARBI service users, opening in January 2020. This facility was initially to be for the Belfast Trust catchment area but has since become a regional unit. Physical & Sensory Disability currently have seven service users in the fourteen-bed facility. Leonard Cheshire hosted an international conference on ARBI on 25th March 2021 and commended the service area for their support in getting the facility established and helping to address this unmet need. The service area has also worked closely with Healthcare Ireland regarding their new facility in North Belfast, Jason Court, which is designed for those with complex physical and mental health needs. The unit opened in April 2021 following registration with RQIA.</p> <p><u>Self Directed Support</u></p> <p>With regard to structures in the Belfast Trust for the implementation of Self Directed Support (SDS), the Divisional Social Work Lead (Learning Disability) chairs the Trust SDS Steering Group who meet quarterly. The SDS Implementation Group continues to be chaired by the Service Manager for Physical & Sensory Disability and meets bi-monthly. There is representation from all service areas, service users, carers, contracts, training team, and information management.</p> <p>The Trust has adopted a co-production model with regard to the training on SDS, with engagement of service users and carers. Their lived experience and contribution has been positively evaluated, following feedback from staff at the training.</p> <p>In order to embed the ethos of SDS into social work practice, the SDS Project Manager and SDS Practice Development Lead from the</p>

Learning and Development team attend team/staff meetings to address any practice or implementation issues. A SDS training calendar is in place until March 2022.

The on-going use of resource allocation panels across three service areas, including Physical & Sensory Disability, ensures that staff are engaging in the SDS approach, and there is consistency of allocation of resources to service users and carers.

All service areas are engaged in the SDS process, albeit at different stages, and are using the SDS approach when assessing or reviewing service users or carers.

Emergency Direct Payments (EDPs)

SDS Leads across all Trusts are working on the final suite of documentation for EDPs, to facilitate delayed discharges from hospital. The Department of Health secured £500k of funding for Covid pressures, which included Direct Payments. However, information from DoH would suggest that this funding ceases on 31st March 2021.

Activity SDS Support Plans

There are 2685 SDS Support Plans in place across all programmes of Care at 28th February 2021. The SDS Lead continues to report SDS monthly activity to HSCB. All programmes of care are engaged in the SDS approach to social care, albeit at different stages of embedding into practice.

Independent Living Fund

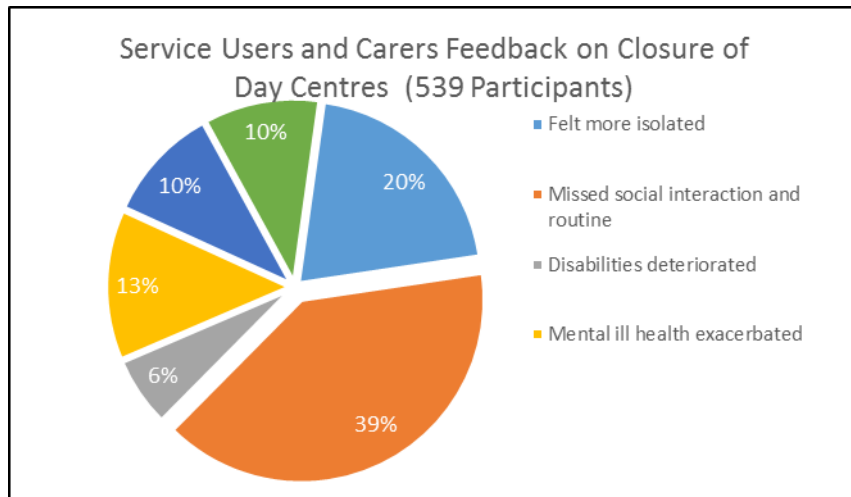
Independent Living Fund (ILF) Scotland has been working with NI government colleagues and other stakeholders, including all five Trusts over the last 24 months to explore a potential re-opening of the Independent Living Fund in NI. The rationale for re-opening the fund is to further enhance independent living opportunities for those with the most significant impairments. It is recognised that there are many young adults with complex needs who would benefit from ILF. Access to ILF would enhance a person centred approach with these service users, combined with the options already available under Self Directed Support. A survey of all stakeholders with regard to their choice of options was conducted in early December 2020, and results are being analysed by the Department of Health. The conclusion from the survey was that all stakeholders support the reopening of the Independent Living Fund. The service area welcomes and is supportive of this current review of Independent Living Fund arrangements.

ACOPS Day Care

Adult Community and Older People's Services have a number of Day Care Services that offer day opportunities to a variety of service

	users and responsibility for the management of these sits within the Physical and Sensory Disability service area.
	<p>These include 4 Physical & Sensory Disability Day Care Services, 7 Older People's Day Care Services and 3 Dementia Day Care Services</p> <p>These services offer support to Older People and Adults with a range of needs including Dementia, Physical Disability and Sensory Disability</p> <p>The Covid19 pandemic resulted in the service having to adopt new ways of working, to balance the challenges of securing the health and wellbeing of the most vulnerable people in our community, with ensuring that we continue to deliver high quality and safe client services. To facilitate this, the service area, focused on essential work only, in order to maximize the number of staff available to deal with the emergency situation itself and to ensure compliance with social distancing requirements.</p> <p>All of the Day Care services had to close in March 2020 in order to protect the health and wellbeing of services users and staff. Outreach support and limited use of buildings for personal care was available to service users, once the services closed.</p> <p>To ensure the safety of our service users and reduce the impact of social isolation due to the closure of our centres and the wider lockdown, the service area worked to ensure regular contact with our service users and their families. They made regular phone calls to service users and completed domiciliary tasks, including home visiting to make lunch, completing shopping tasks or providing personal care if required in their homes. Activity packs were delivered on a weekly basis, and in addition to crafts, puzzles and activities, these provided information, food items and other useful items. Staff completed home visits for social interaction, and took service users for socially distanced walks, or for socially distanced outings on Trust transport.</p> <p>The Community Access Team led on a knitting project, which formed a unique partnership between service users and the paediatric hospital ward for whom they knitted hearts.</p> <p>Following closure, the service area set about planning for recovery of services focussing efforts on ensuring service user safety. .</p> <p>In August 2020 Day Centre facilities were recovered in line with the Day Care Recovery Plan. As lower numbers are able to attend, the successful outreach service has continued. Risk assessment of all environments were required and adaptations implemented to reduce any risks.</p> <p>Service Users and their carers/families have been kept updated during this challenging time. Through outreach calls and letter communication, they continue to be made aware of all progress, limitations and developments.</p>

During this period, staff completed a scoping exercise/questionnaire with services users and their carers which has informed recovery planning. This survey has highlighted the negative impact that day centre closure has had on service users and their families and demonstrated the positive impact of day care. It concluded that 78% of people's health and well-being was negatively impacted by closure of day centres during COVID:



Sensory Support

The public consultation of the provision of Communication Support Services for people who are profoundly deaf and hard of hearing was completed in November 2016. This showed overwhelming agreement of the recommendation for a Regional Communication Support Service (RCSS) supplied by BSO. The Health & Social Care Board approved the implementation of this in May 2017 and the service area is represented on the RCSS Steering Group. The focus of this work continues to be to develop and deliver a Regional Communication Support Service that includes robust governance and accountability arrangements. The service area continues to support the HSCB to progress this with fortnightly regional tele-conference calls. During Covid 19 the Sensory Support Team has worked with the HSCB and service users in relation to the introduction of remote interpreting services in the absence of face to face contact due to safe distancing procedures.

The Sensory Support Team continues to implement the actions and recommendations of the Deafblind Needs Analysis Review. The two staff members who obtained the Diploma in Deafblind Studies continue to hold a specialist role within the team in completing deafblind assessments. They also continue to provide support and education to colleagues in the assessment and delivery of effective programmes of care for deafblind service users.

The service area attends a regional sub group, which the purpose of, is to develop services for deafblind people regionally and they continue to meet on a bi-monthly basis.

With regard to specialist training the Sensory Support Team continue to deliver deaf and sight awareness training to staff within Belfast Trust. Tinnitus courses were delivered virtually by two Rehabilitation Assistants. A service user led tinnitus support group has developed from the tinnitus course and is now an independent group.

The team continues to avail of the much valued regional training, such as training on Language Deprivation Syndrome.

The Sensory Support Team were involved in the development of the regional framework for the procurement of specialist equipment developed in 2019/2020. This has been fully embedded and ensures equitable and accessible provision of sensory equipment.

The service area has continued to engage with service users to ensure a quality service is being provided. A survey was carried out relating to the changing manner of assessing and supporting service users during the pandemic. A second survey has been developed in conjunction with the Western Trust to explore the experiences of service users with a sight loss whilst out shopping, with a view to developing working partnerships with retail organisations to improve the shopping experience of our service users.

Due to the challenges posed by the pandemic, the Sensory Team Leads participate in a monthly Covid-19 Recovery Planning and Service Delivery and the service area looks forward to services recovering.

Community Brain Injury Rehabilitation Team

The Covid 19 pandemic has created a greater need for remote working, for example, telephone and video consultations/meetings. As such, there has been a shift to remote assessment and intervention where appropriate. Face-to-face consultations and interventions have been maintained where remote working was not suitable. Building capacity to support service users to access software, to enable virtual assessments and rehabilitation therapy sessions, is continuing within the service and across other statutory and voluntary partners.

In addition, information available to service users and carers through the team has been updated. Steps have also been taken to avoid exclusion from the service those persons who were less experienced in the use of information technology (i.e. provision of service user tablets and data).

CBIRT increasingly is requested to assist with establishing and/or the maintenance of placements of service users within private nursing homes (PNH) often quite some time post-injury, and with significant complex needs. This represents a challenge in terms of the specialist support and involvement being sought from CBIRT. With these pressures in mind the Clinical Lead has been liaising with colleagues in adult mental health and learning disability, in relation to processes

	and standards being used, where service users present with behaviours that challenge, especially in Trust commissioned placements. This area of work has required close collaboration with staff within the Physical & Sensory Disability Care Management team.
2.4	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.
	<p><u>Declaratory Order</u></p> <p>The service area has sought the jurisdiction of the court to support Best Interest Decision making, with one Declaratory Order granted for the purposes of safeguarding a service user from risk from others. The service area has been commended in both cases for the quality of interventions and reports.</p> <p><u>Learning from Serious Adverse Incidents</u></p> <p>The Community Brain Injury Rehabilitation Team (CBIRT) in conjunction with colleagues in Adult Mental Health Service (AMH) are making progress in relation to an earlier Serious Adverse Incident (SAI) which occurred prior to this reporting period. These were in relation to a clear pathway between Physical & Sensory Disability and Mental Health services for those presenting with both mental health and brain injury and/or physical health issues. CBIRT's senior clinicians are now able to access AMH electronic records. This facilitates improved and timely communication between service areas. Further work is ongoing in relation to better sharing of information and the potential for joint consultative clinics are being discussed with mental health services to ensure a more coherent and person-centred understanding of service-users' needs where there are concurrent mental and physical health care needs.</p> <p>Access to neuro-psychiatry opinion in a timely manner continues to be problematic as the post remains vacant within Belfast Trust; however, the current absence of a dedicated neuropsychiatry provision has led to a closer collaboration between CBIRT and various mental health and psychiatric services, in both the acute and community settings.</p> <p><u>RQIA Inspections</u></p> <p>Within ACOPS Day Centres, there have been three RQIA inspections within the reporting period; taking place in Enler Day Centre, Edgumbe Day Centre and Shankill Day Centre. All inspections were exceptionally positive in terms of care provision and governance standards. No Quality Improvement Plans were returned for Enler or</p>

	Edgcumbe, and the Trust was commended by RQIA for the quality and thoroughness of Covid 19 mitigation planning. One area for improvement was noted for Shankill Day Centre, regarding the current absence of corporate mandatory Adult Safeguarding training for day centre support staff, including cleaning staff and transport drivers. This had previously been raised by the service through the relevant leadership channels and plans are in place to ensure that these staff receive adequate training commensurate to their role.																																							
2.5	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.																																							
	<p>With regards to Adult Safeguarding, there continues to be an ongoing challenge in balancing the service user's right to a private life and promoting his/her individual choice to make their own decisions which may place them at risk of abuse. During this reporting period, the level of reporting, after an initial drop off during the first lockdown, has remained relatively stable in comparison to the previous year.</p> <div><p>Adult Safeguarding referrals PHSD April 2019 - March 2021</p><table><thead><tr><th>Month</th><th>2019/20</th><th>2020/21</th></tr></thead><tbody><tr><td>Apr-20</td><td>9</td><td>9</td></tr><tr><td>May-20</td><td>28</td><td>11</td></tr><tr><td>Jun-20</td><td>18</td><td>16</td></tr><tr><td>Jul-20</td><td>15</td><td>18</td></tr><tr><td>Aug-20</td><td>12</td><td>15</td></tr><tr><td>Sep-20</td><td>7</td><td>16</td></tr><tr><td>Oct-20</td><td>17</td><td>13</td></tr><tr><td>Nov-20</td><td>9</td><td>15</td></tr><tr><td>Dec-20</td><td>10</td><td>13</td></tr><tr><td>Jan-21</td><td>14</td><td>19</td></tr><tr><td>Feb-21</td><td>15</td><td>10</td></tr><tr><td>Mar-21</td><td>14</td><td>21</td></tr></tbody></table></div> <p>The 3 top types of abuse referred to the service area for investigation are physical, financial and psychological, with the predominant setting from which referrals arise. is the service users own home.</p> <p>The service area partook in a number of ACOPS initiatives that were developed to redress the impact of the first lockdown including a social media campaign and targeting of specific areas for increased awareness.</p>	Month	2019/20	2020/21	Apr-20	9	9	May-20	28	11	Jun-20	18	16	Jul-20	15	18	Aug-20	12	15	Sep-20	7	16	Oct-20	17	13	Nov-20	9	15	Dec-20	10	13	Jan-21	14	19	Feb-21	15	10	Mar-21	14	21
Month	2019/20	2020/21																																						
Apr-20	9	9																																						
May-20	28	11																																						
Jun-20	18	16																																						
Jul-20	15	18																																						
Aug-20	12	15																																						
Sep-20	7	16																																						
Oct-20	17	13																																						
Nov-20	9	15																																						
Dec-20	10	13																																						
Jan-21	14	19																																						
Feb-21	15	10																																						
Mar-21	14	21																																						

	<p>The service area continues to have strong links with the Belfast Area Domestic & Sexual Violence and Abuse Partnership and there continues to be a focus on Adult Safeguarding awareness raising amongst our disabled population and the groups who work with them.</p> <p>The service area also acknowledges the fact that a pressurised caring role can at times result in Adult Safeguarding concerns, and therefore staff have continued to identify carer stress and offer carers support, during this difficult time for carers.</p>
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in October 2020	Progress Update at 31 st March	RAG Rating
	Physical & Sensory Disability		
	Issue: Domiciliary Service Provision	The number of people awaiting a package of care (29/03/2021) within PSD has significantly reduced to 27. The service area has structures in place for monitoring of SDS and PSD continues to meet DOH targets year on year.	
	Issue: Continuing Healthcare CHC	Physical & Sensory Disability services continues to be challenged in relation to historical cases for this matter. However, the clarification of the policy position is welcomed and significantly reduces this risk. The Ombudsman is currently investigating one case in relation to CHC.	
	Issue: Mental Capacity Act	The service area had a total of 65 legacy cases, which require Trust Panel Applications. This has been a significant area of learning for the social work staff and staff continue to develop experience in this area.	

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.
	Physical & Sensory Disability	
	<p>Domiciliary Care</p> <p>Whilst the level of unmet need has significantly reduced to 27 cases (as of 29/03/21) and significant progress has been achieved in sustaining this reduction, there continues to be challenges in meeting needs as they are identified. This presents a risk to service users. Within the service area this risk manifests as, challenges in identifying time slots that support independent living needs for younger adults and there is an increased risk of carer stress..</p>	<p>Physical and Sensory Disability is part of a wider ACOPS strategy for the reduction of unmet domiciliary care provision across the Division. Key actions include:</p> <ul style="list-style-type: none"> -implementation of a new brokerage system for more timely uptake of referrals by providers -weekly monitoring and reporting of unmet need to understand key influencers and to make timely intervention -development of transformation structure for Statutory Homecare Review -ongoing engagement with Homecare Sector to understand and address key barriers to provision -the service area has structures in place for monitoring of SDS and PSD continues to meet DOH targets year on year
	<p>Mental Capacity Act</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</p>	<p>The service area has committed to recruiting an additional at risk post to support the additional duties being experienced by PSD Care Management staff, at this time. The service area continues to work to meet obligations in relation to legacy MCA by 31 May 2021.</p>

	progress and continues to work towards completion by 31 May 2021, this increasingly complex work involves significant professional time without additional investment	
	<p>Annual Reviews</p> <p>Due to the extended standing down of non-essential Statutory Reviews during this period, a number of annual reviews are outstanding at the end of this reporting period. This presents a risk to service users and carers, in relation to delay in reviewing care needs and potential for unrecognised change or deterioration. This also impacts upon the strength of the Trust's assurance in relation to its duty of quality for commissioned services</p>	<p>Actions taken by the service area to reduce risk include:</p> <ul style="list-style-type: none"> - maintenance of telephone contact with service users throughout the pandemic - urgent visits and reviews maintained - normal face to face review activity has resumed within the final quarter of this reporting period. - an action plan for the rebuild of services is in place. - care Managers continue to monitor incidents, complaints and quality monitoring reports, to identify emerging risks in independent sector provision - service is closely linked to the ACOPS Commissioned Service Governance arrangements. -

PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9**DATA RETURN 1 – PoC / Directorate: Physical & Sensory Disability**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	1467	591
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	1025	487
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1370	188
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>We are not able to accurately disaggregate this figure ,ongoing work by Business Support Team to develop further accurate reporting</i>	N/K	
1.4	How many care packages are in place on 31 st March in the following categories:		
	vii. Residential Home Care (<i>Actual total on 31st March 21</i>)	20	n/a
	viii. Nursing Home Care (<i>Actual total on 31st March 21</i>)	93	n/a
	ix. Domiciliary Care Managed	519	n/a
	x. Domiciliary Non Care Managed	107	n/a
	xi. Supported Living	61	n/a
	xii. Permanent Adult Family Placement		
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. NO <i>If no, please explain</i> <i>Due to the suspension of non-essential visiting and reviews for an extended period of time during this reporting period, annual reviews are outstanding. This backlog is currently being addressed</i>		
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	239	n/a
	- Independent sector	3	n/a
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities (<i>Manual Count</i>)	767	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	2	n/a
	- Independent sector	n/a	n/a
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	2	n/a

DATA RETURN 1 – Hospital ____ Physical & Sensory Disability

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

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _ Physical & Sensory Disability

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	n/a	n/a	n/a
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	n/a	n/a	n/a
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	n/a	n/a	n/a

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2*	Number of adults known to the Programme of Care who are:		
	Blind	294	431
	Partially sighted	128	215
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	120	58
	Deaf without speech	81	33
	Hard of hearing	531	1883
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	20	114

*Please note that this return does not reflect service users who are registered visually impaired. There has been a decline in the number of people who are choosing to be registered blind and partially sighted. The service has noted an increase in service users who are registered visually impaired and feels it is important to reflect this in the returns as these individuals require assessment and service provision.

Adults who are visually impaired:

Under 65	192
Over 65	825

DATA RETURN 3 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

3 DISABLED PERSONS (NI) ACT 1989 <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.	2058
	Number of Disabled people known as at 31 st March.	1558
3.2	Number of assessments of need carried out during period end 31 st March.	1512
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

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	33
	Total expenditure for the above payments	£ 1479.74
4.2	Number of TRUST FUNDED people in residential care	20
4.3	Number of TRUST FUNDED people in nursing care	90
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	3

DATA RETURN 5 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

5 CARERS AND DIRECT PAYMENTS ACT 2002					
		16-17	18-64	65+	n/k
5.1	Number of adult carers offered individual carers assessments during the period.	1	207	38	14
5.2	Number of adult individual carers assessments completed during the period	1	206	36	4
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	0	1	2	10
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	75	10	1
5.5	Number of young carers offered individual carers assessments during the period.			12	
5.6	Number of young carers assessments completed during the period .			12	
5.7	Number of young carers receiving a service @ 31 st March			12	
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March (<i>Interpreted as same figure as new approvals</i>)			20	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March			20	
	(c) Number of adults receiving direct payments @ 31 st March			173	
5.9	Number of children receiving direct payments @ 31 st March			N/K	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person? (<i>unable to aggregate from Paris Data</i>)			N/K	
5.10	Number of carers receiving direct payments @ 31 st March (<i>unable to aggregate from Paris Data</i>)			N/K	
5.11	Number of one off Carers Grants made in-year.			343	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.					
Commentary					
The Service Area has been challenged during this period in relation to outreaching to carers and in relation to accessing carers referrals. This has led to the implementation of telephone assessments, which has proved to be highly effective and well received by carers. During this time the service area has also found new ways of engaging with young carers and has developed new information for young carers which has been developed in partnership with them.					

The service area also has provided additional support to carers of people who would normally attend the day centre, as well as continuing to utilise direct payments as an alternative to day care.

DATA RETURN 6 – PoC / Directorate ____ Physical & Sensory Disability**6 SAFEGUARDING ADULTS**

6.1	Number of safeguarding adult referrals within the period	169
6.2	Number of safeguarding adult referrals within the period broken down by the following categories of abuse: (h) Financial (i) Institutional (j) Neglect (k) Physical (l) Psychological/ Emotional (m) Sexual (n) Exploitation	36 0 5 52 20 12 3
6.3	Number of investigations commenced within the period	36 Adult Protection 39 Adult Safeguarding Total 75
6.4	Number of investigations completed within the period No of cases closed to adult in need of protection?	30
6.5	Number of care and protection plans commenced within the period	39
6.6	Number of care and protection plans in place on 31 st March	Not required

No. of referrals in 6.1 is 169 but in 6.2 categories total 128. A difference of 41
 This is the number of referrals received by the Adult Protection Gateway Team (APGT). Over this reporting period, BHSCT APTG received 41 APP1's (Adult Protection referrals) for PHSD which did not have a category of abuse, as these were screened as inappropriate referrals. However as the Gateway Team received the referrals on an APP1 form, this the data is reflected in section 6.1
 Whilst the BHSCT added an additional line 'Inappropriate' to the HSCB return template section 4, to record the inappropriate APP1's, section 6.2 of this template did not provide this option and this is why there is a difference in figures

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate ___ Physical & Sensory Disability ___

Duties in relation the Discharge of the Mental Health Order in relation to Adults between 18 - 64 are usually discharged by Adult Mental Team and therefore reported in that Adult Mental Health Report

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	0	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)		
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES / NO <i>If no, please explain</i>		

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	
9.2a	Of these, how many resulted in an application being made?	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	
9.3.a	Confirm if these reports were completed within 5 working days YES / NO <i>If no, please explain</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	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
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)	

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting	
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9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	0
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The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Mental Health
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>During the reporting period, Ms Mary O'Brien discharged the role of Divisional Social Worker within the collective leadership model implemented within mental health services. The post incorporates professional responsibility for the Social Work and Social Care workforce.</p> <p>Ms O'Brien is accountable to the Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Division.</p> <p>The role of the Divisional Social Worker is outlined in section 1.1</p> <p>An unbroken line of accountability for the discharge of statutory functions by the Social Work and Social Care workforce runs from the individual practitioner through the Divisions line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Mental Health Division's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Currently within the Mental Health Division there are 5 band 6 WTE Social Work vacancies, however a recruitment process has taken place recently to address this. Future recruitment will be considered within the regional Social Work interview pilot to commence in May 2021 for future Social Work vacancies. In addition there are two band 8A MCA lead posts and one 8B MCA service manager post that are currently in a recruitment process. These have been developed to support MCA with a Trust support structure.</p> <p>In CAMHS there is one Senior Social work post currently vacant in Beechcroft. There are 7 permanent mental health practitioner vacancies, which are not designated Social Work posts although are open to Social Work. This is a feature of the CAMHS structure where there are only 7 designated Social Work posts across the service, despite 60 Social Workers being employed across BHSCT and SEHSCT (as BHSCT provide CAMHS service to SEHSCT).</p>

2.1b	<p>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.</p>
	<p>Across the Mental Health Division, there are 103 Social Work staff in post however only 72 are designated Social Work posts. This includes 18 managers at band 7-8C, (inc three new posts within the MCA team yet to be recruited). Within CAMHS, there are 60 Social Workers, with only 7 designated Social Work posts, and only 1 Social Work designated manager post. 163 posts in total. It is a concern that there is a large number of non designated S/W posts, if these posts were filled by other professions there would be a risk of not being able to fulfil the full range of Delegated Statutory Functions due to insufficient Social Workers in post. We would hope that this matter is considered by the Mental Health S/W Workforce task and finish group chaired by the Department.</p> <p>Mental Capacity Act (NI) 2016</p> <p>The Trust was required to develop an infrastructure to support delegated functions associated with the partial implementation of the Act in relation to deprivation of liberty, while continuing to ensure that statutory functions under the Mental Health Order were delivered. The Mental Capacity Act (MCA) Team provide short term detention authorisations, Trust panel authorisations and in addition have been offering support to complete legacy Trust panel applications and training sessions and support to wards and teams across all key programmes of care within the Trust.</p> <p>Recruitment</p> <p>Initially 6 temporary band 7 Social Work staff were appointed under the MCA as interim ASW's to undertake the role of STDA's and are on target to complete ASW training (by 2023) as per MCA. The Trust has invested in a permanent structure to support the delegated functions of the team with Senior Social Work management being recruited at present. This will be followed by ASW, medical, OT and admin recruitment to provide MDT support in regards hospital site based Trust panel application and authorisation panels and STDA's.</p> <p>Approved Social Work Provision</p> <p>The current service structure was developed to ensure delivery of ASW delegated statutory functions under MCA and the MHO. This was secured by continuing to provide an ASW daytime service (with ASW's based in substantive posts and participating on a Trust wide rota), and a separate MCA team to provide STDA and ASW Trust panel membership.</p>

Profiling of future ASW numbers in this context is a priority with the need for representation across all key programmes of care given the brevity and potential future scope of ASW statutory roles under MCA. Currently the majority of ASW's are based in the Mental Health programme with limited representation from older person's services, learning disability and CAMHS. ASW workforce planning estimates developed by QUB illustrate the need to increase and maintain ASW numbers across programmes. Current estimates recommend that the Trust will need approximately 47 ASW's to meet MHO and MCA requirements at present based on the ASW allocating 10% of their time to ASW practice. This suggests a current short fall of at 20 ASW's excluding those ASW's who are also in management positions. Currently, ASW staff allocate approximately 20% of their time on the rota based on providing 3 slots, (plus 1 day for report completion) per month out of 20 working days, (this excludes team leaders/8A who work one slot per month given their managerial responsibilities).

Impact of the Covid-19 pandemic on MHO assessment service provision

From 1st April to June 2020 the service lost over 50% of ASW slots over the month (33/60 slots) due to 3 staff shielding, 2 agency staff and 1 bank staff member removing themselves from rota and, 2 staff on maternity leave. However, early recruitment under the Coronavirus Act (2020) with modifications to the MHO, provided 8 ASW candidates who were fully appointed by August 2020, which significantly bolstered service provision along with continued need to use agency ASW staff to ensure rota coverage.

During the period, the number of ASW assessments undertaken was 341, which was an increase on last year's figure of 20%. There have been two peak periods in regard to demand for ASW assessments during June – September 2020 and February to March 2021. This increase can be explained to some extent by assessments undertaken on behalf of other Trusts. To support ASW colleagues in other Trusts, Belfast Trust agreed to undertake assessment of service users who were being assessed under the MHO in Belfast based hospitals. During the period Belfast Trust undertook the following ASW assessments on behalf of other Trusts;

WHSCT – 8
SEHSCT – 1
SHSCT - 1
NHSCT – 1 (April 2021) Total 11

During the pandemic, to reduce footfall into wards and potential exposure of ASW staff to the virus, the Trust developed a protocol whereby ASW staff were not entering the wards on arrival, but remained in situ and undertaking handover to staff by phone at the hospital. This protocol was later supported by the HSCB and adopted by all Trusts.

	<p>Current ASW cohort</p> <p>Total : 33 ASW's on BHSCT register (includes 3 x 8A managers, 4 x team leaders who are not on the rota regularly).</p> <p>The breakdown of programme representation amongst ASW's is 24 MH, 4 LD, 4 OPS, 1 CAMHS, 2 agency ASW.</p> <p>This is an increase of 5 ASW's from last year however includes 3 staff not currently active ;</p> <ul style="list-style-type: none"> - 1 maternity leave - 2 long term shielding due to immune compromised <p>In addition the service lost 9 ASW's during the reporting period:</p> <ul style="list-style-type: none"> - 5 moved post - 1 career break - 1 retired - 2 stood down from duties <p>Recruitment and retention of ASW staff</p> <p>There is a continued challenge in recruiting and maintaining ASW's on the daytime rota. While 8 staff successfully completed ASW training in the last period, continued demands on the role have impacted on staff moving post in the last period and in staff standing down from the role.</p> <p>Retention of ASW staff has become a significant issue to elongated assessment timeframes, in the main due to reduced capacity of other services that are essential to the ASW role. The unpredictability of the role and personal safety during lengthy assessments is also a growing concern for ASW's. Main issues;</p> <ol style="list-style-type: none"> 1. Lack of beds locally and regionally leading to prolonged waits for service users to be admitted to hospital, at times up to 12 hrs, (and at times overnight) which significantly impacts on ASW finish times and concern in regard to guarantee of a finish time, (where there are no beds regionally, the ASW is often left waiting with the patient for extensive periods). On at least 2 occasions, the ASW has needed to agree an emergency care plan overnight with conveyance only occurring the next day. While this is within the remit of the MHO, (i.e. conveyance within 48 hrs of form 3 completion), this is not in line with the MHO process of ensuring the person is conveyed to hospital as soon as possible and examined immediately after admission. 2. Bed confirmation delay – directly as a result of the regional bed management protocol that stipulates that a consultant to consultant agreement must take place before the bed can be confirmed. Waits by ASW's in this regard have been experienced during March 2021 on multiple occasions of up to 5 hrs while waiting with the patient in the community.
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	<p>3. Provision of ambulance – during July – September 2020 there was a significant impact of ambulance delays due to the pandemic on conveyance to hospital under the MHO, (16 times where the delay was significant). At that time, there were incidents of delays of up to 15 hrs necessitating delegation of the ASW role to colleagues in RESWS where this was possible to resource. To facilitate safe and urgent conveyance to hospital, the Trust invested in patient conveyance contracting which has significantly reduced waiting times for service users and also facilitates out of area admissions but is a cost pressure for the Mental Health Division.</p> <p>4. Limited availability of GP's due to surgery duties often leading to requests later in the day and after 5pm to undertake assessments under MHO. This inevitably leads to longer working hours as ASW are forced to work outside of their working hours to facilitate the working patterns of GP's. This has been a long standing issue with longer working hours having an impact on the perception of and interest in the role by band 6 social workers in taking up ASW training.</p> <p>5. Potential for verbal and physical aggression during assessments.</p> <p>6. Interface issues with key agencies e.g. police and ambulance have been identified as problematic and impacting on stress and significant delays in progressing conveyance to hospital.</p> <p>7. Lone working</p> <p>Key delays (i.e. of more than 1 hr to confirm service being provided) (GP, NIAS, BED)</p> <ul style="list-style-type: none"> - GP referral after 3.30pm – 104 - Delay due to GP availability – 63 - Delay due to bed availability – 53 - Delay due to ambulance availability – 33 <p>Total: 253 delays</p> <p>ASW supports to maintain adequate numbers and service delivery. This includes;</p> <ul style="list-style-type: none"> -1 fulltime ASW to support the demands on the rota providing 12 slots per month, (this will be reduced to 8 slots per month to avoid work related stress associated with the cumulative impact of the role). - 2 agency ASW's who provide approximately 5 slots per month each. <p>Without this additional resource the Trust would be unable to meet delegated statutory functions. This again is a cost pressure for the Mental Health Division.</p>
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- Exploration of developing an ASW hub to provide peer support, learning and to centralise the service in keeping with the recent draft Regional ASW Quality Standards.
- Use of private patient conveyance company to facilitate conveyancing of patients where NIAS delays are significant. This ensures safe and timely conveyance of patients, to avoid a further deterioration in the patient's presentation, to facilitate risk management and to progress admission. This also benefits carers and ASW staff and other key stakeholders by reducing the timescale of the interventions that are often lengthy due to delays.
- ASW 1-1 supervision 3 monthly.
- Access to on call manager after 5pm- pilot being currently developed which also supports current recommended ASW quality standards. Again cost pressure to the Mental health Division.
- RESWS joint working arrangement developed with BHSCT has now been extended to all Trusts.
- ASW Paris implementation as of the 1st June 2020 enabling the development of data collation, management and analysis enhancing information infrastructure and reporting capacity. This will aid current and future workforce planning regarding the ASW service based on capacity and demand.

Social Work Staffing requirements

As previously highlighted, the development of Social Work normative staffing levels equating to nursing would support more accurate workforce planning. As demonstrated in CAMHS only 7 of the 60 roles undertaken by Social Work within the service area are dedicated Social Work posts, with the remaining Social Workers being employed as generic mental health practitioners. In Mental Health, there are 6 Social Work staff working into 6 nursing posts with an additional 6 agency Social Workers filling non designated posts to meet service need (these are not funded).

There is a pressing need to complete the regional review of Social Work workforce planning to support additional Social Workers representation within services. QUB's evidence based estimate of the number of Approved Social Workers (ASWs) required for Trusts to fulfil their statutory duties under the MHO and MCA is also welcome in planning predicted ASW numbers to be trained in the next few years and also in regard to securing representation across programmes of care.

Team Leader recruitment

There continues to be a challenge in encouraging band 6 Social Work staff into band 7 team lead and Senior Social Work practitioner posts. Service Managers have indicated band 6 staff are not

attracted to the team leader posts due to perception of the level of responsibility and remit of the post in addition to other statutory roles such as professional supervision, DAPO and ASW roles which their nurse counterparts do not have. Mental Health has a total of 28 team leader posts of which 8 have been employed as Social Workers, but only 4 are dedicated to Social Work, CAMHS have 8 team leader posts, of which only 1 is a Social Work designated post.

4 band 7 Senior Social Work practitioner posts were created within Mental Health CMHT's in 2019 which have bolstered delivery of statutory functions within the teams particularly where the team leader is not of a Social Work background.

Adult safeguarding provision

All teams have a DAPO in situ or long arm support from the ASG team. Provision of Investigating Officers has significantly improved due to increased training amongst teams. See section 6 for further detail.

CAMHS Social Work recruitment

There are no issues in regard to recruitment with a good uptake of posts at the last recruitment drive in January 2021. The main focus of recruitment within CAMHS at present is in relation to developing central referral teams for BT and SEHSCT areas however these are generic posts. There can be delays experienced during the recruitment process working with BSO structure in relation to delays in processing interview outcomes letters/offers of appointment, scheduling/ processing of request to advertise. There can also be delays within the Trust HR process in not keeping Trust interview panels updated.

The forthcoming regional Social Work recruitment structure will have little impact on CAMHS as the majority of posts are generic.

There are no permanent vacancies at senior management level. One Social Work trained manager has secured the post of Network Manager, for the CAMHS Regional Managed Care Network.

Retention of staff CAMHS

There continued to be a low turnover of staff within CAMHS with staff remaining for longer periods in post. it has been noted that career development opportunities for staff within CAMHS is limited with staff having to go into management posts to progress to a higher banding e.g. Principal Social Worker and Principal CAMHS practitioner (both not currently available), Family therapist.

2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes</p> <p>If not, outline the remedial action taken to address this</p> <p>The Trust is fully compliant with the Regional Supervision Framework (July 2018). All Social Workers across Mental Health and CAMHS are in receipt of operational and professional supervision. The Trust has developed a monthly reporting system to provide assurance of supervision arrangements for all Social Work and Social Care staff. Many staff in CAMHS are working in generic posts but are still availing of professional Social Work supervision.</p> <p>Updated supervision templates for 1-1 ASW, professional and DAPO supervision have been developed to reflect the supervision policy and NI adult services regional Social Work supervision framework (2018). Supervision training is provided for those providing professional supervision along with coaching for professional supervisors.</p> <p>Professional Supervision File Audit</p> <p>A professional supervision audit carried out in April 2021 covering the period which indicated an improvement on the previous year. While all files met the standards expected, some issues highlighted were;</p> <ul style="list-style-type: none"> - Signature of supervisee – not always evident due to remote supervisions taking place during Covid 19 emergency period. - Some instances of delay in supervision when supervisor or supervisee off on sick leave – impacted by the pandemic. - Recommendation that all supervisions are typed and not hand written.
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Yes, recently developed within Mental Health with participation from all disciplines to ensure the unique contribution that each discipline brings to the team is identified. Pilot being completed within North and West primary care team for three months. Timescales for completion of core Social Work tasks/activities were measured. This has been particularly beneficial for Social Workers as often the specific work identified can be extremely time consuming and involving imminent deadlines, e.g. a review tribunal circumstances</p>

	<p>report to be presented within the 14 day assessment period. While this would only constitute one Social Work referral, it requires significant resources to meet the timescale for completion and this can be more accurately represented in the Social Worker caseload allocation.</p> <p>CAMHS are using the CAPA model. All staff roles are job planned on quarterly basis according to banding and specialist job roles.</p>
2.3	<p>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.</p>
	<p>Mental Health</p> <p>Due to significant numbers of Service Users delayed in their discharge (27) as noted in March 2020, the Trust inpatient services undertook a system change to develop process and protocols to address the delayed discharge difficulty and to further work toward prevention of this reoccurring. This has been extremely successful with only 1 delayed discharge at the end of the reporting period. The work also included the development of a step down facility. The model created has been adopted regionally and has seen the development of Capacity bed managers being appointed in each Trust area. It is of note that this service improvement was led by the Divisional Social Worker and Social Work practice was core to its success. This is a significant service improvement which has Service Users and their carers at its heart. The Step Down facility has won a housing in partnership award and the service development in Acute Mental Health Inpatient Centre (AMHIC) has been shortlisted for a QI award.</p> <p>Think Child, Think Parent, Think Family</p> <p>Following the regional Think family Social Work Assessment (TFSWA) in 2017-2018, a request was made from the HSCB to write up the pilot as a research initiative for a special edition of the international journal 'Advances in Mental Health'. The focus of the edition was family-focused research from UK and Ireland. The Principal Social Worker, who was involved in the pilot, wrote the article for the edition which was published in September 2020, titled, 'The Think Family Social Work Assessment: outcomes of a family-focused initiative using The Family Model' (https://doi.org/10.1080/18387357.2020.1825969).</p> <p>The outcomes across all six domains of 'The Family Model' (Falkov 2012), which was the foundation of the pilot and the assessment framework, demonstrated positive support for family focused practice to be embedded within mental health.</p>

The study indicated recommendations for further research in the area, which is supported by the HSCB Think Family Consolidation Plan and Logic Model and by the three HSCB funded Think Family posts (one of which is a dedicated social work post) which is pending recruitment.

The Recovery College

The college won the AONTAS Award in the category "Learner Voice", there were 5 categories, this year the awards focused on how educators adapted their provision during the Covid pandemic. There was then an overall award for the winner across all the awards. The Recovery College also won this award. The awards recognise the very best in adult learning in Ireland. The college submitted to learning stories which were very powerful re the impact the college had had in the individual's recovery journey. The Divisional Social Worker and the Service User Consultant co-manage the Recovery College.

CAMHS

IMPACT CAMHS - Is a service user led initiative within CAMHS which have developed several projects during the pandemic;

- Co-produced evaluation study with Queens University entitled: "A peer led examination of the development and sustainability of the IMPACT CAMHS service user group". The young people were involved in the collation and editing process. Parents/ carers and therapists also participated. The project was funded by the Economic and Social Research Council (ESRC).
- Produced and disseminated a Quarterly Newsletter made up of contributions from staff and service users for service users in regard to self-care and promoting positive wellbeing during the Covid emergency period.
- Developing a 'swap some support' project' whereby young people write letters/ poems/ artwork to service users anonymously to offer support to another service user within CAMHS with their mental health. Feedback from the letters was extremely well received.
- Presentation at the Annual Social Work and Social Care Research Conference on 10th March 2021 co-presented by service users, CAMHS staff and Queens University. The recording can be viewed at - <https://vimeo.com/517100804>.

Safety Quality Belfast Quality Improvement Programme

A further project aimed at improving service delivery was led by a Social Work team leader within CAMHS for the Safety Quality Belfast (SQB) Quality Improvement Programme. This involved interpreting

	written communications with service users where English was not their language. This project is currently ongoing.
2.4	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.
	<p>RQIA Inspection Beechcroft</p> <p>An unannounced inspection at Beechcroft Child and Adolescent Mental Health Inpatient Unit took place on 15th-16th March 2021. None of the issues raised related to delegated statutory functions or to social work practice. A detailed action plan was devised to address issues identified regarding;</p> <ul style="list-style-type: none"> • Safe Nursing Staff Levels • Nursing Staff Induction and Preceptorship • Nurse Mandatory Training • Staff Support • Therapeutic Activity Programme • Management of Actual and Potential Aggression. <p>RQIA Inspection Shannon Clinic MSU December 2020</p> <p>Following an RQIA inspection in Shannon Clinic MSU, concern was expressed regarding Adult Safeguarding processes. This was in respect of nursing staffs knowledge in recognising and reporting adult safeguarding, delays in adult safeguarding referrals being screened by a line manager, lack of clarity by the MDT of the IO/DAPO role, cross referencing of incidents and adult safeguarding referrals and follow up with referral, quality of protection plans and adult safeguarding data not being reviewed to analyse trends for learning and service improvement (see section 2.5)</p>
2.5	<p>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.</p> <p>During the reporting period Mental Health has continued to provide an ongoing service within COVID restrictions. As lockdown and social distancing -measures decrease, staff have increased face to face contact with mental health service users in provision of adult safeguarding investigations. Mental Health initially noted a decrease in adult safeguarding referrals from care homes, however measures were put in place with increased contact with care homes by Mental Health staff and Care Management maintained weekly contact completing a questionnaire with care homes where adult safeguarding was monitored as part of this process.</p>

	<p>The Mental Health Adult Safeguarding Team are in the process of completion of an Adult Safeguarding audit across the service area for governance and quality improvement. This now will be a bi-annual audit. Currently within the Mental Health service area, one of the areas for improvement is in the use of the Adult Safeguarding thresholds for safeguarding investigation as defined within the Adult Safeguarding Policy of an Adult at Risk of harm or an Adult in need of protection. This is not currently being used consistently across the service area and impacts on data collection for stats where there is no differentiation in the type of adult safeguarding investigation undertaken on the data return.</p> <p>The Mental Health Adult Safeguarding Lead delivered an information session to all staff completing data collection returns including DAPO's and Line Managers in an effort to improve returns in this area. Also covered in this session was definitions of screening out a referral and alternative safeguarding response which also causes unreliable data reporting. For the purposes of DSF reporting, all of the monthly data returns were reviewed with community teams and have been amended to appropriately reflect thresholds and responses and are being forwarded to HSCB. While the Mental Health service is in the process of PARIS implementation, where reports can be sourced for relevant data, it is hoped that this will improve data collection returns for mental Health in the interim.</p> <p>Following an RQIA inspection in Shannon Clinic MSU December 2020, concern was expressed regarding Adult Safeguarding practice within Shannon Clinic. This was in respect of staff knowledge of recognising and reporting adult safeguarding, delays in adult safeguarding referrals being screened by Line Manager, IO/DAPO role, cross referencing of incidents and adult safeguarding referrals, quality of protection plans and adult safeguarding data not being reviewed to analyse trends for learning and service improvement. A quality improvement action plan was instigated to ensure staff training in Adult Safeguarding is completed as per mandatory requirements, incidents are reviewed to ensure safeguarding referrals are completed, all meetings have adult safeguarding as a standing agenda item, weekly audit of the PARIS duty desk to ensure that safeguarding referrals are dealt with in a timely manner by Line Manager and forwarded to DAPO as appropriate.</p> <p>An Adult Safeguarding notice board is in place on each ward with an adult safeguarding flowchart and aide memoire of an adult safeguarding referral to assist staff and ensure they are aware of the reporting procedure. An Adult Safeguarding tracking document has been developed to record all incidents for analysis, trends, learning and service improvements where learning is shared. Regular governance meetings are in place where adult safeguarding issues are discussed including Bed Management meetings, live governance meetings, safety briefs, DAPO/ASM meetings where Datix incidents and Adult Safeguarding are reviewed and that appropriate incidents are considered under the Adult Safeguarding Policy and Procedures.</p>
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	<p>The DAPO in Shannon Clinic completes monthly reviews of Adult Safeguarding referrals to ensure quality and for improvement. In addition, Adult Safeguarding Lead Nurses have been identified for the three wards in Shannon Clinic who will undertake IO training, and Ward/Deputy Ward Managers have undertaken Level 3 Line Manager training. An audit was also undertaken of Adult Safeguarding referrals and protection plans by the Mental Health Adult Safeguarding Team with feedback provided for improvement and learning.</p> <p>Training of IO/DAPO's was initially stood down during COVID-19 lockdown, however all IO/DAPO training and support groups are being offered via Microsoft teams to increase numbers of IO and DAPO staff across Mental Health. Currently there are adequate numbers of IO and DAPO within core community teams with some teams such as Addictions service area increasing numbers of nursing IO trained staff. Deficits remain within Therapy teams for DAPO trained staff and some Band 7 Therapists who are Social Work trained have declined to undertake the training or the role. This issue has been escalated to the Service Managers for the service area to highlight the need for appropriate numbers of DAPO staff within their service area.</p> <p>The Mental Health Adult Safeguarding Team continue to provide DAPO cover to teams in the community that have no Band 7 DAPO. All service areas continue to be encouraged to consider internal workforce planning to ensure appropriate numbers of IO trained Band 6 and Band 7 DAPO trained Social Work staff to fulfil the adult safeguarding role.</p> <p>The Mental Health Adult Safeguarding team are currently completing an audit of all bandings of staff within teams to ensure compliance to relevant adult safeguarding training and refresher training as per mandatory requirements for their role.</p> <p>The Mental Health Adult Safeguarding Team is currently in the process of implementing PARIS for adult safeguarding referrals to the team, and for adult safeguarding investigations where a DAPO is within the Mental Health Adult Safeguarding team. The Social Work team in Shannon Clinic are also using PARIS for all adult safeguarding referrals and IO investigations. All other teams within Mental Health await PARIS implementation for Adult Safeguarding. This will also require additional virtual training, a process document for the service area and development of a training video for IO/DAPO and admin staff in the use of the adult safeguarding documentation, alerts, management of the duty desk and inputting of Adult Safeguarding referrals.</p> <p>The Mental Health Adult Safeguarding Team are meeting with the PARIS implementation team with other service areas in the development and implementation of the APP documentation on PARIS which is scheduled to be in use for Protection investigations</p>
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	<p>by June 2021. The new APP investigation documentation will deal with Adult in need of Protection adult safeguarding investigations. Risk of harm investigations are not considered within the new APP documentation and will require consideration for how these investigations will be completed. This is important for the Mental Health service area as the majority of safeguarding investigations completed are within the Risk of harm threshold and a full adult safeguarding investigation is completed.</p> <p>Joint Protocol investigations and the numbers of PIA interviews and ABE interviews continue to decrease within Mental Health due to police thresholds for Adult Safeguarding investigations. As a result, only one member of staff was put forward for ABE training in January 2021. New DAPO staff have been trained in Joint Protocol for referring adult safeguarding cases and consultations with CRU. Band 7 Social Work staff have been prioritised currently for PIA training due to limited available places for face to face training due to COVID. Band 6 staff will be considered as per the needs of their community team and service area as we move forward from current social distancing measures.</p>
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in October 2020	Progress Update at 31 st March	RAG Rating
	Mental Health		
	<p>Issue: The project to amalgamate primary care and recovery services is in process and has been delayed due to the current Covid19 arrangements.</p> <p>Update at DSF meeting – 5.10.20 Ongoing service improvement project has being progressed over the last 2/3 years. This has made significant improvements including:</p> <ul style="list-style-type: none"> • Introduction of telephone triage, advice and guidance function for GPs • Amalgamation of teams – issue re flow through teams, they have introduced a RAG rating system for all teams • All Teams now have a duty system • GP alignment for integrated teams • All teams are co-located • Working on case load weighting • Established clear pathways • Dedicated e-mail line 	<p>This is not specific to delegated statutory functions.</p> <p>Project management is in process for the amalgamation of primary and recovery Community Mental Health Teams within BHSCT with one team amalgamating currently.</p>	

	<p>Workforce challenges remain with 18 vacancies in Social Work posts and therefore high levels of agency staff in place.</p> <p>Action:</p> <ul style="list-style-type: none"> HSCB and Trust to determine if there is regional learning coming from these improvements which can be shared across Trusts. 	<p>Addressed with only 5 vacancies currently and recruitment process completed.</p>	
	<p>Issue: Completion of ASW reports within 5 day timescale</p> <p>9.3 – 91.5% (283/309) of ASW reports were completed within the required timescale of 5 working days</p> <p>Update at DSF meeting – 5.10.20 The Trust report a slight improvement in compliance, however there does remain concerns in relation to this. Delays can, in part be attributable to staff absence, annual leave etc. Duty Rotas are reviewed to minimise impact. If a report is not completed within 5 days the Trust follow up.</p> <p>The ASW role remains a challenging one, and coupled with multiple functions (DAPO, JP etc) it is increasingly difficult to retain staff as it is becoming an increasingly unattractive post.</p>	<p>During the current reporting period, there were only 2 reports that were not received within the regional standard of 5 working days. The reason for same was due to one ASW being on sick leave due to contracting coronavirus and the second ASW was covering urgent sick leave. Therefore the assessment and report completion was unplanned in their diary and needed to be fitted in within planned substantive post workload.</p> <p>This is a significant improvement in timescales aided by a reduction in the rota frequency of the full time ASW staff member (was on rota 4 out of 5 days per week and reduced to twice weekly), as report completion was being delayed by multiple assessments and only one day planned for admin. The current reporting system also identifies reports that may be outside the 5 day</p>	

	Action: <ul style="list-style-type: none"> Trust to review the multiple functions and determine how ASW role can be enhanced to ensure appropriate levels of staff are available. 	timeframe. ASW staff have also been made aware of the necessity to complete on time.	
	Issue: CAMHS Update at DSF meeting – 5.10.20 The Trust report that workforce is the most significant issue and there is currently recruitment ongoing. HSCB raised the Improvement plan in place re Beechcroft and asked the Trust to update on this. This was not provided at the meeting and needs to be forwarded as soon as possible. Action: <ul style="list-style-type: none"> Written update on improvement plan required To be discussed further at Regional CAMHS meeting 	The Workforce issue in CAMHS is in relation to the availability of nursing staff and therefore not subject to DSF notation. RQIA inspection, took place on the 15th and 16th March 2021. See summary in section 2.3.	

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.
	Mental Health Issues	
	<p>While the Division has adequately fulfilled its Delegated Statutory Functions we would like to raise the following concerns;</p> <ul style="list-style-type: none"> • The high level of non designated S/W posts across the Division approximately 50% of all S/W posts. • Continuing difficulties faced by the ASW service in fulfilling requirements under the Order as detailed in 2.1b <p>➤ Conveyance difficulties</p>	<ul style="list-style-type: none"> • Review of current workforce across the Division to clarify and discern the required number of designated S/W posts to fulfil DSF on an ongoing basis. This work will be part of the task and finish group chaired by the Department of Social Services. • Exploration of developing an ASW hub to provide peer support, learning and to centralise the service in keeping with the recent draft Regional ASW Quality Standards • RESWS joint working arrangement developed with BHSCT has now been extended to all Trusts. • ASW Paris implementation as of the 1st June 2020 enabling the development of data collation, management and analysis enhancing information infrastructure and reporting capacity. This will aid current and future workforce planning regarding the ASW service based on capacity and demand. <p>➤ To facilitate safe and urgent conveyance to hospital, the Trust invested in patient conveyance contracting which has significantly reduced waiting times for service users and also facilitates out of area admissions but is a cost pressure for the Mental Health Division</p>

	<ul style="list-style-type: none">➤ Significant delays in Out of Trust admissions➤ Access to on call manager after 5pm for ASW staff.	<ul style="list-style-type: none">➤ We continue to raise concerns with the Board re the requirement for Consultant to Consultant discussion as detailed in the Regional Bed Protocol.➤ A pilot is currently being developed to have an on call ASW support manager rota. This is in line with current recommended ASW quality standards. This is a cost pressure to the Mental Health Division.
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PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9

DATA RETURN 1 – PoC / Directorate: Mental Health and CAMHS

1 GENERAL PROVISIONS				
(Please note figures for Mental Health include adults who are over 65 but remain open to Adult Mental Health services)				
		<65	65+	CAMHS
1.1	<p>How many adults were referred for assessment of Social work or social care need during the period?</p> <p><i>The figure represents referrals from the Central Assessment Centres had that been set up in Trust that account for 2058 referrals. For the current reporting period, only social workers who are working in designated social work posts have been included in the yearly figures. (ie those Social Workers who are working in non-designated social work posts will no longer be included).</i></p> <p><i>Please note figure for CAMHS also only includes the figures for social workers who are working in designated social work posts. As per DSF report 2.1a there are only 7 designated social work posts across CAMHS (service includes BHSCT and SEHSCT) however there are 53 social workers working across the service area in non-designated social work posts.</i></p>	5072	N/A	480
1.2	<p>Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?</p> <p><i>923 Referrals were received by the Central Assessment Centres.</i></p>	3068	N/A	480
1.3	How many adults are in receipt of social work or social care services at 31 st March?	2314	N/A	284
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1296	N/A	N/A
1.4	How many care packages are in place on 31 st March in the following categories:			
	xiii. Residential Home Care	79	N/A	N/A
	xiv. Nursing Home Care	161	N/A	N/A
	xv. Domiciliary Care Managed	218	N/A	N/A
	xvi. Domiciliary Non Care Managed	n/a	N/A	N/A
	xvii. Supported Living	228	N/A	N/A
	xviii. Permanent Adult Family Placement	29	N/A	N/A
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in			

	accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES			
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PM SI retu rn</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	196	N/A	N/A
	- Independent sector	12	N/A	N/A
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	56	N/A	N/A
1.7	Of those at 1.6 how many are EMI / dementia			
	- Statutory sector	0	N/A	N/A
	- Independent sector	0	N/A	N/A
1.8	This is intentionally blank			
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	18	N/A	N/A

DATA RETURN 1 – Hospital - Mental Health and CAMHS _____

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

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) Refers to inpatients at Acute Mental Health Inpatient Centre (AMHIC) & Shannon Clinic, Clare Ward, Neurological Rehabilitation Unit

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	0	217	N/A
1.2	<p>Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).</p> <p>Please note it is expected that the response for sections 1.1 & 1.2 will be the same</p> <p><i>2 service users were discharged before assessment could take place.</i></p>	0	215	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	81	N/A

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate Mental Health _____

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	<p>Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65</p> <p><i>Children under 18 years of age who have sight or hearing problems are recorded within the stats for Children Disability Teams.</i></p>	8	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	7	
	Partially sighted	23	
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	5	
	Deaf without speech	0	
	Hard of hearing	31	
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	

DATA RETURN 3 – PoC / Directorate Mental Health and CAMHS _____

3 DISABLED PERSONS (NI) ACT 1989 <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>			
		18-65	CAMHS
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	67	0
	Number of Disabled people known as at 31 st March.	56	0
3.2	Number of assessments of need carried out during period end 31 st March.	67	0
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A	0

DATA RETURN 4 – PoC / Mental Health and CAMHS _____

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;

Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]
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4.1	Number of Article 15 (HPSS Order) Payments	189
	Total expenditure for the above payments	£14, 381
4.2	Number of TRUST FUNDED people in residential care	1
4.3	Number of TRUST FUNDED people in nursing care	3
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	8

DATA RETURN 5 – PoC / Directorate Adult Mental Health and CAMHS _____

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period. <i>Of note, the figure for Adult Carers includes those who have been referred via CAMHS</i>	2	809	79
5.2	Number of adult individual carers assessments completed during the period	2	565	56
5.2a	Number of adult individual carers assessments declined during the period and the reasons why <i>Key reasons reported by carers:</i> <ul style="list-style-type: none"> <i>The carer sees their caring duties as a private matter which they prefer not to discuss</i> <i>The carer does not see themselves as a carer and therefore does not see assessment as relative</i> <i>The carer feels that they do not need any support / additional support (highest reported reason)</i> <i>The carer would not give a reason / no reason recorded</i> 	0	244	23
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	5	221	0
5.4	Number of adult carers receiving a service @ 31 st March We recognise that there is a small number reported in comparison to completed carer assessments in regard to carers receiving a service during the period. It is of note that during the reporting period, 778 grants were awarded which would relate to a service being provided. There is a recognition that there has been a reduction in the number of face to face contacts with carers during the Covid emergency period. There is also work to be undertaken with teams to ensure that they recognise that the keyworker also provides a service to the carer and this should be included in stat returns. An audit of carers assessments and service provision was undertaken in October 2020 and action plan developed to improve carer services. As a result, the Trust is developing Paris collation of carer information with each carer being allocated a Paris ID to enable the service to run reports on carer service activity for those currently in receipt of a service. A checklist was also developed for CMHT's during the Covid emergency period to ensure that Team leaders	Not collated	65	Not collated

	are providing information to the team in regard to carer services.			
5.5	Number of young carers offered individual carers assessments during the period.		24	
5.6	Number of young carers assessments completed during the period		18	
5.7	Number of young carers receiving a service @ 31 st March		6	
5.8	<i>All figures relate to both direct payments and self-directed support.</i> (a) Number of requests for direct payments during the period 1 st April – 31 st March		25	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March		23	
	(c) Number of adults receiving direct payments @ 31 st March		10	
5.9	Number of children receiving direct payments @ 31 st March		0	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?		0	
5.10	Number of carers receiving direct payments @ 31 st March		1	
5.11	Number of one off Carers Grants made in-year.		778 (9 of which were young carers grants)	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

DATA RETURN 6 – PoC / Directorate Mental Health**7 SAFEGUARDING ADULTS**

6.1	Number of safeguarding adult referrals within the period	1558
6.2	Number of safeguarding adult referrals within the period broken down by the following categories of abuse: (o) Financial (p) Institutional (q) Neglect (r) Physical (s) Psychological/ Emotional (t) Sexual (u) Exploitation	112 9 20 605 199 587 26
6.3	Number of investigations commenced within the period	510
6.4	Number of investigations completed within the period	510
6.5	Number of care and protection plans commenced within the period	473
6.6	Number of care and protection plans in place on 31 st March	Not Required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate Adult Mental Health and CAMHS _

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						TRUST ASW	RESWS ASW
Figures presented reflect total numbers including all programmes of care							
9.1	Total Number of Assessments made by ASWs under the MHO					341	
	Total figure include all programmes. See breakdown below;						
	POC	No. of Assessments	DET	VOL	ACP	NFA	
	LD	5	5	0	0	1	
	OPS	19	16	2	1	0	
	MH	260	185	23	51	8	
	CAMHS	17	17	0	0	0	
	OTHER / NOT SPEC	40	25	3	13	22	
	TOTAL	341	248	28	65	31	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)					248	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)					2	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)					0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES						

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	129
9.2a	Of these, how many resulted in an application being made?	112

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	341

9.3.a	<p>Confirm if these reports were completed within 5 working days NO If no, please explain:</p> <p>2 reports not completed in time scale due to 1 x Self Isolation and 1 x Covid requirement to cover additional slot on Rota</p>	
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Social Circumstances Reports (Article 5.6)

9.4	<p>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></p>	0
9.4.a	<p>Confirm if these reports were completed within 14 days? YES / NO If no, please explain</p>	N/A

Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients (Mental Health ONLY)	81
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	6
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	2
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	4
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	3
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	1
	Lapsed	0
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	1

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period (5 MH, 3 OPS)	8
9.7.a	Number of Approved Social Workers removed during period 5 moved post 2 stood down from duties 1 Career Break 1 Retirement	9
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards) Excluding 2 staff shielding due to Covid and 1 staff member on maternity leave	32

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting 17 (Beechcroft) all detained admissions	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	2

**The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).
Schedule 2A Supervision and Treatment Orders.**

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	1
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0
	(a) Treatment as an in-patient	1
	(b) Treatment as an out patient	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	0

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Learning Disability
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Ms Rhoda McBride is the Divisional Social Worker for Learning Disability Services. The Divisional Social Worker has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Service Area.</p> <p>The role of the Divisional Social Worker is outlined in Section 1:1</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <ul style="list-style-type: none"> • 1x 8A Principal Social Work post has now been agreed and is currently being processed for recruitment. • 1x 8A Adult Safeguarding Lead- has been vacant since September 2020. This post has been successfully recruited and the post holder is due to take up post in June 2021. • 1x Band 7 Team Leader retired- this post is temporarily backfilled. This post is being progressed through scrutiny. • Another Band 7 Team Leader is due to take up a temporary Band 7 Care Management post. Several attempts to recruit to this post through an expression of interest have been unsuccessful. • 1x 0.5 B7 SW in Iveagh remains vacant – currently covered by agency. • 3x Senior Practitioners Band 7 recently appointed with DAPO responsibilities (Temporary). Two of these staff have only recently been trained as DAPOs. The third Senior Practitioner post (temporary) has only recently been appointed and is yet to be trained as a DAPO and take up post. These Senior Practitioner posts are currently being progressed through HPRTS to be recruited permanently. • Additional funding had been secured through IPTs to permanently recruit an additional Senior Practitioner Band 7 with DAPO responsibilities and 2 SW Band 6 with IO responsibilities. These posts are currently being progressed through HRPTS to be recruited permanently.

2.1b	<p>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.</p> <p>1. Mental Capacity Act (NI) 2016 Phase 1 (MCA)</p> <ul style="list-style-type: none"> • The MCA implementation has proved to be a challenge for the Learning Disability service. An early scoping exercise found that approximately 647 of the 1600 community service users possibly lacked capacity to agree to restrictions within their care plan, which would be considered to amount to a deprivation of their liberty. • MCA training was completed across the service area. A Learning Disability MCA Steering Group was established for the hospital and the community and a data base developed to monitor progress. • The service area was not provided with any additional resource to meet this demand. A MCA Action Plan was developed in order to try to plan to complete all DOLS before the end of May. This action plan was discussed and agreed with the Director. It included:- <ul style="list-style-type: none"> ➤ Temporary appointment of 8a LD MCA Lead with the intention to recruit a Band 7 and Admin; ➤ One practitioner per team would be identified to solely undertake MCA work (when backfill was in place); ➤ In addition, all Community practitioners would endeavour to complex 2 DOLS per month; ➤ Overtime was offered and retirees approached to assist with MCA and; ➤ The MCA central team provided input by way of a Short Term Detention Authoriser (STDA) and additional medical input to assist with the medical documentation. • There have been a number of challenges, which means that the service area is unlikely to meet this target by end of May 2021. <ul style="list-style-type: none"> ➤ Although the service area was able to successfully appoint an 8a MCA Lead, through an expression of interest, backfill could not be secured for this post. ➤ It has also been difficult to free up staff to work solely in MCA as the service area was unable to secure SW backfill staff from the agencies. They largely could only provide AYE staff, who do not meet the requirements to undertake MCA. ➤ Insufficient retirees agreed to return to complete DOLS and only a small number of staff agreed to do overtime. ➤ Additional pressures associated with absences and COVID also meant that it was difficult for each staff member to meet the requisite target of 2 DOLS per month. ➤ The lack of medical resources also proved to present a significant challenge.
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- As this is a relatively new piece of legislation, it is a very fluid situation with advices and case law changing on a regular basis. This has had an impact on the workload and the service areas ability to meet the target. Some of these changes and additional challenges include:-
 - The Attorney General's office in February 2021 included family homes to the list of places where service users should be considered as being deprived of their liberty.
 - The onset of the Covid 19 pandemic had an immediate effect on the process for seeking Trust Panel authorisations for service users. As PHA guidelines suggested that face to face assessments should be kept to a minimum assessors committed to using virtual methods such as Zoom, Facetime etc. For many people with a severe learning disability the use of virtual methods was not always appropriate. Even when face to face assessments were carried out the use of PPE equipment made it difficult to communicate with many service users e.g. those service users with autism.
 - The Attorney General has referred 23 cases to the Review Tribunal. This has resulted in Rule 6 reports having to be completed, which was not initially considered during the original work plan.
 - Whilst the introduction of the MCA is welcomed by the service as being an essential protection for people lacking capacity, there have been huge workforce and resource implications, especially as service users with a Learning Disability could be subject to reviews under MCA from the age of 16 until their death. Due to the complexities associated communication needs and concentration levels of our service users very often assessors have to complete the capacity assessments over 2-3 visits and it takes considerably more time than anticipated.
 - After the first year of the authorisation, annual reviews are required and these are also required to be referred to the Attorney General. This may also possibly lead to an annual review by the Review Tribunal but at the very least a mandatory referral every 2 years. This will require a report to be produced by the applicant.
 - The issue of the Nominated Person (NP), where one cannot be identified is another issue for the service. Currently a senior manager is taking this role on but this does not provide the level of objectivity that the Nominated Person (NP) should provide. It is essential that independent advocacy take on this role and they are resourced to do so.
 - [REDACTED] This is also time consuming and a complex area requiring staff to have an excellent knowledge of legislation.
- To date the service has carried out 179 assessments- 103 Trust Panel applications; 40 service users were deemed to have capacity; and 36 are awaiting a panel hearing. This falls short of

the target for learning disability despite a very robust action plan being put in place for the target to be achieved by the end of May. The service has 2 sessional staff (2 days per week) who are both social workers and one experienced social worker (4 days per week) have been funded to work on completing applications. It is hoped that in July another social worker who is retiring will join this workforce.

- To assist the workforce the service area has developed a number of resources to help with understanding of MCA – these include social stories, easy read information and objects of reference. The introduction of MCA has resulted in excellent MDT working with social workers, CNLD, OT and SLT all working together to produce the required forms.
- The service has also sought to run a number of workshops to augment the training provided by the Department of Health. Staff have reported that these have been useful and this should be embedded into the programme to share learning.
- A proposal has been put forward to secure additional funding for MCA work within the service area to include admin support.
- Given the challenges and workforce issues highlighted the service area is unlikely to meet the May or the November review deadline. This has been included on the Risk register

2. Approved Social Work (ASW)

- The service area now only has 3 qualified Band 7 ASW staff who participate on the ASW day time rota.
- The service area also has an 8A ASW/Operations manager, who is on the ASW register.
- The lack of qualified ASW staff within the service area continues to present challenges in respect of a lack of expertise relating to risk assessment and key legislation i.e. the Mental Health (N. Ireland Order) 1986, Mental Capacity legislation and Human Rights legislation.
- The service area encourages staff to apply for places on the ASW programme to ensure there remains sufficient expertise in relation to the Mental Health (N. Ireland) Order 1986 and to reflect the new demands of the Mental Capacity Act (NI) 2016 Phase.
- Unfortunately, attempts to encourage staff from the Learning Disability service to undertake the ASW training last year were unsuccessful.

3. Vacancies

- Generally, the permanent recruitment of Band 5/6 SW vacancies has not been an issue within the service area.
- The Trust has agreed to participate in the regional recruitment of social workers during 2021-2022 but remains concerned in relation to the standards applied to job descriptions/ interviews particularly around specialist areas/posts will need to be addressed.

- At the end of March 2021, the service area has 1x Band 6 SW permanent vacancy in West Belfast which is still being processed through scrutiny and 1 Band 6 SW permanent vacancy in Muckamore Abbey Hospital due to be interviewed.
- Within South and West Belfast Community Teams – there are 5 temporary vacancies – 1 on maternity leave and 4 who took up Senior Practitioner/ Team Leader posts- now all unfilled.
- When staff have been temporarily promoted from Band 6 to Band 7 posts within the service area it has been difficult to secure backfill from the agencies. This has resulted in several of the SW Band 6 posts unfilled or the need for off contract agencies to be used which has proved costly for the service area.
- Any temporary posts have been mostly backfilled by band 5 AYE staff who lack expertise and require additional supervision and mentoring.
- There have been issues raised by staff side in relation to some of the job descriptions in relation to inclusion of ASW responsibilities in Band 7 job descriptions. Therefore, a number of these posts are currently being desk topped.
- The service area is seeking to recruit an additional 4x B7 Senior Practitioners in SW to provide support to team leaders with DAPO roles and to aid with development of B6 and unqualified staff in the teams.
- The service has now agreed that all team leaders will be social workers to reflect the requirement for DAPOs.
- 2x Band 7 Team leader posts which were vacant were successfully recruited. One permanently took up post in July 2020 and the other is covering the post temporarily.
- 1x Band 7 Team Leader retired- this post is temporarily backfilled. This post is being progressed through scrutiny. Another team leader is due to take up a temporary Band 7 Care management post. Several attempts to recruit to this post through an expression of interest have been unsuccessful.
- 1x 8A Principal Social Work post has now been agreed and is currently being processed for recruitment.
- 1x 8A Adult Safeguarding Lead- has been vacant since September 2020. This post has been successfully recruited and the post holder is due to take up post in June 2021.

4. Achieving Best Evidence (ABE)

- The service currently has 3 Band 7 staff trained as ABE interviewers.
- It is hoped to increase this in the coming year to meet the service area needs. The service would like to increase this number by 2 during the next reporting period.

5. DAPOs and IOs

- The service area has 5 DAPOs who are also Team Leaders/ Senior Social Workers and 1 permanent WTE B7 DAPO.

	<ul style="list-style-type: none"> • The service has 3 Band 7 Senior Practitioner/DAPOs recruited via an Expression of Interest. These posts are being recruited permanently. • A main workforce planning issue is the recruitment and retention of Senior Practitioner / DAPO. A proposal for additional ASG resource to include, an additional 8a ASG Lead, additional WTE DAPO'S, additional WTE IOs, admin and business support has been put forward. • Expression of interest for posts has not been successful to date and the input required into Muckamore Abbey hospital has impacted on the ability to retain DAPOs. • See safeguarding section for further details. This risk has now been included on the Corporate Risk register
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</p> <p>If not, outline the remedial action taken to address this</p> <ul style="list-style-type: none"> • Within one of the Community Learning Disability Teams, the Team Leader has been on long term absence. The Senior Practitioner in the team has provided supervision for the Band 5 AYE staff and agency staff on a monthly basis. However, the remainder of the social work staff in this team have been receiving informal and group supervision. • There have been unsuccessful attempts to backfill this post through expression of interests but the service will continue to seek backfill.
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <ul style="list-style-type: none"> • At present within the service area, a caseload weighting tool is not used. • The service area has partially completed a review of current service users who were on the community caseload, who required minimal input from the service area. The West and East Belfast teams are completed and North and South are to be completed. This has been temporarily paused due to COVID. As a result of this review it has been agreed whether the service user; needs signposted on to other services; requires input; or can be discharged, on the understanding that if they require the service again they will be quickly reviewed. • There are ongoing audits of caseloads completed at monthly supervision. The Team Leader reviews information from the PARIS system. This includes the numbers of service users on

	<p>each staff member's caseload, the frequency, type and duration of contact. This provides an overview of the capacity of each staff member and hence informs the allocation of work.</p> <ul style="list-style-type: none"> • Supervision is also the forum whereby the Team leader can gain an understanding through discussion with the staff member in relation to the detail of each case including its complexity, the resources required and the workload capacity of the staff member. • Files are audited to ensure adherence to professional and agency standards. • Induction and training needs are identified and addressed at supervision to ensure staff are suitably trained and skilled to work with service users to meet their needs. This forms part of their SDR. • Team leaders regularly review caseloads across their teams and try to balance individual's caseloads with more complex and less complex cases and to match the skill set of each practitioner. • Backfill has been put in place through internal expression of interests or through use of agency. All agency staff have regular supervision and access to suitable training within the service area • Recruitment is underway to recruit any permanent vacancies.
2.3	<p>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.</p>
	<p>1. Care Management Audit</p> <p>An updated audit took place by BSO in March 2020. The service area achieved a satisfactory report. Significant work has been ongoing which has included:-</p> <ul style="list-style-type: none"> • Providing Care Plans for all Care Home placements, which explicitly detail Trust expectations. • A Care Management Analysis document has been developed: one for domiciliary packages and one for placements. This document analyses assessments from a variety of professionals and provides a record of BHSCT decision making in relation to assessed needs. This document records: the service user and family views; and capacity, consent and human rights implications. • Work has been undertaken with PARIS to create a separate team on the system so that reports can be easily run off to capture relevant information including activities. • A proposal has been developed to seek additional funding for business support to enable the full implementation of DATIX. This will enable care management to identify trends and patterns and thus enhance governance arrangements. • Care management are seeking funding for a finance officer to review placement costs to achieve value for money.

- An OT has now been appointed as part of the Care Management team to assist with the commencement and the review of placements.
- During the pandemic reviews were carried out virtually. However, now that the transmission levels have fallen, quality monitoring visits in all our facilities are now being completed.

2. Feedback from service users and carers

Carer Questionnaire 2021 in MAH.

- Given the Trusts commitment to meaningful involvement of service users and carers in the planning, design, review and evaluation of services (Personal and Public Involvement – PPI), Learning Disability Services wanted to ascertain the views of carers in Muckamore Abbey Hospital. The service area therefore in February 2021, sent out a questionnaire to all 48 carers of patients currently resident in Muckamore.
- There was a response rate of just under 40%.
- The completed questionnaires were returned anonymously to a member of the Trust's Community Development Team, who analysed the responses and compiled a report.
- The questionnaire contained a series of statements and carers were asked whether they agreed or disagreed with these. These were in relation to the following themes- being treated with care and compassion, attitude of the staff team, the quality and timeliness of sharing information, involvement in care planning, how to raise concerns, assessment of carer needs etc. There were also sections for comments, asking for ways the service could be improved.
- Generally, two thirds of the respondents were satisfied with several aspects of the service, with around one third of carers dissatisfied with aspects of the service.
- An action plan is now being developed to address these areas by the service area, in collaboration with carers, through a partnership and co-production approach.

Happy and safe project.

- Learning Disability commissioned work from Association for Real Change (ARC) to carry out a baseline assessment in Muckamore Abbey Hospital utilizing a number of different approaches and techniques, including group work and 1:1 support, to explore how safe and happy patients feel in Muckamore.
- This piece of work was initially paused because of COVID but it is now almost completed and we await the findings of this review, which will inform how we support future planning for our patients.

Real Time patient feedback.

- Work has commenced with the “Real Time Patient Feedback” team as to how best to capture the patient experience on the Muckamore (MAH) site.
- The MAH Patient Council and Telling It Like It Is (TILII) reference group have reviewed the questions to make them relevant to the service area.
- We are awaiting feedback to see if the amendments suggested by the service area fit within the domains of the Project.

**Carer Feedback Report for ASG in Muckamore Abbey hospital
1.4.20 -31.3.21.**

- There were pre and post questionnaire discussions with carers by the DAPO following an adult safeguarding incident.
- There were 55 carer feedback discussion sheets completed with carers by Adult Safeguarding DAPO relating to both staff on patient and patient on patient allegations. Not all carers wished to participate in a survey.
- The majority of carers reported feeling supported and well informed, and were happy to continue to receive follow-up calls as the investigation progressed.
- The findings of the pre investigation questionnaires had 33 responses with 24 either very satisfied or satisfied and with 6 Dissatisfied.
- The findings of the post Investigation had a total of 22 responses with 14 either very satisfied or satisfied; 5 neither satisfied nor dissatisfied; and 3 very dissatisfied
- A number of respondents expressed gratitude toward the investigative team and the PSNI for their involvement and expressed appreciation for the staff and the work that they were doing for their family members. Others shared that they were pleased that the CCTV picked up allegations.
- Carers who were dissatisfied: one outlined that this was because they remained concerned that their loved one was not sufficiently protected; others did not accept the outcome of the investigation or felt there was a ‘cover up’ despite the investigations finding no evidence to substantiate the allegations.
- A number of carers have been offered an opportunity to discuss their concerns with senior managers and pursue their concerns as formal complaints.
- Most of the families were accepting of the support and information shared by the DAPO.

Community Carer Engagement Sessions.

- Community Learning Disability services conducted a series of six engagement sessions through Zoom in February and March 2021. The sessions aimed to share what has been happening in the service and give carers a chance to hear about plans for the next 6-12 months. It was also an opportunity to ask questions and share their thoughts and ideas.

- Issues raised were in relation to impact of Covid, the vaccination programme that was rolling out across LD, resumption of services as well as agreement to participate in the soon to be established LD Community Forum.

Telling It Like It Is (TILII) (groups of adults with a learning disability that meet and get their voices heard).

- Within Muckamore Abbey Hospital, Muckamore Patient Council and Sixmile Patient Council share their voices on ideas to help improve the hospital but also make sure their voices are heard in the community, by working together with the other TILII groups in N. Ireland.
- Over the past year, they did: two roving reports about the hospital; made 28 TILII TV programmes and are currently making one about hospital life through Covid 19; developed easy read documents; shared their views on the NI Mental Health Strategy; NI Adult Protection Bill; Review of Restraint and Seclusion; and Terms of Reference for the Muckamore Abbey Inquiry.

3. ASCOT (Adult Social Care Outcomes Tool)

- The Department of Health advised in January 2015 that the Adult Social Care Outcomes Toolkit (ASCOT) would be the tool adopted by all Trusts to monitor qualitative data, as it could be readily integrated into service user review processes. The ASCOT data constitutes a key component of the Department's reporting against Programme for Government commitments and was referenced in the Departmental Business Plan for 2017/18.
- Belfast Trust implemented ASCOT in 2018, and continue to use this tool across adult services.
- The community teams continue to submit returns for any new referrals where the service user is able and willing to complete the assessment. These returns are submitted to PSD for collation.
- The service area is awaiting outcome of the analysis of this data and an update in relation to its future use.

4. Research

- A Senior SW Practitioner from the service area is on a secondment to complete a PhD at Queen's University. The title of Ms McIlroy's research is 'Decision-making processes in Learning Disability services: in whose best interests?' This research is still ongoing.

5. ASW audit

- There are quarterly audits in relation to compliance with the Mental Health (N. Ireland) Order 1986.

- The outcome of the last audit was that within Muckamore Abbey Hospital there were 2 administration errors one on a Form 5 and one on a Form 3.
- Good practice was highlighted which included:
 - documentation was completed to a good standard;
 - all detention forms had been scrutinised within two working days and had been processed to RQIA within the five working day timeframe by administrative staff;
 - each file reviewed showed that patients had had their Statement of Rights issued and a note had been made of their consent on the business file held in Medical Records.

6. Shared Lives

- The Shared lives model was regionally developed in financial year 2019/2020. This covered all elements from PPI, Community Engagement, Communication Tools, Administrative Frameworks, Performance Assurance Tools and Financial Framework.
- There was a consensus that Learning Disability was already providing this service through Families Matter and the use of host families for both long-term placements and respite. Significant work was completed on community engagement and the development of regional documentation and communication systems, which were very focused around service user involvement in the development process.
- Within the service area, we currently have 21 service users availing of shared lives.
- All the documentation and proposal to the Board was submitted by the project lead on 31st March and we have to date not received any update.

7. Community Learning Disability Adult Safeguarding (ASG) audit.

- In July 2020, Learning Disability Senior Management commissioned an Adult Safeguarding Audit of Community Learning Disability Adult safeguarding referrals and investigations across four community teams within the service in line with the Regional Adult Safeguarding Policy and Procedures.
- The Audit tool focused upon the Adult Safeguarding suite of forms on Paris.
- The sample used within the audit focused on a 6-month reporting period from January 2020-June 2020. A total of 52 referrals were identified from all four community learning disability teams and all 52 referrals were audited.
- The findings demonstrated that:- there was a timely response to case allocation by DAPO's; staff worked within the spirit of policy and procedures thresholds; there was good communication between professionals; alternative methods of service user

	<p>engagement were employed throughout COVID-19; and there was consideration to alternative safeguarding processes.</p> <ul style="list-style-type: none"> • There were areas for improvement identified to include: - better documentation and full completion of forms and to evidence service user involvement & perspective. • As a result of the audit a number of actions have been completed across the service to include:- Audit outcome and feedback sessions completed during two Safeguarding forums with IO's and DAPO's; Bespoke training session provided by Learning and Development Lead and Adult Safeguarding Development Officer; Aide Memoirs and an Operational procedural manual developed and implemented. <p>8. Impact of COVID-19</p> <p>Community Learning Disability Teams (CLDT)</p> <ul style="list-style-type: none"> • The greatest challenge to the workforce and to our service users and carers has been the impact of COVID. • CLDT adapted to using virtual ways of keeping in contact with families and attending meetings but there were limitations with this in terms of assessing the service user and family situation and risks. • It was difficult sharing information in a timely manner/ difficulty using video contact as approximately 60% of families did not have internet access and the workforce had to keep in touch by telephone in many instances. • There was significant lack of IT equipment to facilitate staff working from home. There was and remains a lack of office space to allow for social distancing. There were issues in relation to the welfare of staff who were quite isolated from their peers. This was particularly relevant to new staff. • Day care and short breaks was stopped during the first lockdown and this had an effect on the support that was required for our families. • Two of the Community Learning Disability Teams (CLDT) were also seriously affected by COVID outbreaks and this put further pressure on the capacity of teams. • There were various things introduced which worked very well for our service users, carers and for our staff including:- <ul style="list-style-type: none"> ➤ Daily MDT huddles for information sharing / timely responses; ➤ Regular communication with service users and families to monitor how they were doing and respond quickly to any concerns- regular updates and alerts to any concerns via telephone and Community Newspapers; ➤ If Home visits were required, PPE readily available; ➤ VIP Lanyards and Carer ID cards- carers felt valued and supported; ➤ Creation of 4 Community Hubs; ➤ Development of a SBAR which provided an aide memoire to guide staff to make comprehensive assessments on the
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	<p>phone through focussing on the situation, background, assessment and recommendations;</p> <ul style="list-style-type: none"> ➤ On line activities for carers/service users; and ➤ Updating Hospital passports <ul style="list-style-type: none"> • The workforce were very flexible and showed resilience to changing circumstances. There was a range of supports offered to the staff by the Trust. <p>Learning Disability Day Services</p> <ul style="list-style-type: none"> • At the end of March 2020, all of our Day Centres, Community Day Services and Short Break beds were closed to protect service users and staff from COVID. • 30% Day social care staff were redeployed from day care to the 4 LD Community Hubs, 24% were redeployed to Learning Disability supported living and residential care services and some were redeployed external to the Trust to support Independent providers. • 4 Community Hubs were established along geographic patches and aligned to our Community Learning Disability Teams to keep in touch with service users and carers. This proved a very effective and positive initiative welcomed by all involved. • The social care workforce were extremely flexible and innovative in responding to the challenges posed by COVID. This included:- <ul style="list-style-type: none"> ➤ sharing easy read information to explain why centres closed, about handwashing, social distancing, PPE; ➤ 650+ Safety Survival packs developed and delivered across the city; ➤ Several thousand resource packs were delivered to family homes to provide alternative activities for service users; ➤ Outreach took place in the form of walks/shopping/ prescription collection/ bus runs; ➤ Ipads were loaned to carers and service users to maintain communication; ➤ Zoom coffee mornings and closed facebook sessions; ➤ Over 250 Hospital Passports were developed; and ➤ Local day centre newspapers. • A short questionnaire was sent to all families / carers to ascertain their views about the centres re-opening. Over 250 questionnaires were completed giving a very good response rate of over 40%. • Prior to opening, an environmental risk assessment was completed. Pre-COVID day care attendance ranged from 22 up to 85 attendees per day. Currently of the 500+ service users who accessed our Day Centres pre-COVID, just over 300 are now attending our Day Centres and Community Day Services. The numbers of days that they are attending has been reduced and most are now attending twice a week, whereas previously they would have attended between 3 and 5 days, so the service provision is approximately 30% of what it was pre-COVID.
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- Along with the 2 Day Centre attendances per week about 15% of service users are also accessing a third outreach activity such as a bus run or walk in their local community.
- In line with the regionally agreed Learning Disability Recovery Framework developed by the HSCB in conjunction with the Trusts the vast majority of service users living with family members have returned since the centres re-opened in July.
- Additionally, activity resources continue to be sent out and involvement with Zoom calls and some outreach activity such as walks is maintained.

Day Opportunities

- Alongside our Day Centres, we part fund a large number of Community and Voluntary sector Organisations to provide Day Opportunity services for adults with learning disabilities across the City, the majority of whom do not access statutory Day Services. In response to COVID, our partner Organisations developed a range of alternative activity options to enable them to continue to support and engage these service users.
- Utilising a range of IT systems, Social Media platforms, Smart Phone Apps etc. ensured that some form of service delivery was continued and contact maintained with service users and their families.
- Some Organisations also provided a range of additional activities, which could be shared and offered to all people with learning disabilities across the City, including programmes and information about “staying safe” online, crucial with the increased usage of different platforms.

Residential & Supported Living

- Our statutory Residential & Supported Living workforce have worked closely with Regional Nursing & Care Home Guidance to ensure that services are provided in the safest possible way for our service users. The staff also worked closely with families and carers, purchasing iPads to support regular contact, accommodating Care Partners and employing a number of Activity workers to ensure that service users are meaningfully engaged during the day.
- As part of the Community Learning Disability Surge Plan a need was identified to have available a number of beds for short term usage as a consequence of family and caring arrangements failing due to COVID related issues. It was agreed that a number of the stand-alone Short Break beds, which had been closed due to the outbreak, could be utilised for this purpose using existing staff resource. Twelve beds were identified across the city and a pathway put in place to define their usage. If allocated, a surge bed was provided for an initial 3 days after which it was reviewed with Community Team Leader.

Commissioned and Care Management (CM) services

- Our workforce was also challenged within care management and commissioned services. Care Manager reviews were replaced by virtual reviews. Staff visited facilities wearing PPE when service users were distressed or in relation to following up quality issues.
- Again the workforce was flexible and adaptive and a care manager was identified as the link for each care facility for advice/ support, PPE, testing, infection control etc. Care management also became the central point for PPE, stock checking and weekly delivery. Care Management staff arranged fit testing, carried out risk assessments for Aerosol Generating procedures, arranged donning and doffing training and infection prevention and control site visits
- They also maintained regular contact with families, offered support/ advice.
- However, there were difficult challenges for the staff associated with families unable to visit loved ones; staff unable to assess risks/ identify concerns as there was no access to care facilities; there was a psychological impact on staff when service users died; at times there was contradictory advices at time from other Trusts, PHA and RQIA and there were issues with remote working i.e. lack of IT equipment, lack of cohesion in team working, impact on mental health of staff, less cross learning also impacted on the workforce.

Muckamore Abbey Hospital

- During COVID to reduce footfall on the hospital site visiting was stood down and there was the cessation of off site and on site services. This contributed to a more challenging and less varied experience for our patients.
- Again the workforce responded to COVID through the Creation of COVID ward and Isolation pods within each ward; developing individualised isolation plans according to individual care needs; developing social stories e.g. hand washing, use of PPE, tests etc; creating Hospital newsletters; devising scripts for staff to address family queries regarding COVID; using iPads/ mobiles to assist services users and families to keep in touch; day services moved to individualised activity plans to ensure structured activities for patients; and COVID MDT planning meetings and Webinars took place.

COVID Vaccination Roll-out

All of our Residential & Supported Living, Day-care and Hospital workforce have facilitated service users getting the COVID vaccination and by the end of March 2021, all areas had received the first vaccination with plans for the second vaccination already in place.

2.4	<p>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.</p>
	<p>1. Serious Adverse Incidents (SAIs)</p> <p>There were a number of SAIs within the service area during the reporting year of note to this report. The learning from some of the SAIs included:-</p> <ul style="list-style-type: none"> <p>SAI/19/078: Alleged assault by a staff member on an inpatient.</p> <p>The learning identified was that Training should take place to support staff to complete witness statements and Adult Safeguarding documentation. This was also to be incorporated into induction training for new staff.</p> <p>SAI/20/077: Agency staff member locked a patient's bedroom door.</p> <p>The Trust has an established process in place to ensure other Trusts are alerted to alleged safeguarding incidents involving agency staff as part of adult safeguarding processes. Staff were reminded of the Trust's Whistleblowing Policy and Procedure and the importance of escalating incidents of concern.</p> <p>SAI/20/093: Allegations of abuse by a staff member against a service user.</p> <p>The BHSCT agreed to issue a Learning Letter throughout statutory and commissioned services highlighting the responsibility of staff to escalate concerns immediately. The service provider reviewed their Adult Safeguarding training to identify any areas for improvement.</p> <p>SAI/20/142: A service user was found with a lap belt around her neck.</p> <p>Existing and new staff within care providers should receive training in Human Rights and Restricted Practices, covering the use of lap belts. Families and carers should be provided with information on the appropriate and safe use of lap belts as part of the equipment handover.</p> <p>2. Financial Inspection in Muckamore</p> <ul style="list-style-type: none"> <p>In 2019/20 a Comprehensive Financial Audit was completed within Muckamore Abbey Hospital. A series of recommendations were made ranging from patient finance processes to a Financial Policy review. Muckamore Abbey Hospital was able to action all of the recommendations and received a satisfactory report from BSO.</p> <p>An Internal Financial Audit in July 2020 was conducted by the Patient Finance Liaison Officer to ensure the new process and</p>

policy was being followed by staff in terms of the management of patient finances.

- 2 patients per ward were randomly selected.
- Overall, the findings were that the ward staff had made excellent efforts to work within amended policy and new processes. There were a few areas for improvement noted across all wards listed
- Following the audit recommendations and an action plan was devised.
- These improvements were further endorsed by a further RQIA Inspection in January 2021 which reported, “in general, we were satisfied that the processes for managing patients’ finances and property had significantly improved from previous inspections in 2019. The practices and documentation developed and implemented by the Trust could be used as a benchmark for good practice by other Trusts managing patients’ finances and property.”
- A new process regarding managing patient finances and property was introduced in February 2021.
- E-learning training regarding the management of patient property and finances is available every 3 years. Administrative strategies are now in place to ensure this is completed
- There are a range of audits completed including a monthly finance and property audit per ward and a quarterly property audit of high value items.

3. RQIA Inspections across Learning Disability

In the reporting year there have been:-

- Announced inspections in Statutory Day Care in Orchardville TRC and Everton resulting in QIP to ensure that staff have completed training and can demonstrate knowledge of adult safeguarding. As a result PCSS (Support Services including Transport) have developed a specific Safeguarding presentation (for Children and Adults). It is now mandatory and is being rolled out across the Trust. It will be part of the Trust’s Induction Programme for all new staff.
- 3 announced inspections in Statutory Residential facilities resulting in 9 QIPs
- 3 announced inspections in Statutory Supported Living facilities resulting in 13 QIPs (further details of note below).
- 2 announced inspections in domiciliary care resulting in 6 QIPs
- Announced inspections in Muckamore Abbey and Iveagh Children’s Centre as below.
- An action plan has been developed for all these areas of improvement. See below the ones of note for the purposes of this report.

RQIA Inspection in Annadale Supported Living Service on 18th August 2020- report received 2.9.20.

The inspection recommended 6 QIPs. A number of actions were taken to address these. These included:-

- The Trust will ensure all staff receive Adult Safeguarding Training.
- The registered person will ensure all use of physical intervention is recorded appropriately within the DATIX system.
- All incidents of physical intervention will be reviewed to ensure it was the least restrictive option to secure the safety of the service user and that of other service users.
- The registered person will work with the Positive Behaviour Support (PBS) Team / Psychology to ensure the service user PBS plans and care plans are kept up to date and the staff team are aware of how best to support each service user so minimising the need to use physical intervention.
- The registered manager will ensure that all relevant staff are MAPA trained and their training is kept up to date to ensure the safety of service users and staff.

RQIA Inspection of Trench Park Supported Living on 19th November 2020- report received 21.12.20- 4 QIP

The inspection recommended 6 QIP. A number of actions were taken to address these. These included:-

- There is a system in place to review the service user's person centred plans with both families and social workers prior to each admission to the short break service.
- A new contents list has been developed for the person centred plans to ensure they are accurate and reflective of a person's needs, including a section for DOLS/ restrictive practices.

RQIA Inspection Iveagh Children's Centre- 8th, 23th September and 7th October 2020- 12 QIP.

This inspection recommended 6 QIPs. A number of actions were taken to address these. These included:-

- The Trust should agree a date for the transfer of responsibility and Management of Iveagh Centre to the children's directorate in BHSC and review the model of care to inform the future commissioners model of acute assessment and treatment services for young people with a disability.
 - In response to this area of improvement, the Trust previously held a stakeholder workshop on 13 January 2020 to discuss and agree the management and governance arrangements and the service model for the Iveagh Centre.
 - Discussions in relation to this change in management were paused due to the retirement of the previous Director for Learning Disability Services and subsequently due to the Covid-19 pandemic. The management arrangements associated with the Iveagh Centre will be included in a wider

	<p>restructuring, which will be initiated by the Chief Executive on the Trust's return to normal business.</p> <ul style="list-style-type: none"> • The Trust was to ensure a plan was in place to recruit an additional psychologist. <ul style="list-style-type: none"> ➤ To address this the current psychological provision has been re-profiled and advertised to provide a system of psychological support • The Trust was to establish a single continuous record for all disciplines. <ul style="list-style-type: none"> ➤ In response to this area of improvement there is now a single continuous record for all disciplines and one patient file per child along with PARIS records; the file includes Positive Behaviour Support plans and risk assessments. There are defined protocols for the recording of information. • Provision of independent advocacy arrangements should be available. <ul style="list-style-type: none"> ➤ In response to this area of improvement, advocacy arrangements within the Iveagh Centre are currently provided by Bryson House for children who are not considered Looked-After Children and by VOYPIC for children who are. Bryson House also provides a carers' advocacy service for families of children in Iveagh. The Iveagh Centre has a full-time social worker whose role includes liaison with advocacy services - monthly meetings take place facilitated by Iveagh's Social Worker to discuss issues at ward level and also delayed discharges. In addition, advocates attend a fortnightly MDT meeting and all Discharge Planning meetings. VOYPIC also provide 1 hour per month for direct contact time with the children. • BSCT must communicate with placing Trusts to ensure the delayed discharges are urgently addressed. <ul style="list-style-type: none"> ➤ In response to this area of improvement, there are Judicial Reviews listed for hearing at the end of February 2021 concerning 4 delayed discharges. ➤ Each Trust has submitted business cases to HSCB for child centred support and accommodation packages. ➤ The Iveagh team continue to hold 6 weekly discharge planning meetings for each child with the community teams within the respective Trusts. BHSCCT have escalated concerns regarding delayed discharge with the relevant Trusts. • Safeguarding documentation should be improved to ensure that the records are comprehensively completed to include dates, action taken and outcome.
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- To address this the Iveagh Social Worker provides oversight for safeguarding documentation and works in close partnership with Iveagh and the Children's Services community teams to improve the quality of these records.
- A further review of current documentation and processes will take place to identify opportunities for improvement by the end of April 2021.

- Other recommendations included data analysis (this is being taken forward through MDT, live governance, clinical improvement groups) and to review induction to make it competency based.

RQIA Inspections in Muckamore Abbey Hospital

Announced RQIA Inspection took place 2-16 April 2020- report received 27/08/20.

- This resulted in 6 QIPs.
- Although there were no areas for improvement identified during this inspection the QIP however contained the areas for improvement carried forward from the last inspection on 10-12th Dec 2019. These included that the Belfast Health and Social Care Trust must:
 - Implement effective arrangements for the management and monitoring of CCTV within MAH and ensure:
 - Ensure that all staff understand the procedures to be followed with respect to CCTV;
 - Ensure that there is an effective system and process in place for monitoring and managing CCTV images. Monitoring teams must be multi-disciplinary in nature and support staff to deliver care and learn collaboratively;
 - Ensure that the MAH CCTV policy and procedural guidance is reviewed and updated to reflect the multiple uses of CCTV in MAH.
 - Must strengthen arrangements for the management of medicines.
 - Shall complete a review of the necessity for a functioning seclusion room taking into account the needs of the patients accommodated in the hospital, safety of patients and staff and the required standards and best practice guidance.
 - Shall outline a statement of purpose for the use of the PICU as a "Low Stimulus Area" taking account of the required standards and best practice guidance and ensuring the safety of patients and staff.
 - Shall develop and implement a systematic approach to the documentation used throughout the hospital for the recording of patients' physical health checks.
 - Shall ensure if physical health checks are declined by the patient, this must be recorded in the patient's care records and evidence retained of ongoing attempts to engage the patient.
 - There is an action plan in place to address these issues

Unannounced RQIA Inspection Report on 27 and 28 October 2020- report received 05/03/21.

The QIP contained 4 areas for improvement as follows. These included:-

- The Belfast Health and Social Care Trust shall develop and implement a communication strategy that will ensure that relatives/carers receive their requested level of communication about their relative's care and treatment in Muckamore Abbey Hospital. The agreed communication strategy should be documented and accessible to relevant staff.
- The actions to address this are as follows:-
 - The Trust has been developing a commitment to carers statement and a communication agreement template. This has been developed in conjunction with staff, a number of carers and advocacy services through the Carers Forum.
 - This includes details of the next of kin's preferred method of keeping in touch, frequency of contact etc. This information will be recorded in the agreed template which will be kept in each patient's file within the ward and on the electronic PARIS system.
 - A key contact information sheet containing the contact details of staff involved in each patient's care has also been developed. This will also be recorded in the agreed template, which will be kept in each patient's file within the ward and on the PARIS system.
- The Belfast Health and Social Care Trust shall ensure that a communication plan is developed which provides clarity to all staff about the information provided to the NOK following an incident, the date and by whom the information was provided, the NOK's response to the information, and the follow up arrangements planned. This information should be recorded in a standardised manner across the hospital site.
 - See safeguarding section for details.
- The Belfast Health and Social Care Trust shall ensure that all patients in Muckamore Abbey Hospital are subject to the Assistant Service Manager's monthly audit of monies and valuables at least annually.
 - As outlined in above section under financial audit

Unannounced RQIA Inspection took place in Erne on 21/1//21

The QIP contained eight areas for improvement:-

- All patients in Erne should have appropriate and timely access to the positive behaviour support service.

- That staff on the ward of Erne should have the skill and knowledge to effectively support patients who present with behaviours that challenge, including implementation of each patients positive behaviour support plans.
- The IPC team should record all visits to wards in Muckamore. Actions arising from the visit should be shared with the ward manger, disseminated to appropriate ward staff and actioned accordingly.
- Ensure a robust track and trace system is in place in Erne ward, which takes account of its multiple entrances and exits.
- All patients in erne should have access to a comfortable, clean, and warm living area. This should include robust audits of the ward environment and timely repair of broken items by the Trusts estate department.
- Staffing levels should allow for staff clinical supervision sessions, staff appraisals and the facilitation of regular ward/ staff meetings.
- All incidents should be graded appropriately to reflect the inherent risk rather than the outcome. The system should include audits of incidents and implementation of learning arising from the audits
- Implement a local incident debrief policy and procedure so that a learning arising from incidents is shared across MDT's and MAH in timely manner, trends identified and records maintained of all debrief sessions including actions required and persons responsible for ensuring the action is completed.
- An action plan is being developed to address these areas of improvement.

4. A Review of Leadership and Governance at Muckamore Abbey Hospital

- An Independent Review of the Leadership and Governance of Muckamore Abbey was commissioned by HSCB and DoH for period 2012-2017. This report was published in August 2020.
- The review focussed on governance, leadership, the Ennis investigation, CCTV and Mr B complaint. It made 7 conclusions and 6 recommendations for the BHSCT.
- The conclusions included:-
 - The complex governance arrangements hindered its agility and ability to be responsive.
 - Discharge of Statutory Functions (DSF) Reports were largely repetitive documents, which did not provide assurance neither in relation to the discharge of statutory functions, nor to the standard of practice in relation to same. There was insufficient challenge at Trust Board and HSC Board. The reports lacked outcome data.
 - Limited evidence of MDT working at MAH.
 - There was a failure to use data and learn from it- little evidence of data analysis or triangulating it to inform practice.
 - There were staffing difficulties especially nursing and medical posts. There was an inadequate 20:80 ratio of nursing to

	<p>health care support worker, limited training and lack of patient activities.</p> <ul style="list-style-type: none"> ➤ There was focus on resettlement and less emphasis on safety and quality of the hospital as a whole. ➤ Muckamore had its own culture which was not informed by the leadership values of its parent organisation <ul style="list-style-type: none"> • The 6 recommendations for the BHSCT included:- <ul style="list-style-type: none"> ➤ The Trust should consider immediate action to implement disciplinary action where appropriate on suspended staff to protect the public purse. ➤ The Trust has instigated a significant number of managerial arrangements at MAH following events of 2017. It is recommended that the Trust considers sustaining these arrangements pending the wider Departmental review of MAH services. ➤ Advocacy services at Muckamore should be reviewed and developed to ensure they are capable of providing a robust challenge function for all patients and support for their relatives and /or carers. ➤ The complaint of Mr B should be brought to a conclusion by the Trusts Complaints Department. ➤ In addition to CCTVs safeguarding function, it should be used proactively to inform training and best practice developments. ➤ The size and scale of the Trust means that Directors have a significant degree of autonomy; the Trust should hold Directors to account. • The service area is currently implementing actions to meet the recommendations. <p>5. Significant legal proceedings during 2020-2021</p> <p>Significant MHRT hearings</p> <ul style="list-style-type: none"> • Patient Z was a long stay patient in Muckamore Abbey Hospital under a Hospital Order with restrictions. Patient Z had been in a community placement since December 2018 and remained under Article 15 leave with ongoing approval by the DOJ for this and for any outings. • A mandatory referral to the MHRT was made and the recommendation from the Trust would have been for his conditional discharge but this proved problematic due to a ruling by the Supreme Court in <i>Secretary of State for Justice V MM</i> (UKSC 60). In MM the Supreme Court ruled that conditions, which objectively amount to a DoLS cannot be imposed by the First Tier Tribunal or the Secretary of State. • The MCA could not be used as Patient Z is assessed as having capacity. [REDACTED]
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	<div data-bbox="389 181 1244 248" style="background-color: black; height: 30px; width: 100%;"></div> <ul style="list-style-type: none"> • In December 2019 and February 2020 the MHRT found as follows:- <ul style="list-style-type: none"> a. That the patient's mental disorder does not warrant his detention in hospital for treatment; b. Discharge to suitable care would not create a substantial likelihood of serious physical harm to himself or others; c. For the purposes of Article 78(1)(a) of the Order the Tribunal was not satisfied as to either and both of the criteria at Article 77(1)(a&b); d. For the purposes of Article 78(1)(b) the Tribunal found that it was appropriate for the patient to remain liable to be recalled to hospital for further treatment. • The Trust applied to the High Court for a Declaratory Order permitting the detention of two patients due to be discharged from the low secure regional forensic unit in Muckamore Abbey Hospital (Patients Y and Z) who were deemed to have capacity but required community detention. • Both patients were deemed to have capacity to understand aspects of their care plan relating to constant supervision and restrictions on their liberty and therefore authorisation via a Trust panel under the Mental Capacity (NI) Act 2016 was not possible. The case raised a new issue of law because historically the Declaratory jurisdiction of the High Court is for incapacitated persons. • The cases were heard by the High Court. The Court clarified that the law would potentially permit a Declaratory Order in such cases. • Patient Y is not subject to deprivation but rather restrictions as he is not constantly supervised. Patient Y's legal team issued a writ of habeas corpus which was dismissed by the High Court. Subsequently the Trust adopted a different approach to Patient Y's case and following a Review Tribunal decision in March he is currently subject to Article 15 leave under Part III of the MHO and has moved to his new home. • Patient Z remains subject to Article 15 leave under Part III of the Order and his case is due to be heard by the MHRT in April 2021. In the case of Patient Z it would appear that the restrictions imposed do amount to a deprivation of his liberty. Patient Z has been subject to Article 15 leave for a period of 2 years. The Trust is recommending to the MHRT that an absolute discharge is given. If Patient Z is discharged the Trust will consider seeking the inherent jurisdiction of the High Court to address the issue of legally authorising the deprivation of liberty in the community placement. • These cases have clarified that the Trust can approach the High Court in similar situations. There is one further imminent discharge from the unit where High Court authorisation may be required.
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Judicial Review regarding a patient in Muckamore

- The service area is currently waiting for a judicial review to be heard in respect of a patient who has applied for a court order requiring the Trust to provide a suitable community placement. Patient A is a 26 year old man. He was admitted to Muckamore Abbey Hospital in 2012 and was fit for discharge in 2015. He has a diagnosis of severe learning disability, severe autism and extremely challenging behaviours. Following a failed community placement the BHSC in January 2020 agreed to seek a bespoke assessment of his needs by an autism expert and commence a single action procurement regionally and nationally to seek a provider who could meet his needs. The single action procurement process was commenced in December 2021.
- To date no suitable community placement has been obtained for him and the service is undertaking a procurement exercise to look at his individual needs and a specialist assessment of his needs.

Judicial review regarding delayed discharges in Iveagh and the Trusts failure to provide appropriate community placements in a reasonable timescale.

- Judicial review proceedings are underway in a number of cases relating to delayed discharges from Iveagh. Discharge has been delayed due to lack of suitable community placements and services available to young people with complex needs.

Further Declaratory Orders

- **Patient A** is a 41 year old man with a severe learning disability, autism and who displays extremely challenging behaviours. Following a dental appointment, it was agreed that Patient A required a full dental excavation and that due to his behaviours this would need to be completed under a general anaesthetic. Following a Best Interests meeting, [REDACTED] it was agreed that a Declaratory Order should be sought. The High Court made the Order on 27 November 2020 and the dental work was carried out on the 18/12/20 with a very positive outcome for Patient A.
- **Patient B** is a 31 year old man with Down Syndrome and autism. The High Court authorised a Declaratory Order on 14/10/19. This came about following his parents issuing Judicial Review proceedings against the Belfast Trust for 'failure to admit him to Muckamore Abbey Hospital under the MHO (NI) 1986'. Alternative accommodation was sourced for him. As he required the use of physical intervention and had no capacity to understand aspects of his care plan amounting to a deprivation of liberty and he is subject to continuous supervision (2:1) the High Court agreed to a Declaratory Order. This was due for review in October 2020. The Trust has submitted reports to the Court in relation to this.

- **In the case of Patient C** the service was able to advise the Court that the Declaratory Order has now been replaced by the use of the MCA (NI) 2016. Patient C is a 27 year old man with a profound learning disability. He had been cared for in an adult placement until November 2019 when he moved to a residential placement in the Northern Trust Area. The Declaratory Order in place for Patient C was pursued following a recommendation from the Mental Health Review Tribunal. This was related to the Cheshire West case and Patient C did not have capacity to understand aspects of his care plan amounting to DOLs. Following the implementation of the MCA (NI) 2016 [REDACTED] it was agreed that Patient C's case could be dealt with via MCA. Trust panel authorisation was granted by the NHSCT on 22 December 2020 and the High Court were informed of this [REDACTED]

6. Risk Register

- Within the service area there are a number of risks which have been placed on the Learning Disability Directorate register. These include:-
 - Service Users, who are placed outside the Trust, face difficulties accessing services to meet their assessed needs. This matter continues to be unresolved regionally and continues to be looked at through the regional AD Learning Disability group.
 - Delayed discharges from Iveagh and Muckamore Abbey Hospital resulting in a deprivation of liberty and the right to family life, potential to become institutionalised. There are a number of judicial reviews taking place in relation to this issue. The hospital staff continue to work closely with our patients, and families and providers to identify suitable placements for our service users in the community (see 2.6 point 3 and 2.7 point 3).
 - Potential failure to meet assessed accommodation need due to lack of community infrastructure. There is an accommodation plan in place and a number of business cases are being progressed to address this need (see 2.6 point 4 and 2.7 point 4).
 - Inability to meet minimum staffing levels within Annadale Supported Living Service. There are recruitment plans in place to address this issue. There is a service user in Annadale, who the staff team withdrew support to, citing Health and Safety legislation. This will be subject to an SAI Level 3 investigation. There is a plan in place to recruit a bespoke team to address this service user's needs within Annadale in the future.
 - There are gaps in SW and ASG staff across Learning Disability Services (see 2.6 point 5 and 2.7 point 5). There are also workforce issues in relation to nursing staffing levels in

the hospital, in Psychiatry and Psychology. There are recruitment plans in place to address this issue.

- Lack of assessment and treatment beds for patients with a Learning Disability- see 2.7 point 6.
- Potential failure to provide people deprived of their liberty with adequate safeguards and to meet legal requirements- see 2.6 point 2 and 2.7 point 2.

7. Complaints.

- Within the service area there were 15 Formal Complaints during the reporting period as below-

Formal Complaints (Consented) as at 19.04.21												
Year/Month <input type="text"/>												
<input type="text"/> 2020												
Specialty <input type="text"/>	Apr	May	Jun	Jul	Aug	Sep	Oct	Dec	Feb	Mar	TOTAL	
Residential and Supported Living	1	1	1	1	2	1	1	0	1	0	9	
Muckamore Abbey Hospital	0	0	0	0	0	1	0	0	0	1	2	
Community Treatment and Support	0	0	0	0	0	0	0	1	1	0	2	
Day Services	0	0	0	0	0	0	0	1	0	1	2	
TOTAL	1	1	1	1	2	2	1	2	2	2	15	

- 100% of the complaints were categorised as 'low' grade but one has since been categorised as high grade.
- The key themes emerging from the complaints included:-

Learning Disability Formal Complaint 01Apr20-31Mar21 SUBJECTS @ 19.04.21 <input type="text"/>												
<input type="text"/> TOTAL												
Communication/ Information	4											
Staff Attitude/ Behaviour	4											
Quantity of Treatment and Care	3											
Quality of Treatment and Care	1											
Discharge/ Transfer Arrangements	1											
Environmental	1											
Infection Control	1											
TOTAL	15											

2.5 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.

1. RQIA Safeguarding Improvement Notice in Muckamore Abbey Hospital

- RQIA placed a safeguarding improvement notice on the Adult Hospital in 2019 with recommendations covering a range of areas including: improving staff awareness re adult safeguarding procedures; making adult safeguarding referrals; implementation of protection plans; improving information sharing with key stakeholders; effective management oversight arrangements and implementing good practice across the hospital site.
- Following a significant amount of work this improvement notice was lifted in April 2020. This work included:-

- Additional Training.
- Development and implementation of Aide memoires, new templates, flowcharts, escalation plans and noticeboards.
- Embedding ASG and Protection Planning across the hospital site e.g. through Daily handovers, safety briefings, PIPA, Weekly ASG MDT meeting, live governance, ward managers meeting, monthly ASG Forum, Clinical governance meeting and SMT meetings.
- Establishing a weekly ASG MDT meeting in each ward to discuss new and review existing referrals.
- Establishing a Monthly ASG Forum- to learn collaboratively in respect of ASG investigations through sharing outcomes, good practice, learning from CCTV viewing, sharing outcomes of audits etc.
- Developing an extensive ASG data base- to enable an analysis of ASG data to establish trends/ patterns to inform MDT team, live governance, ward managers meeting, Safety Report for SMT.
- Completion of regular audits to ensure compliance.
- Rolling out of preventative work i.e. keeping yourself safe programme.
- Completion of pre and post ASG questionnaires to receive real time feedback from carers to understand better if intervention is improving outcomes for service users.
- CCTV continues to be live across the hospital site.
- Contemporaneous viewing of CCTV also takes place- areas of good practice and areas for learning are fed back to the staff, and a new quality assurance process has been developed.
- Establishing interface meetings with PSNI and designated PSNI officers identified for the hospital site.
- Commissioning work from Association for Real Change (ARC) to :
 - ❖ Carry out a baseline assessment in Muckamore Abbey Hospital utilizing a number of different approaches and techniques, including group work and 1:1 support, to explore how safe and happy patients feel in Muckamore. Progress with this has been slow due to COVID but this is now near completion. A report will then be developed to support future planning for patients.
 - ❖ Carry out post incident ASG investigations with patients, to explore the impact of response, support offered and aftercare. This will include the completion of the questionnaire the service area has drafted which will be amended by ARC- due to COVID this has been temporarily placed on hold.
 - ❖ Deliver the Keeping You Safe Programme to all the remaining patients within the hospital, who the social work team have been unable to deliver the programme to, including those with communication needs- due to COVID this has been temporarily placed on hold.

Unannounced RQIA Inspection Report in Muckamore on 27 and 28 October 2020 - report received 05/03/21.

- There were a number of QIPs as outlined in the previous section and one related to safeguarding which was as follows-
- The Belfast Health and Social Care Trust shall ensure that a communication plan is developed which provides clarity to all staff about the information provided to the NOK following an incident, the date and by whom the information was provided, the NOK's response to the information, and the follow up arrangements planned. This information should be recorded in a standardised manner across the hospital site.
- The actions to address this are as follows:-
 - An escalation plan is in place outlining whose responsibility it is to notify the next of kin of an incident during working hours and outside working hours following an Adult Safeguarding referral.
 - To ensure consistency of the information being shared with next of kin by ward staff, the Adult Safeguarding team has developed guidance which has been shared with the Service Manager, Assistant Service Managers and ward staff.
 - In addition, the Adult Safeguarding team along with the operational management are in the process of agreeing a template, which will be completed and placed in the patient's file and on the electronic PARIS record. This will include the details of what information has been shared with the next of kin following an adult safeguarding incident, by whom, the date of the incident, the date the contact with the next of kin was made, the response of the carer and what follow up arrangements have been in place - by whom and by when.

2. Adult Safeguarding workforce issues

- There are significant workforce issues in the service area in relation to the adult safeguarding workforce.
- Currently the Learning Disability Service has a limited resource of DAPOs and IO's.
- The 8a ASG Lead post has been vacant despite several attempts to recruit. Fortunately, we were recently successful in recruiting the 8a ASG Lead and he is due to start 1st June 2021.
- Most of the DAPO's in the service area are also Team leaders/ Senior Social worker. Adult safeguarding is only a small part of their substantive posts. This puts additional pressure on them as they are also undertaking other keys functions e.g. managing a MDT, chairing PQC meetings, undertaking ASW roles etc.
- Due to the current difficulties in relation to safeguarding the service area has agreed that the recruitment of future Team Leader posts will now be designated SW posts.
- Additional funding had been secured through IPTs to permanently recruit an additional Senior Practitioner with DAPO responsibilities

	<p>and 2 SW with IO responsibilities. These posts are currently being progressed through HRPTS.</p> <ul style="list-style-type: none"> • We currently have 1x WTE DAPO in post who solely provides in reach into Muckamore Abbey Hospital. • The Learning Disability service area has also recently appointed 3x Senior Practitioners with DAPO responsibilities (Temporary). Two of these staff have only recently been trained as DAPOs and they will continue to carry a complex caseload in the community and now provide in reach into the hospital in relation to ASG referrals. The third Senior Practitioner post (temporary) has only recently been appointed and is yet to be trained as a DAPO and take up post. These Senior Practitioner posts are currently being progressed through HRPTS to be recruited permanently. • Within the hospital, there are a range of staff on patient and patient on patient referrals. Recently there has also been a sizeable increase in the number of historic referrals. These have been generated as a result of the consultation undertaken by the Patient Client Council (PCC) in relation to the Public Inquiry. In addition, the ASG team have been asked to relook at a number of historic ASG investigations to provide assurances to families and service users. This involves resource intensive activities such as the viewing of CCTV, reviewing voluminous records, possibly interviewing staff and maintaining regular contact and support to services users and families. • The ASG staff providing in reach to Muckamore is subject to a higher level of scrutiny than other ASG teams and has additional workload such as the viewing of CCTV, chairing weekly ASG meetings per ward, reviewing voluminous documentation, interviewing staff, involved in the quality assurance process in relation to contemporaneous CCTV viewing etc. Further, given the CCTV historical abuse and the recent increase in historic referrals it is essential that the ASG maintain regular contact with our service users and families. • This has also had an impact on the ASG resource. Only one of the safeguarding posts is a WTE therefore the remaining staff who are adult safeguarding trained are diverted away from other responsibilities to deal with the larger scale adult safeguarding investigations in the community and hospital. • There is also a lack of business support to aid the safeguarding staff to represent data in a meaningful way to show trends and patterns. • The ASG staff also currently has no admin support and no dedicated IO staff. • Currently there are additional pressures on the existing resource to the extent that demand is greater than the capacity of the ASG staff. It has caused ASG staff to be under significant stress. It could place patients, families and staff in Muckamore Abbey at risk and potentially risk the Trusts reputation as it is compromising ASG ability to fully undertake the role and carry out robust investigations in a timely manner. It could also potentially mean that Protection Plans may be in place for delayed periods of time
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	<p>for both patients and staff or insufficient protection plans are in place until CCTV viewed or investigation underway.</p> <ul style="list-style-type: none"> • The viewing of CCTV footage is a very time consuming process and therefore with insufficient resources this can cause delay and increase workload. • Additional pressures have been placed on the ASG operational and professional management, as there is a requirement to offer necessary support and mentoring to new staff and other ASG staff. This vacant ASG lead post also impacts on the current Governance arrangements to provide assurances that care is safe and effective which leaves the service vulnerable. • The lack of business support has impacted on the current workload of the ASG staff. Without having the appropriate business support the ASG staff have spent considerable time gathering data taking them away from undertaking their core roles and functions. • The deficit of ASG resource and the potential risks has been escalated and is currently on the Corporate Risk Register. • In order to address this increase in demand, which is only likely to increase, a proposal paper has been put forward for additional funding so that additional WTE DAPO staff are recruited. • An action plan has been developed to address the ASG backlog. The Service Manager with ASG responsibilities is currently undertaking the line manager role to provide support and mentorship to inexperienced ASG staff who are under pressure in the absence of the ASG Lead. • Weekly meeting ASG huddles are held with DAPOs by the Divisional SW and Service Manager to provide support to teams and assurance. This has impacted on the ability of the Service Manager and Divisional Social Worker to fully undertake other aspects of their roles. • There is a system in place to ensure that all referrals are allocated to DAPO's by the Operations Manager. • A Procedural manual has been developed by the Divisional Social Worker for LD to assist DAPOs in relation to completion of forms and documentation and adherence to the ASG process. • The Divisional Social Worker and Service Manager are also supporting the ASG staff in relation to PCC referrals through regular meetings. • Learning Disability continues to work very closely with the Training Department in the Trust who have been extremely flexible and responsive in terms of providing additional training for all staff in the hospital. This has included bespoke training for DAPO and IO staff, for medical staff, management and for contemporaneous CCTV viewers etc. This has ensured all staff are sufficiently trained and upskilled in relation to specific aspects of safeguarding. <p>3. Challenges in the provision of Safeguarding services that have arisen during the reporting period and actions taken to mitigate any difficulties.</p>
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COVID-19 Pandemic.

- Although there was business as usual adherence to Regional Policy there was a need to change some of the local processes in light of the pandemic.
- COVID ASG contingency plans were developed for the community and hospital.
- There was a move from face to face to virtual weekly meetings, patients were seen using of PPE, CCTV viewed as quickly as possible when required. The use of virtual meetings and PPE has had implications when communicating with families, service users and staff. This resulted in investigations being more time consuming and at times, many of the nuances that one picks up from face to face meetings were lost.
- A number of actions were taken because of COVID which included:
 - updating all external providers with contact details, thresholds for ASG referrals;
 - establishing an ASG Data base to identify priority cases; creating a central point for referrals through APGT;
 - liaising with PSNI re Domestic Violence cases;
 - sending alerts to RESWS;
 - ensuring daily contact with high risk service users; and
 - information was published on Trust Hub and Twitter regarding safe spaces, silent solution initiative etc.
- A number of these initiatives worked very well however, the service areas did struggle, like other areas, because of a lack of IT equipment, access to a socially distanced office space and remote working.
- The lack of structured activities due to the closure of day care, the lack of independent review of care homes/ community facilities and the concerns in relation to domestic violence were all challenges for the service area.

PARIS Information System.

- The service area continues to use the ASG forms from the previous policy and await PARIS implementation to ensure staff move to using the new documentation. Additional PARIS training will also be required to train up DAPO/IO staff and referral agents when this is being introduced. A significant amount of documentation, flowcharts and aide memoires will also have to be amended to reflect the new documentation.

Safeguarding within Muckamore Abbey Hospital.

- Over the reporting period there continued to be a significant number of Adult Safeguarding referrals in relation to both patient on patient incidents (136) and staff on patient incidents (85) within Muckamore Abbey hospital. The total number of referrals in the hospital was 221 and therefore lower than last year's referrals (241).

	<ul style="list-style-type: none"> • A low threshold is applied to all adult safeguarding referrals given the ongoing large-scale investigation following a high level of abuse identified from the viewing of CCTV in 2017. • Since 2017, there has been an increased level of scrutiny in the hospital and this resulted in an RQIA Improvement notice in relation to Adult Safeguarding, as outlined above. A significant number of improvements have taken place as outlined above. This has included the development of a large data set, which has been used to help understand and analyse trends and patterns to enhance patient safety. • During the reporting period, there has been 85 staff on patient incidents referred to the Adult Safeguarding Team. • A large number of staff on patient referrals relate to a small number of patients. A number of referrals are screened out very quickly after viewing CCTV, looking at witness statements etc. The majority of the screened out incidents relate to times when a service users mental state has been poor, or associated with a service user who has behaviours that challenge. • Within Muckamore Abbey Hospital CCTV is available in all the wards. The benefit of the CCTV is that ASG staff are able to screen cases on the basis of independent evidence of what did or did not happen. CCTV was not available for a significant number of incidents as they may have occurred in a private area or the referral did not specify the date/time/location of the incident to enable CCTV viewing. • The viewing of CCTV can also be very time consuming especially if the exact time/ date of the alleged incident is not known and so the term 'screened out' does not mean that no work was involved. • The service area is pleased to report that the vast majority of staff on patient referrals were first raised by staff. This is a very significant cultural change, when you consider that during the period of CCTV historical abuse at Muckamore Abbey Hospital there were very few whistleblowing concerns raised by staff. • There is ongoing Contemporaneous CCTV viewing across the hospital site. Although the Contemporaneous CCTV viewing generated a small number of referrals, it demonstrates the important contribution of contemporaneous viewing of CCTV. It is providing an extra level of assurance. Areas of good practice and areas for development are identified and taken forward. • A number of themes have been established in relation to some of the staff on patient referrals and as a result a number of workshops are being convened in the hospital. This is to include additional training, enhance awareness of the patients care plans, enhance understanding of safeguarding, restrictive practice etc. Some work is also underway to review the induction which the nursing and health care support staff receive and the ongoing supervision arrangements. This is particularly important given the high number of agency staff used across the hospital site. • A bespoke training session was also arranged in relation to adult safeguarding for the senior management team in Muckamore by the Training and Development team. A further training session is being arranged in May 2021.
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- The ongoing historical and current investigations in relation to staff has had a significant impact on the stability of the hospital workforce and the welfare of staff given that a large number of both registrants and non-registrants have been placed on precautionary suspension and/or on supervised practice.
- A number of carers and families remain stressed and distressed by the investigations and this has resulted in the need for families to be offered additional support and assurances.
- In relation to Patient on Patient Referrals in Muckamore within the reporting period there were 136 patient on patient referrals. There has been a general reduction from previous years. This arose for a number of reasons- ward managers were trained to screen out low level referrals; 39 patients discharged from Jan 2019 (6 of which have been discharged in the last financial year); and there has been an increase in patients being nursed separately in individual pods across the site.
- The majority of patient on patient ASG incidents across the site related to a small number of patients who have allegedly been harmed by other patient. A number of patients would not have the skills to protect themselves or to understand the risks.
- Several measures have been taken to protect patients and to reduce the likelihood of other patients causing harm. This has included staggering meal times, changing the environment, increasing activities off the wards, increased observation levels, etc.
- Despite a number of steps taken to protect patients and to reduce the risk of patients harming others it is not possible to eradicate ASG incidents. There are many interconnecting factors, which still leads to incidents occurring in communal areas e.g. patient's mental health, communication difficulties, behaviours that challenge, the environment, the mix of patients and the staffing.
- The Adult Safeguarding (ASG) team have continued to develop a robust database so that trends and patterns can be analysed. This data is presented at the monthly ASG Forum, which is attended by the MDT team and has been used to improve patient safety through more informed decision-making.
- All ASG incidents are reviewed on a weekly basis at the Adult Safeguarding MDT meeting which the DAPO chairs. Risks are identified, analysed and protection plans reviewed in relation to new and existing ASG referrals.
- The high level of public scrutiny, the pressures on the existing staff across the site, the increase in historic referrals and a deficit of adult safeguarding resource continues to present challenges.

Safeguarding within the Community.

- There has been a decrease in the number of referrals received by the community ASG from 168 last year to 143 this year. It is highly likely this is related to the impact of COVID and the fact that the learning disability day centres and short break facilities were closed.

- The community teams service has continued to investigate concerns raised in community settlings, including nursing homes, residential homes, supported living units day care etc.
- The 143 community referrals cover a range of abuse including alleged physical abuse (72), sexual (9), neglect (16), psychological abuse (20), financial abuse (22), institutional practices (3) and exploitation (1).
- Within community facilities, a number of referrals are because of group living. This brings with it issues in relation to the environment, quality issues and the mix of patients. Care plans are reviewed regularly; staff are upskilled and additional support provided in an attempt to reduce the likelihood of further incidents.
- There have also been a number of large-scale complex investigations into alleged abuse in several community facilities, which has had an impact on the ASG workforce capacity.
- Again, given the resources issues in ASG across LD a number of the community Team Leaders with DAPO responsibilities have also had to take on work from the hospital site relating to staff on patient incidents to ensure objectivity.
- The community team recognise the importance of having more accurate data so that an analysis can be carried out to look at trends and patterns across the community. A robust data sheet has now been developed, similar to the one created in Muckamore, which will assist in the analysis of data, enhance preventative work and inform decision-making.
- ASG work streams were established to take forward learning from the Community ASG audit, internal reviews, SAI's and a pending SAI level 3 investigation. A significant amount of work has flowed from this including, creation of aide memoires, a procedural manual etc. Additional training for community ASG staff has been facilitated in relation to interviewing staff, clarifying the roles of DAPOs and IOs and completion of ASG documentation. ASG huddles are now in place to enhance oversight and governance arrangements. Supervision and review arrangements are also being reviewed and a new ASG supervision tool as well as ASG case audit tool has been developed and implemented. The staff continue to be encouraged to attend the DAPO, IO and ABE support groups facilitated by the ASG Learning and Development Trainer. The Trust ASG Lead is also facilitating a workshop with referral agents to enhance the quality of referrals and raise awareness.

Historical CCTV Adult Safeguarding investigation.

- The Muckamore Abbey Hospital large-scale historical CCTV adult safeguarding investigation remains ongoing. This continues to be an extremely complex and time-consuming investigation.
- From a safeguarding perspective, it is positive to note that at this stage all raw footage CCTV relating to the timeframe of the historical investigation has been viewed by either Trust or Police. MAH Historical ASG team have completed raw footage viewing of Cranfield 1 & 2 and Police have completed viewing of Six Mile

	<p>assessment and treatment. Therefore, collectively all raw footage CCTV has been viewed by either Police or Trust. The plan going forward is that each agency (Police and Trust) will ultimately view all CCTV footage for the time frame of the investigation.</p> <ul style="list-style-type: none"> • There are currently two core investigation processes ongoing – the Police led investigation and the Trust disciplinary investigation. <ul style="list-style-type: none"> ➤ In this reporting period there have been a number of MAH staff arrested and questioned by Police in relation to MAH Historical Investigation. On Friday 16 April 2021, the Public Prosecution Service confirmed via media that they were progressing with criminal prosecutions in relation to seven MAH staff. This is a positive development in terms of the Police investigation and signals the next stage in the investigation process. ➤ The Trust disciplinary investigations are ongoing and to date a small number of staff have been dismissed. The disciplinary investigation process is complex and it is anticipated that there will be a number of other staff who will be subject to disciplinary investigation. • The focus of the MAH Historical ASG team's work over the last year is as follows: <ul style="list-style-type: none"> ➤ View raw footage to identify incidents of concern. ➤ Making referrals to senior management via HR for interim protection plans and where appropriate making referrals to PSNI for Police investigation. ➤ The MAH Historical ASG team are also working on the second viewing of the PICU incidents forwarded to them by PSNI. ➤ Quality-assure the current database alongside the merging of other relevant information held in a separate database. ➤ The team are also engaged in ongoing family liaison work, with each affected family having a nominated family liaison social worker. Police also have family liaison officers appointed and there has been ongoing positive joint working in terms of liaison with families regarding the reporting of incidents of concern. ➤ In addition, the MAH Historical ASG team hold cross-Trust meetings with Northern Trust and South Eastern Trust as some of the affected families have been from their localities. ➤ Provide information when requested by the external disciplinary investigators. • Further Updates in this reporting period include:- <ul style="list-style-type: none"> ➤ The software solution referenced in the last DSF report has been developed and is being utilised to complete CCTV viewing. This has been a welcome development as it has improved the CCTV viewing process. ➤ The 3-weekly Operational group meetings comprising of representatives from ASG team, HR, senior Nurse Advisor,
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	<p>RQIA and PSNI are ongoing and provide a forum for update and discussion on progress re the various work strands.</p> <ul style="list-style-type: none">➤ A further development this year has been the establishment of a specific work-stream with a focus on interim protection plans. There are currently regular meetings taking place to facilitate a review of all current interim protection plans. These meetings involve MAH Adult Safeguarding, senior Nurse Advisor, RQIA and PSNI.➤ The Health Minister, Robin Swann announced on 8 September 2020 his intention to call a Public Inquiry into allegations of abuse at Muckamore Abbey Hospital. He also said he would consult with families, patients and former patients on the terms and format of the Inquiry. He has now written to the families of patients to update them on the arrangements for hearing their views. He has asked the Patient and Client Council to facilitate this work on his behalf. The consultation with families commenced week of 7 December 2020.➤ The announcement in relation to the Public Inquiry was welcomed by the Belfast Trust and the Trust have recently advertised a post in preparation for the Public Inquiry. To date we have received no confirmation of the terms of reference of the Public Inquiry.
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DSF meeting in October 2020	Progress Update at 31 st March	RAG Rating
	Learning Disability		
1.	Issue: Domiciliary Care waiting list Update at DSF meeting – 5.10.20 Trust confirmed there are issues around complex cases and geographical location. They have 20 on the waiting list as of DSF meeting date, mostly around small packages (shopping / showering etc). Continue to use SDS. Similar issues as in OPPC. Action: <ul style="list-style-type: none"> To be reviewed alongside the Domiciliary Care issues outlined in OPPC 	Update: There are currently 12 cases on the waiting list (08.04.21 update). The Learning Disability Service is represented on a project group to implement time bands for care packages in order to provide more flexibility in the system and to increase package availability. It is hoped that this will go live on 10.05.21.	
2.	Issue: Potential failure to provide people deprived of their liberty with adequate legal safeguards. Update at DSF meeting – 5.10.20 Trust have carried out scoping exercise. They have 647 community DOLs to be completed. There are a number outstanding within Muckamore and these will be completed by the end of November. There remains a challenge in securing medical reports from GPs as	Update: MCA training has been completed across the service area. A service area steering group has been established and a data base to monitor progress.	

	<p>recognised regionally. Trust LD service currently has 100 emergency orders in place which will all require a DOLS review. There is a significant resource implication associated with this. LD service is also experiencing a challenge in getting appropriate numbers of ASWs in the service.</p> <p>Action:</p> <ul style="list-style-type: none"> To be kept under review during 2020/2021 	<p>This is a complex area of work within Learning Disability and is more time consuming given the nature of our service users, many of whom have communication difficulties and behaviours, which challenge. This has been further exacerbated by COVID as there are difficulties communicating using PPE and virtual means.</p> <p>A MCA action plan was devised. There were no additional resources available although we were able to temporarily fund an 8a MCA lead (which we were unable to backfill), release one practitioner from each community team to solely undertake MCA work (again difficulty backfilling from the agency) offer overtime and invite retirees to return to assist is in the process. It is anticipated that a further Social Worker will join this team in July 2021 for 2 days per week.</p> <p>In addition, as this is new legislation, there have been many challenges in implementing it [REDACTED] [REDACTED] [REDACTED] it has been agreed that where physical intervention is in P's best interests to complete tasks such as personal care or to keep them safe when out in the community this can be dealt with via a best interests meetings and written into the care plan. To date there have been no service users in receipt of a trust panel authorisation where the Trust has felt that a declaratory order is necessary. This will remain under review.</p>	
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	<p>The MCA Central team have commissioned a number of medical staff to complete sessional work carrying out Form 6 assessments, which has assisted with the process. The service area has also been able to avail of a STDA from the central area to assist with MCA work.</p> <p>To date the service area has carried out 179 assessments- 103 Trust Panel applications; 40 service users were deemed to have capacity; and 36 are awaiting a panel hearing.</p> <p>All patients in Muckamore who are not detained under the MHO and who are deemed to lack capacity regarding those aspects of their care arrangements amounting to DOLS have a Trust Panel Authorisation in place.</p> <p>The first Trust Panel Authorisations are now at renewal point and this is putting further pressure on teams to meet this legal requirement.</p> <p>Of the authorisations in place the Attorney General has referred 23 to the Review Tribunal. The required Rule 6 report is also creating additional workload for the teams as there is usually a 10 day turn around required for these.</p> <p>Given the increased workload, lack of additional resource and ongoing challenges associated with the fluidity of this new legislation and emerging case law the service area is</p>	
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		<p>unlikely to meet the target of completing all DOLS by end of May and reviewing them by end of November. A proposal has been put forward for additional funding and the action plan is continuously reviewed.</p> <p>This risk has also been placed on the risk register.</p> <p>The service area continues to only have a small number of ASW staff working within the area and this continues to present challenges in terms of having this expertise in the service area. Attempts to encourage staff to undertake the ASW training have been unsuccessful within the service area.</p>	
3.	<p>Issue: Iveagh delayed discharges</p> <p>Update at DSF meeting – 5.10.20 Trust confirmed there are 4 patients in Iveagh, 2 from BHSCT (one of which is a voluntary patient). [REDACTED]</p> <p>[REDACTED] One of the BHSCT patients is 17 year old and transition process needs to be progressed urgently. Children's services have a business case with HSCB.</p> <p>Action:</p> <ul style="list-style-type: none"> • Ongoing discussions with Adult Services • Trust to update HSCB on progress of discharges 	<p>Update: There are currently 2 patients whose discharge has been delayed in the Iveagh Centre. (1 WHSCT, 1 BHSCT).</p> <p>One of the main challenges faced by Iveagh continues to be the lack of community options for young people in the community. This has led to delayed discharges, which reduces the hospitals ability to function effectively for assessment and treatment. More comprehensive planning with community colleagues continues to be a focus for the clinical team; however, this is influenced by the regional nature of the service.</p> <p>There have been 5 Judicial Reviews in the past year in relation to children who are delayed discharge in hospital.</p>	

		<p>These issues have been escalated to the Executive Team within BHSCT and with all other Trusts. The HSCB and DOH are also aware of the issues of delayed discharge along with the RQIA and the Children's Commissioner.</p> <p>Judicial Reviews occurred in March 2021. It was agreed that the following action would be taken:</p> <ul style="list-style-type: none"> • The Iveagh Operational Policy will be reviewed so that it better reflects the statutory duties on the Trust where the child ordinarily lives to ensure care planning is in place and where discharge cannot be effected that escalation arrangements are explicitly stated. • Iveagh would contribute to a standing forum chaired by the HSCB involving the five Trusts as required to monitor the issue of delayed discharge from Iveagh Centre and any action that may be required. <p>Following the RQIA inspection on 8th, 23th September and 7th October 2020- 12 QIPs are also being actioned as outlined in section 2.5.</p>	
4.	<p>Issue: Accommodation needs for those being discharged from Muckamore Abbey Hospital</p> <p>Update at DSF meeting – 5.10.20 Trust confirmed there are 4 PTL patients currently. A pivotal staff member has been on sick leave and is now leaving the service. This has had a significant impact and is a central factor in the delays. Recruitment for this</p>	<p>Update: There has been active planning for the discharge of patients from the hospital into appropriate and sustainable placements and a number of patients have already been placed successfully in the community from the hospital.</p>	

	<p>vacancy is now underway. They confirmed 13 delayed discharges - 5 planned, 8 unplanned.</p> <p>A number of service users have been moved to Bradley Court.</p> <p>Trust have had Initial discussions with RQIA to consider a residential living scheme around the Muckamore area, though this is in its very early discussion stage.</p> <p>Action: To be kept under review during 2020/2021 and update provided to HSCB</p>	<p>Since April 2020- March 2021 there have been 6 successful discharges and 3 patients are currently on trial leave.</p> <p>Three BHSCT patients have been discharged- two patients were discharged to specialist nursing and one to the community with family.</p> <p>In relation to the 16 current BHSCT patients-</p> <ul style="list-style-type: none"> • 3 have a definite plan to be settled in the community • 1 is being considered for Mallusk. • 1 is being considered for an onsite proposal • A business case is currently being developed for 6 patients • 3 patients are being for forensic business case • 2 patients are on trial leave <p>In relation to the remaining 20 NHSCT patients-</p> <ul style="list-style-type: none"> • 7 have a definite plan • 9 have no plans • 1 is being considered for onsite proposal • 1 patient is being considered for Cherryhill • 1 patient is being considered for forensic business case • 1 patient is also on trial leave <p>In relation to the 8 SEHSCT patients on site-</p> <ul style="list-style-type: none"> • 1 has a definite plan 	
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	<ul style="list-style-type: none">• 2 have no definite plan• 1 is currently on home leave with discharge imminent• 2 patients are being considered for forensic business case• 1 patient being considered for on site proposal• 1 being considered for Mallusk. <p>There is one remaining WHSCT patient who is on Article 15 leave since March 2021.</p> <p>There is also one SHSCT patient who has a placement identified but does not wish to leave the hospital.</p> <p>It is hoped that Mallusk will be opening in the Summer of 2021 and it will provide a placement for 7 hospital patients.</p> <p>Within the Trust the Planning Officer post was vacant for some time and this delayed progress in relation to the development of business cases. This post has now been filled and the progression of business cases is being taken forward.</p> <p>There also continues to be a lack of community placements for patients with complex needs.</p> <p>A number of families have also requested that CCTV is in place within community facilities before their loved one is discharged.</p>	
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	<p>An accommodation workshop was held and the Learning Disability Division are updating the Accommodation Plan for the period through until 2025. The plan will further identify accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options.</p> <p>Supported Housing Schemes continue to be developed through Business Cases to Supporting People for capital expense only / revenue neutral. These will be for developments within the next 2-3 years. Any additional accommodation needs are being considered within a procurement framework as part of the Regional Learning Disability Operational Group with the HSCB and in partnership with BSO.</p> <p>The business case for five Lanthorne (Cedar) Supported Living Development for Community service users is being progressed.</p> <p>The business case for an extension of a forensic scheme is being progressed for four MAH patients and there are plans to have an additional two to eight placements (dependent on the site) for community service users.</p> <p>Following a failed community placement the BHSCT in January 2020 agreed to seek a bespoke assessment for an inpatient in Muckamore and commence a single action procurement regionally and nationally to seek a provider</p>	
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		<p>who could meet his needs. The single action procurement process was commenced in December 2021.</p> <p>If successful, it is envisaged that this methodology will also be applied to other individuals with high levels of support needs.</p>	
5.	<p>Issue: Recruitment of SW staff to strengthen the workforce</p> <p>Update at DSF meeting 05.10.20 As outlined in other programmes, workforce issues continue to be a significant challenge. This is further exacerbated with Covid and likely to impact on services for the remainder of the year. There is a regional issue with workforce and a local one. The Trust continues to progress their workforce planning and undertake recruitment exercises.</p> <p>Action:</p> <ul style="list-style-type: none"> To keep the workforce pressures under review Await outcome of DoH Workforce Review 	<p>Update: An 8B SW service manager with responsibility for ASG, hospital SW and the MDT community teams has been appointed and commenced employment on 1.9.20.</p> <p>8A Principal Social Work post has now been agreed and is currently being processed for recruitment.</p> <p>Securing the 8A Adult Safeguarding lead post last year was extremely helpful to the service area especially given the ongoing complexities associated with adult safeguarding in the service area. Unfortunately, this person left post in September which has placed significant pressure on the service area, The newly appointed ASG Lead is due to take up post on the 1.6.21.</p> <p>The SSW Band 7 post in MAH which was vacant since July 2019 was also successfully recruited in June 2020</p>	

	<p>There has been some difficulties recruiting SW into B7 team leader posts. A number of the Team Leader posts were temporarily recruited by existing staff within the service area. Two Band 7 Team leader posts which were vacant were successfully recruited. One permanently took up post in July 2020 and the other is covering the post temporarily. One team leader retired and this post is also backfilled temporarily. It has now been agreed , give the pressures experienced in relation to Adult safeguarding that these new team leaders will be recruited from a SW background.</p> <p>Due to issues raised by Staff Side the Team leader job description is currently being desk topped.</p> <p>Three Senior Practitioners Band 7 have been recently appointed with DAPO responsibilities (Temporary). Two of these staff have only recently been trained as DAPOs. The third Senior Practitioner post (temporary) has only recently been appointed and is yet to be trained as a DAPO and take up post. These Senior Practitioner posts are currently being progressed through HPRTS to be recruited permanently.</p> <p>Additional funding had been secured through IPTs to permanently recruit an additional Senior Practitioner Band 7 with DAPO responsibilities and 2 SW Band 6 with IO responsibilities. These posts are currently being progressed through HRPTS to be recruited permanently.</p>	
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		<p>Given the current risks associated with the delivery of Adult safeguarding across the service area a proposal to proceed at risk with expanding the ASG workforce is currently being considered.</p> <p>The DoH Regional Workforce Review in relation to social work across all programmes of care including Learning Disability is ongoing.</p> <p>Discussions have commenced within the Belfast Trust regarding a regional approach to recruitment of Social Workers. While the premise for regional recruitment has some benefits, there are concerns in relation to the standards applied to job descriptions/ interviews particularly around specialist areas/posts.</p>	
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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.
	Learning Disability Issues:	
1.	Domiciliary Waiting List	
	<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 carer stress levels</p>	<p>The Service continues to promote SDS uptake and access the Care Bureau.</p> <p>The Learning Disability Service is represented on a project group to implement time bands for care packages in order to provide more flexibility in the system and to increase package availability. This is planned to go Live on 10 May 2021.</p>
2.	Potential failure to provide people deprived of their liberty with adequate legal safeguards	
	<p>A significant number of service users in the community who lack capacity and who are restricted of their liberty is sizable within the service area. Whilst much work has been completed it is unlikely all these service users will have the appropriate legal safeguards in place before end of May 2021</p> <p>There is a risk to the Trust and to individual employees under Section 269 of the MCA legislation regarding the potential individual criminal offence of unlawful</p>	<p>Most staff have been trained in MCA across the service area.</p> <p>All service users scoped across the service area. A steering group for hospital and community has been established. A comprehensive data base to monitor progress has been developed.</p> <p>An action plan was developed and temporary funding agreed for MCA 8a Lead, 1 staff member to be freed up in each community team to solely undertake MCA work, overtime offered, each community practitioner to</p>

	<p>detention. The threat of criminalisation on the incumbent workforce is likely to have a detrimental effect on the Trusts' ability to retain and recruit staff. Trade Unions have advised the Trust of their members' concerns and have raised the potential of industrial action to draw attention to their members' distress.</p> <p>The requirement to undertake a significant number of DOLs within the service area also places the staff at risk of increased workload and pressure in the absence of any additional resource. This could also negatively impact on the workforces ability to undertake other core functions of their jobs in a timely manner which could impact on service delivery.</p>	<p>undertake 2 DOLS per month, retirees invited back, STDA and medical input from the central team to assist with assessments.</p> <p>The service area has developed a number of resources to help with understanding of MCA – these include social stories, easy read information and objects of reference.</p> <p>The service has also run a number of workshops to augment the training provided by the Department of Health. Staff have reported that these have been useful and this should be embedded into the programme to share learning.</p> <p>A proposal for additional funding to undertake MCA work has been developed.</p> <p>It is unlikely the Trust will meet the May or November 2021 deadlines and this risk has been placed on Risk register. The action plan will continue to be reviewed.</p> <p>There is an inadequate number of ASW in the service area. The Job description of newly employed SW staff has been revised so that they are now required to undertake the ASW course within 2 years of being appointed. This should increase the number of ASW staff within the next 2 years and going forward.</p>
3.	Iveagh delayed discharges	
	<p>There a lack of community infrastructure for young people to facilitate their discharge from hospital, which leads to delayed discharges, an There a lack of</p>	<p>More comprehensive planning with community colleagues continues to be a focus for the clinical team; however, this is influenced by the regional nature of the service.</p>

	<p>community infrastructure for young people to facilitate their discharge from hospital, which leads to delayed discharges, an unnecessary infringement on their human rights leading to series of Judicial Reviews within the service area. This has the risk of damaging the reputation of the Trust and could result in media attention.</p>	<p>These issues have been escalated to the Executive Team within BHSCT and with all other Trusts. The HSCB and DOH are also aware of the issues of delayed discharge along with the RQIA and the Children's Commissioner.</p> <p>Judicial Reviews occurred in March 2021. It was agreed that the following action would be taken:</p> <ul style="list-style-type: none"> • The Iveagh Operational Policy will be reviewed so that it better reflects the statutory duties on the Trust where the child ordinarily lives to ensure care planning is in place and where discharge cannot be effected that escalation arrangements are explicitly stated. • Iveagh would contribute to a standing forum chaired by the HSCB involving the five Trusts as required to monitor the issue of delayed discharge from Iveagh Centre and any action that may be required. <p>The plan for future management of the service remains under review.</p> <p>Following the RQIA inspection on 8th, 23th September and 7th October 2020-12 QIPs are also being actioned as outlined in section 2.5.</p>
4.	Accommodation Needs	
	<p>Due to a lack of community infrastructure, the service area continues to have difficulty finding suitable accommodation for our service users with complex and challenging needs resulting in delayed discharges from Muckamore Hospital.</p> <p>This increases the risk of patients becoming institutionalised, and potentially infringing their human rights in respect of a deprivation of their liberty and their</p>	<p>The Learning Disability Division has developed an Accommodation Plan for the period through until 2023. The plan has identified accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options.</p> <p>Regional procurement is underway for complex cases. A proposal is being progressed via procurement for one patient.</p>

	<p>right to family life. This again can give rise to adverse media attention and has the potential to damage the reputation of the Trust.</p>	<p>An Accommodation workshop has been arranged to update information and agree strategic plans.</p> <p>A new specialist LD nursing care provider opened in Autumn of 2020. Two MAH patients moved in to the Home and a further 2 placements are planned.</p> <p>The business case for five Lanthorne (Cedar) Supported Living Development for Community Service Users is being progressed. The business case for an extension of a Forensic scheme is being progressed for four MAH patients and there are plans to have an additional two to eight placements (dependent on the site) for community service users.</p> <p>There is active planning for the discharge of patients from the hospital into appropriate and sustainable placements and a number of patients have already been placed successfully in the community from the hospital.</p> <p>There continues to be insufficient community placements for complex service users.</p>
5.	Recruitment of SW staff to strengthen the workforce	
	<p>Additional SW staff are required to undertake ASW role, adult safeguarding and undertake DoLS/ DO. There is also a need to recruit PSW post to support the Division in relation to the discharge of statutory functions, ensuring SW adhere to good practice standards, to undertake audits, supervision, professionally develop the workforce and provide assurance.</p>	<p>8A Principal Social Work post has now been agreed and is currently being processed for recruitment.</p> <p>It has now been agreed, give the pressures experienced in relation to Adult safeguarding that the community team leaders will be recruited from a SW background.</p>

	<p>Deficits in the ASG workforce could pose a risk to the safety of service users and impact on the workload and wellbeing of the current ASG staff. Given expectations and the high level of scrutiny because of the current historical CCTV investigation, this could attract media attention and damage the reputation of the Trust.</p> <p>The lack of ASWs in the service area has a negative impact on the expertise and knowledge of the Mental Health Order and Human Rights legislation within the service area. This is important given the complex legal matters, which arise within the service area. It also impacts on the Trusts ability to discharge their statutory functions by having sufficient ASWs across all programmes to support the ASW day time rota.</p>	<p>Due to issues raised by Staff Side the Team leader job description is currently being desk topped.</p> <p>Three Senior Practitioners Band 7 have been recently temporarily appointed with DAPO responsibilities. These posts are currently being progressed through HPRTS to be recruited permanently.</p> <p>Additional funding had been secured through IPTs to permanently recruit an additional Senior Practitioner Band 7 with DAPO responsibilities and 2 SW Band 6 with IO responsibilities. These posts are currently being progressed through HRPTS.</p> <p>Given the current risks associated with the delivery of Adult Safeguarding across the service area a proposal has been put forward for additional resources.</p> <p>The DoH Regional Workforce Review in relation to social work across all programmes of care including Learning Disability is ongoing.</p> <p>Discussions have commenced within the Belfast Trust regarding a regional approach to recruitment of Social Workers.</p>
6.	MAH admissions	
	<p>The Service Area continues to struggle to make admission beds available as required even for detained admissions. There have been no admissions in the last financial year.</p>	<p>The Trust is currently developing a proposal, which, following successful resettlements, will provide a small number of admission beds for the BHSCT, SEHSCT and NHSCT areas.</p> <p>The overall strategy for the Hospital is a reduction in the number of inpatients through resettlement and admission avoidance – this is necessary</p>

If the service user has been assessed as requiring detention for assessment and is unable to be admitted to hospital, this could place the service user and or others at risk.

This is also a potential infringement on the human rights of the service user, who if assessed as requiring detention for assessment, has a right to be assessed and treated for a mental disorder in a hospital. The Trusts inability to admit a detained patient can also impact on the Trusts obligations under the Order to discharge their responsibility and can be subject to legal challenge which may damage the reputation of the Trust. This will also impact on the ASW ability to discharge their statutory functions under the Mental Health (N. Ireland) Order 1986 in terms of conveying a patient to a hospital for assessment.

The Trusts inability to admit a patient can affect the carers stress level.

for the overall safety and sustainability of the site to be able to achieve an appropriate skill mix of patients to registered learning disability nursing staff. Therefore, admissions to MAH are being managed on a case by case basis. In the first instance alternatives to hospital are being exhausted following a meeting/ consultation with the referrer including community staff, providers etc.

The number of patients in the hospital is as below.

Trust of Residence	Number of Inpatients	Number of Patients on Trial Resettlement
Northern HSC Trust	19	1
Belfast HSC Trust	14	2 (Art 15)
South Eastern HSC Trust	8	0
Southern HSC Trust	1	0
Western HSC Trust	0	1 (Art 15)
Total	42	4

If a service user is detained for assessment under the Mental Health (N. Ireland) Order 1986 and has a mild to moderate Learning Disability then a bed is still being sought within general psychiatric wards, initially in Belfast and then across the province.

If the service user has a severe Learning Disability and has been detained for assessment under the Mental Health (N. Ireland) Order 1986 then a Learning Disability bed is sought either within Muckamore Abbey Hospital (MAH) or in another Learning Disability facility in N. Ireland.

		<p>The HSCB have had workshops between mental health and LD at a regional level in relation to admission criteria as there is now some debate around the cut off point for moderate LD i.e. it is considered the range is too wide and there is perhaps a needs to review the criteria or devise a tool to assist in this process</p> <p>Progress has been made to develop a Community Intensive Treatment Team in a bid to provide an alternative to admissions through providing a wrap around community response.</p>
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PROGRAMME OF CARE DATA RETURNS 1 – 6 AND 9

DATA RETURN 1 – PoC / Directorate: Learning Disability

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	99	15
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	84	13
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1197	400
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	1111	371
1.4	How many care packages are in place on 31 st March in the following categories:		
	xix. Residential Home Care	97	28
	xx. Nursing Home Care	96	71
	xxi. Domiciliary Care Managed	27	3
	xxii. Domiciliary Non Care Managed	100	14
	xxiii. Supported Living	236	43
	xxiv. Permanent Adult Family Placement	18	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES / NO <i>If no, please explain</i>	Yes	
1.5	Number of adults provided with respite during the period	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	543	65
	- Independent sector	74	4

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	493	5
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	14	3
	- Independent sector	18	14
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	0

DATA RETURN 1 – Hospital: Iveagh and Muckamore Abbey hospital

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	2	0	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	2	0	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	4	47	2

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

Note: During this financial year Muckamore Abbey Hospital did not have any new admissions.

DATA RETURN 1 – Acute Hospital (general setting): N/A to Learning Disability

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	N/A	N/A	N/A
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	N/A	N/A	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	N/A	N/A	N/A

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate: Learning Disability

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	33	2
	Partially sighted	40	2
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	13	0
	Deaf without speech	21	0
	Hard of hearing	35	4
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	4	0

DATA RETURN 3 – PoC / Directorate: Learning Disability

3 DISABLED PERSONS (NI) ACT 1989 <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.	99
	Number of Disabled people known as at 31 st March.	1597
3.2	Number of assessments of need carried out during period end 31 st March.	99
3.3	Number of assessments undertaken of disabled children ceasing full time education.	20

DATA RETURN 4 – PoC / Directorate: Learning Disability

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 –	49
	Total expenditure for the above payments	£1,315.57
4.2	Number of TRUST FUNDED people in residential care	108
4.3	Number of TRUST FUNDED people in nursing care	167
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0 self Funders 2 awaiting Capacity assessment

DATA RETURN 5 – PoC / Directorate: Learning Disability**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	n/a	176	5
5.2	Number of adult individual carers assessments completed during the period		171	3
5.2a	Number of adult individual carers assessments declined during the period and the reasons why Reasons cited were as follows- They did not see themselves as a carer – 1 Stated it was a private issue and did not wish to discuss – 2 Stated they did not require support – 2 No reason provided – 2		5	2
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		0	0
5.4	Number of adult carers receiving a service @ 31 st March		870	141
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period	0		
5.7	Number of young carers receiving a service @ 31 st March	5		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	115		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	115		
	(c) Number of adults receiving direct payments @ 31 st March	374		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	362		
5.10	Number of carers receiving direct payments @ 31 st March	12		
5.11	Number of one off Carers Grants made in-year.	230		

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

Commentary

There has continued to be an increase in SDS. This increase has been related to the pandemic and the need for more flexible and tailored packages of care. This was

particularly relevant when day centres were closed and short breaks unavailable as a result of COVID and so Learning Disability services were adaptive and flexible in how needs were met.

There has also been an increase in the number of carer assessments offered and completed this year as this has been a very difficult year for our carers who were under greater pressure during COVID due to the lack of access to conventional services like day care and short breaks.

DATA RETURN 6 – PoC / Directorate: Learning Disability – Hospital and Community

6 SAFEGUARDING ADULTS

6.1	Number of safeguarding adult referrals within the period **NB 143 relate to community 221 relate to Muckamore hospital (85 staff on patient and 136 patient on patient referrals)	364
6.2	Number of safeguarding adult referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	(a)22 (b)10 (c)21 (d)241 (e)55 (f)14 (g)1
6.3	Number of investigations commenced within the period	257
6.4	Number of investigations completed within the period **NB cases closed as per Board returns	131
6.5	Number of care and protection plans commenced within the period ** NB this figure includes 88 alternative safeguarding responses	300
6.6	Number of care and protection plans in place on 31 st March	Not required

DATA RETURN 6 – PoC / Directorate: Learning Disability – Historical CCTV investigation at Muckamore Abbey Hospital

6 SAFEGUARDING ADULTS

6.1	<p>Number of safeguarding adult referrals within the period</p> <p>***Please note, some of these incidents were logged historically, but this is a total of the number of incidents viewed by DAPOs during this time period</p>	398
6.2	<p>Number of safeguarding adult referrals within the period broken down by the following categories of abuse:</p> <ul style="list-style-type: none"> (h) Financial (i) Institutional (j) Neglect (k) Physical (l) Psychological/ Emotional (m) Sexual (n) Exploitation 	****Please see Commentary below
6.3	Number of investigations commenced within the period	Referrals made to PSNI/HR for investigation: 345
6.4	Number of investigations completed within the period	Not known as investigations are being undertaken by PSNI and external disciplinary investigation team.
6.5	Number of care and protection plans commenced within the period	On-going care and protection plans implemented from initiation of Institutional Investigation. Of the 345 Adult Safeguarding Referrals made during this time period, these were passed to Senior Nurse Advisor for review and decisions of any necessary staff

		action in relation to Interim Protection Plan.
6.6	<p>Number of care and protection plans in place on 31st March</p> <p>Commentary:</p> <p>These statistics relate to the Historical Investigation of Institutional Abuse in Muckamore Abbey Hospital for the period 1st April 2020 – 31st March 2021 and cover what was viewed by the Band 7 DAPOs.</p> <p>All incidents recorded are ‘staff on patient’ incidents.</p> <p>Categories of Abuse as per institutional investigation are as follows:</p> <ul style="list-style-type: none"> A- Ill treatment/Neglect/Physical B- Restricted/Inappropriate practices requiring MAPA assessment C- Inappropriate use of seclusion D- Sexual E- Conduct <p>Please note there are a number of referrals which span across either 2 or 3 of the categories above.</p> <p><u>PICU</u></p> <p>Total of Adult Safeguarding DAPO viewing activity: 167 Screened out referrals: 14 Total Adult Safeguarding Referrals for Investigation: 153 Referrals for Investigation broken down into the following categories:</p> <p>A: 139 B: 2 C: 8 D: 1 E: 3</p> <p><u>Six Mile A</u></p> <p>Total of Adult Safeguarding DAPO viewing activity: 62 Screened out referrals: 4 Total Adult Safeguarding Referrals for Investigation: 58 Referrals for Investigation broken down into the following categories:</p> <p>A: 50 B: 1 C: 5 D: 0 E: 2</p>	As above

Six Mile Treatment

Total of Adult Safeguarding DAPO viewing activity:

3

Screened out referrals: 1

Total Adult Safeguarding Referrals for Investigation: 2

Referrals for Investigation broken down into the following categories:

A: 1 B: 1

Cranfield 1

Total of Adult Safeguarding DAPO viewing activity:

110

Screened out referrals: 13

Total Adult Safeguarding Referrals for Investigation: 97

Referrals for Investigation broken down into the following categories:

A: 68 B: 20 C: 1 D: 0 E: 8

Cranfield 2

Total of Adult Safeguarding DAPO viewing activity:

56

Screened out referrals: 21

Total Adult Safeguarding Referrals for Investigation: 35

Referrals for Investigation broken down into the following categories:

A: 23 B: 1 C: 0 D: 0 E: 11

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate: Learning Disability

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	5	RESWS will provide
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	5	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES / NO <i>If no, please explain</i>	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	0
9.2a	Of these, how many resulted in an application being made?	N/A

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	5
9.3.a	Confirm if these reports were completed within 5 working days YES / NO <i>If no, please explain</i>	Yes

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>	0
9.4.a	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	N/A

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients *1 BHSCT, 1 NHSCT, 2 SEHSCT	4

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	0
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	N/A
	Lapsed	N/A
	Discharged by MHRT	N/A
	Discharged by Nearest Relative	N/A
	Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	0
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	4

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?</p> <p>If No/yes, please provide number and advise on any issues presenting</p> <p>Belfast Trust patients under 18 years of age who were in Iveagh between 1st April 2020- 31st March 2021 who were subject to detention.</p>	
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Patient A**Family Background:**

Prior to admission Patient A lived at home with his parents. He is a 14 year old male with a severe intellectual disability, severe autism and ADHD. He has a history of aggression towards others.

Date of Admission/ Detention: 27/09/2018.

Reason for detention:

Patient A presented with high risk and challenging behaviours which had caused harm to others including a parent through kicking, biting, hair pulling, scratching and bruising. He was also highly destructive to property and recently pulled the lining of his car roof off. There had been a recent increase in severe violence and risk to others along with deterioration in sleep and sudden mood swings. He was assessed that his behaviour was only manageable with the specialised care and treatment available in the Iveagh Centre, as well as the specialised environment in the Iveagh Centre.

He required the support of a full multidisciplinary team including: 2:1 support by specialist LD nurses, social stories by SLT, detailed sensory programme from OT and ongoing assessment of his behaviours by clinical psychology, psychiatry and behaviour therapists.

Patient A was placed on a Form 10 on 09/10/18 as he has severe mental impairment and severe autism associated with very challenging behaviour. His behaviour manifests as severe aggression towards others requiring physical restraint and often self-injurious behaviour towards himself.

A period of further assessment in hospital was considered necessary to review his behaviour support plan so that his behaviour can be safely managed in the community.

Date of MHRT & Outcome:

On 04/11/2019 The Mental Health Review Tribunal directed that the patient remains detained in hospital for medical treatment.

Current status:

Patient A remains detained. He has been a delayed discharge since 1.9.20. The discharge plan for Patient A is to return home. However, in order for this to take place a business plan was developed to include purchase of new home and employment of a specialised team to meet his care needs when discharged.

This business plan was finally agreed approximately one month ago, with approval given by the Board. Currently the family, community SW, OT and Behavioural Specialist Nurse have identified a property in Belfast which is deemed will meet Patient A's needs. However, some adaptations are required. The next step is for the family to sell their house and to receive the funding from Belfast Trust before they are able to buy the house. Children's services

	community SW is also in process of trying to finalise a job description for a staff team to work with Patient A.	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	0

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	N/A
	(a) Treatment as an in-patient	N/A
	(b) Treatment as an out patient	N/A
	(c) Treatment by a specified medical practitioner	N/A
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	N/A
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	N/A

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Children's Community Services
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Ms Carol Diffin held the dual role of Director of Children's Community Services/Executive Director of Social Work during the reporting period and was the named officer responsible for professional social work within the Directorate. During the reporting period the Directorate had two Co-Director posts, both designated social work posts- Co-Director of Early Intervention and Safeguarding (Dr Michael Murray) and Co-Director of Corporate Parenting and RESWS (Ms Kerrylee Weatherall).</p> <p>The Director supported by the Co-Directors have the overarching responsibility and accountability for the operational delivery of statutory functions by the Children's Community Service Directorate within the BHSCT.</p> <p>The post of Deputy Executive Director of Social Work/Divisional Social Worker for Children's Community Services during the reporting period was held by Ms Dawn Shaw.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work. The Executive Director of Social work reports to the Chief Executive and to the Trust Board.</p> <p>As the Deputy Director of Social Work/Divisional Social worker left the Trust on 31.3.2021 the Director of Children's Community Services/Executive Director of Social Work has assured the Service Area report.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>The Co-Director of Early Intervention and Safeguarding has been granted permission to take an employment break from 1.4.21- 31.3.22 and the post will be covered by Ms Edel McKenna throughout this period of time.</p> <p>The Deputy Director of Social Work/Divisional Social Worker left the Trust on 31.3.2021 and interviews for a replacement Deputy Director will take place on 27th April 2021.</p>

	<p>The Directorate has continued to experience a high level of vacancies within Social Work, band 6, during this reporting period with a total of 60 permanent and temporary vacancies across the main fieldwork teams at the time of submission of this report. During the reporting period the Directorate had a rolling recruitment campaign in December 2021 and March 2021 and has recently engaged with the regional recruitment campaign.</p> <p>The Belfast Trust is experiencing the same pressures as other Trusts within NI as the demand continues to outstrip supply due to a strategic lack of qualified Social Workers coming into the workforce to meet the demand. This is being addressed in the Regional Workforce Planning Group led by the DOH, who are developing a five – ten year plan to help resolve the issue. Belfast Trust is actively participating in this work.</p> <p>The constant turnover of staff puts pressure on the system with the additional support required to support AYE staff.</p>
2.1b	<p>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.</p> <p>A weekly workforce meeting has continued throughout the reporting period to ensure timely recruitment campaigns and a proactive management of vacancies. The Directorate invested in a band 5 HR staff member dedicated to supporting the Directorate manage its recruitment processes more effectively.</p> <p>The Trust successfully recruited to 9 Senior Practitioner positions in response the additional monies from DoH aligned to unallocated cases across Gateway / Family Support and Children with Disabilities. The recruitment for the 10 Band 4 Social Work Assistants is underway with interviews scheduled for May 2021.</p> <p>There has been a decline in the use of Agency staff within the Directorate over the reporting period. The main contributory factor was the emergency Covid Regulations, which enabled the service to fast-track graduates quickly into the workforce.</p> <p>Recruitment, retention and workforce availability within Family Support has continued to be challenging throughout this reporting phase. Whilst the Trust has just recently completed another recruitment campaign, it is difficult to attract social workers into busy, statutory fieldwork teams given the plethora of choice available for social workers, where demand for social workers outstrips supply. The retention of social worker's within Family Support and the turnover of staff have contributed to having a largely inexperienced group of staff within this service area. This impacts on demand and</p>

	<p>capacity given the high volume of AYE staff within the Family Support service area.</p> <p>Challenges presented by recruitment, retention and workforce availability within CWD have also impacted on this service. A recent Trust recruitment campaign has resulted in filling only 1/3 of vacancies. However, the service will continue to prioritise regular recruitment of sufficient Social Work staff.</p> <p>Challenges with recruitment and retention of staff has also been experienced within the Looked After Children's teams. With the growing number of looked after children within the system, caseload sizes have also continued to grow within this service. This service has experienced a turnover of staff that outstrips the number of new staff being recruited. Despite the Trust agreeing to fund an additional LAC team at risk the service has been unable to recruit enough social workers to establish this additional team and alleviate some of the pressure being experienced by staff.</p> <p>As outlined in the previous report the recruitment of staff for the residential homes was impacted upon through the closure of Donard and the need to go through a change management process with staff. All affected staff were settled into their new roles by the end of July 2020 and this allowed a recruitment campaign to be taken forward specifically for residential staff. In addition, during the pandemic, our residential services experienced challenges linked to staffing levels due to sickness levels, staff shielding and staff having to isolate at times. Consequently, a number of fieldwork staff and other staff were redeployed to support safe staffing levels.</p> <p>Currently the Directorate has 42 AYE staff employed across the Directorate of which 16 are located across our Family Support Teams. The Learning and Development Team have provided additional support to this group of staff through monthly mentoring sessions in their AYE. This has been critical in supporting the retention of this workforce particularly given the pressures experienced with coming into the workforce early.</p> <p>Ensuring sufficiently trained staff to deliver on our statutory responsibilities with the Joint Protocol arrangements continues to be a challenge. The role is complex, and requires continuous professional development and feedback in addition to ensuring the psychological well-being of staff. The Trust is aware of a pilot project in SHSCT involving a cadre of trained PSNI and Social Workers co-located in the PPU and look forward to the outcome of this evaluation.</p>
2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes</p> <p>If not, outline the remedial action taken to address this</p>

	<p>The Directorate has overall achieved satisfactory compliance in respect of the supervision of staff. During the pandemic almost all supervision was conducted virtually through the use of virtual platforms.</p> <p>The Trust continues to implement a professional social work supervision exception reporting system. Monthly returns from the service area evidence satisfactory compliance with the requirements in respect of the frequency of supervision and facilitate monitoring of non-compliance.</p> <p>With the additional demands on first line supervisor's during the pandemic, the Social Work Training Team provided direct support to the new qualified AYE's by providing monthly professional supervision and mentoring.</p> <p>On the very few occasions when the Residential Homes have been particularly unsettled and combined with leave and / shift rotational patterns, a supervision may not have taken place, this is achieved at the earliest opportunity. A mechanism via the Monthly Monitoring Report system is in place to track this.</p> <p>Issues of any non-compliance are generally associated with short-term vacancy at manager level; pressure on services due to a combination of vacancies and responding to crises situations; staff off on sick leave, extended annual leave.</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>The Directorate does not universally use a caseload weighting tool and would be of the view that it requires to be updated following the introduction of Signs of Safety.</p> <p>Early Years</p> <p>The Early Years Service utilise a caseload weighting tool. This however had to be amended as a result of Cov19 given the direction of only being able to physically visit one provider per day. The enhanced supportive element also limited the application of the tool</p> <p>Gateway</p> <p>The Gateway Service does not utilise a Caseload Weighting tool due to the nature of the work, that is, the high throughput of cases within tight timescales. Other measures are used as an alternative, such as using the waiting list to prioritise need alongside the allocation of cases based on the social workers capacity and experience. Of note,</p>

over the course of this reporting period the Gateway Service has consistently reported a downward trajectory of families waiting for assessment and waiting times for assessment.

Family Support

Usage of the Caseload Weighting Tool is not consistent across the Family Support Service due to staff shortages, vacancy levels and more latterly the Covid pandemic. Supervision with staff is utilised in relation to ascertaining demand and capacity for individual social workers. Team meetings are utilised at all levels to ascertain demand and capacity for teams and within a service area to identify particular difficulties/ issues as they arise and ensure appropriate actions are implemented to manage demand and capacity issues as required.

Children with Disability

Usage of the Caseload Weighting Tool has not been implemented within this service as it has not added to existing workload prioritising processes. The service is reviewing the effectiveness of the regional caseload weighting tool within CWD given the complexity of work and size of caseloads and will report on any action taken following the completion of the review. Team meetings have also provided a helpful forum in which staff can raise capacity concerns, provide managers with local information and contribute to resolution of issues.

Looked After Children/Leaving and After Care

Across these teams a range of processes are applied to ascertain and monitor demand and capacity for individual social workers. Monthly supervision is the primary method of monitoring social work capacity. The Looked After Children and Leaving and After Care teams utilise the case load weighting tool.

Fostering and Adoption

Fostering teams and the Adoption teams in addition to supervision utilise the following processes to monitor capacity and demand.

- Monthly assurance meetings to monitor enquiries for both fostering and adoption assessments.
- Fortnightly allocation meetings within the fostering service which reviews the demand and capacity of social work caseloads.

Waiting lists determine how the service meets the demand on the service and any pressures within it.

The Residential Service does not utilise a caseload weighting tool.

2.3	<p>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.</p>
	<p><u>Gateway Audits</u></p> <p>Within the Gateway Service the CSM and PSW continue to regularly sample completed initial assessments by the Service to ensure compliance with UNOCINI standards. During this reporting period the Service also completed an audit in relation to the thresholding of cases referred and allocated for assessment. The findings of this audit evidenced compliance with the SBNI Child Protection Policy and Procedures in respect of referrals.</p> <p><u>Signs of Safety Practice Framework</u></p> <p>The pandemic significantly impacted on our implementation trajectory due to the multiple competing demands on our front line services as well as wider workforce pressures linked to recruitment, retention and redeployment. Notwithstanding these challenges there has been progress across a range of areas, eg, during the reporting period 80% of all ICPCC within Gateway have had a family network meeting, the practice lead clinic continued to be progressed with good attendance from managers and the monthly dashboard analysis is showing that the framework is being used across the fieldwork teams.</p> <p>Collaborative and Gain audit training was delivered in April 2020 with a group of manager and practitioner pairs who trialled the collaborative approach. Since then the managers and staff who participated have continued to apply this in practice and it is hoped further Trust and regional wide application will be rolled out over the course of the next reporting year.</p> <p><u>Research – Feb 2021 – May 2021</u></p> <p>Gateway Pilot Project (part of SQB Innovation) The aim of this project is to increase the number of Family Network meetings (FNM) (Target 75%) held prior to ICPC for families referred to Gateway Service,</p> <p>This project seeks to explore and strengthen systems and practice in Gateway so that staff can effectively identify and engage with the natural network around the child to provide for and ensure their immediate and interim safety.</p> <p>The evaluation includes gathering feedback from Family and Gateway staff. To date feedback has highlighted positive benefits of the use of FNM as well as important learning which will inform</p>

service delivery and design both within Gateway and across all our services.

Family feedback example

"SW talked to me about the worries and she was so clear about why they were involved.... The network got my family together and we all agreed how they could support me and the kids"

"I was very frightened (re ICPC) at first but the network meeting helped us all feel listened to and we needed to do more for the children"

"We looked at good and bad and they have all supported us to make things better. My family have been there but this was different they knew everything now and have been very supportive"

Gateway staff feedback examples:

Family were on board already but it gave them a chance to define their roles and formalise an action plan. They already came up with a plan before the FNM and talked it through at the Family Network which was good"

Where Network meeting could not be held did the process help in any way?

It was very beneficial as it highlighted that we couldn't see any assurances of safety. It really helped in assessing risks.

Children Protection Case Conference

Chairs are currently engaged in a learning review and development of the CP practice pathway building on the survey of Family members who attended a CP conference between Dec – March 2020.

Focus:

- Strengthen Signs of Safety practice in the ICPC pathway
- Support adaptation to delivering conference within the restrictions of COVID19
- Improve family participation and partnership in the process.

Survey

The SOS staff Survey and Parenting Survey were not completed in 2020 – 21 as had been planned. There is a regional plan for both of these surveys to be carried out in the autumn of 2021.

Family Support

Following on from the Thematic Review in relation to Child Sexual Exploitation (CSE) in November/December 2016, SBNI commissioned a further audit into how the SBNI member agencies are effectively responding to and managing CSE within Northern Ireland.

This was carried out by Leonard Consultancy and Associates (report February 2020). This evaluation took the form of file audits, focus groups with social work staff and service users, and the audit team was assisted by the CSE lead for BHSCT. The Belfast Trust, along with the other Trusts and the HSCB are currently working together to consider and progress the implementation of the recommendations of the Leonard Review.

The Trust's Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young people who go missing from home/care. The Trust reports on this data to the HSCB. Joint working between the PSNI and Trusts is crucial and has enhanced service delivery in the area of missing children. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people.

Action planning in respect of the Harmful Sexual Behaviour (HSB) audit, which was commissioned by the HSCB and carried out by the NSPCC with a view to developing an evidence informed operational national framework for children and young people who display harmful sexual behaviour, continues in conjunction with the other Trusts and HSCB. The Belfast Trust are working with our service provider Aim To Change and NSPCC in the development of a local action plan to progress the recommendations from the audit. The Belfast Trust are also working collaboratively with the other Trusts, NSPCC and HSCB to progress a regional action plan.

Thematic Audit

During January 2021 a thematic audit 'Pathways into care' was undertaken which focused on the admission of children into care during 2019 and the decision making at the point of entry to care, as Belfast Trust have more 'Looked After Children' than other Trusts. A total of 35 cases across the Directorate were subject to audit from Gateway, Family Support, Looked After Children and Children with Disabilities services. The audit was undertaken remotely using the PARIS computerised Information System. Standardised guidance was compiled using UNOCINI Guidance and Looked After Children Policy and Procedures.

The key findings from the audit include that in the majority of cases:

- there was evidence of attempts made to avoid an admission to care
- there was evidence of discussions with parents/ care givers prior to admission as to why admission to care was being considered.
- there was evidence of assessment, analysis and wishes and feelings of the child and parent/care givers having informed the plan.

Administrative Findings

- While there is strong evidence that the 'Essential Information' (LAC 0) document is completed and circulated on the first day of placement, social Workers need to ensure it is updated and shared at every Looked After Child Review meeting.
- Again there is strong evidence that the Parent/Carer 'Agreements' Document (LAC 1) is completed on the first day of a new placement. Social Works need to explicitly state if the LAC 1 was signed by parents, child and carer. The introduction of a document management system, planned for the next reporting period in 2021, will enable signed copies to be 'attached' to an electronic version within PARIS.
- Social Workers need to ensure that the 'Notification of an Admission to Care/ Discharge from Care/ Change of Placement' document (CLA 1) are completed.

Quality Findings

- Evidence of assessment prior to admission to care, with a clear focus of the child/ young person remaining within the extended family were possible.
- Good communication with families before, during and immediately after the admission to care.
- There is a need for Social Workers to explicitly document both discussions with Principal Social Worker regarding decision-making for admission and pre-placement checks with kinship carers.

An Action Plan is currently being developed and will be taken forward in the next reporting period.

The impact of the covid 19 pandemic on frontline practice has increased the demand on a depleted workforce during this reporting period. Consequently the capacity to engage in research, audits and evaluations has been limited.

Care Orders

A quality improvement project into "Care Orders at Home" undertaken by the LAC service has led to an improved performance as to how these cases are managed under the Placement with Parent's regulations. This work continues to be ongoing and a priority for the Trust. The participation of parents and young people in this project was of key importance.

There are clear plans in place to review each case within the looked after review process to determine if the Care Order is still required. The lead Principal Social Worker for the project undertakes a twice annual audit of all looked after children subject to a care order at

	<p>home to monitor progress of the above plans. The Trust has reduced significantly the number of children at home on Care Order as a result of this work.</p> <p>Post Adoption Support</p> <p>The adoption services has completed an evaluation of the development of the provision of post adoptions support services. This transformation funded development enabled the Trust to increase staffing within the post adoption teams which has enabled the service to achieve the following:</p> <ul style="list-style-type: none"> • 79 children availed of enhanced support with direct contact arrangements • 102 children and their respective birth and adoptive families have been supported with indirect contact arrangements. • A total of 230 families currently accessing the service for post adoption support issues. • Increase capacity of the team to engage child and families in direct work including narrative/ life story work and Dyadic Developmental Psychotherapy approach to family work, with the 4 social work practitioners having been trained in this model of practice. • The team have been enabled to be more proactive in the promotion of post adoption support provision with a post adoption support plans being actively reviewed on a yearly basis.
2.4	<p>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.</p>
	<p><u>RQIA Inspections</u></p> <p>Children with Disabilities</p> <p>RQIA carried out three remote/virtual inspections during the reporting period as outlined below:</p> <p>Somerton Rd CH Medication inspection 4/12/20:</p> <p>Outcome of Inspection:</p> <ul style="list-style-type: none"> • Care Plans to be amended to take full cognisance of the detailed medication requirements for each young person • Better assessment of pain recognition and use of FLACC pain management protocol to be evidenced in daily recordings and Trust documentation

Somerton Rd CH Announced Care Inspection 25/2/21:

Outcome of Inspection/Areas for improvement:

The Trust is pleased to report no identified areas for improvement. The Authority did express concern at the lack of a permanent registered manager, however accepted that the Trust had made appropriate efforts to recruit the post and that areas of good practice were noted as follows:

- Implementation of COVID restrictions and protocols
- Review and management of Restrictive Practice and DOLS
- Developing a learning culture within the team

Forest Lodge announced inspection 9/2/21:

Outcome of inspection and areas for improvement:

This was a challenging inspection, as the Authority did not accept Trust assurances that satisfactory arrangements were in place for the safety and wellbeing of young people admitted to the Isolation Unit (established during the pandemic). Two Intention meetings took place via Zoom on 23/2/21 and 1/3/21 and the two intended Failure to Comply notices were withdrawn following engagement with Trust managers and the revision of existing Isolation Unit Guidance for managers and staff. The Trust was grateful for the opportunity to correct some misperceptions and misinformation and to have the opportunity to clarify arrangements and update guidance.

The Trust notes that Areas for Improvement from Previous Action Plans were not reviewed/inspected during the Pandemic and managers are continuing to ensure that these improvements are implemented where possible and deficiencies mitigated if issues cannot at this point be fully resolved.

The period of the Pandemic and various periods of Lockdown created significant challenges to young people, staff and managers throughout, however, the Trust was able to continue to provide safe long-term placements and to prioritise the best possible level of Short Break placements and outreach to our most vulnerable children and families. This has been acknowledge by RQIA.

Mental Health Review Tribunal**Children with Disabilities**

During the reporting period one tribunal took place, on 16th November 2020, for a detained patient within Iveagh. The Tribunal confirmed this young person's continued detention in hospital.

Judicial Reviews

Children with Disabilities

During the reporting period, Children with Disabilities Service was engaged in three Judicial Reviews: two relating to the lack of local and accessible placement options for children who have been assessed for residential care and one relating to the retraction of Short Break services due to the pandemic. Two of these cases relate to young people who have remained in the Iveagh Centre when their period of assessment and treatment had ended. The Trust actively sought placements for both young people, but were unable to identify suitable options which could allow for their safe discharge from hospital. The Trust submitted two bespoke business cases in June 2020 and are in discussion with DoH/HSCB regarding the capital and revenue requirements needed to support these children transition back into the community. A third Judicial Review relates to Willow Lodge where a child who is currently placed there on a full time basis has resulted in the temporary withdrawal of the residential Short Breaks provision provided to families of children with disabilities by that Unit. The Trust is cognisant of Service Users dissatisfaction, which has resulted from this placement and is actively seeking to provide alternative provision for these families and the child who is currently resident in the facility.

The Trust had completed an outline business case a number of years ago for the extension of its Short Break and Shared Care provision. Unfortunately, the HSCB at the time advised that there was no additional revenue to support this proposal. The Trust has identified the building of this new facility as a priority and it has been identified for capital expenditure in 2024-2025. The issue of any additional revenue funding to support this facility will still need to be agreed with the HSCB. The Trust is concerned that the service pressures and lack of provision are long standing and require urgent investment and collaboration with the HSCB and other Trusts.

Family Support Service

Over the course of the reporting period there has been a significant volume of pre-action notifications predominantly in respect of our Family Support Services. Cases subject to PAPL's have been varied in nature and have included:- Trust's authority to suspend contact, not providing a placement for a mother and baby together, not agreeing to fund Dialectical Behaviour Therapy (DBT) as per recommendation of an expert report, delay in filing an Article 4 report, not providing contact to a mother incarcerated in prison and failing to provide accommodation. Some of the PAPL's ended following the response back from the Trust, some were dealt with within the public law proceedings as cases were already in Court and some Judicial Reviews were lodged and progressed to leave Hearings but leave was not granted. Failure to provide accommodation was the most significant and common theme, and of these, most related to the accommodation needs of our young people particularly our 16+ which continues to be a challenge in

terms of service provision. The Trust is currently in advanced discussions with one of our providers in relation to increasing our provision of joint commissioned beds.

Case Management Reviews (CMRs)

- Four CMR notifications were made by the Trust to the SBNI during the reporting period:
- The first CMR notification, September 2020, related to a young person known to our Intensive Adolescent Support Service, who was subject to an alleged sexual assault by a stranger.
- The second CMR Notification, September 2020, related to a Looked After Child in one of our Residential Homes, who was also subject to the same alleged sexual assault referred to in the first notification. With regards to both these cases, the CMR Panel in February 2021 recommended 'No CMR', however, when both cases were presented to the Safeguarding Board Northern Ireland (SBNI) Board Meeting, the decision was made to progress a joint CMR with a focus on a 16 hour timeline when the incident is alleged to have occurred. The Trust is currently completing an IAR in relation to this matter.
- The third CMR Notification, November 2020, related to a Looked After Child who was subject to an alleged sexual assault. This was considered at the CMR Panel in February 2021, and 'No CMR' was recommended. The case is currently with SBNI Board for final decision.
- The fourth CMR Notification, March 2021, related to a Looked After Child who was subject to an alleged sexual assault. This case will be listed before the CMR Panel in June 2021 for consideration.
- A fifth notification was made by an SBNI member agency in November 2020 but which related to a regional CAMHS service delivered by the Belfast Trust. The March 2021 CMR Panel recommended 'NO CMR', however, this is currently before SBNI Board for final decision.
- Three CMRs have been completed during this report period, two of which involved RESWS where BHSCT was not the lead Trust. One CMR is currently subject to a factual accuracy check while the other two are awaiting final release.
- CMR R and CMR J that were reported on the previous DSF report – all actions have now been achieved.
- The Trust are currently involved in eight CMRs, for which the BHSCT are not the lead Trust but are contributing to the learning, and these CMRs are at various points of completion.

	<p>IARs submitted:</p> <ul style="list-style-type: none"> During this reporting period, the Trust submitted 2 IAR reports – one where the Trust was the lead Trust and the second related to a case where the family had involvement with Trust services across both community and acute. <p>Residential</p> <p>Two safeguarding incidents within the Residential Service were referred for CMR within this reporting period with one progressing to CMR and one reverting to an SAI. The date of the SAI is to be confirmed.</p> <p>A further CMR (pertaining to an incident date July 2019) was undertaken and will be shared in the next reporting period.</p> <p>Two SAIs will take place, with dates to be confirmed. These relate to Covid outbreaks in two of the Children's Homes.</p> <p>A further SAI will take place in April 2021, relating to a (non Covid related) incident in a Children's home.</p> <p>RQIA Inspections/ Activity</p> <p>Throughout last year, 7 RQIA inspections were completed virtually in Children's Mainstream Residential Homes.</p> <p>On a number of occasions over the reporting period, the Trust has had to inform RQIA of the need to make amendments to a number of Homes' Statements of Purpose in order to accommodate young people outside the age range for the home, increased capacity and/ or to extend timeframes of placements to allow for future placements to be identified (This relates specifically to the short term assessment home).</p> <p>Themes from Inspections</p> <p>A number of themes were identified including</p> <ul style="list-style-type: none"> The requirement to have a comprehensive standardised induction package across the Homes, incorporating a competency checklist and training matrix. The requirement to evidence proactive planning captured at handovers referencing how shift is to address risk Requirements regarding internal management audits for some systems, e.g. medication and fire Requirements for Individualised Care plans that identifies how each assessed need will be met, corresponding desired objectives/ outcomes that can be measured and reviewed.
2.5	<p>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.</p>

The Trust has tracked the following child protection information on a weekly basis throughout the reporting period: the total number of child protection referrals into the service, the number of children on the child protection register and the response to a child protection referral within 24 hours. The Trust can report that the number of child protection referrals initially decreased but in the months following the pandemic, there began an upward trajectory and this been sustained. The Gateway Service throughout this period did not move its visits to virtual and continued to undertake face to face initial assessments.

At the point of the initial lockdown period, visits to children on the child protection register moved to virtual visits unless risk assessed as a priority for face to face visits. By June 2020 it had been agreed regionally that a minimum of one face to face visit should take place every four weeks to those children on the child protection register as Trusts were concerned that there were risks inherent in continuing only with virtual visits. This was in keeping with the regional Action Card.

Due to the stressors on families as a result Covid, including school closures, decrease and closure of other statutory and voluntary agencies, there was an increase in families experiencing crisis and seeking intervention from family support teams with increased levels of families in need and at risk. There was also an increase in the number of initial case conferences convened and children added to the register and in the number of unplanned admissions to care, placement breakdowns and issues with availability of fosters and the use of short-term bridging placements. Collectively this led to an increase in the volume of applications for Public Law proceedings.

There were challenges linked to engaging with service users via virtual platforms particularly in relation to engagement with children and while some of the young people provided positive feedback in using these platforms to engage in the LAC Reviews, staff welcome the increasing return to face to face visits.

The Trust manages the regional residential facility for unaccompanied and asylum seeking children and young people and following an initial downturn in numbers of unaccompanied young people presenting into the region, this number again increased. This presented challenges in providing accommodation and the Belfast Trust led on implementing a rota based response shared amongst the Trusts. This meant that when Aran House reached capacity, the Trusts would take turns in accommodating any further presenting young people.

In this year, the Belfast Trust worked collaboratively with the HSCB in developing a step down facility provided by a voluntary sector agency. This has now successfully provided accommodation for a number of the UASC and young people requiring a step down facility

	<p>that meets their needs as assessed by the residential staff in Aran House.</p> <p>The Residential Service has also developed a service in partnership with another voluntary sector provider. This provides accommodation and a wraparound support package for 3 unaccompanied and separated young people, which has further developed the menu of services that can meet their assessed needs.</p> <p>Within the mainstream Children's Homes, there has been a significant rise in the numbers of Children who have been missing from care within this reporting period. In tracking this information it is clear that particular spikes in missing from care episodes are linked to periods of lockdown and the cessation of groups and other structured diversionary activity that would have been available to the young people pre lockdown.</p> <p>It is anticipated that the reopening of services will contribute to the reduction of missing episodes. The deployment of the Doors Residential Peripatetic Support Service back into the Homes (following a year that necessitated their redeployment to assist with Covid related absence) will further assist this. It is anticipated that being able to reprise their role of meaningful and needs assessed engagement with the young people will help provide further structure and diversionary activity and help reduce episodes of missing from care.</p>
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2.6 Progress Update on DSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

	CHILDRENS SERVICES		
2.6	Issue/Action Agreed at DSF meeting in October 2020	Progress Update	RAG Rating
	<p>Issue: Detention under MHO</p> <p>Update at DSF meeting – 5.10.20 Legal advice has been sought with regards to all these children. There are 2 delayed discharges and there is due to be a JR Hearing in November. The Children's Law Centre have raised issue with the level of consultation with the families. This is refuted by the Trust. These circumstances outline the lack of community resources, both locally and regionally and as such it urgently requires a clear action plan, involving HSCB, Trust and DoH.</p> <p>Action:</p> <ul style="list-style-type: none"> HSCB, Trusts and DoH to continue to work on development of community resources 	<p>Updated on 5th May 2021</p> <p>The Trust submitted two Business Cases to HSCB which addressed the specific assessed needs of 2 YP who were Delayed Discharge within Iveagh Ctr during the reporting period. One YP has since been discharged and has now transitioned to Adult Services however there are on-going court proceedings regarding suitability of placement. The second YP remains a delayed discharge and there are on-going discussions with DOH regarding the release of capital funding.</p> <p>The Trust is fully engaged with the Children Disability Reform Group and work is being led on by HSCB to develop a Regional Operational Framework for Disability Services. Whilst resourcing remains a significant challenge the recommendations in the framework outline a wide ranging and ambitious reform and modernisation agenda for CwD services. One of the strategic</p>	Amber

		themes will focus on the approach to residential provision and how to support CwD effectively in out of home placements.	
	<p>Issue: Children with a disability</p> <p>Action: The Trust is working with the HSCB to address these shortfalls and to carry out a further assessment of need to inform commissioning priorities. Individual business cases have been developed in relation to young people who are delayed discharges from Iveagh. The Trust also continues to fund a private placement for one young person who was not accepted by the ECR panel but whose needs could not be met within the existing residential or fostering provision.</p> <p>Update at DSF meeting – 5.10.20 Trust have been looking at this over the last 4 years and there still remains a significant service gap across the region for children with a disability.</p> <p>Action:</p> <ul style="list-style-type: none"> • HSCB, Trusts and DoH to continue to work on development of community resources • To discuss where CwD are positioned within the DoH 	<p>Updated on 5th May 2021</p> <p>The Trust is currently updating its CWD Edge of Care/ placement requirement data base and will share this information with HSCB when complete. The Trust is keen to see progress in the development of a fully funded reform and modernisation programme as referenced above. The Trust is fully engaged in discussions with DOH to release Capital funding for one YP who remains a delayed discharge from Iveagh. There remains the potential this case will be returned to Court if funding is not made available soon. One CWD LAC is placed in an Out of Jurisdiction placement due to the lack of suitable placements within NI. The Trust is also seeking a therapeutic ECR in respect of another child whose needs cannot be met within NI. The Trust has made 3 other emergency placements during the Pandemic, 2 fully accommodated within Willow Lodge, thus initially reducing and now pausing Short Breaks provision to families of Children in Need. This has resulted in high levels of unmet need despite the deployment</p>	Amber

		<p>of SDS and Article 18 Payments to offset pressures.</p> <p>The Trust continues to advise DOH of the need to place CWD services within Children's and not Learning Disability service division and is committed to a child centred integrated approach to the delivery of Children's services.</p> <p>CWD Service has reviewed the needs of all young people over 16 and identified within that group those requiring Deprivation of Liberty Safeguards. The service subsequently referred 39 young people to the Trust's MCA Team and Social Workers have assisted this team in the completion of the required processes and documentation. The service has itself completed the process for 9 young people and a further 15 DOLS will be complete for a further 15. By 31/5/21 all those who require DOLS will have had the process completed and ready for DOLS Panel consideration. All eligible staff have completed the required training and a tracking system is in place to ensure that those who become eligible have the process completed in a timely way. Attendance at Special Schools to which YP cannot consent and which have locked doors have been included in any DOLS process</p>	
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	<p>Issue: Personal Advisors</p> <p>Update at DSF meeting – 5.10.20 Current number of young people without a personal advisor is 72. Two new staff members have been recruited and the Trust have an action plan which aims to reduce this number to 9 without an advisor in 3 months.</p> <p>Action:</p> <ul style="list-style-type: none"> Trust to provide HSCB with an update at midyear point 	<p>Updated on 5th May 2021</p> <p>Broader workforce issues have impacted progress in relation to this area of work in addition to the challenges arising from the management of the Covid-19 pandemic.</p> <p>Factors influencing the allocation of a personal advisor include, the increased trajectory in the number of looked after children and late entrants into care. Within the next review period the Trust will undertake a review of the systems in place to track and monitor the allocation of Personal Advisors, and produce an action plan to address this failure to comply.</p> <p>The HSCB have also outlined a review of Leaving Care Services as one of the priority areas of work to be progressed in 2021/22.</p>	Amber
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	<p>Issue: Unaccompanied minors</p> <p>Update at DSF meeting – 5.10.20 Trust confirmed that Home Office funding is utilised directly on young people. Over the last 7 months £20k spent to date – areas of expenditure inc. accommodation, travel, clothing, heating, activities etc. There was a downturn in numbers arriving in NI during the first period of lockdown, however this has begun to increase and current numbers are around one per week. It is anticipated that these numbers will increase due to Brexit and the new protocol of a ‘duty system’ across all 4 nations. The Trust awaits outcome of the DoH Workshop on how this will be implemented and arrangements around this.</p> <p>Action:</p> <ul style="list-style-type: none"> To be kept under review during 2020/2021 	<p>Updated on 5th May 2021</p> <p>The HSCB have agreed a protocol with the five HSCTs to accommodate children arriving in the region should the Trusts residential home (Aran House) be full at the time of their arrival. Funding has been secured from the DoH to develop the regional model for UASC; this currently is being consulted upon and will be implemented as agreed. Home Office funding continues to be applied for and utilised appropriately in line with the requirements of the provision.</p> <p>A regional workshop will be scheduled once arrangements in relation to the National Transfer Scheme are endorsed at Executive / Ministerial level in NI – no further action is required at this stage.</p>	Green
	<p>Issue: Early Years, Outstanding Inspections</p> <p>Action: There is a plan in place to reinstate the Inspections in line with the regional resetting of services and the Early Years plan to have these completed by the end of September.</p> <p>Update at DSF meeting – 5.10.20</p>	<p>Updated on 5th May 2021</p> <p>The initial pause on all inspections in the first 6 months of the pandemic (when many settings were closed), coupled with the requirement for an inspector to only complete one inspection per day, has created an unavoidable impact on the ability of all Trusts to complete annual inspections of each registered setting.</p>	Amber

	<p>COVID planning started significantly earlier than lock down on 23rd March. Trust confirmed they were on target before COVID and have had an action plan in place. The Trust advise that these inspections and registration should now be completed and up to date.</p> <p>Action:</p> <ul style="list-style-type: none"> • Trust to confirm current numbers. • Trust to forward Action Plan referenced 	<p>Trusts have worked extremely well together to agree a regionally consistent approach to meeting their statutory duties and ensure that settings were operating safely during the pandemic, through regular communication and advice.</p> <p>The Trust has adhered to the regional direction from DoH / HSCB regarding the relevant Covid guidelines and moved (as per the regional agreement) to a staggered inspection process from December 2020 with observation visits being deferred until after the lockdown period. Inspections resumed in March 2021.</p> <p>187 Inspections have been carried out during the reporting year with 355 outstanding inspections as of 31/03/21. The Trust will assess the capacity to complete all other outstanding inspections in line with the DoH guidance. Where they cannot be completed the settings will be risk assessed taking account of the information obtained from remote inspections. Where the risk assessments identify concerns, follow up visits will be completed.</p> <p>The Trust action plan referenced in October 20 had been developed prior to the second lockdown in December 2020 and is therefore no-longer applicable/ relevant.</p>	
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	<p>LAC & Leaving Care</p> <p>Issue: 29 LAC Statutory Visits not completed 14 CwD Statutory Visits not completed</p> <p>Issue: 76 Statutory Reviews not completed</p> <p>Update at DSF meeting – 5.10.20 Delays are due to staff vacancies. The Trust also advise that the numbers of children in care has risen, putting increased pressure on the service.</p> <p>Action:</p> <ul style="list-style-type: none"> • Trust to ensure compliance during 2020/2021 • To be monitored during 2020/2021 and reviewed by the Trust and the Social Care lead. • To be addressed through AD Group 	<p>Updated on 5th May 2021</p> <p>Compliance in respect of statutory visiting has been impacted during the reporting period due to a combination of staff vacancies, sick leave, caseload pressures and redeployment during the third surge of the Covid-19 pandemic. Technology enabled a blended approach to be used incorporating both virtual and face to face visits (risk assessed in line with PHA guidelines). Social work managers ensured the service was able to respond to crisis and implement actions arising from risk assessments.</p> <p>At the end of March 21, there were 35 unallocated cases within the LAC teams and 92 unallocated cases within CwD due to the issues noted above and from the increase in numbers of looked after children within the Belfast Trust over a number of years. The Trust are managing these cases via the duty social work system and there are escalation procedures in place and oversight by the Head of Service. 3 x Social Workers have been recruited and will take up post in relation to existing vacancies within the next 2 months. Within CwD 4 x Senior Practitioners have been appointed and will take up post within the next two months. The unallocated cases will be assigned to these staff members. It is envisaged the 3 x further</p>	<p>Red</p>
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		<p>vacancies in LAC will be filled through the regional recruitment campaign being completed in May 21.</p> <p>Whilst there is no additional funding available the directorate has secured agreement to go at risk and create an additional LAC Team to address the capacity issues on a longer term basis with recruitment for a SSW and 5 x SWs posts being progressed.</p>	
<ul style="list-style-type: none"> Issue: Care Pathway Project Review - clarify when report is to be available 	<p>Update at DSF meeting – 5.10.20</p> <p>The Review Report has been forwarded to the HSCB just prior to the meeting. This needs to be reviewed by the Social Care Lead and outcomes discussed with the Trust.</p> <p>Action:</p> <ul style="list-style-type: none"> HSCB to review report and outcomes Trust to provide update on progress of recommendations contained within the report. 	<p>Updated on 5th May 2021</p> <p>The Care Pathway Project Review Report and accompanying presentation was received by the HSCB on 4th October 2020. Recommendations relating to Personal Advisors is noted separately in this action plan as detailed above.</p> <p>The aims of the Care Pathways Review have been achieved. Importantly, Looked After Children have less transition points in their care journey with access to key professionals at an earlier stage to support them through these fewer transitions. Similarly, professionals have more robust processes in place to promote more streamlined case transfer of young people coming into their service area, which prevents delay at key transition times. The review recommendations from this review which will be taken forward in</p>	<p>Green</p>

		<ul style="list-style-type: none">Partnership with the service user groups in respect of informing and co-producing improvements for practice with staff, Reviewing methodologies to improve the retention of personal advisors.	
<ul style="list-style-type: none">Issue: Numerous placement moves for children Update at DSF meeting – 5.10.20 Recruitment difficulties, more break down of placements. Have put some Band 4s in to support children. Kinship placements breaking down. Inescapable pressures used to fund this area. Placing children with very complex needs that are not ready for fostering. Foster carers are overstretched. Considering bringing back the Leads Model and considering all options. Trust is looking at a regional group to look at the development of this. Issue: What plans have the Trust in place to recruit locally so statutory duty to LAC can be met and some placement choice afforded to minimise disruptions. Update at DSF meeting – 5.10.20 The Trust has very close links with TSS. This situation reflects the pressures across fostering currently. An inescapable pressure paper has been submitted to the DoH by the Trust for a wraparound support service for foster	Updated on 5th May 2021 The Trust is working in collaboration with the Early Intervention and Support Service to progress a quality improvement project which aims to provide increased support to placements under pressure, improve stability and prevent breakdown. In addition, a new agreement has been reached with Extern to provide 2 placements per week for short breaks which enhances existing provision. The Trust works collaboratively across the region to progress the recruitment planner for foster carers and track the outcomes of this work. Across corporate parenting LAC and Fostering Teams B4 support staff are being utilised to support children in care (these posts are currently unfunded). The annual recruitment planner has been collaboratively worked up on and outlines a	Amber	

	<p>carers. The Trust has also a significant challenge in meeting the needs of 8-12yr old children. A bespoke residential unit has been established, as some of these children are not able to manage foster placements and require a therapeutic residential placement before being considered for fostering.</p> <p>Action:</p> <ul style="list-style-type: none"> To be reviewed during 2020/21 and update provided to HSCB 	<p>number of complimentary local and regional recruitment events.</p> <p>The rebuild planning will promote the resuming of face to face recruitment events in addition to those which are occurring virtually.</p> <p>The Regional Assistant Directors for Corporate Parenting and HSCB have agreed to review commencing a regional piece of work to develop a proposal for a skill/fee based fostering framework. The framework will be aligned to the DoH Strategic Direction and priorities for improving outcomes for LAC, placement choices and regional equity. The proposed framework will be presented to CSIB for approval upon completion and may require additional investment and a bridging approach between current practice and full implementation of a new model.</p> <p>The operation of the home for younger children remains in place for those whose needs have been assessed as best met within the home whilst they are being considered for fostering.</p>	
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<ul style="list-style-type: none"> • Issue: Impact of vacancies on the delivery of services 	<p>Update at DSF meeting – 5.10.20 HSCB considering setting up further meetings in relation to the impact of COVID. Significant pressures within Early Years and it was suggested by the HSCB that Una Larnihan to link in with this meeting also.</p> <p>There are 42 AYE's in post but they need extensive support and are on reduced caseloads. The Trust Learning and Development teams are providing additional support to AYE's. Trust have also put their learning and development modules on line to improve training opportunities and supports for staff. There are currently 35 vacancies across children's services, and 65 vacancies across adults and children's.</p> <p>The Trust held a Workforce workshop in February with HR. Whilst there are local workforce issues, this is also a regional matter and the Trust await the DoH Workforce Review.</p> <p>Action:</p> <ul style="list-style-type: none"> • Workforce planning to be kept under review during 2020/2021, to include vacancy numbers • Await outcome and Recommendations of DoH Workforce Review. 	<p>Updated on 5th May 2021</p> <p>The number of vacancies has had a significant impact on the delivery of services, the full extent of this is likely to be more fully realised in the coming months as we rebuild our services. Many duties which were previously paused during the pandemic, for example contact, or significantly reduced, for example face to face visiting will now resume therefore placing additional demand on teams who have depleted staff and have been carrying vacancies for a sustained period.</p> <p>The impact of the growing proportion of AYE staff located across our front line services should not be underestimated. These staff require high levels of supervision, mentoring and support as they remain in the consolidation stage of their professional development. The number and complexity of cases that they hold has to be protected however the consequent impact is reduced levels of throughput of cases.</p> <p>The DoH Workforce Strategy remains in draft form and will be circulated to Trusts upon completion. The Trust review vacancies and workforce pressures via weekly meetings with Co-directors, HOS, HR colleagues, & Learning & Development team. A regional recruitment campaign is</p>	<p>Amber</p>
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		<p>underway for social workers and subsequent Belfast Trust local recruitment is being planned across all services areas.</p> <p>The HSCB are currently working to scope the existing number of vacancies across children's services with a position report being compiled for presentation to CSIB in May 21.</p>	
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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.
	<p>Early Years</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>As Directed by HSCB inspections will continue to follow the regional process where inspections are sampled and focussed on quality of care and compliance with DoH COVID19 Guidance for Registered Childcare Settings. Guidance was developed by the COVID19 HSCB/HSCT Regional Group for Inspections and approved by the PHA will be undertaken as per a process of identifying those with significant action plans as well as those that need additional input. Consequently, minimising risk. As restrictions are lifted the nature of the inspection process will undoubtedly evolve. BHSCT will strive to complete as many inspections as possible; however, the limitation of only being able to visit one provider per day is a significant challenge. BHSCT are of the view that all inspections require a visit. Registrations as per legislation will continue to be undertaken within time frames.</p>
	<p>Children's Disability Service - Delayed Discharge – Iveagh and availability of appropriate community placements</p>	<p>The Trust continues to engage in weekly discussions with colleagues from the Disability Unit, DoH regarding the release of capital funds for a family of a child who is a delayed discharge from Iveagh, purpose a new property, which will enable the child's discharge. The Trusts is also finalising arrangements to a bespoke Care Package, which will be required when the child returns home. This will likely involve the need to recruit additional staff at various Bands to ensure safe levels of care and support.</p>

		<p>The Trust is currently updating its CWD Edge of Care/ placement requirement database and will share this information with HSCB when complete. The Trust is keen to see progress in the development of a fully funded reform and modernisation programme and the completion by the HSCB of the Framework for Children with Disabilities services.</p> <p>The Trust will continue to prioritise the identification of long-term placements for the two children currently placed in its short breaks home Willow Lodge. This has resulted in high levels of unmet need amongst the users of this short breaks home, which the Trust will continue to address in the interim through the deployment of SDS and Article 18 Payments to offset pressures.</p>
	Workforce – Impact of vacancies on delivery of services	<p>Currently across Gateway, Family Support, Children with Disabilities and LAC Services the high volume of vacancies have had a significant impact on the ability to fully discharge our statutory functions. With the onset of Covid and the downturn in services, the extent and impact of our vacancies were not fully realised. However as the process of rebuilding commences, including an increase in face to face visiting, increase in direct parent child contact and the notable increase in referrals, including Child Protection, the gaps in our workforce compliment and the services ability to deliver timely, safe and effective services will be more challenging in the months ahead. We await the outcome of the Regional Recruitment in anticipation that this might create increased capacity however contingency arrangements may need to be considered if the extent and pace of vacancies continues, in particular, the downturn of non-frontline services to enable staff to be redeployed into our critical service delivery teams.</p>

<p>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>A tracking system is to be established to monitor the demand for PAs across the service. A number of vacant posts are to be recruited to over the next 2 -3 months to manage the number of unallocated PA.</p>
<p>Unallocated LAC cases</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>Within the LAC service a number of vacant post will be filled within 2 months which will enable the allocation of all cases. The Trust is currently processing recruitment for an additional LAC team to manage the caseload pressures within Looked after children's services. The additional team will be a cost pressure for the Trust.</p>
<p>Statutory Visits</p> <p>72 statutory visits did not take place within the regulatory timescales.</p>	<p>Within the LAC service a number of vacant post will be filled within the next 2 months which will ensure the Trust is compliant with statutory functions regarding visiting. The Trust is also currently processing recruitment for an additional LAC team to manage the caseload pressures within Looked after children's services. The additional team will be a cost pressure for the Trust.</p>
<p>Statutory reviews</p> <p>94 statutory looked after children reviews did not take place within the required timescales.</p>	<p>The impact of the first lock down period and subsequent postponement of some looked after children reviews resulted in a number of the reviews taking place outside of timescale. In addition, staff sickness and vacancies contributed to this issue as the pandemic progressed. The LAC service has experienced transition and sickness within the PSW staff group. This has currently been resolved and will enable the Trust to ensure compliance with statutory LAC reviews. It is hoped that the regional recruitment campaign will also allow the additional LAC social work team to be filled.</p>

	<p>Placement Moves 117 children experienced a move in placement during the reporting period.</p>	<p>The Trust continues to look at a range of initiatives to support placements and minimize the need for a young person to move.</p> <ul style="list-style-type: none">• The development of an Early Intervention and Support Service to support to placements under pressure,• Commissioning through Extern 2 placements per week for short breaks which enhances existing provision.• Use of band 4 staff to support children in care• The development of a recruitment planner for foster carers• The development regionally of a skill/fee based fostering framework• Continuation of the Home for younger children aged 8-12 yrs.• Continued work with TSS to support vulnerable placements at risk of breakdown
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Progress Update on DSF Regional Issues

REGIONAL DSF ISSUES			
Older People, Physical Disability & Sensory Impairment and Adult Protection	Progress Update as of 31.03.21	HSCB Lead Responsible	RAG Rating
<ul style="list-style-type: none"> Issue: Workforce <p>Action: To explore alternative recruitment processes in statutory domiciliary care services.</p>	<ul style="list-style-type: none"> Additional non-recurrent funding secured for approx 10 staff per Trust area; Working with DoH and Health Sector Talent to develop interest in care work and recruit people who would not normally respond to conventional recruitment exercises. Trusts continue active recruitment activities on a regular (monthly) basis. 	HSCT	
<ul style="list-style-type: none"> Issue: Data issues in relation to Hospital Social Work and Adult Safeguarding; <p>Action To clarify interim data requirements for adult protection.</p>	<ul style="list-style-type: none"> Interim regional data return agreed and issued to Trusts Review of current data and development of new regional data set will form part of work of the Interim Adult Protection Board. 	HSCT/ Adult Protection Board	

<ul style="list-style-type: none"> Issue: Adult Safeguarding <p>Action To examine recent regional reduction in the numbers of Joint Protocol cases</p>	<ul style="list-style-type: none"> Review of Joint Protocol will address issue of thresholds and co-working. Revised Joint Protocol to be agreed by regional Adult Protection Board for Northern Ireland 	Adult Protection Board for Northern Ireland	
<ul style="list-style-type: none"> Issue: Domiciliary Care <p>Action</p> <ul style="list-style-type: none"> Continue to monitor levels of demand against available supply; Move away from “time for task” model of delivery to outcomes based approach 	<ul style="list-style-type: none"> Regular Trust monitoring processes in place; Note increasing complexity of need of individuals; New model of care and support scaling up in SET, and planned roll out across other Trusts Ongoing Engagement between HSC and providers on pressures 	Trusts	
<ul style="list-style-type: none"> Issue: Care Homes <p>Action Monitor impact of COVID 19 pandemic on care home residents and work with HSC Trusts and providers to alleviate this impact wherever possible</p>	<ul style="list-style-type: none"> Close monitoring of care homes in place and service capacity; Joint working with HSC, providers, PHA and RQIA Regional Covid-19 Action Plan in place with associated performance monitoring 	HSC	

<ul style="list-style-type: none"> Issue: Mental Capacity Act Action Ensure all legacy DoLS assessments in care homes are completed	<ul style="list-style-type: none"> Performance managed by DoH via regular regional meetings Risk noted in BHSCT regarding capacity to meet statutory function. 	DoH and HSC Trusts	
<ul style="list-style-type: none"> Issue: Continuing Healthcare Action New regional policy requirement in this area.	This is a Policy matter to be addressed by DOH	DoH	
MENTAL HEALTH AND LEARNING DISABILITY SERVICES	Progress Update	HSCB Lead Responsible	RAG Rating
<ul style="list-style-type: none"> Issue: Mental Health social work vacancies Action <ul style="list-style-type: none"> Continue to monitor and assess impact 	<ul style="list-style-type: none"> DoH Mental Health Action Plan, Action 13.1, <i>Initiate a review of mental health workforce subject to funding</i> is outstanding and the Board awaits direction 	DoH & HSCTs M McCafferty	
<ul style="list-style-type: none"> Issue: Approved Social Work training places Action <ul style="list-style-type: none"> Continue to explore potential of increase in training places 	<ul style="list-style-type: none"> All Trusts to continue to monitor rota, vacancies and emerging need 	DoH & HSCTs via Approved ASW Forum J Haslett	

<ul style="list-style-type: none"> Issue: Acute inpatient bed pressures/estates delays Action <ul style="list-style-type: none"> Continue to monitor levels of demand 	<ul style="list-style-type: none"> Reported daily via Regional Daily Bed Management return Delays to estate works communicated via Trust capital works schemes 	DoH, MHLIDB, Regional Bed Capacity Network M McCafferty	
<ul style="list-style-type: none"> Mental health surge which is expected due to COVID-19 pandemic Continue to monitor levels of demand	<ul style="list-style-type: none"> Discussed at fortnightly COVID-19 Asst. Director meetings and monthly Adult Mental Health Group - chaired by M McCafferty Discussed at Mental Health Emotional Wellbeing P - Marie Roulston and Ciaran Mulholland 	All M McCafferty	
<ul style="list-style-type: none"> Issue: Mental Capacity Act Action <ul style="list-style-type: none"> Ensure all legacy DoLS assessments are completed 	<ul style="list-style-type: none"> This is performance managed by DoH 	DoH & HSCTs J Haslett	
<ul style="list-style-type: none"> Issue: Mental Health Carers assessments Action <ul style="list-style-type: none"> Continue to monitor numbers offered and uptake and await IT system to offer quality data 	<ul style="list-style-type: none"> Continue to work with Encompass project to address need for more quality data reporting to inform emerging carers' needs and offers supports where needed 	HSCTs S McErlean	

<ul style="list-style-type: none"> Issue: Mental Health funding constraints Action <ul style="list-style-type: none"> Monitor impact of any funding delays and/or inescapable pressures to meet anticipated mental health surge 	<ul style="list-style-type: none"> Discussed at MHLDIB meetings on a fortnightly basis and monthly at Adult Mental Health Group Awaiting funding decision from DoH 	DoH L Conn	
LEARNING DISABILITY SERVICES	Progress Update	HSCB Lead Responsible	RAG Rating
<ul style="list-style-type: none"> Issue: Availability of LD Inpatient beds Action <ul style="list-style-type: none"> Continue to monitor levels of demand against available supply; progress the discharge of those in hospital but not in active treatment and continue to explore potential for regional support 	<ul style="list-style-type: none"> Discussed at MHLDIB meetings on a fortnightly basis and the specific MAH focused Resettlement meeting which also meets fortnightly; Monitored through regional returns submitted monthly from each of the 3 LD hospitals: New model and care pathway for community assessment & treatment which is almost complete needs to be consulted on and rolled out across the region 	Lorna Conn	
Issue: Lack of Bespoke Community placements and accommodation	<ul style="list-style-type: none"> Discussed at MHLDIB meetings on a fortnightly basis and monthly at AD LD Group. Monitored through the Regional LD Operational Delivery Group monthly meetings 	Lorna Conn	
Action <ul style="list-style-type: none"> To support the development of community infrastructure and provider capability 			

	<ul style="list-style-type: none"> Under consideration through development of a regional procurement of service provides for those with LD and complex needs 		
<ul style="list-style-type: none"> Issue: Implementation Of DOLs MCA Phase 1 <p>Action</p> <ul style="list-style-type: none"> Continue to monitor; assess the impact and support service improvements in regional consistency and compliance Support trusts to ensure all legacy DoLS assessments are completed 	<ul style="list-style-type: none"> Discussed at MHL DIB meetings on a fortnightly basis and monthly at AD LD Group. Monitored through the Regional MCA Strategic Advisory Group monthly meetings and monthly returns 	<p>Julie Haslett Ruth Donaldson</p>	
<ul style="list-style-type: none"> Issue: Recruitment of workforce in general and specifically to ASW; STD Approvers and IO/DAPO roles. <p>Action</p> <ul style="list-style-type: none"> Continue to monitor and assess impact on service delivery 	<ul style="list-style-type: none"> Workforce is managed by DoH Impact of roll out of MDTs to be monitored by HSCB as well as through DSF governance processes 	<p>Lorna Conn</p>	

<ul style="list-style-type: none"> Issue: Implementation of the LD service model 	<ul style="list-style-type: none"> Completed To be submitted for final sign off by DOH Development of an regional implementation group and associate work streams to progress 	M.McCafferty/ U.Cushnahan	
CHILDREN'S SERVICES	Progress Update	HSCB Lead Responsible	RAG Rating
<ul style="list-style-type: none"> Issue: Workforce <p>Actions:</p> <ul style="list-style-type: none"> Await completion of DoH Regional Workforce Review and associated recommendations Monitor distribution of funding for additional workforce resource to manage unallocated cases Residential Review paper agreed by CSIB and currently awaiting agreement from DoH to progress recommendations 	<ul style="list-style-type: none"> DoH Regional Workforce Review to be completed and issue 2021 Funding for unallocated cases to increase workforce Residential Review paper regarding skill mix which has been progressed and sent to the DoH for sign off 	Martin Quinn/ Judith Brunt/Maurice Leeson	
<ul style="list-style-type: none"> Issue: Children with complex needs, inc. placement needs, short breaks and community supports <p>Action:</p> <ul style="list-style-type: none"> Disability Framework to be completed following targeted engagement sessions with key stakeholders 	<ul style="list-style-type: none"> Finalise the disability framework which will focus on children with complex health needs Implement plans to facilitate move of young people from Iveagh to community home based services 	Maurice Leeson/Kieran McShane	

<ul style="list-style-type: none"> To ensure young people currently placed in Iveagh are moved to community based placements 			
<ul style="list-style-type: none"> Issue: Unaccompanied Minors <p>Action:</p> <ul style="list-style-type: none"> Position Paper has been completed and it will be presented to CSIB and DoH. Secure funding as outlined in the paper 	<ul style="list-style-type: none"> DoH Task and Finish Group position paper (Feb 21), options appraisal to be progressed 8a Social Work commenced in August 20 to work on a coordinated approach to unaccompanied minors Regional support process in place to assist in appropriate placements 	Judith Brunt/Deirdre Coyle	
<ul style="list-style-type: none"> Issue: Placement availability for Looked After Children <p>Action:</p> <ul style="list-style-type: none"> Ensure ongoing implementation of Regional Recruitment Strategy for Foster Carers Ensure progression of development of peripatetic teams To monitor implementation of Edge of Care Services in each Trust HSCB to develop placement option paper HSCB to complete ECR review 	<ul style="list-style-type: none"> Progress regional recruitment strategy for foster carers Finalise rollout of peripatetic teams in each Trust, to include recurrent funding allocation Edge of care teams to be developed, recruited to across all Trusts HSCB to develop a paper focusing on placements options Implement the recommendations from the review of ECR placements has commenced by HSCB 	Judith Brunt/Deidre Coyle/Fiona Gunn/Pamela Mooney	

<ul style="list-style-type: none"> • Issue: Investment in CAMHS <p>Action:</p> <ul style="list-style-type: none"> • HSCB will oversee the development of the Managed Care Network through the Regional Programme Board • Commencement of Interim Manager for Managed Care Network 	<ul style="list-style-type: none"> • Currently a proposal with the draft DoH Mental Health Strategy to increase the funding to 10% of the Mental Health budget • Development of the Managed Care Network 	Maurice Leeson/Paul Millar	
<ul style="list-style-type: none"> • Issue: Transition of children to Adult Mental Health/Learning Disability services <p>Action:</p> <ul style="list-style-type: none"> • Await outcome of DoH review and engage with recommendations 	<ul style="list-style-type: none"> • DoH currently undertaking a review of transition arrangements with a view to development of a new model 	DoH	

PROGRAMME OF CARE DATA RETURNS 1 – 5 AND 9**DATA RETURN 1 – PoC / Directorate: Children's Disability Service – RBHSC/RJMH****DATA RETURN 1 – Hospital**

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	RBHSC 1133 RJMH 64	RJMH 623	n/a
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	1197	623	
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	RBHSC 386 RJMH 20	RJMH 226	

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 3 – PoC / Directorate - Children's Disability Service ____

3 DISABLED PERSONS (NI) ACT 1989 <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.	217
	Number of Disabled people known as at 31 st March.	602 without waiting list 693 with WL
3.2	Number of assessments of need carried out during period end 31 st March.	741
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – PoC / Directorate _Children’s Disability Services _

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	11
	Total expenditure for the above payments	£335
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?	

DATA RETURN 5 – PoC / Directorate - Children's Disability Services __**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.		457	
5.2	Number of adult individual carers assessments completed during the period		457	
5.2a	Number of adult individual carers assessments declined during the period and the reasons why None of the 8 carers considered there was added value with a carers assessment additional to their current support pathway		8	
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		457	
5.4	Number of adult carers receiving a service @ 31 st March		457	
5.5	Number of young carers offered individual carers assessments during the period.		72	
5.6	Number of young carers assessments completed during the period		72	
5.7	Number of young carers receiving a service @ 31 st March		70	
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March		168	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March		168	
	(c) Number of adults receiving direct payments @ 31 st March		187	
5.9	Number of children receiving direct payments @ 31 st March		206	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?		187	
5.10	Number of carers receiving direct payments @ 31 st March		5	
5.11	Number of one off Carers Grants made in-year.		449	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary Trust staff carried out 57 carer assessments for 16/17 year olds. Action for Children continue to be funded by the HSCB to deliver Young Carer Support in the BHSCT area. <ul style="list-style-type: none"> In 2020/2021 Action for Children worked with 73 young carers in Belfast. 				

- At the 31st March they were working with **58** young carers with **9** on the waiting list.
- They also completed **15** young carer assessments.

In 2020/2021 **147** Young Carers received a grant from the BHSCT for short breaks to support their health and well-being.

DATA RETURN 9 – PoC / Directorate: Children's Community Services

Nil Return for CCS to avoid duplicate reporting – figures in respect of any Children are reported in either the Mental Health/CAMHS report or Learning Disability report.

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	NIL	See RESWS Report
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	NIL	See RESWS Report
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	NIL	See RESWS Report
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge		

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	
9.2a	Of these, how many resulted in an application being made?	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	
9.3.a	Confirm if these reports were completed within 5 working days YES / NO If no, please explain	

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	Confirm if these reports were completed within 14 days? If no, please explain	

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Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients	
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register

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)	

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting.	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	

**The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).
Schedule 2A Supervision and Treatment Orders.**

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

Delegated Statutory Functions

Data Return 10

In order to ensure that there is no duplication in submitting data to HSCB the key below indicates which data should be completed in this return. Data which is sourced from the DSF spreadsheets or HSCB/DoH is indicated by colour coding.

Key to Data Items:-

	This data item is completed in the DSF spreadsheet
	This data item should be completed in this Data return 10
	Other - there is no need to complete this data item and it is sourced from HSCB/DoH

DATA RETURN 10 – PoC / Directorate _Children’s Community Services

Please Note: Information for this section will inform the Corporate Parenting Report (CC3/02)

10 Children (NI) Order 1995																																					
Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177																																					
10.1 CHILDREN IN NEED																																					
10.1.1	How many Children in Need are there in your area as at 31 st 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> <table border="1"> <thead> <tr> <th>Children in Need</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>As at: 31 March</td> <td>5739</td> <td>5153</td> <td>4262</td> <td>4331</td> <td>4088</td> <td>3546</td> <td>3681</td> </tr> <tr> <td>As at: 30 Sept</td> <td>4939</td> <td>4778</td> <td>4272</td> <td>4179</td> <td>3844</td> <td>3528</td> <td></td> </tr> </tbody> </table>						Children in Need	2015	2016	2017	2018	2019	2020	2021	As at: 31 March	5739	5153	4262	4331	4088	3546	3681	As at: 30 Sept	4939	4778	4272	4179	3844	3528		Data Return 10						
Children in Need	2015	2016	2017	2018	2019	2020	2021																														
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As at: 30 Sept	4939	4778	4272	4179	3844	3528																															
10.1.2	Ethnic Origin of Children in Need						DSF -Children In Need Spreadsheet																														
	<table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>White</td><td>2508</td></tr> <tr><td>Chinese</td><td>22</td></tr> <tr><td>Irish Traveller</td><td>22</td></tr> <tr><td>Roma Traveller</td><td>9</td></tr> <tr><td>Indian</td><td>8</td></tr> <tr><td>Pakistani</td><td>6</td></tr> <tr><td>Bangladeshi</td><td>3</td></tr> <tr><td>Black Caribbean</td><td>1</td></tr> <tr><td>Black African</td><td>66</td></tr> <tr><td>Black Other</td><td>10</td></tr> <tr><td>Mixed Ethnic Group</td><td>82</td></tr> <tr><td>Any Other Ethnic Group</td><td>65</td></tr> <tr><td>Not Stated</td><td>879</td></tr> <tr><td>TOTAL</td><td>3681</td></tr> </tbody> </table>						Ethnicity	Total	White	2508	Chinese	22	Irish Traveller	22	Roma Traveller	9	Indian	8	Pakistani	6	Bangladeshi	3	Black Caribbean	1	Black African	66	Black Other	10	Mixed Ethnic Group	82	Any Other Ethnic Group	65	Not Stated	879	TOTAL	3681	
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10.1.3	Religion of Children in Need	DSF -Children In Need Spreadsheet																														
	<table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>1092</td></tr><tr><td>Presbyterian</td><td>454</td></tr><tr><td>Church of Ireland</td><td>98</td></tr><tr><td>Church of England</td><td>11</td></tr><tr><td>Methodist</td><td>16</td></tr><tr><td>Other Christian</td><td>320</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>65</td></tr><tr><td>Other</td><td>96</td></tr><tr><td>Not Known</td><td>655</td></tr><tr><td>Not Completed</td><td>794</td></tr><tr><td>None</td><td>80</td></tr><tr><td>Refused</td><td>0</td></tr><tr><td>TOTAL</td><td>3681</td></tr></table>	Religion	Total	Roman Catholic	1092	Presbyterian	454	Church of Ireland	98	Church of England	11	Methodist	16	Other Christian	320	Jewish	0	Muslim	65	Other	96	Not Known	655	Not Completed	794	None	80	Refused	0	TOTAL	3681	
Religion	Total																															
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None	80																															
Refused	0																															
TOTAL	3681																															
10.1.4	<p>(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st October – 31st March</p> <p>3422</p> <p>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st October – 31st March</p> <p>See CIN spreadsheet 10.1.4 for referral details</p>	DSF -Children In Need Spreadsheet																														
10.1.5	<p>How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 31st March).</p> <p>Source PMSI data on Unallocated cases – comes with child protection data.</p>	HSCB (PMSI)																														
10.1.6	<p>How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March?</p> <p><i>Ensure any specific issues are raised in the Service level summary</i></p> <table><tr><th>Major Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>90</td></tr><tr><td>Sensory</td><td>16</td></tr><tr><td>Learning</td><td>413</td></tr><tr><td>Chronic illness</td><td>4</td></tr><tr><td>Autism(ASD)/ADHD/Asperger</td><td>222</td></tr><tr><td>Other</td><td>5</td></tr><tr><td>TOTAL (With Disability)</td><td>750</td></tr></table>	Major Disability	Total	Physical (Ex. Sensory)	90	Sensory	16	Learning	413	Chronic illness	4	Autism(ASD)/ADHD/Asperger	222	Other	5	TOTAL (With Disability)	750	DSF -Children In Need Spreadsheet														
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Autism(ASD)/ADHD/Asperger	222																															
Other	5																															
TOTAL (With Disability)	750																															
10.1.7	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																														

	Age at leaving school	>16 <17		>17 <18		18+		Number with Transitions in place		
	Disability Type	M	F	M	F	M	F	M	F	
	Physical disability	7	3	0	4	3	2	10	9	
	Sensory Impairment	2	0	0	0	0	0	2	0	
	Learning disability	18	8	22	6	11	8	51	22	
	Chronic illness	0	0	1	0	0	0	1	0	
	Autism (ASD)/ADHD / Asperger	4	0	6	2	1	1	11	3	
	Other	0	0	0	0	1	0	1	0	
	TOTAL	31	11	29	12	16	11	76	34	
	<p>CWD service users do not leave school at 18. The 18+ represent the children that left CWD service.</p> <p>The children known to CWD service from 16+ will have a transition plan, but will not leave school until 19+, due to special educational needs provision.</p> <p>27 Young People, of the figures above, represent CWD service users transferred to Adult Services. All users have a Transitions plan.</p>									
10.1.8	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 31 st 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>									
10.1.9	This is intentionally blank									
10.1.10	How many of the Children in Need are Young Carers 147									Data Return 10
10.1.11	<p>How many young people aged 16 and 17 years presented to the Trust as homeless / or were referred by NIHE to Trust as homeless during the period and their outcome</p> <p><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></p>									HSCB (Homelessness Data)

10.1.12	<p>(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end</p> <p>276</p> <p>(b) How many of these children have a disability</p> <table><tr><th>Day care</th><th colspan="2">Number of Purchased Places by Age</th></tr><tr><td></td><th>0 – 4</th><th>5-12</th></tr><tr><td>Day Nursery</td><td>235</td><td>0</td></tr><tr><td>Playgroup</td><td>0</td><td>0</td></tr><tr><td>Childminder</td><td>0</td><td>0</td></tr><tr><td>Out of School hours club</td><td>0</td><td>41</td></tr><tr><td>Total</td><td>235</td><td>41</td></tr><tr><td>No of these children have a disability?</td><td>18</td><td>12</td></tr><tr><td></td><td></td><td></td></tr></table>	Day care	Number of Purchased Places by Age			0 – 4	5-12	Day Nursery	235	0	Playgroup	0	0	Childminder	0	0	Out of School hours club	0	41	Total	235	41	No of these children have a disability?	18	12				DSF-Children In Need Spreadsheet
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Total	235	41																											
No of these children have a disability?	18	12																											
10.1.13	<p>Trust usage of Family Centre Places for interventions</p> <p>84 Referrals in reporting period</p>	DSF-Children In Need Spreadsheet																											
10.1.14	<p>This is intentionally blank</p>																												
10.1.15	<p>Please provide the number of children (if any) subject to a Supervision / Interim Supervision Order at period end (moved from Child Protection section)</p> <p>5</p>	DSF -Children In Need Spreadsheet																											
10.1.16	<p>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)</p> <p>1</p>	DSF -Children In Need Spreadsheet																											

10.2 Children (NI) Order 1995

Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177

CHILD PROTECTION

No data is required for items (10.2.1-10.2.8)– data sourced from HSCB quarterly Child protection Report.

No data is required for items 10.2.1-10.2.5 - data sourced from HSCB quarterly Child Protection Report.

10.2.1	How many children are on the Child Protection Register as at 31 st March? 335	Quarterly CP return to HSCB																										
10.2.2	How many of these children have a learning disability? 0	Quarterly CP return to HSCB																										
10.2.3	How many of these children have a physical disability? 0	Quarterly CP return to HSCB																										
10.2.4	Religion of children on the Child Protection Register <table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>152</td></tr><tr><td>Presbyterian</td><td>62</td></tr><tr><td>Church of Ireland</td><td>6</td></tr><tr><td>Methodist</td><td>7</td></tr><tr><td>Other Denomination</td><td>40</td></tr><tr><td>None</td><td>9</td></tr><tr><td>Refused/Unknown</td><td>59</td></tr><tr><td>Total</td><td>335</td></tr></table>	Religion	Total	Roman Catholic	152	Presbyterian	62	Church of Ireland	6	Methodist	7	Other Denomination	40	None	9	Refused/Unknown	59	Total	335	Quarterly CP return to HSCB								
Religion	Total																											
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Methodist	7																											
Other Denomination	40																											
None	9																											
Refused/Unknown	59																											
Total	335																											
10.2.5	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template) <table><tr><th>Ethnic Origin</th><th>Total</th></tr><tr><td>White</td><td>283</td></tr><tr><td>Chinese</td><td>0</td></tr><tr><td>Irish Traveller</td><td>0</td></tr><tr><td>Roma Traveller</td><td>0</td></tr><tr><td>Indian</td><td>0</td></tr><tr><td>Pakistani</td><td>3</td></tr><tr><td>Bangladeshi</td><td>1</td></tr><tr><td>Black Caribbean</td><td>0</td></tr><tr><td>Black African</td><td>6</td></tr><tr><td>Black Other</td><td>0</td></tr><tr><td>Mixed Ethnic Group</td><td>18</td></tr><tr><td>Any Other Ethnic Group</td><td>0</td></tr></table>	Ethnic Origin	Total	White	283	Chinese	0	Irish Traveller	0	Roma Traveller	0	Indian	0	Pakistani	3	Bangladeshi	1	Black Caribbean	0	Black African	6	Black Other	0	Mixed Ethnic Group	18	Any Other Ethnic Group	0	Quarterly CP return to HSCB
Ethnic Origin	Total																											
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Chinese	0																											
Irish Traveller	0																											
Roma Traveller	0																											
Indian	0																											
Pakistani	3																											
Bangladeshi	1																											
Black Caribbean	0																											
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Black Other	0																											
Mixed Ethnic Group	18																											
Any Other Ethnic Group	0																											

	Not Stated	24																																	
	Total	335																																	
10.2.6	How many registrations have there been during the period? 132			Quarterly CP return to HSCB/Soscar e Reports																															
10.2.7	How many de-registrations have there been during the period?			Quarterly CP return to HSCB																															
	<table border="1"> <thead> <tr> <th>Duration</th><th></th><th></th><th>Grand Total</th></tr> </thead> <tbody> <tr> <td>Less than 3 months</td><td></td><td></td><td>7</td></tr> <tr> <td>3 months < 6 months</td><td></td><td></td><td>11</td></tr> <tr> <td>6 months < 1 year</td><td></td><td></td><td>23</td></tr> <tr> <td>1 year < 2 years</td><td></td><td></td><td>39</td></tr> <tr> <td>2 years < 3 years</td><td></td><td></td><td>19</td></tr> <tr> <td>3 years < 5 years</td><td></td><td></td><td>12</td></tr> <tr> <td>Grand Total</td><td></td><td></td><td>111</td></tr> </tbody> </table>	Duration			Grand Total	Less than 3 months			7	3 months < 6 months			11	6 months < 1 year			23	1 year < 2 years			39	2 years < 3 years			19	3 years < 5 years			12	Grand Total			111		
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10.2.8	What percentage of registrations are re-registrations? 19			Quarterly CP return to HSCB																															
10.2.9	This is intentionally blank																																		
10.2.10	For children on the register, how long have they spent on the Register (as at 10.2.1)			Quarterly CP return to HSCB																															
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10.3 Children (NI) Order 1995**Looked After Children**

10.3.1	<div>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)</div> <div>875</div> <div>Looked After Population March 2014 – March 2021</div> <table><tr><td>Looked After Children</td><td>2014</td><td>2015</td><td>2016</td><td>2017</td><td>2018</td><td>2019</td><td>2020</td><td>2021</td></tr><tr><td>As at: 31 March</td><td>721</td><td>742</td><td>739</td><td>743</td><td>766</td><td>824</td><td>866</td><td>875</td></tr><tr><td>As at: 30 Sept</td><td>714</td><td>740</td><td>763</td><td>757</td><td>795</td><td>826</td><td>881</td><td></td></tr></table>	Looked After Children	2014	2015	2016	2017	2018	2019	2020	2021	As at: 31 March	721	742	739	743	766	824	866	875	As at: 30 Sept	714	740	763	757	795	826	881		DSF – LAC Spreadsheet																											
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10.3.2	<div>Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)</div> <table><tr><td>Ethnicity</td><td>Total</td></tr><tr><td>White</td><td>751</td></tr><tr><td>Chinese</td><td>4</td></tr><tr><td>Irish Traveller</td><td>20</td></tr><tr><td>Roma Traveller</td><td>3</td></tr><tr><td>Indian</td><td>0</td></tr><tr><td>Pakistani</td><td>0</td></tr><tr><td>Bangladeshi</td><td>0</td></tr><tr><td>Black Caribbean</td><td>1</td></tr><tr><td>Black African</td><td>18</td></tr><tr><td>Black Other</td><td>8</td></tr><tr><td>Mixed Ethnic Group</td><td>17</td></tr><tr><td>Any Other Ethnic Group</td><td>30</td></tr><tr><td>Not Stated</td><td>13</td></tr><tr><td>TOTAL</td><td>875</td></tr></table> <div>Religion of Looked After Children</div> <table><tr><td>Religion</td><td>Total</td></tr><tr><td>Roman Catholic</td><td>395</td></tr><tr><td>Presbyterian</td><td>181</td></tr><tr><td>Church of Ireland</td><td>35</td></tr><tr><td>Church of England</td><td>3</td></tr><tr><td>Methodist</td><td>3</td></tr><tr><td>Other Christian</td><td>127</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>22</td></tr><tr><td>Other</td><td>19</td></tr><tr><td>Not Known</td><td>50</td></tr><tr><td>Not Completed</td><td>15</td></tr></table>	Ethnicity	Total	White	751	Chinese	4	Irish Traveller	20	Roma Traveller	3	Indian	0	Pakistani	0	Bangladeshi	0	Black Caribbean	1	Black African	18	Black Other	8	Mixed Ethnic Group	17	Any Other Ethnic Group	30	Not Stated	13	TOTAL	875	Religion	Total	Roman Catholic	395	Presbyterian	181	Church of Ireland	35	Church of England	3	Methodist	3	Other Christian	127	Jewish	0	Muslim	22	Other	19	Not Known	50	Not Completed	15	DSF – LAC Spreadsheet
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10.3.3	<p>Number of Looked After Children (as at 10.3.1) by type of placement at 31st March</p> <table><tr><th>Type of placement</th><th>Totals</th></tr><tr><td>Residential</td><td>64</td></tr><tr><td>Fostering – (stranger)</td><td>231</td></tr><tr><td>Fostering (Kinship)</td><td>367</td></tr><tr><td>Fostering (Independent)</td><td>116</td></tr><tr><td>Placed at home with parents</td><td>70</td></tr><tr><td>Placed for adoption</td><td>27</td></tr><tr><td>Other</td><td>0</td></tr><tr><td>Total</td><td>875</td></tr></table>	Type of placement	Totals	Residential	64	Fostering – (stranger)	231	Fostering (Kinship)	367	Fostering (Independent)	116	Placed at home with parents	70	Placed for adoption	27	Other	0	Total	875	DSF – LAC Spreadsheet
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10.3.4	<p>Age bands and length of time looked after for all Looked After Children at period end</p> <p>See spreadsheet 10.3.4 for details</p>	DSF – LAC Spreadsheet																		
10.3.5	<p>Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement</p> <p>44</p>	DSF – LAC Spreadsheet																		
10.3.6	<p>Number of children accommodated for 3 months or more in a hospital</p> <p>Total – 0 remain at the end of the reporting period.</p> <p>See spreadsheet 10.3.6 for details</p>	DSF – LAC Spreadsheet																		
10.3.7	<p>Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital</p> <p>0</p>	DSF – LAC Spreadsheet																		
10.3.8	<p>(a) What facilities – statutory, voluntary and private are available to care for these Looked After Children i.e. how many places in residential homes, foster care placements</p> <ul style="list-style-type: none">• 40 places in the Trust Statutory 7 mainstream residential facilities;• 8 regional places for UASC in Aran House;• 5 (3 available to BHSCT) in the Long term CWD facility;• 12 (9 available to BHSCT) respite placements;• 1 voluntary and• 3 private placements	DSF – LAC Spreadsheet																		

	<ul style="list-style-type: none">• 1 ECR placements <p>(b) Provide your number of foster carers (should agree with 10.5.1) Provide the number of approved places offered (should agree with 10.5.2)</p> <p>No of foster carers: 572 No of approved places offered:612</p>																																					
10.3.9	<p>How many Looked After Children have had placement moves throughout the period?</p> <table><tr><th>Placement changes</th><th>0-4</th><th>5-11</th><th>12-15</th><th>16+</th><th>Total</th></tr><tr><td>Number who moved once</td><td>5</td><td>25</td><td>14</td><td>19</td><td>86</td></tr><tr><td>Number who moved twice</td><td>0</td><td>5</td><td>3</td><td>4</td><td>17</td></tr><tr><td>Number who moved 3 times</td><td>0</td><td>0</td><td>2</td><td>3</td><td>6</td></tr><tr><td>Number who moved 4 times or more</td><td>0</td><td>1</td><td>0</td><td>1</td><td>8</td></tr><tr><td>Total</td><td>5</td><td>31</td><td>19</td><td>27</td><td>117</td></tr></table> <p>Trust must provide an explanation of actions taken to reduce placement moves during the period.</p> <p>See commentary at 10.3.20</p>	Placement changes	0-4	5-11	12-15	16+	Total	Number who moved once	5	25	14	19	86	Number who moved twice	0	5	3	4	17	Number who moved 3 times	0	0	2	3	6	Number who moved 4 times or more	0	1	0	1	8	Total	5	31	19	27	117	DSF – LAC Spreadsheet
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Total	5	31	19	27	117																																	
10.3.10	<p>(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March?</p> <p>4</p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time.</p> <p>65</p> <ul style="list-style-type: none">• Average Waiting Time – 7 weeks <p>See spreadsheet 10.3.10(b) for details</p>	DSF – LAC Spreadsheet																																				
	<p>(c) Please provide actions taken to reduce waiting time.</p> <p>The current waiting time for CAMHS community is within the elective access target of 9 weeks</p>	Data Return 10																																				
10.3.11	<p>How many Looked After Children are also on Child Protection Register at 31st March?</p>	Quarterly CP return to HSCB																																				

	48																							
10.3.12	<p>How many Looked After Children are Disabled by major category at period end?</p> <table><tr><th>Major Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>11</td></tr><tr><td>Sensory</td><td>4</td></tr><tr><td>Learning</td><td>69</td></tr><tr><td>Chronic illness</td><td>2</td></tr><tr><td>Autism(ASD)/Asperger's/ADHD</td><td>79</td></tr><tr><td>Other (undefined)</td><td>16</td></tr><tr><td>TOTAL Children With Disability</td><td>181</td></tr><tr><td>No Disability known</td><td>694</td></tr><tr><td>Total Looked After Children</td><td>875</td></tr><tr><td></td><td></td></tr></table>	Major Disability	Total	Physical (Ex. Sensory)	11	Sensory	4	Learning	69	Chronic illness	2	Autism(ASD)/Asperger's/ADHD	79	Other (undefined)	16	TOTAL Children With Disability	181	No Disability known	694	Total Looked After Children	875			DSF – LAC Spreadsheet
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10.3.13	<p>How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?</p> <table><tr><th>Statement of Educational Needs</th><th>M</th><th>F</th><th>Total</th></tr><tr><td>Primary school</td><td>40</td><td>15</td><td>55</td></tr><tr><td>Secondary school</td><td>32</td><td>25</td><td>57</td></tr><tr><td>Special School</td><td>40</td><td>20</td><td>60</td></tr><tr><td>Total</td><td>112</td><td>60</td><td>172</td></tr></table>	Statement of Educational Needs	M	F	Total	Primary school	40	15	55	Secondary school	32	25	57	Special School	40	20	60	Total	112	60	172	DSF – LAC Spreadsheet		
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Special School	40	20	60																					
Total	112	60	172																					
10.3.14	<p>(a) Has each Looked After Child an allocated a named social worker at period end?</p> <p>No</p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken</p> <p>62 - Looked after children did not have an allocated social worker during the period as a result of staff vacancies within the service. A total of 35 cases remained unallocated at the end of the period.</p>	DSF – LAC Spreadsheet																						
10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period?</p> <p>No</p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken.</p>	DSF – LAC Spreadsheet																						

	<p>FS – 12</p> <ul style="list-style-type: none"> 1 child not seen in March 2021 due to them experiencing a family bereavement. 11 children not seen due to staffing difficulties within the team including vacancies and sick leave. Measures put in place to address this include weekly team meetings to ensure all visits are covered. This has been addressed by the end of the reporting period with 5 out of 6 social work posts filled. <p>LAC – 60</p> <p>60 statutory visits were not completed within the statutory timescale during the reporting period. A combination of staff vacancies, sick leave and redeployment and the resultant caseload pressures within the service have impacted on compliance with this statutory function during the third surge of the covid 19 pandemic. Visits to these children and young people were deferred to take place the following month.</p> <p>In line with the Regional Surge Plan and the Regional Action Card social work teams and line management assessed the need for face-to-face visits in relation to the risks the child faced and the Public Health advice. All of the PSW and SSW worked to ensure that the service was able to respond to any crisis and to implement any actions from the risk assessment.</p> <p>Technology enabled engagement with our children and young people via virtual means and where children and young people were competent in using technology and comfortable communicating with their social worker on their own (age permitting), this was usually facilitated by families. Where it was important to see the child on their own and they were the age where they could use technology, the social worker asked the child to go to a place (mostly their bedrooms) where they could speak. When the risk assessment stipulated that it was critical to see the child on their own and this could not be guaranteed, a face-to-face visit took place.</p>	
10.3.16	<p>No. of Looked After Children Reviews held during the period</p> <p>884</p>	DSF – LAC Spreadsheet
10.3.17	<p>Was the case of each Looked After Child reviewed in line with Statutory requirements?</p> <p>No</p> <p>If No, please provide number (<i>in the LAC spreadsheet</i>) and explain actions taken to address this issue.</p> <p>(FS) 51 LAC reviews were held outside of timescale and have now taken place. Teams have been reminded about the importance of ensuring LAC reviews take place within the required timescales.</p>	Data Return 10

	<p>Staff illness remains a fluid issue and SSWS are taking appropriate steps to ensure LAC reviews are not postponed because of this reason.</p> <p>Covid19 had a knock on impact on scheduled LAC reviews due to the agreed position during the first lock down regarding routine reviews. These LAC reviews have now taken place.</p> <p>Staffing vacancies continue to be addressed via recruitment campaigns for social workers and this remains an on-going priority. There are weekly Senior Management recruitment meetings to look specifically at the issue/challenge of vacancies and backfill of posts and to continue to agree appropriate actions /ways forward in addressing this issue.</p> <p>(LAC) - 41 LAC reviews did not take place in line with statutory requirements. 6 due to SW being on sick leave, 34 where delay was due to staff availability as a result of the global pandemic. All meetings were rescheduled at earliest opportunity and all LAC Reviews are now within appropriate timescales</p> <p>(CWD) – 2 LAC Reviews did not take place in line with statutory requirements due to the Impact of COVID and co-ordination of diaries. The service will now use a tracker to advise compliance and identify visits required before deadlines.</p>	
10.3.18	This is intentionally blank	
10.3.19	This is intentionally blank	
10.3.20	<p>Is there an adequate supply of placements for children to enable placement choice?</p> <p>No (If no, Please explain)</p> <p>There is not an adequate supply of placements for children to enable choice. Shortages are particularly found when requiring placements for sibling groups, children with highly complex needs, eg teenagers, pre teenagers, children with complex disabilities, 16/17 years olds with high support needs.</p> <p>In trying to meet these range of needs the Trust has tried to respond as flexibly as possible through a range of options:</p> <ul style="list-style-type: none"> • continued use of one of its mainstream children's homes as a home for 8-12 year olds. This has consequently reduced the number of beds available for its usual residential population aged 13-17 yrs. • The Trust is seeking to extend the range of care options for young people age 16 -21 years and have collaborated with the South Eastern Trust to progress the development of flexible outreach support to young people who by virtue of needs, risks or circumstances cannot reside in a shared or group living 	Data Return 10

	<p>arrangement and who require a bespoke package of outreach support.</p> <ul style="list-style-type: none"> • Consider ECR placements for a small group of highly complex young people where their needs cannot be met from within existing provision. The Trust currently is using three ECR placements all of which are out of jurisdiction. • The Children with Disability Service has been engaged, along with the other Trusts and the HSCB, in the development of a strategic framework for this group of children, which includes consideration of expanding the range of residential provision available. The Trust has had to change the statement of purpose of its short breaks children home, Willow Lodge, to a medium term children's home and currently has two children with highly complex needs placed in it as there are no other placements available. • There is currently one young person who is on a delayed discharge from Iveagh Assessment and Treatment Centre due to a lack of suitable community accommodation. A Business case has been completed and submitted to the HSCB outlining the need to support the family to move house so that this young person can be returned to their care. <p>The Fostering Service has undertaken a number of initiatives to help address the shortage of Fostering placements including:</p> <p>Fostering Service Response - The age profile and needs profiles of young people requiring out of home placement is regularly reviewed and incorporated into recruitment plans with the objective that the needs of children referred are appropriately met.</p> <p>The Fostering Service has a dedicated kinship team to enable children to remain within extended family if assessed to be in a child's best interests. A specialist Adolescent Fostering Scheme is in operation that provides placements for young people aged 12-18 years.</p> <p>All registered foster carers are approved for various age ranges, including sibling groups, and for both short term and long term duration dependent on children's assessed needs and also on the ability of the carers to offer various types of foster care.</p> <p>The fostering service in partnership with children's disability service has developed a disability scheme which assesses applicants who can meet the very specific needs of children with disabilities. The scheme has three carers (1 f/t, 1 shared care and 1 short breaks) who provide placements to children who have been identified as requiring foster placements by the Children's Disability teams.</p> <p>At the point of referral, attempts are made to match children to carers taking into account carers skills and capacity, child's views,</p>	
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	<p>geographical considerations, birth family contact, cultural and identity needs and education.</p> <p>In the event of an emergency placement being required, placement choice can be limited and dependent on carer availability at that given time. However no such placements would be made without the agreement of the child's social worker and will be reviewed immediately in terms of attempting to identify a more suitable alternative placement, if required.</p> <p>The Fostering Service is continually promoting and seeking to identify "emergency carers" who are available to provide these type of placements for a minimum of 3 weeks to allow more appropriate matching of placements to occur for any child placed in an emergency however this is dependent on the volume of emergency referrals received into fostering and the amount of emergency carers available is limited.</p> <p>The PACCS service also provides a short break "time out" scheme for young people aged 12-18 years living in the community who are experiencing "crisis". A time out with a PACSS foster carer and the frequency and timescale for time out is again based on the needs of the young person and their families</p> <p>The PACCS service also has a dedicated service for Kinship carers who are experiencing difficulties. Along with providing support this service allows access to the PACCS foster carer</p> <p>Fostering Service has utilized the Extern Time Out service which allows Look After Children a short break when experiencing crisis in placement. This has been extremely beneficial in easing some of the pressures on placements as a result of the Covid pandemic</p> <p>The fostering service have an intensive fostering scheme for children who have more complex, challenging needs. To date, there 7 intensive foster carers approved for this scheme. The type of children placed within this scheme range from having complex disabilities to children who have significant needs due to either their own adverse child hood experiences or as a result of multiple foster placement moves. This scheme will target potential carers for those children who are currently placed in ECR placements outside of the jurisdiction and children within our own specialist unit.</p> <p>The fostering service also has a parent and baby scheme which provides a foster placement to a young parent (up to the age of 21 years old) with their baby, This is an assessed placement which provides support a parent and baby within a community based foster placement for a 12 week period.</p> <p>The Fostering Service had also developed and manages the fostering scheme for the recruitment and support of Carers for</p>	
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	<p>Unaccompanied Asylum Seeking Young people. This has been successful in providing care placements for young people from this group and follows a period of assessment of need in a specialist residential Home.</p> <p>In partnership with the new Supported Lodgings Project, Fostering are assisting in the recruitment and the assessment of Host Carers for older young people. This will again provide more diversity and choice on placement options available to young people in care.</p>			
10.3.21	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?</p> <p>NONE</p>	DSF – LAC Spreadsheet		
10.3.22	<p>This is intentionally blank</p>			
10.3.23	<p>How many children are deemed to be in an inappropriate placement given their assessed needs? <i>(Please explain)</i></p> <p>Total: 13</p> <ul style="list-style-type: none">• 3 children placed in emergency placements requiring short-term placements.• 3 children placed in temporary bridging placements and requiring a short-term placement.• 1 child in a temporary bridging placement and requiring a long-term placement.• 4 children placed in short-term placements and requiring long-term placements.• 1 child is a delayed discharge in Iveagh• 1 child is placed in Willow Lodge on a full time basis due to a lack of appropriate community placement	DSF – LAC Spreadsheet		
10.3.24	<p>Please provide the number of restraints carried out by staff on young people within each Home during the period.</p> <p>See spreadsheet 10.3.24 for the details</p>	DSF – LAC Spreadsheet		
10.3.25	<p>Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review ?</p> <p>No</p> <p>Two children's care plans are rehabilitation.</p>	Data Return 10		
10.3.26	<p>Permanency Planning for Looked After Children at period end</p> <p>See Attached Spreadsheet 10.3.26</p> <table><tr><td>Permanency Plan</td><td>Total</td></tr></table>	Permanency Plan	Total	DSF – LAC Spreadsheet
Permanency Plan	Total			

	<table><tr><td></td><td></td></tr><tr><td>Return to Birth Family</td><td>70</td></tr><tr><td>Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)</td><td>3</td></tr><tr><td>Adoption</td><td>65</td></tr><tr><td>Long term Fostering (Including Kinship)</td><td>528</td></tr><tr><td>Supported Living/Independent Living</td><td>22</td></tr><tr><td>Other</td><td>90</td></tr><tr><td>Total</td><td>778</td></tr><tr><td>Number of children not included above as they have been in care for less than 9 months</td><td>97</td></tr><tr><td>Total</td><td>875</td></tr><tr><td>Number where plan has been in place for 12 months or more and yet to be achieved</td><td>66</td></tr></table>			Return to Birth Family	70	Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)	3	Adoption	65	Long term Fostering (Including Kinship)	528	Supported Living/Independent Living	22	Other	90	Total	778	Number of children not included above as they have been in care for less than 9 months	97	Total	875	Number where plan has been in place for 12 months or more and yet to be achieved	66																			
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10.3.27	This is intentionally blank																																									
10.3.28	This is intentionally blank																																									
10.3.29	<p>(a) How many Looked After Children are involved in offending behaviour (are formally cautioned or convicted)</p> <table><tr><td>Formal process</td><td>M</td><td>F</td><td>Total</td></tr><tr><td>Cautioned</td><td>9</td><td>6</td><td>15</td></tr><tr><td>Remanded</td><td>3</td><td>1</td><td>4</td></tr><tr><td>Convicted</td><td>5</td><td>0</td><td>5</td></tr><tr><td>Total</td><td>17</td><td>7</td><td>24</td></tr></table> <p>and</p> <p>(b) How many Looked After Children are suspected to use drugs and/or alcohol?</p> <table><tr><td>Substance use</td><td>M</td><td>F</td><td>Total</td></tr><tr><td>Use Alcohol</td><td>1</td><td>17</td><td>18</td></tr><tr><td>Use Drugs</td><td>6</td><td>1</td><td>7</td></tr><tr><td>Use Drugs and Alcohol</td><td>21</td><td>7</td><td>28</td></tr><tr><td>Total</td><td>28</td><td>25</td><td>53</td></tr></table>	Formal process	M	F	Total	Cautioned	9	6	15	Remanded	3	1	4	Convicted	5	0	5	Total	17	7	24	Substance use	M	F	Total	Use Alcohol	1	17	18	Use Drugs	6	1	7	Use Drugs and Alcohol	21	7	28	Total	28	25	53	DSF – LAC Spreadsheet
Formal process	M	F	Total																																							
Cautioned	9	6	15																																							
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Use Drugs	6	1	7																																							
Use Drugs and Alcohol	21	7	28																																							
Total	28	25	53																																							
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 th June 2020 (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 th June 2020 (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 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) See Spreadsheet 10.3.34(b) 5 children and 23 events	DSF – LAC Spreadsheet
10.3.35	Number of children accommodated by ELB for 3 months or more by category 0	DSF – LAC Spreadsheet
10.3.36	(a) Number of Sibling groups accommodated: <ul style="list-style-type: none">• Together – 124• Not accommodation together at period end – 108	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	<p>(a) During the period how many children or young people became a Looked After Child by age, gender and first placement</p> <p>Total – 90 (54 Male + 36 Female)</p> <p><i>See Attached Spreadsheet 10.3.39 for the details</i></p> <p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p> <p>None</p> <p>(c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date</p> <p>47</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>15</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)</p> <p>Yes</p>	DSF – LAC Spreadsheet										
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><i>See Attached Spreadsheet 10.3.40 for details</i></p> <p>(b) (i) Were these admissions planned, unplanned or emergency;</p> <table><tr><th>Admissions</th><th>Total</th></tr><tr><td>Planned</td><td>39</td></tr><tr><td>Unplanned</td><td>16</td></tr><tr><td>Emergency</td><td>35</td></tr><tr><td>Total</td><td>90</td></tr></table> <p>(ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?</p> <p>17</p> <p>(iii) Of those unplanned or emergency admissions how many were admitted by RESWS?</p> <p>9</p>	Admissions	Total	Planned	39	Unplanned	16	Emergency	35	Total	90	DSF – LAC Spreadsheet
Admissions	Total											
Planned	39											
Unplanned	16											
Emergency	35											
Total	90											

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 98	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> <table><tr><th>Destination</th><th>Total</th></tr><tr><td>Returned to Parents/Siblings</td><td>47</td></tr><tr><td>Returned to Relatives/friends</td><td>17</td></tr><tr><td>Adopted</td><td>3</td></tr><tr><td>Independent living/Tenancy (NIHE/H Assoc./Private etc)</td><td>1</td></tr><tr><td>Foster Carers (GEM)</td><td>14</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>7</td></tr><tr><td>Bed + Breakfast</td><td>1</td></tr><tr><td>Hostel, Foyer</td><td>0</td></tr><tr><td>Supported Board and Lodgings</td><td>2</td></tr><tr><td>Prison, Hospital</td><td>0</td></tr><tr><td>Other</td><td>6</td></tr><tr><td>Total</td><td>98</td></tr></table> <p>(b) Of those 16+ year olds who ceased to be Looked After during the period what was their entitlement to Leaving Care Services by age and gender</p> <table><tr><th>Category</th><th colspan="2">16</th><th colspan="2">17</th><th colspan="3">Total</th></tr><tr><td></td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td>Total</td></tr><tr><td>Number entitled to access Leaving Care Services</td><td>2</td><td>2</td><td>19</td><td>12</td><td>21</td><td>14</td><td>35</td></tr><tr><td>Number not entitled to access Leaving Care Services</td><td>1</td><td>1</td><td>1</td><td>1</td><td>2</td><td>2</td><td>4</td></tr><tr><td>Total</td><td>3</td><td>3</td><td>20</td><td>13</td><td>23</td><td>16</td><td>39</td></tr></table>	Destination	Total	Returned to Parents/Siblings	47	Returned to Relatives/friends	17	Adopted	3	Independent living/Tenancy (NIHE/H Assoc./Private etc)	1	Foster Carers (GEM)	14	Jointly Commissioned Supported Accommodation Projects	7	Bed + Breakfast	1	Hostel, Foyer	0	Supported Board and Lodgings	2	Prison, Hospital	0	Other	6	Total	98	Category	16		17		Total				M	F	M	F	M	F	Total	Number entitled to access Leaving Care Services	2	2	19	12	21	14	35	Number not entitled to access Leaving Care Services	1	1	1	1	2	2	4	Total	3	3	20	13	23	16	39	DSF – LAC Spreadsheet
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Total	3	3	20	13	23	16	39																																																													
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>5</p>	DSF – LAC Spreadsheet																																																																		

	<p>For (a) above please give the number of children that were formerly placed with Stranger (Foster Carers), Kinship (Foster Carers), Residential Care or other placement.</p> <table><tr><th>Placement</th><th>No. of Children</th></tr><tr><td>Stranger (Foster Carers)</td><td>0</td></tr><tr><td>Kinship (Foster Carers)</td><td>5</td></tr><tr><td>Residential Care</td><td>0</td></tr><tr><td>Other placement</td><td>0</td></tr><tr><td>Total</td><td>5</td></tr></table> <p>(b) How many Residence Orders are in place at period end?</p> <p>180</p>	Placement	No. of Children	Stranger (Foster Carers)	0	Kinship (Foster Carers)	5	Residential Care	0	Other placement	0	Total	5	
Placement	No. of Children													
Stranger (Foster Carers)	0													
Kinship (Foster Carers)	5													
Residential Care	0													
Other placement	0													
Total	5													
10.3.45	<p>Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age</p> <p>0</p>	<p>DSF – LAC Spreadsheet</p>												

Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4

10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002																																																																																										
Article 34E, Article 34F																																																																																										
10.4.1	Number of young people subject to Leaving Care Act by category, age and gender 395 See Attached Spreadsheet 10.4.1 for details						DSF-16+ Spreadsheet																																																																																			
10.4.2	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. <table border="1"><thead><tr><th>Legal Status</th><th>16</th><th>17</th><th colspan="2">Total</th></tr></thead><tbody><tr><td>Accommodated (Article 21)</td><td>5</td><td>13</td><td colspan="2">18</td></tr><tr><td>Care order (Art 50 or 59)</td><td>45</td><td>56</td><td colspan="2">101</td></tr><tr><td>Interim Care Order (Art 57)</td><td>2</td><td>0</td><td colspan="2">2</td></tr><tr><td>Deemed Care Order</td><td>0</td><td>0</td><td colspan="2">0</td></tr><tr><td>Other</td><td>0</td><td>2</td><td colspan="2">2</td></tr><tr><td>Total</td><td>52</td><td>71</td><td colspan="2">123</td></tr></tbody></table> <table border="1"><thead><tr><th>Category</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21+</th><th>Total</th></tr></thead><tbody><tr><td>Eligible</td><td>52</td><td>71</td><td>0</td><td>0</td><td>0</td><td>0</td><td>123</td></tr><tr><td>Relevant</td><td>6</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td><td>10</td></tr><tr><td>Fmr Relevant</td><td>0</td><td>0</td><td>55</td><td>64</td><td>71</td><td>65</td><td>255</td></tr><tr><td>Qualifying</td><td>0</td><td>0</td><td>1</td><td>3</td><td>0</td><td>3</td><td>7</td></tr><tr><td>Total</td><td>58</td><td>75</td><td>56</td><td>67</td><td>71</td><td>68</td><td>395</td></tr></tbody></table>						Legal Status	16	17	Total		Accommodated (Article 21)	5	13	18		Care order (Art 50 or 59)	45	56	101		Interim Care Order (Art 57)	2	0	2		Deemed Care Order	0	0	0		Other	0	2	2		Total	52	71	123		Category	16	17	18	19	20	21+	Total	Eligible	52	71	0	0	0	0	123	Relevant	6	4	0	0	0	0	10	Fmr Relevant	0	0	55	64	71	65	255	Qualifying	0	0	1	3	0	3	7	Total	58	75	56	67	71	68	395	DSF-16+ Spreadsheet
Legal Status	16	17	Total																																																																																							
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Qualifying	0	0	1	3	0	3	7																																																																																			
Total	58	75	56	67	71	68	395																																																																																			
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10.4.4	This is intentionally blank																																																																																									
10.4.5	This is intentionally blank																																																																																									
10.4.6	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?						DSF-16+ Spreadsheet																																																																																			

	<table><tr><th>Category</th><th>Named Social Worker only</th><th>Named Personal Adviser only</th><th>Named Social Worker and Personal Adviser</th><th>Awaiting allocation of a social worker</th><th>Awaiting allocation of a personal adviser</th></tr><tr><td>Eligible</td><td>101</td><td>0</td><td>20</td><td>2</td><td>103</td></tr><tr><td>Relevant</td><td>3</td><td>1</td><td>0</td><td>0</td><td>6</td></tr><tr><td>Former Relevant</td><td>5</td><td>180</td><td>70</td><td>0</td><td>0</td></tr><tr><td>Qualifying</td><td>0</td><td>4</td><td>3</td><td>0</td><td>0</td></tr></table> <p>(b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser?</p> <table><tr><th>Category</th><th>Of the young people with a named Personal Adviser - how many have a person Specific Personal Adviser</th></tr><tr><td>Eligible</td><td>14</td></tr><tr><td>Relevant</td><td>1</td></tr><tr><td>Former Relevant</td><td>0</td></tr><tr><td>Qualifying</td><td>0</td></tr></table> <p>(c) How many do not have an up to date Pathway Plan at period end?</p> <table><tr><th>Category</th><th>No. without an Up to Date Pathway Plan</th></tr><tr><td>Eligible</td><td>0</td></tr><tr><td>Relevant</td><td>0</td></tr><tr><td>Former Relevant</td><td>0</td></tr><tr><td>Qualifying</td><td>0</td></tr><tr><td>Total</td><td>0</td></tr></table>	Category	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser	Awaiting allocation of a social worker	Awaiting allocation of a personal adviser	Eligible	101	0	20	2	103	Relevant	3	1	0	0	6	Former Relevant	5	180	70	0	0	Qualifying	0	4	3	0	0	Category	Of the young people with a named Personal Adviser - how many have a person Specific Personal Adviser	Eligible	14	Relevant	1	Former Relevant	0	Qualifying	0	Category	No. without an Up to Date Pathway Plan	Eligible	0	Relevant	0	Former Relevant	0	Qualifying	0	Total	0	
Category	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser	Awaiting allocation of a social worker	Awaiting allocation of a personal adviser																																																	
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Former Relevant	0																																																					
Qualifying	0																																																					
Total	0																																																					
10.4.7	<p>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?</p> <table><tr><th>Category</th><th>No. Without a completed Needs Assessment</th><th><3 Months</th><th>3-6 Months</th><th>7-12 Months</th><th><1 Year</th></tr><tr><td>Eligible</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Relevant</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Former Relevant</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Qualifyin g</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	Category	No. Without a completed Needs Assessment	<3 Months	3-6 Months	7-12 Months	<1 Year	Eligible	0	0	0	0	0	Relevant	0	0	0	0	0	Former Relevant	0	0	0	0	0	Qualifyin g	0	0	0	0	0	Total	0	0	0	0	0	DSF-16+ Spreadsheet																
Category	No. Without a completed Needs Assessment	<3 Months	3-6 Months	7-12 Months	<1 Year																																																	
Eligible	0	0	0	0	0																																																	
Relevant	0	0	0	0	0																																																	
Former Relevant	0	0	0	0	0																																																	
Qualifyin g	0	0	0	0	0																																																	
Total	0	0	0	0	0																																																	

10.4.8	<p>Summary of failure to comply as detailed in 10.4.6, 10.4.7 at period end.</p> <p>Currently there are 109 young people awaiting allocation of personal advisor, which is an increase of n=47 since the previous reporting period and an increase of n=6 from the same reporting period in March 2020. The Trust acknowledges the continued challenges in meeting this statutory function. Factors influencing the allocation of a personal advisor include, the increased trajectory in the number of looked after children, late entrants into care and the unaccompanied minors. This continued increase in demand on services is compounded by the Trust experiencing challenges with the availability of Personal Advisors in the workforce as a result of recruitment issues and availability of personal advisors capacity, due to clinical vulnerability during the covid pandemic. Within the next review period the Trust will undertake a review of the systems in place to track and monitor the allocation of Personal Advisors, and progress the recruitment of this essential workforce.</p> <p>It is of note that the Trust has reduced the number of outstanding pathway plans during this reporting period and there is currently no young person without an updated pathway plan.</p>	Data Return 10																																				
10.4.9	<p>Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for</p> <p>(a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people</p> <p>10.4.9 (a) <u>Eligible</u> Young People - Living Arrangements</p> <table><tr><th>Placement Type</th><th>16</th><th>17</th><th>Total</th></tr><tr><td>Foster Placement (Stranger)</td><td>24</td><td>20</td><td>44</td></tr><tr><td>Foster Placement (Kinship)</td><td>14</td><td>16</td><td>30</td></tr><tr><td>At Home In Care</td><td>6</td><td>8</td><td>14</td></tr><tr><td>Residential Children's Home</td><td>7</td><td>15</td><td>22</td></tr><tr><td>Secure Care</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Specialist Residential Placement (NI/UK)</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Hospital</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Jointly Commissioned</td><td>0</td><td>5</td><td>5</td></tr></table>	Placement Type	16	17	Total	Foster Placement (Stranger)	24	20	44	Foster Placement (Kinship)	14	16	30	At Home In Care	6	8	14	Residential Children's Home	7	15	22	Secure Care	0	1	1	Specialist Residential Placement (NI/UK)	1	0	1	Hospital	0	1	1	Jointly Commissioned	0	5	5	DSF-16+ Spreadsheet
Placement Type	16	17	Total																																			
Foster Placement (Stranger)	24	20	44																																			
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Specialist Residential Placement (NI/UK)	1	0	1																																			
Hospital	0	1	1																																			
Jointly Commissioned	0	5	5																																			

Supported Accommodation Projects			
Unregulated Placement	0	4	4
Other	0	1	1
Total	52	71	123

10.4.9 (b) Relevant Young People - Living Arrangements

Living Arrangements	16	17	Total
Tenancy (NIHE/H Assoc./Private)	0	0	0
At Home with Parents/Siblings	5	2	7
Jointly Commissioned Supported Accommodation Projects	0	0	0
Relatives/friends	1	2	3
Hostel, B+B, Foyer	0	0	0
Supported Board and Lodgings	0	0	0
Halls of residence/Student Accommodation	0	0	0
Prison	0	0	0
Other	0	0	0
Total	6	4	10

10.4.9 (c) Former Relevant Young People - Living Arrangements

Living Arrangements	18	19	20	21+	Total
Former Foster Carers (GEM)	12	15	16	12	55
Tenancy (NIHE/H Assoc./Private)	6	15	27	26	74
At Home with Parents/Siblings	8	12	9	7	36
Jointly Commissioned Supported Accommodation Projects	18	11	3	0	32
Relatives/friends	3	4	5	6	18
Hostel, B+B, Foyer	5	2	3	4	14
Supported Board and Lodgings	2	2	0	0	4
Halls of residence/Student Accommodation	0	0	1	6	7
Prison	0	0	2	1	3
Other	1	3	5	3	12
Total	55	64	71	65	255

10.4.9 (d) Qualifying Young People - Living Arrangements

Living Arrangements	16	17	18	19	20	21+	Total
Former Foster Carers (GEM)	0	0	0	0	0	0	0
Tenancy (NIHE/H Assoc/Private)	0	0	0	0	0	2	2
At Home with Parents/Siblings	0	0	0	0	0	0	0
Jointly Commissioned Supported Accommodation Projects	0	0	0	1	0	0	1
Relatives/friends	0	0	0	1	0	0	1
Hostel, B+B, Foyer	0	0	0	0	0	0	0
Supported Board and Lodgings	0	0	0	1	0	0	1
Halls of residence/Student Accommodation	0	0	0	0	0	0	0
Prison	0	0	1	0	0	0	1
Other	0	0	0	0	0	1	1
Total	0	0	1	3	0	3	7

10.4.10

Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end? 10.4.10

- (a) Eligible;
 (b) Relevant;
 (c) Former Relevant; and
 (d) Qualifying young people

10.4.10 (a) Education Training and Employment Status of Eligible Young People

ETE Status	16	17	Total	No. Receiving financial support
Secondary Level Education	43	20	63	7
Further Education	3	12	15	8
Training (Govt. sponsored training)	3	14	17	13
Pre-Vocational	0	1	1	1
Employment	0	1	1	0
ETE Inactive	1	15	16	0
Training (Non Govt. sponsored training)	2	7	9	7
Other(Sick/Disabled, Parent, Carer)	0	1	1	0
Total	52	71	123	36

DSF-16+
 Spreadsheet

10.4.10 (b) Education, Training, Employment of Relevant Young People

ETE Status	16	17	Total	No. Receiving Financial support
Secondary Level Education	6	2	8	0
Further Education	0	1	1	0
Training (Govt. sponsored training)	0	0	0	0
Pre-Vocational	0	0	0	0
Employment	0	1	1	0
ETE Inactive	0	0	0	0
Training (Non Govt. sponsored training)	0	0	0	0
Other	0	0	0	0
Total	6	4	10	0

10.4.10 (c) Education, Training, Employment of Former Relevant Young People

ETE Status	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	7	1	0	0	8	5
Further Education	9	6	8	15	38	21
Higher Education	0	3	4	11	18	15
Training (Govt. sponsored training)	13	10	8	3	34	16
Pre-Vocational	0	1	2	1	4	3
Employment	2	12	18	12	44	2
ETE Inactive	16	21	23	17	77	1
Training (Non Govt. sponsored training)	8	9	6	5	28	13
Other	0	1	2	1	4	0
Total	55	64	71	65	255	76

	<p>10.4.10 (d) Education, Training, Employment of <u>Qualifying</u> Young People</p> <table><tr><th>ETE Status</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21+</th><th>Total</th><th>No. Receiving Financial support</th></tr><tr><td>Secondary Level Education</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Further Education</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td></tr><tr><td>Higher Education</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Training (Govt. sponsored training)</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Pre-Vocational</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Employment</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>ETE Inactive</td><td>0</td><td>0</td><td>1</td><td>3</td><td>0</td><td>2</td><td>6</td><td>0</td></tr><tr><td>Training (Non Govt. sponsored training)</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>1</td><td>3</td><td>0</td><td>3</td><td>7</td><td>0</td></tr></table>	ETE Status	16	17	18	19	20	21+	Total	No. Receiving Financial support	Secondary Level Education	0	0	0	0	0	0	0	0	Further Education	0	0	0	0	0	1	1	0	Higher Education	0	0	0	0	0	0	0	0	Training (Govt. sponsored training)	0	0	0	0	0	0	0	0	Pre-Vocational	0	0	0	0	0	0	0	0	Employment	0	0	0	0	0	0	0	0	ETE Inactive	0	0	1	3	0	2	6	0	Training (Non Govt. sponsored training)	0	0	0	0	0	0	0	0	Other	0	0	0	0	0	0	0	0	Total	0	0	1	3	0	3	7	0	
ETE Status	16	17	18	19	20	21+	Total	No. Receiving Financial support																																																																																													
Secondary Level Education	0	0	0	0	0	0	0	0																																																																																													
Further Education	0	0	0	0	0	1	1	0																																																																																													
Higher Education	0	0	0	0	0	0	0	0																																																																																													
Training (Govt. sponsored training)	0	0	0	0	0	0	0	0																																																																																													
Pre-Vocational	0	0	0	0	0	0	0	0																																																																																													
Employment	0	0	0	0	0	0	0	0																																																																																													
ETE Inactive	0	0	1	3	0	2	6	0																																																																																													
Training (Non Govt. sponsored training)	0	0	0	0	0	0	0	0																																																																																													
Other	0	0	0	0	0	0	0	0																																																																																													
Total	0	0	1	3	0	3	7	0																																																																																													
10.4.11	<p>Of the young people reported at 10.4.1 how many were convicted during this reporting period?</p> <p>In Total:</p> <ul style="list-style-type: none">• 17 Cautioned• 10 Formally Remanded• 15 Convicted during the reporting period. <p>See Attached Spreadsheet 10.4.11 for details</p>	DSF16 S/Sheet																																																																																																			
10.4.12	<p>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?</p> <table><tr><th>Type of Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>7</td></tr><tr><td>Sensory</td><td>0</td></tr><tr><td>Learning</td><td>31</td></tr><tr><td>Chronic illness</td><td>2</td></tr></table>	Type of Disability	Total	Physical (Ex. Sensory)	7	Sensory	0	Learning	31	Chronic illness	2	DSF-16+ S/Sheet																																																																																									
Type of Disability	Total																																																																																																				
Physical (Ex. Sensory)	7																																																																																																				
Sensory	0																																																																																																				
Learning	31																																																																																																				
Chronic illness	2																																																																																																				

	<table><tr><td>Autism(ASD)/Asperger/ADHD</td><td>32</td></tr><tr><td>Other (undefined)</td><td>9</td></tr><tr><td>No Disability</td><td>314</td></tr><tr><td>Total</td><td>395</td></tr></table>	Autism(ASD)/Asperger/ADHD	32	Other (undefined)	9	No Disability	314	Total	395		
Autism(ASD)/Asperger/ADHD	32										
Other (undefined)	9										
No Disability	314										
Total	395										
	See Attached Spreadsheet 10.4.12 for details										
10.4.13	<p>Of the young people reported at 10.4.1 what is their parental status at period end?’</p> <table><tr><th>Parental Status</th><th>No of Young People</th></tr><tr><td>Parent</td><td>30</td></tr><tr><td>Lone Parent</td><td>20</td></tr></table>	Parental Status	No of Young People	Parent	30	Lone Parent	20	DSF-16+ S/Sheet			
Parental Status	No of Young People										
Parent	30										
Lone Parent	20										
10.4.14	<p>‘Of the young people reported at 10.4.1 how many are receiving treatment for mental health issues at period end? Of these, how many were new referrals to mental health services during the period?’</p> <table><tr><th>Mental Health Concerns</th><th>No. of Young People waiting for or receiving Mental Health interventions/ser vices</th><th>Number of new referrals to mental health intervention/services during period (1.10.20 - 31.3.21).</th></tr><tr><td>Mental Health Concerns</td><td>71</td><td>39</td></tr><tr><td>Self-Harm</td><td>6</td><td>4</td></tr></table>	Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/ser vices	Number of new referrals to mental health intervention/services during period (1.10.20 - 31.3.21).	Mental Health Concerns	71	39	Self-Harm	6	4	DSF-16+ S/Sheet
Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/ser vices	Number of new referrals to mental health intervention/services during period (1.10.20 - 31.3.21).									
Mental Health Concerns	71	39									
Self-Harm	6	4									
10.4.15	<p>Number of Young People who are no longer Looked After but who died during the current reporting period and were in receipt of aftercare services by cause/age.</p> <ul style="list-style-type: none">1 young person died (cancer)	DSF-16+ S/Sheet									

10.5 FOSTERING		
10.5.1	<p>(a) How many foster carers are registered with the Trust at period end?</p> <p><u>572</u></p> <p>How many of the carers above also provide a GEM placement?</p> <p><u>18</u></p> <p>Of the carers above how many are Prospective adopters dually approved as foster carers?</p> <p><u>35</u></p> <p>Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers?</p> <p><u>3</u></p> <p>(b) Please give the number of other foster carers;</p> <p>Independent Provider Foster Carers <u>83</u></p> <p>Carers providing care only to children with a disability and who are not available to provide care for Looked After Children: <u>3 (1 fulltime carer, 1 shared care, 1 short breaks)</u></p> <p>No. of kinship foster care households who are in the process of being assessed as kinship carers for a child/ren placed in their care who have not been presented for approval at the Trusts' Fostering Panel :</p> <p><u>73</u></p> <p>(c) Please give a breakdown of the number of foster carers de-registered during the period and the reason;</p> <p><u>25</u></p> <ul style="list-style-type: none"> • 5 due to placement breakdown • 1 carers moved to adoption • 7 were granted Residence Orders in respect of the Looked After Children placed with them • 5 no longer wishing to foster • 6 Child rehabilitated home • 1 following an allegation 	DSF-Foster care Spreadsheet

	<p>(d) Please advise of the recruitment process activity during the period;</p> <table><thead><tr><th></th><th>Kinship</th><th>Non Kinship</th><th>Total</th></tr></thead><tbody><tr><td>Numbers receiving information packs</td><td>0</td><td>0</td><td>0 All enquirers are directed to the HSC website as per regional agreement</td></tr><tr><td>Number of Initial Home Visits</td><td>0</td><td>25</td><td>25</td></tr><tr><td>Numbers of Households attending Skills to Foster course</td><td>0</td><td>25</td><td>25</td></tr><tr><td>Number of Completed Assessments during the period</td><td>51</td><td>13</td><td>64</td></tr><tr><td>Number of these assessments that were already approved as Adopters.</td><td>0</td><td>3</td><td>3</td></tr></tbody></table> <p>(e) Please give the number of regional enquirers received by the Trust</p> <p>53</p>				Kinship	Non Kinship	Total	Numbers receiving information packs	0	0	0 All enquirers are directed to the HSC website as per regional agreement	Number of Initial Home Visits	0	25	25	Numbers of Households attending Skills to Foster course	0	25	25	Number of Completed Assessments during the period	51	13	64	Number of these assessments that were already approved as Adopters.	0	3	3	
	Kinship	Non Kinship	Total																									
Numbers receiving information packs	0	0	0 All enquirers are directed to the HSC website as per regional agreement																									
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Numbers of Households attending Skills to Foster course	0	25	25																									
Number of Completed Assessments during the period	51	13	64																									
Number of these assessments that were already approved as Adopters.	0	3	3																									
10.5.2	<p>For the foster carers return at 10.5.1 how many places are they registered for and the number of vacant places at period end. Please also provide the number of fostering households that have no child placed with them at period end.</p> <p>714 Places 57 Vacant places 35 Households with no child placed at period end There are 38 Professional Fee-Paid Carers but only 37 Places</p>			DSF-Foster care Spreadsheet																								

	A fee paid carer who provides intensive short breaks didn't have a child in placement at the reporting point	
10.5.3	How many foster carers have annual reviews outstanding? 39	Data return 10
	Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f) 64	DSF-Foster care Spreadsheet
10.5.4	<p>Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed</p> <p>The reduction of outstanding Annual Reviews has been a priority for the service. The level of outstanding Annual Reviews has been linked to staffing depletion within the Kinship team following the retirement of four full time social workers and challenges in recruiting at this time.</p> <p>A strategy is in place that all unallocated kinship cases have been allocated out across all teams within the Fostering Service and nominated social workers must complete the outstanding annual reviews as a priority. This strategy has included the sourcing of additional administrative support and all outstanding Annual Reviews have now been booked and scheduled over the coming weeks for completion.</p> <p>The backlog should be addressed by the end of April 2021.</p>	Data return 10
10.5.5	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places</p> <p>During this reporting period, the Belfast Trust continues to lead on and manage the HSCNI Adoption and Fostering Service and as such is involved in the 3 work streams that are operational to develop a recruitment and retention strategy. This Central Service promotes collaborative working across all Trusts to develop collectively beneficial recruitment activity. This activity has been significantly impacted by the restrictions of Covid but in the reporting period a number of innovative recruitment activities using virtual platforms have been progressed. This had been achieved through creative use of technology and on line presentations presented by professional staff and compiled in partnership with the Marketing and Communications Departments.</p>	Data return 10

	<p>Due to the standing down of face to face events, the marketing strategy relied on digital and advertising activity and used advertising to thank the commitment and dedication of the foster carers.</p> <p>There has been increased use of other Covid safe marketing tools such as radio interviews, face book and online activity and newspaper articles that seek to capture the interest of people who may be willing to assist in increasing the range diversity and supply of placements to the Trust and regionally.</p> <p>Skills to Foster training has been developed on line and there has been a significant increase of carers undertaking this as the backlog created through Covid restrictions in March 2020, has been addressed and reduced</p> <p>Internally, weekly placement review meetings ensure appropriate placements are made to meet the individual needs of the Looked after Child, matched with the skill base of foster carers to avoid minimum disruption or placement moves when Looked after Children are being matched for placements. These review meetings also take cognizance of Looked after Children placed within private agencies and this is reviewed to ensure there is no “drift” in care planning of children placed outside of Trust placements.</p> <p>Bi-monthly review meetings are also held with private agencies to ensure the needs of children placed with these agencies disruptions in a timely fashion with these agencies to ensure contingency planning is implemented to avoid any unnecessary additional placement moves</p> <p>Regular review of recruitment activity is undertaken to ensure that carers are recruited to meet the needs of children referred i.e. requirement for full time carers, sibling groups, children with learning or disability needs and carers who can provide permanent care. Activity to ensure foster placement supply also includes:</p> <ul style="list-style-type: none"> • Identification of early signs of potential disruption and timely access to therapeutic and support services. • Ensuring foster carers are fostering within their agreed registration to avoid overload and potential disruption. • Timely referral of children to permanence panel. This enables regular monitoring of care plans, 	
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	<p>exploration of potential permanence options for children, thus reducing multiple moves.</p> <ul style="list-style-type: none">• Quarterly review meetings with Adoption to ensure children requiring adoptive placements that are currently within short term foster placements are identified and approximate timescales given to ensure projected availability planning for fostering and placements required.• Ensuring timely delivery of permanence plans.• Involvement in the on-going development of therapeutic model of care to identify long term foster placements to meet the needs of children aged 8-12 in Osbourne House.• Recruitment of Intensive foster carers who foster children with significant and complex disabilities and also young people who are on the higher threshold of risk presenting behaviours.• Recruitment of parent and child foster carers who assess a parent's capacity to parent their child through a 12 week assessment period.	
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10.5 PRIVATE FOSTERING

The Children Order (NI) 1995 - Part X

10.5.6	What steps has the Trust taken to encourage notifications? 0	DSF-Foster care Spreadsheet
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31 st March? 0	DSF-Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period? 0	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 0	DSF-Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted? 0	DSF-Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust 0	DSF-Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113 0	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. 0	DSF-Foster care Spreadsheet
	Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996	
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. 0	DSF-Foster care Spreadsheet
	Please specify the child's DOB and the date the Trust received each notification	DSF-Foster care Spreadsheet

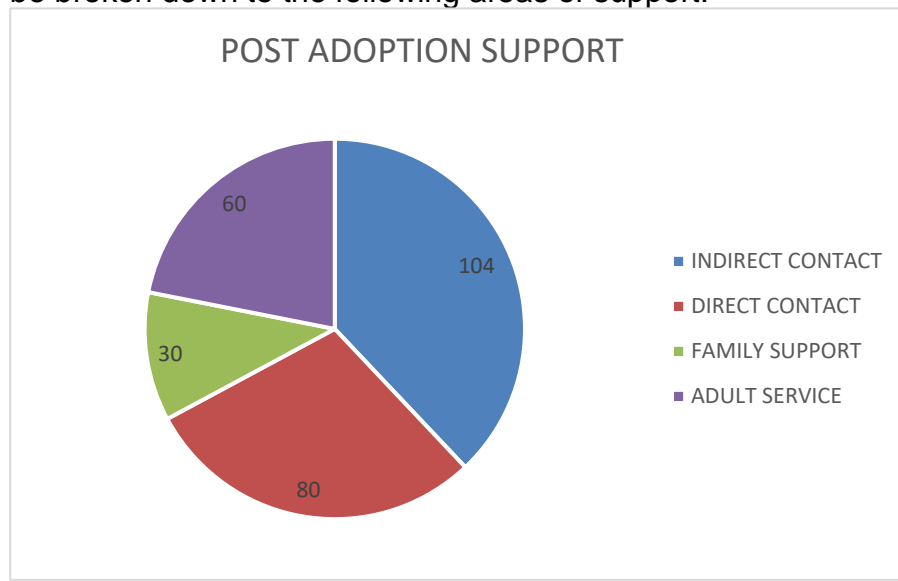
10.6 Adoption (NI) Order 1987 Adoption (Intercountry Aspects) Act (NI) 2001														
Article 3(as amended by HPSS Order 1994), Article 11														
10.6.1	<p>(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach?</p> <p>41</p> <ul style="list-style-type: none">• 23 - Central Website• 3 - Newspaper Advertisement• 1 - Radio Advertisement• 14 – ‘word of mouth’ <p>(f) Please provide the waiting time from initial inquiry to commencement of training</p> <p>3 -more than 1 month < than 3 months</p> <p>7 -more than 3 months < less than 6 months</p> <p>5 -more than 6 months < than 12 months</p> <p>3 -more than 1 year</p>	DSF-Adoption Spreadsheet												
10.6.2	<p>Number of domestic applications for assessment received by the Trust by civil status of applicant</p> <table><tr><th>Household type</th><th>No.</th></tr><tr><td>Single carer</td><td>3</td></tr><tr><td>Cohabiting heterosexual couple (where this is a joint application)</td><td>0</td></tr><tr><td>Cohabiting same sex couple (where this is a joint application)</td><td>0</td></tr><tr><td>Married</td><td>6</td></tr><tr><td>Total</td><td>9</td></tr></table>	Household type	No.	Single carer	3	Cohabiting heterosexual couple (where this is a joint application)	0	Cohabiting same sex couple (where this is a joint application)	0	Married	6	Total	9	DSF-Adoption Spreadsheet
Household type	No.													
Single carer	3													
Cohabiting heterosexual couple (where this is a joint application)	0													
Cohabiting same sex couple (where this is a joint application)	0													
Married	6													
Total	9													
10.6.3	<p>Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting</p> <p>10</p> <p>3 – waiting less than 3 months (No Social Worker available)</p> <p>5 – waiting between 3-6 months (No Social Worker available)</p> <p>2 - Applicants not ready to proceed</p>	DSF-Adoption Spreadsheet												
10.6.4	<p>Number of inter-country applications for assessment received by the Trust by civil status of applicant</p> <p>(to be completed by NHSCOT on behalf of the region)</p>	DSF-Adoption Spreadsheet												
10.6.5	<p>Number of Prospective Inter-country adopters awaiting assessment at period end</p> <p>(to be completed by NHSCOT on behalf of the region)</p>	DSF-Adoption Spreadsheet												
10.6.6	<p>Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes</p> <p>9 completed</p>	DSF-Adoption Spreadsheet												

	<ul style="list-style-type: none"> - 1 counselled out in assessment process - 7 Households approved as Dual Carers/ Concurrent Carers - 1 Household approved – previously Foster Carers 																								
10.6.7	<p>Number of looked after children freed for adoption and not yet placed with their prospective adopters as at 30th September; and duration of wait since freeing order as granted</p> <p>0</p>	DSF- Adoption Spreadsheet																							
10.6.8	<p>(a) Activity under the Adoption (NI) Order 1987 during the period; Of the number above please give the number who were adopted in a Hague designated country and therefore not through the Courts in NI and have had their Article 23 reports completed in the time period;</p> <p>0</p> <p>Please provide the number of Freeing Orders made during the reporting period;</p> <p>8 (Article 18 without Agreement)</p> <p>(b) Of those children who were adopted this period please give the length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.</p> <ul style="list-style-type: none"> • 6 months < 1 yr =1 • 1 < 2 years = 2 	DSF- Adoption Spreadsheet																							
10.6.9	<p>Please provide the number of children who, at period end, had received a best interest decision for adoption and had not been placed with approved adopters (either adopters, dual approved carers including concurrent carers) and the duration of that wait</p> <table border="1"> <thead> <tr> <th rowspan="2">Children who have received a best interest decision and have not been placed with approved adopter.</th><th colspan="2">1-4 years</th></tr> <tr> <th>M</th><th>F</th></tr> </thead> <tbody> <tr> <td>Less than 1 month</td><td>1</td><td>0</td></tr> <tr> <td>More than 1 month less than 3 months</td><td>4</td><td>1</td></tr> <tr> <td>More than 3 months less than 6 months</td><td>2</td><td>2</td></tr> <tr> <td>More than 6 month less than 12 months</td><td>1</td><td>4</td></tr> <tr> <td>1 year or more</td><td>0</td><td>2</td></tr> <tr> <td>Total</td><td>8</td><td>9</td></tr> </tbody> </table>	Children who have received a best interest decision and have not been placed with approved adopter.	1-4 years		M	F	Less than 1 month	1	0	More than 1 month less than 3 months	4	1	More than 3 months less than 6 months	2	2	More than 6 month less than 12 months	1	4	1 year or more	0	2	Total	8	9	DSF- Adoption Spreadsheet
Children who have received a best interest decision and have not been placed with approved adopter.	1-4 years																								
	M	F																							
Less than 1 month	1	0																							
More than 1 month less than 3 months	4	1																							
More than 3 months less than 6 months	2	2																							
More than 6 month less than 12 months	1	4																							
1 year or more	0	2																							
Total	8	9																							
10.6.10	<p>How many children are in receipt of an Adoption Allowance at 30th September and how many households is this?</p> <p>91</p>	DSF- Adoption Spreadsheet																							

10.6.11	<p>Of the number at 10.6.10 how many commenced during the period and how many households is this?</p> <p>7 Households (8 children)</p>	DSF-Adoption Spreadsheet
10.6.12	<p>Details of recruitment, assessment, training, support for prospective adopters</p> <p>Analysis</p> <p>Belfast Health and Social Care Trust continue to receive enquiries that progress to initial social work visits, preparation to adopt training and then on to assessment. Enquiries during the COVID-19 pandemic to adoption services have risen dramatically. To accommodate the increasing numbers the preparation to adopt course was facilitated virtually through Microsoft Teams in October 2020 and again in March 2021.</p> <p>This course is intensive and usually takes place over two and a half days. Due to the virtual nature of the course delivery, this timescale was amended to 5 morning sessions.</p> <p>The course covers the following areas:</p> <p>The adoption assessment Legal context Routes to adoption Contact Attachment Trauma Therapeutic parenting Children's needs and experiences Separation and loss Telling Post adoption support Resources</p> <p>Adoption services have responsibility for the recruitment, assessment and support of concurrent carers. There is a high demand from social workers for concurrent placements and the numbers of carers open to considering concurrency as their preferred adoption pathway is steady. The Trust have in the last reporting period approved 4 couples for concurrency and made 2 concurrent placements.</p> <p>There are 15 assessments of prospective adopters currently ongoing. Adoption services has a small bank of experienced staff who assist in the completion of adoption assessments. This has reduced the length of time prospective adopters have to wait to be assessed. This has also enabled Belfast Trust to create a pool of approved prospective adopters who can meet the needs of our</p>	Data Return 10

	<p>adopted children and reduce the need to place children in cross Trust placements.</p> <p>In the reporting period there are 11 prospective adopters on our adoption register awaiting a placement. All our approved adopters who are approved by our adoption panel as concurrent/dually approved carers are offered additional training which incorporates the Skills to Foster course.</p> <p>Adoption services also have an established “in house” learning and development programme for prospective adopters who have completed the preparation to adopt course. This takes place bi monthly and covers the following topics:</p> <p>The Importance of Play Attachment and Trauma Transitions/Preparing for placement Medical and developmental conditions of children Understanding behaviours Telling and Life story work</p> <p>In addition to these, Belfast Trust invite our approved adopters when they receive a placement to participate in our Nurturing Attachments programme.</p> <p>All of our approved adopters avail of regular support from their social worker and are signposted and referred when necessary to TSS, Trauma Centre, TESSA, Child care centre and Adoption UK support groups and training opportunities.</p> <p>Adoption services in Belfast also facilitate a bi-monthly support group for adoptive mums at all stages of the placement process (concurrent/dually approved/placed for adoption/adopted) which is led by the adopters. Feedback from this group is very positive and has led to improvements in our service design and delivery. Eg development of a buddy scheme, family fun days, young person’s support group etc.</p>	
10.6.13	<p>Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order</p>	Data Return 10
	<p>Analysis</p> <p>The Belfast Trust Post Adoption Team continue to strive to provide a high quality post adoption service to ensure stability and positive wellbeing for adopted children and their families. The Post Adoption Team is passionate about delivering a service that not only recognises the needs of children and their parents but also provides a continuum of support that extends to adult adoptees and their birth relatives.</p>	Data Return 10

274 clients are availing of post adoption support services. This can be broken down to the following areas of support:



Indirect contact

104 children are currently being supported with indirect contact arrangements. During the reporting period, 50 exchanges occurred. These arrangements are managed by a social worker within the team and involve the administrative role of exchanging letters between adoptive parents, adopted children and birth relatives. The service also offers support to all persons involved in the arrangements to write letters and to manage the range of emotions that may be triggered when letters are exchanged. A high number of birth parents avail of this support.

Direct Contact

60 families are receiving support with direct contact arrangements. Contact whilst beneficial for children, can also be challenging for all those involved. High levels of support is required to ensure contact is a positive and purposeful experience for all those involved. The supports provided include:

- Supervising/Monitoring contact.
- Preparation work with adoptive families on how best to support their child before and after contact occurs.
- Preparation and support work with birth parents and relatives to manage their emotions and feeling in managing contact arrangements.
- Helping the adults involved remain empathetic and understanding of each person's role in the child's life.
- Reviewing contact arrangements
- Assessing risk

Over half of the families receiving support with post adoption contact arrangements also availed of a family support service in addition to this.

Family Support Service

A family support services has been provided to **30** families.

The service strives to provide a provision of a mix skill set amongst the team to provide both practical and therapeutic support to families. Services vary in kind and intensity dependent upon the presenting need and fragility of the family situation at point of referral. Provisions provided during the reporting period have included:

- One to one support and guidance in helping parents to respond to their child's behaviours using a therapeutic model of parenting.
- Emotional support to parents in times of stress
- Educative work with extended families on how best to support adopted child and their parents.
- Direct work with children in the areas of life-story work, managing anxiety and providing a therapeutic space to explore thoughts and feelings.
- Working with schools to provide advice on how best to support children in the school environment.
- Assistance in accessing other services such as TESSA, Extern, CAMHS.
- Consultations with Trust psychology services to review families' support needs.
- Support to birth family wishing to establish contact with adopted children.
- Accessing specialist assessments.

The Pandemic has placed significant stress on parents as they manage the emotional impact of this event on their children as well as the impact on themselves. In response to the increasing pressures on parents, the Post Adoption Service has offered 10 parents the opportunities to avail of a 6 week mindfulness course aimed at helping relieve stress. It is anticipated that this will commence in May 2021.

Training

During the reporting period, Life story training was provided through MS Teams. 10 families availed of this training and feedback provided by attendees was very positive. This course was offered to address a presenting challenge that the service identified as emerging among adoptive parents. There was a lack of confidence and knowledge about sharing information relating to a child's early life experiences and it was identified that parents

	<p>were also emotionally impacted by having to fulfil this parenting task.</p> <p>Parents identified as most in need of this training were offered it first and it is the plan to offer this training to all adoptive parents following an Adoption Order being granted.</p> <p>The Service is committed to improving parent's awareness of the supports available to them and being proactive in encouraging parents to avail of support at the earliest opportunity. A Post Adoption Team Manager, now attends the Preparation to Adopt Course to outline the services available to parents and vitally begin the early development of growing a positive mind-set regarding accessing support and availing of training prior to challenges arising. It is important for parents to understand the goal of the team to equip them with the skills to meet the challenges that are specific to parenting through adoption, so they feel confident in their ability to respond when such challenges arise.</p> <p>A post adoption support leaflet has been devised and is now circulated to all adoptive parents following an Adoption Order being granted. The Post Adoption Team managers continue to attend all placement review meetings to establish relationships with families before an Adoption Order is secured.</p> <p>The Post Adoption Team strives to ensure all families who require support, receive this at the earliest possible opportunity. All children known to the Adoption team, have a post adoption support plan devised prior to an Adoption Order being granted. The information is maintained on a database and parents are invited by the Post Adoption Team to have their child's support plan reviewed annually. The effectiveness of reviewing annually all post adoption support plans, to address the challenge the Service faced with regards to parents not accessing support early when difficulties arose, is still being measured given the infancy of this new initiative.</p> <p>The team continues to work towards expanding therapeutic services available to families through developing the skills and expertise within the team. In November 2020 a further 2 members of the post adoption team were trained in DDP Level 1. As a result of this additional training, families accessing a parenting support service have been provided with opportunities to engage in one to one sessions with a social worker using DDP principles. To-date, this model of support appears to be effective particularly in working with fragile families. The team will continue to evaluate over the coming year, the benefits of using DDP informed practice as a planned intervention for working with adoptive parents.</p> <p>In February and March 2021 all members of the post adoption team attended training on therapeutic Life Story work with younger children and 3 members of staff attended training on therapeutic</p>	
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	<p>Life Story work with teenagers. This facilitated staff delivering life story training to adoptive parents as outlined in this report.</p> <p>Many of the families that the team work with, report concerns about their child's emotional development. This is not unexpected given the complex trauma adopted children experience prior to being placed for adoption. There is much greater awareness within all Services for LAC and adopted children, of the importance of delivering trauma informed integrated services. The Post Adoption Service continues to strive to provide a holistic and multidisciplinary response to the support provided to families in need. The team work closely with the Trust therapeutic service to provide opportunities for families to have both social work and psychology support through combined one to one support sessions with parents when relevant. Consultations held also includes other disciplines such as mental health services, schools, occupational therapists, to ensure collaborative working and the best available knowledge/expertise from a range of disciplines to facilitate the child's recovery and build resilience.</p> <p><u>Adult Services</u></p> <p>The team is currently providing a service to 60 adult service users. This involves both adult adoptees and birth relatives wishing to learn more about their origin or birth relatives wishing to search for an adoptee.</p> <p><u>Duty System</u></p> <p>The Post Adoption Team operate a duty system Monday – Friday 9-5pm which can be accessed by adoptive parents in the Belfast Trust area. This can be used as a one off period of support / advice regarding a specific parenting issue or to make a self-referral for more intensive support. Referrals from other professionals requesting support for a child can be made through the duty system also.</p> <p>The duty system can also be accessed by adult adoptee's or birth relatives requiring a service or by other professionals wishing to make a referral on behalf of an adoptee or birth relative.</p> <p><u>Adoption Breakdowns</u></p> <p>There has been no adoption breakdowns in the reporting period.</p>	
10.6.14	This is intentionally blank	

10.7 EARLY YEARS

10.7.1	Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers	DSF-Early Years Spreadsheet																																				
	<table><tr><th>Sector</th><th>Total number of services</th><th>Total number of placements</th></tr><tr><td>Day Nursery</td><td>101</td><td>4430</td></tr><tr><td>Out of School within Day Nursery</td><td>57</td><td>1567</td></tr><tr><td>Total Day Nursery Places</td><td></td><td>5997</td></tr><tr><td>Stand-Alone Crèche</td><td>15</td><td>207</td></tr><tr><td>Stand-Alone Playgroup</td><td>49</td><td>1412</td></tr><tr><td>Stand-Alone Out of School</td><td>58</td><td>1955</td></tr><tr><td>Childminder</td><td>260</td><td>1575</td></tr><tr><td>Approved Home Child carers</td><td>65</td><td>0</td></tr><tr><td>Holiday Scheme</td><td>7</td><td>216</td></tr><tr><td>Two year old Programme</td><td>24</td><td>312</td></tr><tr><td>Total</td><td>636</td><td>17671</td></tr></table>	Sector	Total number of services	Total number of placements	Day Nursery	101	4430	Out of School within Day Nursery	57	1567	Total Day Nursery Places		5997	Stand-Alone Crèche	15	207	Stand-Alone Playgroup	49	1412	Stand-Alone Out of School	58	1955	Childminder	260	1575	Approved Home Child carers	65	0	Holiday Scheme	7	216	Two year old Programme	24	312	Total	636	17671	
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Two year old Programme	24	312																																				
Total	636	17671																																				
10.7.2	Registration issues and commentary as at period end <i>(If any challenges or issues please provide a brief analysis)</i> As a result of Covid restrictions we are working through a backlog of inspections.	Data Return 10																																				
10.7.3	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March <table><tr><th>Sector</th><th>No Requiring Inspections</th><th>No Inspections carried out</th><th>Inspections still to be carried out</th></tr><tr><td>Day Nursery</td><td>103</td><td>22</td><td>81</td></tr><tr><td>Crèche</td><td>15</td><td>3</td><td>12</td></tr><tr><td>Playgroup</td><td>50</td><td>7</td><td>43</td></tr><tr><td>Out of School</td><td>59</td><td>9</td><td>50</td></tr><tr><td>Childminder</td><td>283</td><td>142</td><td>141</td></tr><tr><td>Holiday Scheme</td><td>8</td><td>0</td><td>8</td></tr><tr><td>Two year old Programme</td><td>24</td><td>4</td><td>20</td></tr><tr><td>Total</td><td>542</td><td>187</td><td>355</td></tr></table> ** Number of inspections carried out remotely only – 50	Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out	Day Nursery	103	22	81	Crèche	15	3	12	Playgroup	50	7	43	Out of School	59	9	50	Childminder	283	142	141	Holiday Scheme	8	0	8	Two year old Programme	24	4	20	Total	542	187	355	DSF-Early Years Spreadsheet
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Holiday Scheme	8	0	8																																			
Two year old Programme	24	4	20																																			
Total	542	187	355																																			

10.7.4	<p>Number of outstanding applications for each of the above categories as at 31st March?</p> <table><tr><th>Sector</th><th>0-3mths</th><th>4-6mths</th><th>7-9mths</th></tr><tr><td>Day Nursery</td><td></td><td></td><td>1</td></tr><tr><td>Crèche</td><td></td><td></td><td></td></tr><tr><td>Playgroup</td><td></td><td></td><td></td></tr><tr><td>Out of School</td><td>1</td><td></td><td></td></tr><tr><td>Childminder</td><td>1</td><td>3</td><td></td></tr><tr><td>Holiday Scheme</td><td></td><td></td><td></td></tr><tr><td>Two year old Programme</td><td></td><td></td><td></td></tr><tr><td>Total</td><td>2</td><td>3</td><td>1</td></tr></table>	Sector	0-3mths	4-6mths	7-9mths	Day Nursery			1	Crèche				Playgroup				Out of School	1			Childminder	1	3		Holiday Scheme				Two year old Programme				Total	2	3	1	DSF-Early Years Spreadsheet
Sector	0-3mths	4-6mths	7-9mths																																			
Day Nursery			1																																			
Crèche																																						
Playgroup																																						
Out of School	1																																					
Childminder	1	3																																				
Holiday Scheme																																						
Two year old Programme																																						
Total	2	3	1																																			
10.7.5	<p>Number of current applications being assessed at period end and duration of assessment</p> <p>2</p> <p>2 childminders being assessed and duration of assessment is between 4- 6 months</p>	DSF-Early Years Spreadsheet																																				

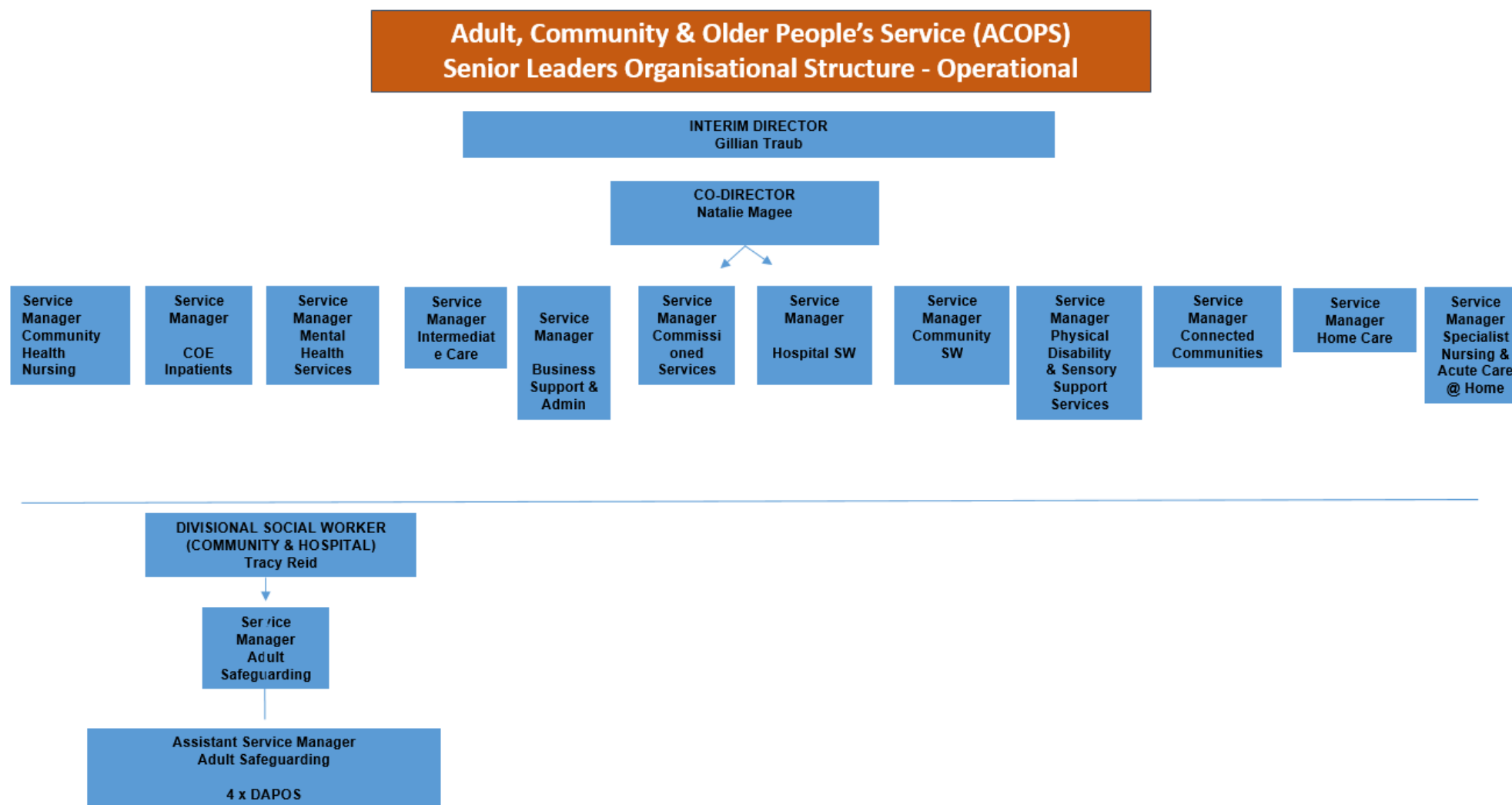
	10.8 Complaints & Representation	
10.8.1	<p>Does the Trust have an appropriately authorised and experienced children's complaints officer? Yes/No</p> <p>Yes</p>	Data Return 10
10.8.2	<p>Does the Trust have an independent advocacy service for children and their families? Yes/No</p> <p>Children, parents and carers are encouraged to access a range of independent advocacy provision including: the Northern Ireland Commissioner for Children and Young People; the Commissioner for Complaints; VOYPIC; the Children's Law Centre; and the Patient Client Council in pursuance of any complaint in respect of services provided by the Trust.</p> <p>The Trust has engaged VOYPIC to provide an advocacy service to its residential units. Trust foster carers access the advocacy and representation services of the Fostering Network.</p>	Data Return 10
10.8.3	<p>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?</p> <p>We can confirm arrangements are in place to ensure that all complaints, formally and informally are recorded and dealt with from children and their families.</p> <p>All complaints received are dealt with in accordance with the Trust's Complaints Procedure and the Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p> <p>The Trust's Corporate Governance processes provide robust reporting and scrutiny arrangements in relation to individual Directorate's management of complaints and arrangements for the dissemination and sharing of learning emerging from complaints</p>	Data Return 10
10.8.4	<p>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?</p> <p>The Trust can confirm that whistle –blowing arrangements are in place. The Directorate of Children's Community Services has two whistle blowing champions.</p> <p>The Trust's Whistle Blowing Policy provides the framework within which concerns raised by staff are</p>	Data Return 10

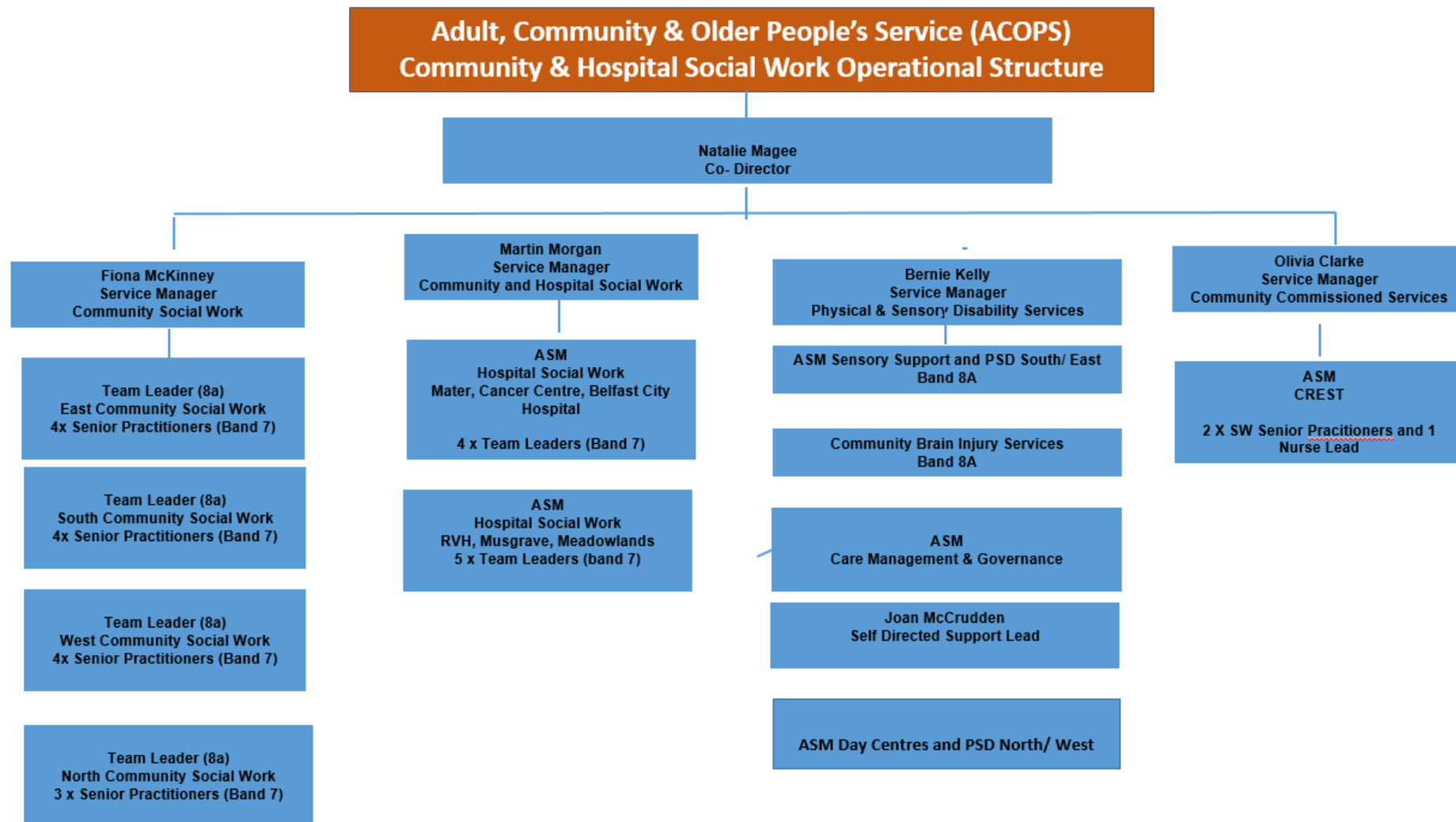
	recorded and dealt with. The Policy fully adheres to the requirements specified in the Public Interest Disclosure (NI) Order 1998	
10.8.5	This is intentionally blank	
10.8.6	This is intentionally blank	
10.8.7	This is intentionally blank	
10.8.8	This is intentionally blank	
10.8.9	This is intentionally blank	

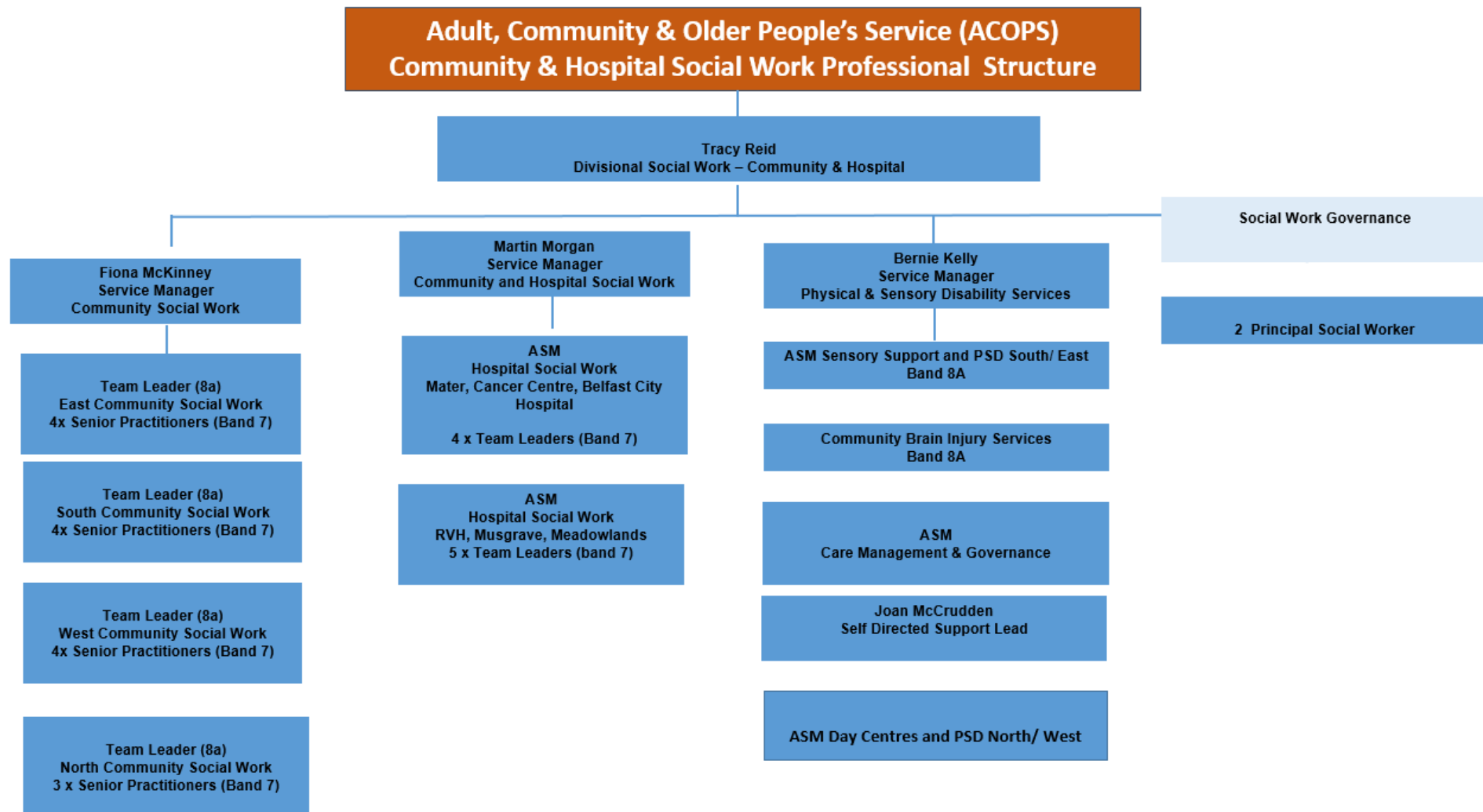
10.9 SEPARATED CHILDREN

10.9.1	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)	HSCB Separated Children Database
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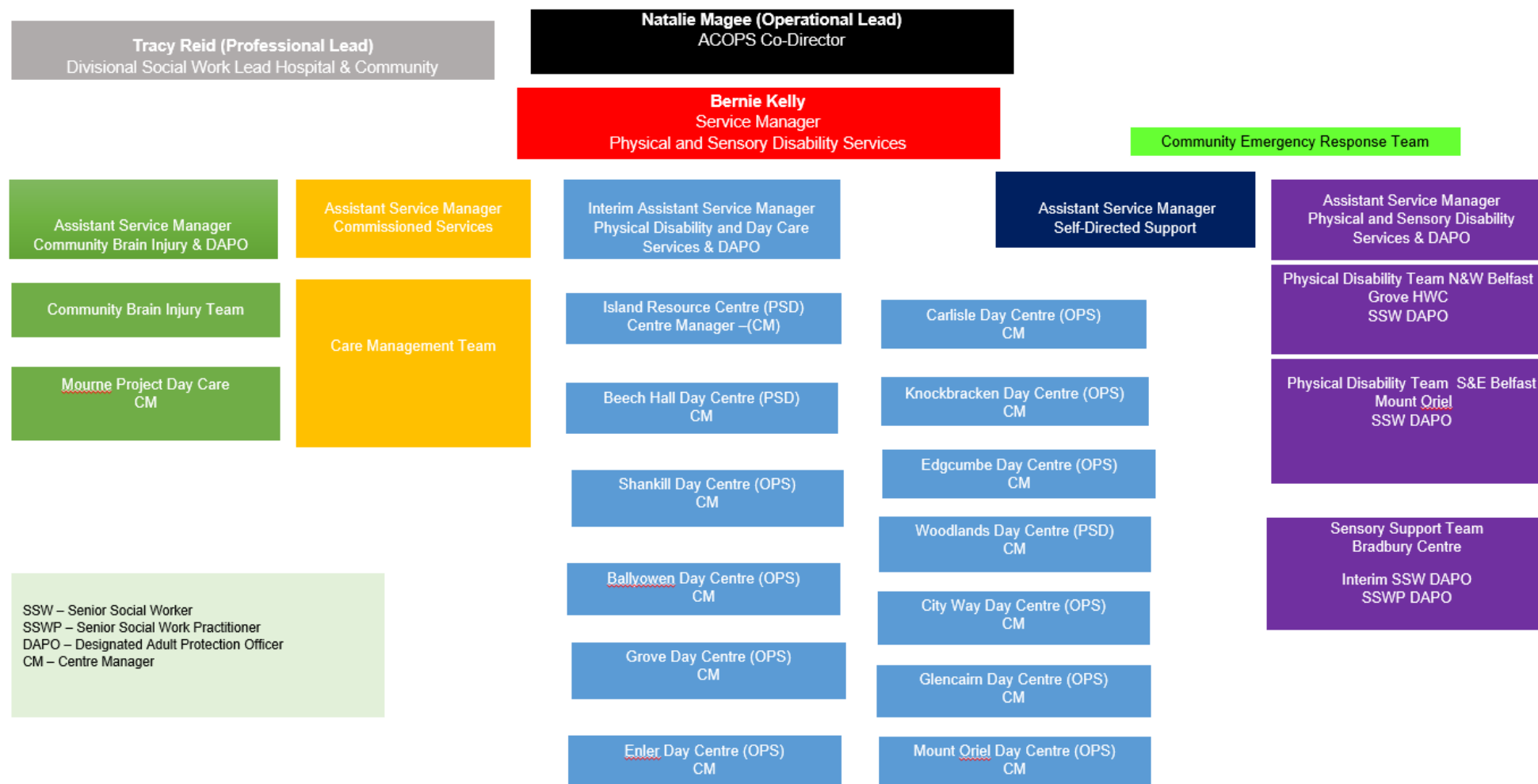
Appendix 1: Directorate/Programme of Care Structure Chart - Older People's Services



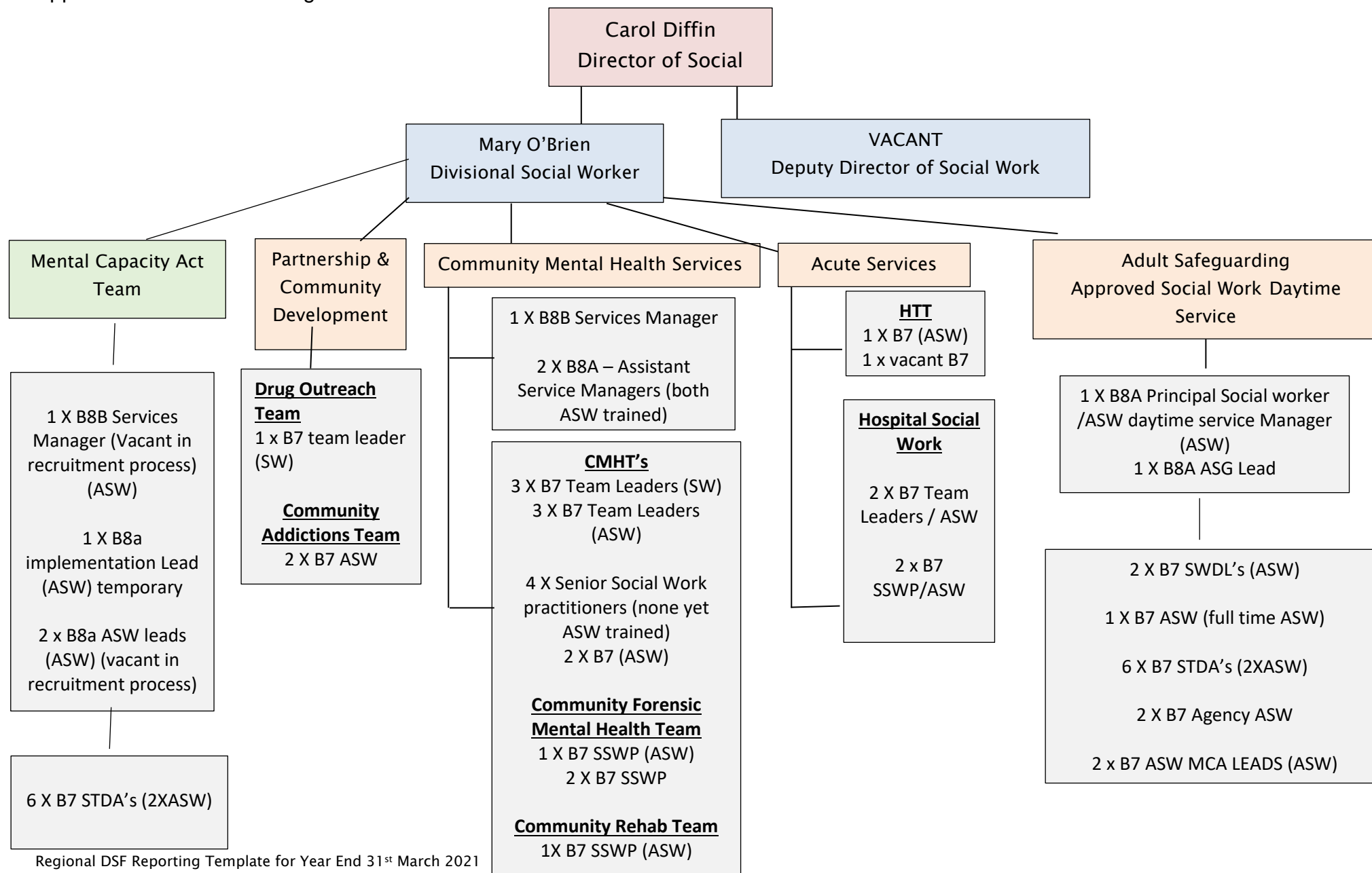


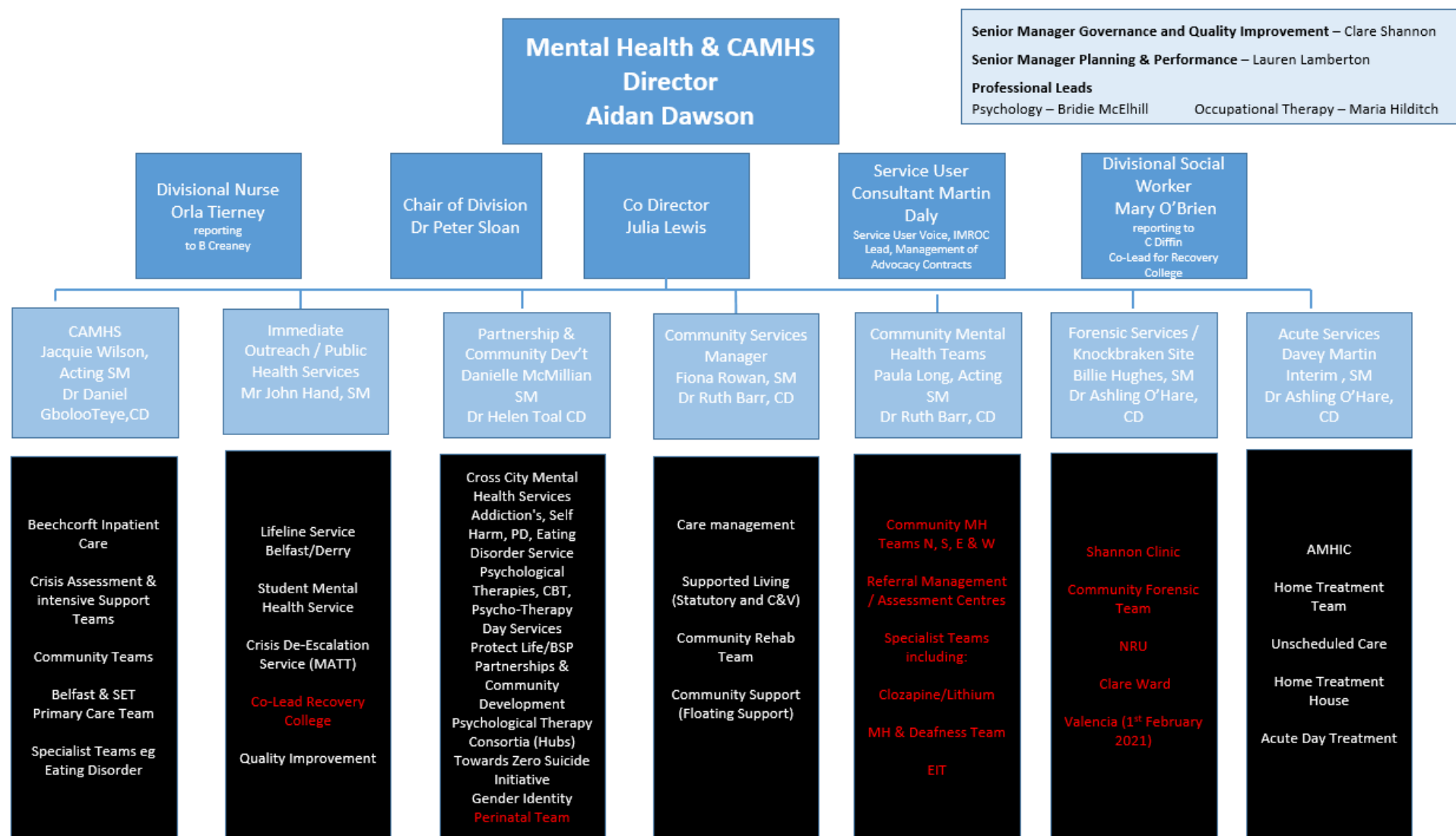


Appendix 2: Directorate/Programme of Care Structure Chart - Physical and Sensory Services

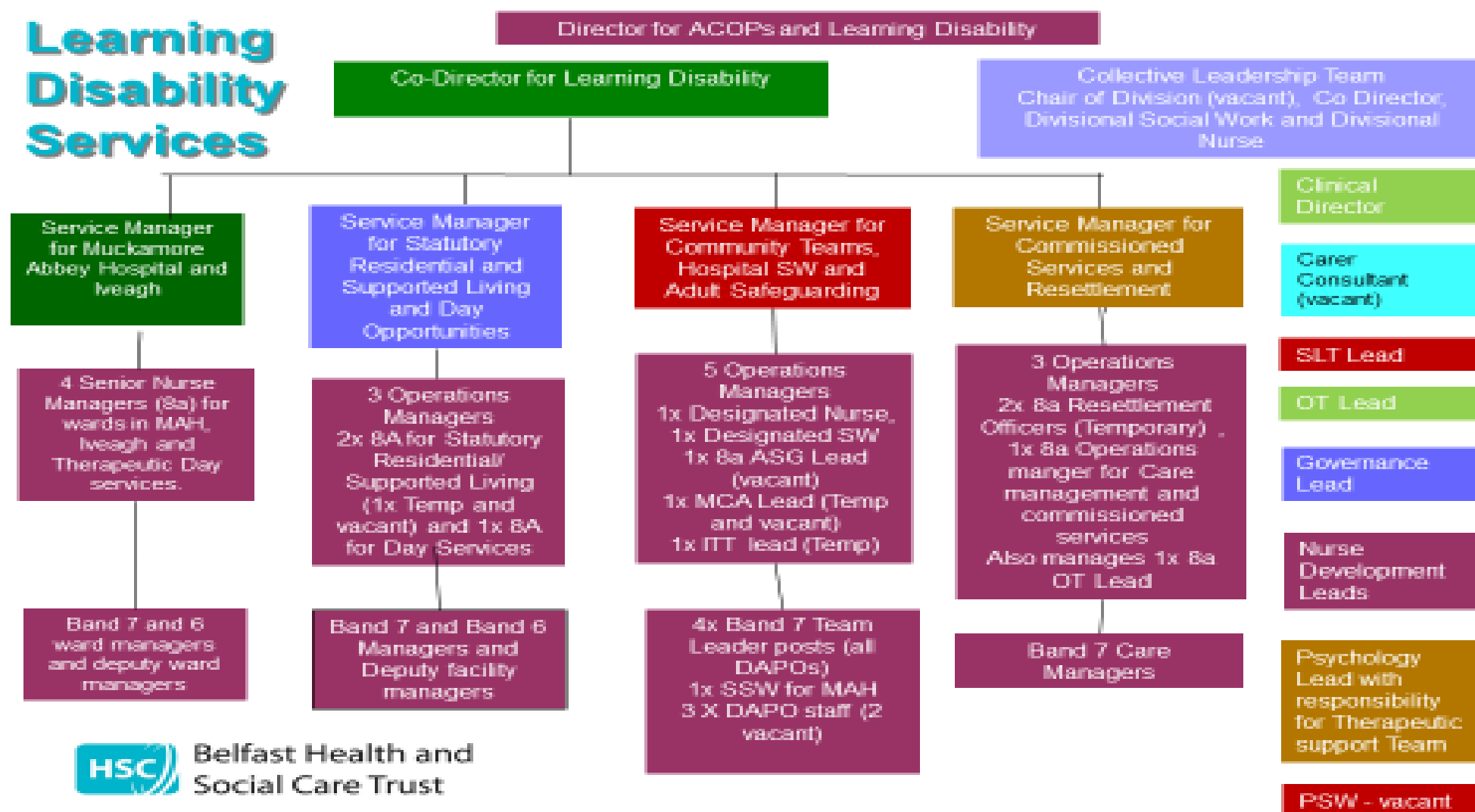


Appendix 3: Directorate/Programme of Care Structure Chart - Mental Health Services

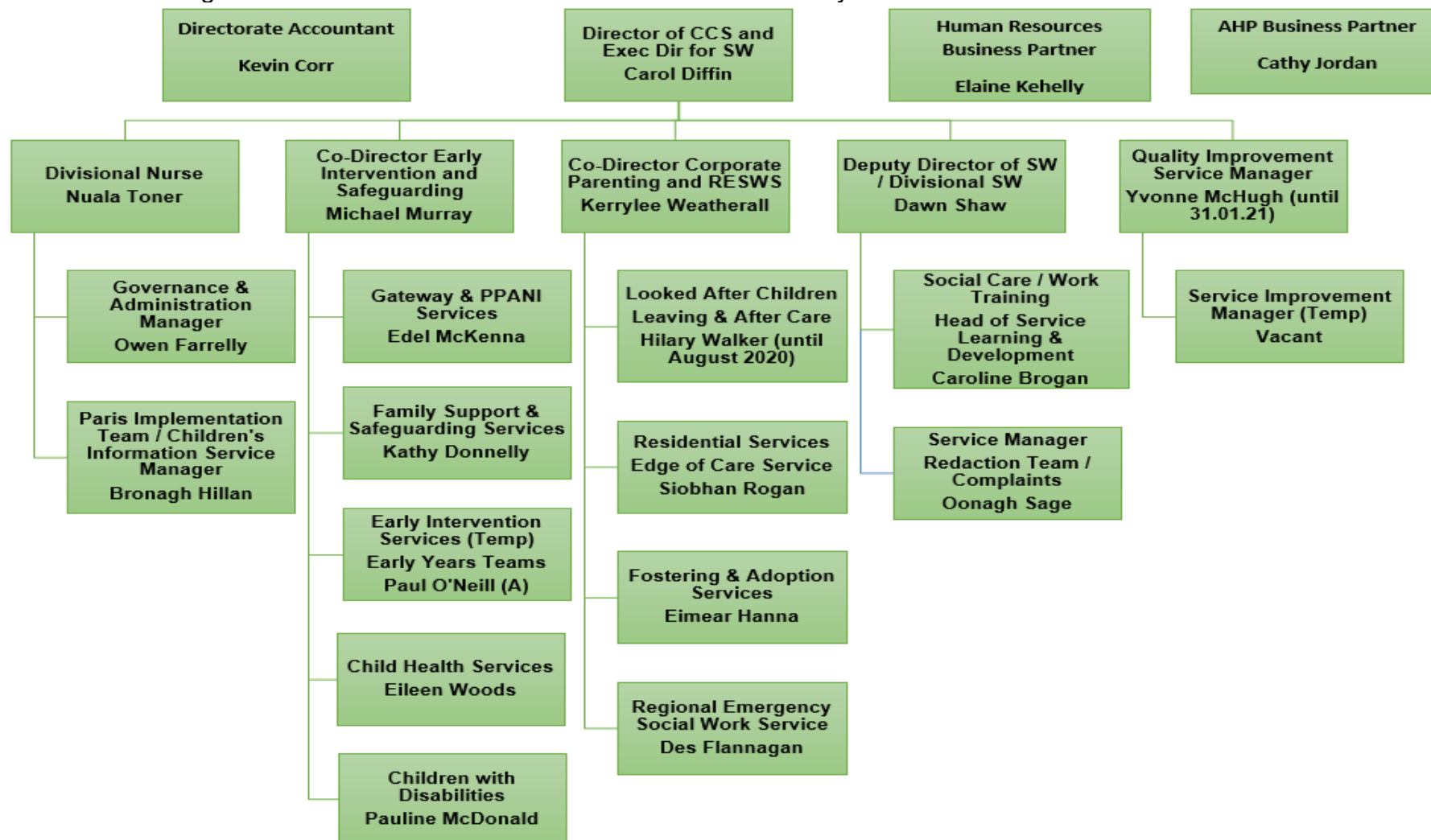


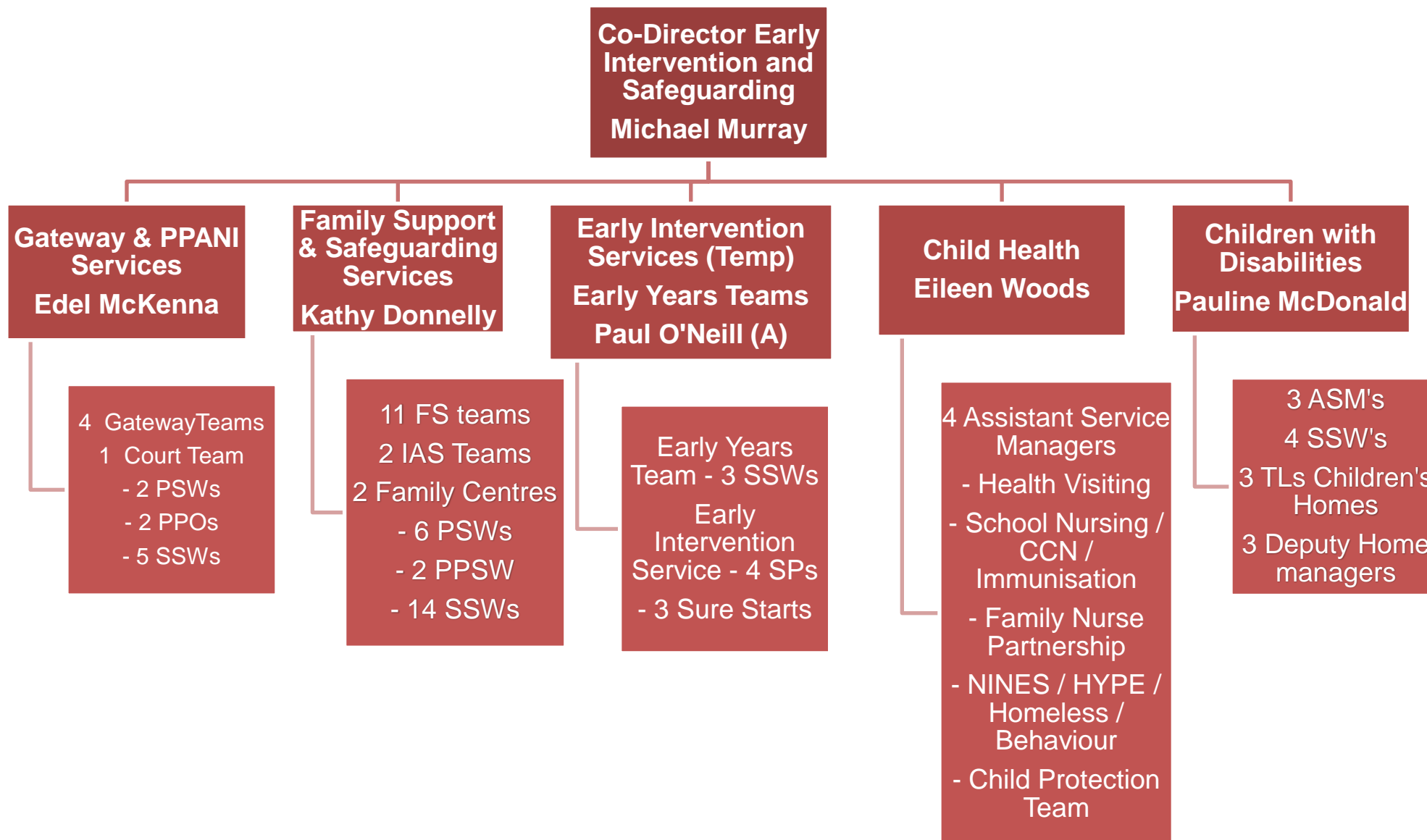


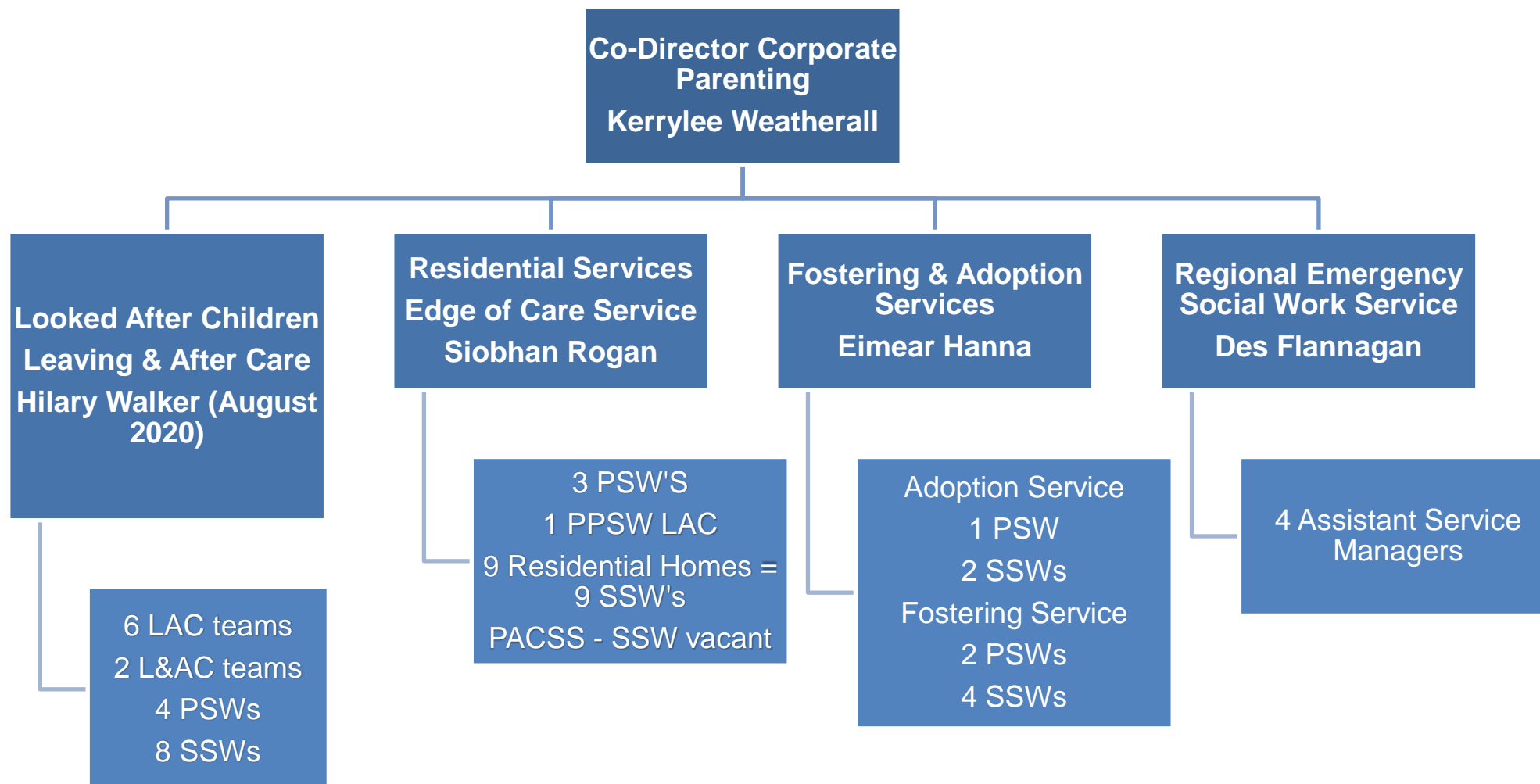
Appendix 4: Directorate/Programme of Care Structure Chart – Learning Disability Services

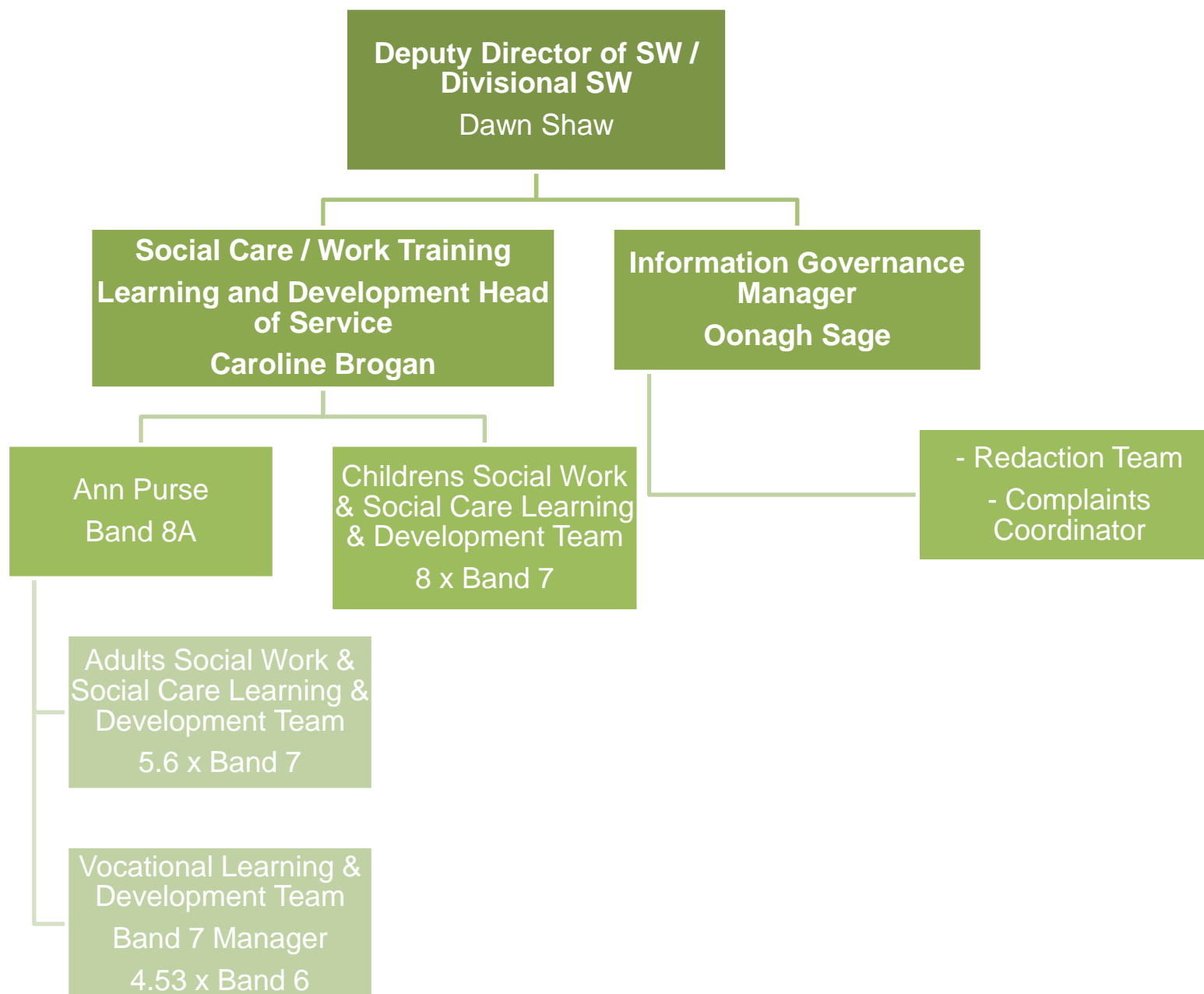


Appendix 5: Directorate/Programme of Care Structure Chart – Children's Community Services











Health and
Social Care

STRATEGIC PLANNING AND PERFORMANCE GROUP

REGIONAL REPORTING TEMPLATE FOR SOCIAL CARE AND CHILDRENS DELEGATED DIRECTED STATUTORY FUNCTIONS

PERFORMANCE MANAGEMENT AND ASSURANCE REPORT

For Year end 31 March 2022

Belfast Health & Social Care Trust

DRAFT VERSION FOR APPROVAL BY TRUST BOARD

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EXECUTIVE SUMMARY

Executive Director of Social Work:

The Role of Executive Director of Social Work has been held by Mrs Carol Diffin from 1st September 2018.

.....
Please provide a high level summary overview which must include:

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

1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust

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

The Executive Director of Social Work is supported by the Deputy Executive Director of Social Work Eileen McKay who took up post during this reporting period (23rd August 2022) after the post being vacant from March 2021. The Deputy is responsible for ensuring social care governance arrangements across the Trust and maintains responsibility for the regulation and development of the workforce and quality assurance of the provision of delegated statutory functions. A second Deputy Executive Director has also been appointed on an interim basis during the reporting period with a particular focus on strengthening Adult Safeguarding arrangements across the Trust.

Each of the operational Directorates with responsibility for the delivery of social care have established Division and Senior Leadership Teams, who are accountable for Divisional service delivery, performance and governance arrangements. Within each Directorate Divisional Social Workers have assumed the responsibilities for professional social work practice as members of their Divisional Senior Leadership Team and are accountable for the range of social care governance and service delivery functions. Throughout the reporting period, the Divisional Social Workers have had a key organisational role in providing assurance with regard to the discharge of statutory functions.

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

The Trust has in place a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. There are three other members of the Committee who are also Non-Executive Directors, Ms Miriam Karp, Dr Martin Bradley and Mrs Nuala McKeagney. The Committee is authorised by the Trust Board to review the Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Trust review of Social Care Governance arrangements is ongoing. In this reporting period a draft social care governance policy has been shared across all Directorates with responsibility for social care as a means to strengthen the role of the Executive Director of Social Work within the Trust and develop a quality assurance process for social work and social care. This policy will be implemented in the next reporting period.

1.2 Statement of the Executive Director of Social Work's assessment of the Trust's performance in effectively and efficiently delivering Delegated Statutory Functions during the reporting period

The information contained in this report demonstrates where the Trust's performance has been satisfactory against the discharge of delegated statutory functions. The challenges associated with the response to the Covid-19 pandemic have continued to impact on the workforce and on service delivery in this reporting period. The Trust has also been particularly challenged by the limited supply regionally of social workers and social care workers to fill vacancies. Within this challenging context staff across the Trust have continued to work tirelessly to deliver services to the most vulnerable and have had to be flexible, agile and creative in how they have done so, adopting new ways of working and communicating whilst at the same time providing direct care to those most at risk and in need.

Despite these challenges, the Trust has continued to prioritise the safe discharge of its statutory functions and it is my professional opinion that the Trust has overall achieved satisfactory compliance with the requirements specified in the Scheme for Delegation within the context of the increased demand for services and the resources available. The areas of non-compliance are outlined at 1.4 and 2.7 of this report.

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

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions and worked hard to address any concerns raised.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has arrangements in place to monitor and assure compliance with registration requirements and as at 31 March 2022, the Trust had achieved full compliance with NISCC registration across all sectors of its social care staff.

1.3 Comment on the Trust's progress in delivering the 2021/2022 local DSF Plan (further detail to be provided for each Programme of Care at Section 2.6)

This has been a challenging reporting period for the Trust in the context of the delivery of services during the second year of the Covid-19 pandemic with a depleted workforce. Despite the impact of having to respond to the pandemic, reasonable progress has been made by each programme of care with their local DSF Action Plans, which are detailed in the individual Programme of care summaries and appendix one highlights the status of all improvements made. The Trust are pleased to report compliance with the actions required in relation to Early Years Inspections, Children with Disability reporting, Child Protection thresholding, ASW, MCA, Adult Safeguarding and the review of the operational policy for Iveagh.

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)

During this reporting period the EDSW is reporting overall satisfactory compliance with delegated statutory functions. In the last year all services have experienced a significant increase in demand alongside staffing pressures associated with vacancies and/or staff absences which has directly impacted on the discharge of statutory functions in a number of areas outlined at 2.7. It needs to be acknowledged that for much of this reporting period the Covid-19 pandemic continued to have a significant impact and it is only in very recent months that it is becoming less of an issue. The following is a high level overview of a number of areas, which have generated particular challenges in relation to the discharge of statutory functions over the reporting period and where actions will be carried over into 2022/3. The individual service reports provide additional commentary on these themes.

Mental Health Admissions to Psychiatric Hospital for Assessment

During this reporting period the lack of psychiatric hospital beds has created challenges with the completion of formal admissions under the Mental Health (NI) Order (1986). This has led to significant delays in conveying detained patients to hospital, at times lasting 24-48 hrs with patients who are deemed to be at risk, waiting in the community, general hospital emergency department or

in police custody suites. While wards have provided sofa/mattresses as temporary measures to enable the patient to be admitted to psychiatric hospital this is not an acceptable alternative. Patients in these scenarios are prioritised for urgent admission to the next available bed. A quality improvement initiative has been introduced which involves twice daily reviews of current admissions/delayed discharges and use of statutory and community resources to facilitate timely discharge to increase bed capacity. This initiative is aided by a prioritisation tool and multidisciplinary working group led by senior management and the collective leadership team. Progress with the regional bed management protocol is required to fully resolve the issue of psychiatric bed availability.

Domiciliary Care Waiting Lists

During the reporting period there has been a significant increase in demand for domiciliary care and this has impacted on progression of the action plans to reduce the waiting list for this service in learning disability and older peoples/adults services. The potential risk this creates for service users and carers is of significant concern and mitigation measures are in place in both service areas and this risk sits on the Corporate Risk Register. Monthly unmet need audits are undertaken in both Learning Disability and Older Peoples services to ensure packages are still required and ensure services are targeted to those at greatest risk.

Within Learning Disability services 17 service users were awaiting Domiciliary Care on 31 March 2022. Care Management has enhanced its access to Care Providers through the utilisation of the Care Bureau Brokerage and a time bands system has been introduced to enable more flexibility in accessing packages. Key workers maintain contact with families to discuss alternative supports such as SDS/ Direct Payments, carer assessments and community/voluntary sector options and to provide updates in relation to the outstanding package. Care Managers also participate in domiciliary escalation calls twice weekly to prioritise urgent cases. Within Older peoples and Adults services at 31st March 2022 896 service users were awaiting care packages. The service area facilitates a twice weekly priority call for social work staff to escalate those service users identified as high risk who require a domiciliary service. There continues to be a focus on improving domiciliary care led by the Homecare Modernisation Group and a pilot to promote SDS/Direct Payments as an alternative to domiciliary care packages is underway.

Annual Reviews for Older People & CREST

The Covid-19 pandemic, staffing absences (internally and within care homes/domiciliary care providers) and pressures to prioritise hospital discharge has impacted on progression with the action plan in this area. Older Peoples services has also seen a 23% increase in referrals for assessment of need in this reporting period. As a result there continues to be a significant backlog in relation to the completion of statutory annual reviews for both care homes and domiciliary settings. At the end of this reporting period full compliance has not been achieved by community social work (see breakdown at 2.7). A review of staffing in the service is underway to include

caseload weighting & skill mix to ensure capacity in the workforce to meet demand and achieve compliance in the next reporting period.

Within the Care Review and Support Team (CREST) 632 reviews are outstanding. There is a plan in place to address, as vacant posts are filled and a projection that outstanding reviews will be completed by the interim report to SPPG.

Staff continue to work holistically with service users, carers and families to assess, care plan and review that people's assessed needs are being met and progress with this backlog is kept under scrutiny with monthly reporting on annual reviews completed. The service is mindful of the significant risk in respect of timely engagement and review of service users and the ability of the service area to be assured in relation to the quality of care experienced by service users. This issue remains on the Trust Risk Register.

Adult Safeguarding (ASG)

The Adult Safeguarding Committee developed an action plan to address areas of deficit and this is being overseen by the Interim Deputy Executive Director of Social Work. The Trust is also undertaking a piece of work in consideration of a centralised model of delivery for Adult Protection for all programmes of care and the programme of care summaries contained in this report outline where there have been specific actions progressed to ensure appropriate thresholding, and sufficient capacity in the workforce to undertake the Investigative Office and Designated Adult Protection Officer Roles which will ensure timely completion of ASG investigations. Within the Learning Disability programme there has been intense scrutiny of ASG procedures including a DOH audit and a specific improvement plan is in place which seeks to address issues with thresholding, recording and the interface arrangements to support improved working relationships and to embed a collective vision in relation to Adult Safeguarding.

During this reporting period the Muckamore Abbey Hospital Public Inquiry officially commenced and the Trust has appointed a senior manager for the Public Inquiry and Trust Liaison and established an Inquiry Oversight Group. The Trust have also established an Inquiry Information Management Group to co-ordinate and respond to information requests from the Public Inquiry Team. The Trust welcomes the Public Inquiry and is providing the information as requested to enable the identification of learning.

Admissions to Muckamore Abbey Hospital and Community Placements for Adults with a Learning Disability

The Trust continues to be unable to accept admissions to MAH given a deteriorating staffing position within the hospital. The Trust recognises the impact that this has upon regional provision of service. There continue to be delays in identifying appropriate accommodation for adults with learning disability and complex needs being discharged from Muckamore Abbey Hospital. A proposal developed in partnership with the NHSCT and the SEHSCT has been submitted to the SPPG in late April 2022 and details the

plans for the discharge of 5 patients from MAH by July 2022 and a further 11 by January 2023.

Provision of Day-care

During this reporting period the Covid-19 pandemic and infection prevention control measures have continued to impact on the provision of Day Care across adults services. Day Care Services are working towards a return to pre-pandemic levels and prioritising those in greatest need. All older people's service users have a minimum of one day attendance with additional days for those based on risk and assessed need, including carer support. Within Learning Disability services Occupational Therapists normally based in Day Centres, offer a range of out-reach activities and many service users are opting for Direct Payments as an alternative to day-care.

Children's Community Services

Personal Advisors

While there has been progress in this area full compliance is hampered by the challenges in recruitment and retention of staff (see 1.5). Progress with the service model review has been paused as a result of the Co-Director and Service Manager being absent from work during the last quarter of the year but will recommence in the next reporting period. Recruitment of personal advisor posts is also being progressed.

Unallocated cases/Statutory Visits/Statutory Reviews

Within this reporting period the Trust has seen a significant increase in its number of Looked After Children (945 at 31st March 2022). This is the highest number experienced since the inception of the BHSC and creates increased demand on services which also have high levels of vacant posts. As a result the Trust are reporting non-compliance in relation to Looked After Children having an allocated social worker, and all statutory visits and reviews being completed within the statutory timescales.

The Directorate have been proactive and creative in approaches in redeploying staff where possible and making use of the workforce appeal to establish an out of hours looked after children's team. However the staffing position remains a considerable challenge and is of significant concern to the Directorate and is reported on the Trust Risk Register. Business continuity plans have been approved by Trust Board and shared with the SPPG in January 2022 to ensure that services can be prioritised for the children and families at greatest risk whilst further work is undertaken in respect of stabilising the workforce. The detail of these arrangements is provided in the Programme of Care Summary for Children's Community Services and actions to address recruitment and retention challenges are outlined at 1.5 below.

Placement moves

During this reporting period the Trust have noted the increased complexity of need of children coming into care. The growing numbers of children remaining in care for longer and the growing complexity of their needs means it is becoming more difficult for traditional placements to accommodate. This challenge is experienced across residential and fostering services. Despite the provision of additional supports including those from community and voluntary partners the challenges remain and pressures within fostering services have been highlighted in this report and to the SPPG at monitoring meetings throughout the reporting period. The number of placement moves have increased and this will be an area of continued focus for improvement in the next reporting period to ensure the much needed stability for looked after children. The lack of appropriate placements is a regional issue and needs to be considered as part of the DOH Independent Review of Children's services to ensure safe compassionate and high quality care for looked after children.

Delayed Discharges from Iveagh / development of appropriate community placements.

The Trust continues to be involved in JR proceedings for a child who is a delayed discharge from Iveagh. It is anticipated this matter will be resolved imminently as suitable accommodation has now been sourced from within the Trust which provides an interim solution.

The Trust continues to stress the urgent need for more strategic direction with regard to the provision of a range of appropriate community placements for children with complex disabilities. For the second year the Trust has had to re-purpose the statement of purpose of the short-breaks facility for children with complex disabilities to accommodate a child with very complex needs. This has had a direct impact on the Trust's ability to provide residential short breaks to a range of families whose children are assessed as benefiting from these short breaks. More appropriate long term placements for children with highly complex emotional and behavioural difficulties are required urgently both in the Trust and across the region. The Trust has worked closely with the other Trusts and the HSCB to develop a framework for the provision of services to support this group of service users and their families. This was submitted by the HSCB to the DOH in September 2021. At the end of the reporting period the Trust is unaware of the DOH's response or plans to progress this work. The Trust would request that the implementation of this Framework is afforded the urgent attention it requires by the SPPG so that progress can be made in how these children and their families have their needs met in the most appropriate way.

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

The EDSW provides professional leadership to the Trust's social care workforce and is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same. Within Children's Community Services the 2 Co-Director posts are

designated social work posts which ensures the delivery of statutory functions across all areas of children's social work.

Within ACOPs, Learning Disability and Mental Health Services the Director and Co-Director posts are non-designated social work posts but they hold operational responsibility for the delivery of the Trust delegated statutory functions. Each division has a Divisional Social Worker who are key members of the Collective Leadership Team and who are responsible for providing professional leadership of the Division's social work and social care workforce and for providing expert advice to the Divisional Collective Leadership Team on matters pertaining to the social work and social care workforce and the discharge of statutory social care functions. They are also responsible for the establishment within the Division of arrangements to ensure an unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce through the Divisional Social Worker to the Executive Director of Social Work.

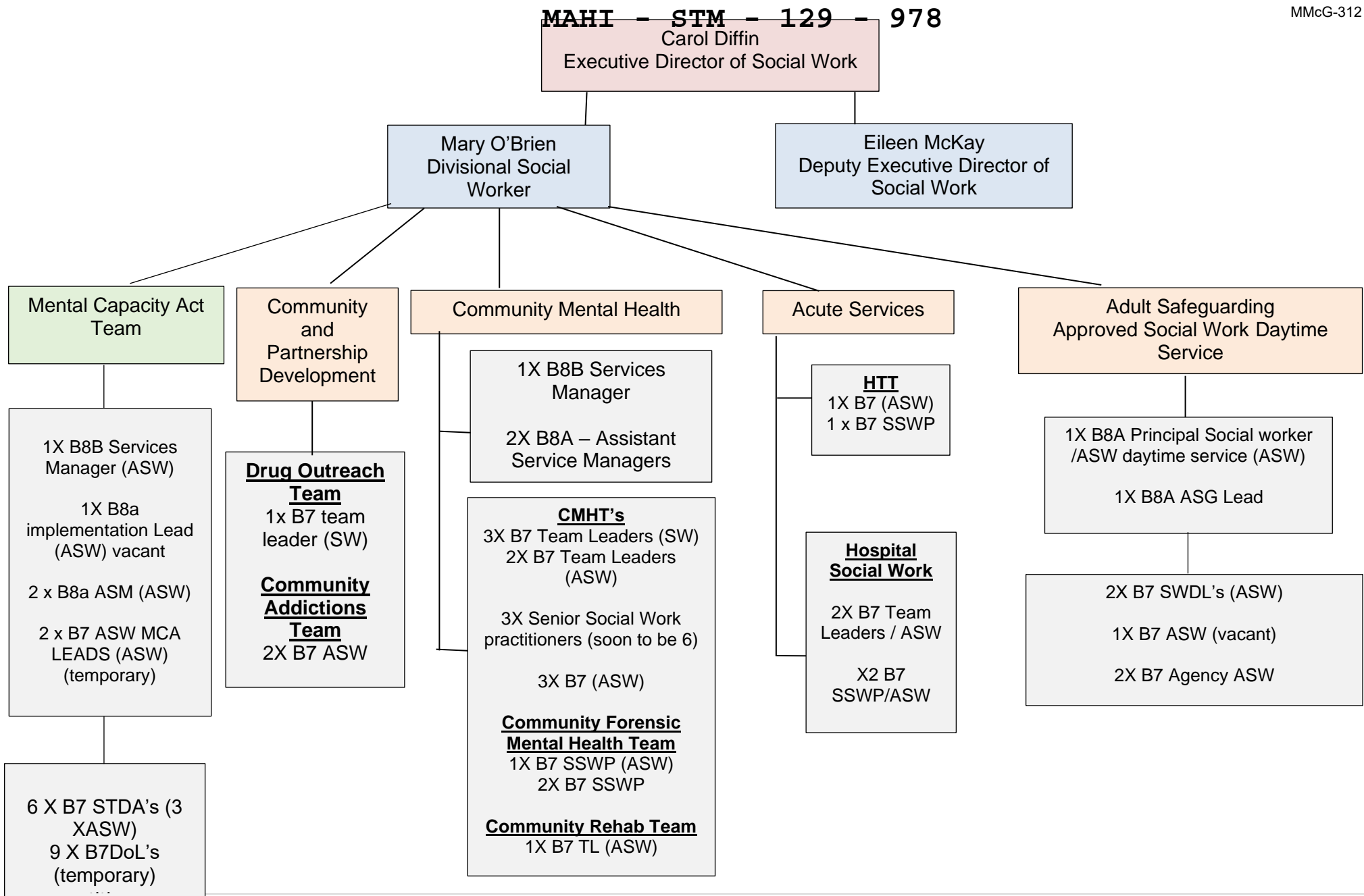
Each of the Divisional Social Workers is responsible for highlighting any issues in relation to the social work and social care workforce to the operational managers within the Divisional teams, their Service Director and to the Executive Director of Social Work. The Executive Director of Social Work has regular meetings with the divisional social workers to ensure the delivery of statutory functions across the Trust and also meets with the relevant Directors to discuss any issues arising that impact on the delivery of statutory functions.

During the reporting period there have been exceptional challenges in the recruitment and retention of the social work and social care workforce which has impacted on the delivery of statutory functions and has resulted in Business Continuity Plans being implemented in some service areas. The programme of care summaries provide further details of the impact of vacancies on service delivery. The high level of vacancies in some areas is a particular area of concern and has been flagged with Trust Board and recorded on the Trust Risk Register. The Trust has engaged in the regional recruitment process for band 5 and 6 social workers and has established a workforce steering group chaired by the EDSW with a number of Task and Finish Groups to progress actions to address issues with recruitment and retention. The challenge to have an adequate supply of social workers has been identified as a regional issue in the DOH Review of the Social Work workforce and the Trust is represented on the recently formed implementation group to oversee the associated action plan.

Despite these challenges the workforce has to be commended for remaining agile and flexible in how they provided services throughout this time showing a steadfast commitment to the needs of the most vulnerable in society and the strong desire to promote service users rights whilst ensuring their welfare and safety remains paramount. I would wish to place on record my thanks to the social work and social care workforce in BHSCT for their continued commitment to providing safe, effective and compassionate services to the most vulnerable during a second year of the pandemic and increased workforce pressures.



Carol Diffin
Executive Director of Social Work
Date 13 May 2022



2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Adult Mental Health and CAMHS
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2.1	<p>Named Officer responsible for professional Social Work</p> <p>During the reporting period, Ms Mary O'Brien discharged the role of Divisional Social Worker within the collective leadership model. The post incorporates professional responsibility for the Social Work and Social Care workforce within Mental Health and CAMHS, (which also includes staff providing a CAMHS service in the SEHSCT).</p> <p>Ms O'Brien is accountable to the Executive Director of Social Work for the assurance of arrangements underpinning the discharge of statutory functions related to the delivery of Social Work and Social Care services within the Division.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the Social Work and Social Care workforce runs from the individual practitioner through the Divisions line management and professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Worker has assured the Mental Health Division's Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>See Appendix One and Two 2.6 and 2.7</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Adult Mental Health</p> <p>There are 10 Band 6 social work (SW) vacancies being addressed through the regional social work recruitment programme. There are 5 Band 7 vacancies which are all in the recruitment process and a further 6 permanent Senior Social Work Practitioner (SSWP) posts in the</p>

	<p>process of appointment at present. This will significantly support Community Mental Health Teams (CMHT) and will replace the current 4 temporary SSWP posts. The majority of vacancies are being addressed through the use of short term agency cover and 2 bank staff until permanent staff in post.</p> <p>CAMHS</p> <p>There is 1 band 6 non designated vacant post (being addressed via BSO and open to SW applicants). There are 2 Band 7 social work vacancies currently in the recruitment process. Supervisory responsibilities are being absorbed in the short term by Band 8a social work managers until permanent staff are in post.</p>
2.1b	<p>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.</p> <p>Approved Social Work Provision</p> <p>Service Cover</p> <p>The ASW daytime service provides a service for service users who require assessment for admission under the Mental Health (NI) Order (1986) (MHO). This is staffed by ASW's who are based in substantive posts and participate on a Trust wide rota. A separate MCA team provides Short Term Detentions and ASW Trust panel membership and Trust panel extensions under the Mental Capacity Act (NI) (2016) (MCA).</p> <p>The Trust ASW rota provides 60 slots per month (over a 4 week period, 3 ASW's on call each day).</p> <p>There are currently 29 ASW's registered within the Trust who participate on the ASW rota. There have been 5 ASW staff who have been removed from the ASW rota in the last year – 1 person due to the demands of the role, 1 due to change in job description and wish to be removed from the role, and 3 staff who have left post.</p> <p>Programme representation on the ASW rota (MHO) (Table1)</p> <p>The majority of ASW's continue to be provided by the mental health division, with limited representation from older person's services, learning disability and CAMHS (see Table One). This continues to put pressure on the Mental Health service from both a resource and</p>

financial perspective as agency staff are required to populate rota.

Programme	No of ASW's (SSWP) (on rota 2-3 times per month)	No of TL/SWDL (ie on rota once per month or less)	Current ASW candidates	No of 8A/B ASW On rota 1-2 monthly or less
Mental Health	10	7	4	3
OPS	3	1	1	0
LD	1	0	2	0
CAMHS	0	1	0	0
Phys/Dis	0	0	1	0
Childrens services	0	0	0	0
Agency/bank ASW	3			
TOTAL	17 (58%)	9	7 (+1 Deferral)	3
DEFICIT (Based on 3 ASWs per day on rota. (does not include sick leave/training cover)	13-16 SLOTS PER MONTH COVERED BY AGENCY/BANK = 22% (13/60)			

Total ASWs active on rota 29 (inc 1 maternity leave) = 28 currently active

ASW staff Profile

There are 6 team leaders and 3 social work leads, and 3 8A/B managers on the rota who complete less than one slot per month. This is to avoid overburdening managers whose substantive post requires them to be available to teams and where there is no funded cover if they are on ASW duty. The ASW role is additional, with no requirement to be on the ASW rota (except for 2 Social Work Development Lead posts in mental health which requires this).

As there are only 17 SSWP's on the rota completing approx. 2-3 slots per month, this has impacted on the retention of ASW's on the daytime rota. This has resulted in the need to use agency and bank ASW's who provide approximately 13-16 slots per month to maintain 3 ASW's on the rota daily and to avoid over burdening ASW's with additional slots that would impact on their substantive post.

This is being addressed through a commitment by the Trust to increase the number of candidates being trained each year, with 5 places being funded via the DoH funding and 3 additional places supplemented by the Trust Learning and Development Team budget. This will help to address ASW staff attrition as a result of promotion, retirement and increasingly due to the challenges of the role, namely in relation to extensive delays during conveyance attributed to bed shortages regionally.

Regional ASW Quality Standards (October 2021)

The Trust has developed an Action Plan to ensure compliance by 2026. This includes profiling of future ASW numbers to ensure that key delegated statutory functions under both the MHO and MCA can be fulfilled while both legislations are in force and by ensuring robust systems are in place to support ASW recruitment and retention.

Following a review commissioned by The ASW regional working Group (Office of Social Services) in June 2020, Queen's University Belfast Social Work Research developed an evidence based estimate of the number of Approved Social Workers (ASWs) required for Trusts to fulfil their statutory duties under the MHO. The methodology used was designed to provide a recommended number of ASWs for Northern Ireland and by Trust. ASW workforce estimates illustrated the need to increase and maintain ASW numbers across programmes to 46 in BHSCT based on 10% of ASW time).

The DoH estimated that BHSCT required 41 ASW's to be in place by 2026 and that this should represent 10% of the ASW's working time. However, estimates by the Trust indicate that the Trust requires approx. 65 ASW's to cover MHO and MCA ASW delegated statutory functions and to ensure that this does not amount to more than 10% of their working time.

Currently, ASW staff (MHO) allocate approximately 20-25% of their time on the rota based on providing 3 slots, (plus 1 day for report completion) per month out of 20 working days, (this excludes team

	<p>leaders/8A/B who work one slot per month given their managerial responsibilities). MCA ASW statutory functions are provided by the MCA Team (see below). The Trust action plan will seek to address the deficits described over the next 5 years</p> <p>Recruitment and retention of ASW staff</p> <p>There is a continued challenge in recruiting and maintaining ASW's on the daytime rota. While 4 staff successfully completed ASW training in the last period, continued demands on the role have impacted on staff moving post and in staff standing down from the role (5 in total).</p> <p>Retention of ASW staff has in recent years been directly attributed to an increase in the timeframe for assessments to be completed, complicated by significant resource deficits regionally, in the main due to reduced bed capacity and reduced GP availability. This has resulted in waits at times of up to 10 hrs or more for a bed to be located and the service user to be conveyed to hospital. In addition, long waits for a bed impact on ASW availability to accept other referrals and therefore can affect the Trusts ability to respond to ASW requests. Waits significantly increase the risk to the service user, the public and the ASW, at times containing aggression until a bed is located. ASW are lone workers and at times can be waiting with only the service user. The perception of delays on ASW working times is also a prime reason why the role has been less attractive in recent years and the main source of dissatisfaction indicated by ASW's.</p> <p>Key delays impacting on ASW interventions (i.e. of more than 1 hr to confirm service being provided) (GP, NIAS, BED)</p> <p>Total number of assessments under MHO resulting in admission to hospital - 235 (detained) + 25 (Voluntary) = 260 out of 311 assessments (51 alternative care plans).</p> <ul style="list-style-type: none"> ➤ GP referral received after 3pm 24% and after 3.30pm 17% ➤ Delay due to GP availability/delay – 26% of assessments ➤ Delay due to bed availability – 33% of admissions ➤ ASW's working past 5pm 64%, past 8pm 37% of all assessments ➤ Delay due to ambulance availability – 30 ➤ MTS patient conveyance used – 11% of all admissions ➤ Contact required with on call coordinator after 5pm – 87% <p>Main issues continue to be;</p> <p>Lack of beds locally and regionally continue to lead to prolonged waits</p>
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	<p>for service users to be admitted to hospital. Waits have increased during the period, at times overnight. On 4 occasions, the ASW has had to arrange an overnight plan to maintain the service user in the community/ED until the bed is located. This can increase the risk of harm to the service user and others when not admitted to a psychiatric ward after assessment with conveyance only occurring the next day. On one occasion a service user from Intellectual Disability services, was waiting 14 days for an ID psychiatric bed to be identified, with repeated necessity to reassess the service user under the MHO on 6 occasions when forms lapsed while waiting on a bed to be confirmed.</p> <p>Intellectual disability (ID) pathway – there continues to be no further clarity since guidance provided in 2019 in regard to the admission pathway for service users requiring admission. During the period there has been a reliance on admission to adult psychiatric wards for service users with a mild to moderate intellectual disability (ID), however, this has created significant challenges as specialist ID nursing is not available to the patient and has created additional pressures for mental health psychiatric admission by reducing the number of beds available to this population. At present there are 5 patients with ID in the Acute Mental Health Inpatient Centre (AMHIC) due to lack of appropriate accommodation or care arrangements for them to be discharged to. Given the current bed crisis regionally, this is impacting on the bed resource for the Trusts and leads to the need to use regional beds more often whereby the service user is not admitted within their own locality.</p> <p>GP availability continues to be a significant challenge. There was GP delay cited in at least 26% of assessments over the period (this figure is estimated as higher, as collation systems do not fully collate this area within current systems), which can be due to the GP declining to attend due to surgery duties or a request to attend the assessment after 5pm. This inevitably leads to ASW being forced to work outside of their working hours to facilitate the working patterns of GP's. This has been a long standing issue for ASW's, coupled with delays with bed access resulting in ASW's working at least 5 hrs after 5pm. In addition, the provision of Local Enhanced Arrangements has diminished, during the period, with 3 practices in the Trust area relinquishing the role to ED departments in the Ulster hospital (i.e. BHSC patients presenting there), Mater hospital and Knockbracken and Beechcroft sites. This has been escalated to the medical representative in the Integrated Care Team based in the formally known HSCB.</p> <p>Interface issues with key agencies particularly with police service has</p>
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	<p>been identified as problematic during the period in at least 7% of occasions due to different perceptions as to when the police would be involved in conveyance under MHO and interpretation of the Interagency Conveyance Protocol (revised December 2019). This is mainly due to the police threshold for intervention being explicitly stated as an intention to harm self or others or that the service user has harmed themselves or others. Often the ASW and GP are assessing potential risk based on previous history or knowledge of the service users' current presentation. Delays in police assistance can increase risk of harm to the service user and the public.</p> <p>There is also added stress for the service user, family and the ASW in managing situations which are volatile and dangerous while waiting on police assistance. Three-monthly GAIN meetings with police representative is aimed at improving interfaces and mutual understanding. However there has been a deficit in police representation during the period due to retirement and maternity leave. The PSW had developed a memorandum of understanding with the previous police representative which remains outstanding. This will be pursued with the new representative.</p> <p>The Trust has developed supports to ASW during the reporting period which compliment the Regional ASW Quality Standards;</p> <p>Developing an ASW hub A proposal for an ASW Hub was shared with the EDSW and the Operational Director at the end of April 2022 for a joint response regarding approval.</p> <p>ASW 1-1 supervision 3 monthly or group supervision where this cannot be facilitated.</p> <p>Access to on call coordinator 5-9pm. This is again a cost pressure to the Mental Health Division.</p> <p>Provision of patient conveyance To facilitate safe, timely and urgent conveyance to hospital, the Trust invested in private patient conveyance contracting with GMTS which has significantly reduced waiting times on 29 occasions during the period. This is a cost pressure for the Mental Health Division.</p> <p>ASW Appreciation Day 28th January 2022 An away day focused on self-care and prevention of compassion fatigue was funded by the Trust as an acknowledgment of the</p>
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challenging role undertaken by ASW's, particularly throughout the pandemic whereby the service remained fully client facing given the requirements of the MHO.

Mental Capacity Act (NI) 2016

The MCA Team are into their 3rd year in providing Trust wide provision of short term detention authorisations, Trust panel authorisations and extensions, Review Tribunal representation, bespoke training and support in regard to cases involving authorisation of Deprivation of Liberty. All legacy Trust panel applications have been completed with none outstanding due to targeted completion in 2021 by the MCA Team. To do so, 9 temporary senior practitioner DoL posts were created to complete and coordinate the Trust Panel application process for all programmes Trust wide involving both legacy and new cases originating in hospitals and in the community.

MCA Recruitment

The Team have recently recruited two Band 8A ASM's who will also act as ASW management leads to support ASW service provision and development in regard to both the MHO and MCA.

Initially 6 temporary band 7 Social Work staff were appointed under the MCA as interim ASW's to undertake the role of STDA's and 5 are on target to complete ASW training (by 2023) as per MCA. The team is commencing permanent recruitment of STDA ASW's in the coming months and will provide the STDA service Trust wide. This will be followed by medical, OT and admin recruitment to provide MDT support in regards hospital site based Trust panel application and authorisation panels and STDA's which originate in the community.

Impact of the Covid-19 pandemic on MHO assessment service provision

The ASW service has lost provision of 12 slots per month due to a staff member being unable to undertake face to face assessments due to a health condition. This is being bolstered by the use of agency/bank ASW's with the aim of being filled in the next year by the 7 ASW candidates currently being trained (aim to be working as independent ASW's from February 2023).

During the period, the number of ASW assessments undertaken was 311, which was a decrease on last year's figure of 9%.

During the pandemic, no ASW within the Trust was known to have contracted the virus due to ASW practice. Therefore the use of PPE was an effective protective measure. Where social distancing cannot

be facilitated on wards or the ward has a Covid19 outbreak, the Trust protocol whereby ASW staff do not enter wards but remain in situ, undertaking handover to staff by phone at the hospital is still in force.

Social Work Staffing requirements

Currently the social work workforce represents 11% of the Mental health community workforce. Currently there are a total of 84 staff in mental health and CAMHS in non designated posts. CAMHS have indicated that the majority of the 59 non designated posts are more appropriate to social work and are normally filled by social workers but the posts do not have designated social work funding.

Team Leader recruitment

There continues to be a challenge in encouraging band 6 Social Work staff into band 7 Team Lead and Senior Social Work practitioner posts. Service Managers have indicated band 6 staff are not attracted to the team leader posts due to perception of the level of responsibility and remit of the post in addition to other statutory roles such as professional supervision, DAPO and ASW roles which their nurse counterparts do not have. Mental Health has a total of 28 team leader posts of which 8 have been employed as social workers, but only 4 are dedicated to social work. CAMHS have 8 team leader posts, of which only 1 is a Social Work designated post. Divisional Social Workers are currently holding a series of monthly task and finish subgroups with social work representatives in supervisory and management positions, to feed into the Regional social work Strategy focusing on the social work workforce and recommendations to support implementation.

Adult safeguarding DAPO provision

There is a challenge in ensuring that all teams have a DAPO in situ. There are currently 15 teams in mental health who do not have a designated DAPO in situ. This is due to a lack of targeted funding for the role as well as limited band 7 social work designated posts within mental health in the absence of a normative staffing model for social work. Teams have long arm support from the ASG team where the preference would be to have a DAPO permanently in place. This is encouraged during recruitment within nursing led teams. The Mental Health Adult Safeguarding Team also screen all referrals which are made via police, APGT and external agencies and are available to offer advice and support to community DAPO's.

There are currently two vacancies at AMHIC - Team Leader/DAPO and a Senior Social Work Practitioner/DAPO. DAPO and supervisory responsibilities are being provided within the service area until the Team Leader (recently recruited) commences post. Within community teams six permanent Senior Social Work Practitioner/DAPO's were

	recently recruited. The Mental Health Adult Safeguarding Team has two vacant positions for Social Work Development Leads with DAPO responsibility, leaving just one Social Work Development Lead in post currently with partial provision of DAPO.
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2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</p> <p>If not, outline the remedial action taken to address this</p> <p>Yes, with an action plan being developed to redesign supervision opportunities incorporating the recently launched N. Ireland Social Work Supervision Policy and Implementation Guidance (September 2021).</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Yes in progress being piloted within CMHT's.</p> <p>A caseload weighting tool was developed in 2020 and was piloted to good effect in West Recovery CMHT. Following positive feedback about the application and accuracy of the tool in measuring workload and complexity, the tool was applied in North Recovery CMHT with the view to full roll out across mental health services. The tool is also being considered within CAMHS.</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>While the caseload weighting tool is being rolled out, teams continue to use supervision arrangements to monitor and review caseload weighting, and a monthly team audit tool to report on service demands and workforce capacity.</p>

2.3	<p>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.</p>
	<p>Professional social work supervision audit March 2022</p> <p>A quantitative and qualitative audit tool was used with the audit sample from a variety of social work supervisors within the Division. The process focused on quality assurance and evidence of service delivery. The audit highlighted much good practice, but also some areas for further development. Of 43 files audited; 27 were completed to a good/high standard; 4 were completed to an acceptable standard and 1 required improvement in several areas.</p> <p>The Covid19 pandemic, restrictions, staff/management turnover and fluctuating pressures on workforce will continue to present challenges in terms of protected time for Professional Supervision. Many of the issues for further development will be addressed through the Trusts Action Plan to implement the N. Ireland Social Work Supervision Policy and Implementation Guidance.</p> <p>Trust Mental Health Adult safeguarding bi-annual audit March 2022 – see 2.5 for overview.</p> <p>Admissions Pathway Quality Improvement Initiative Acute Mental Health Inpatient Centre (AMHIC)</p> <p>In response to increasing bed pressures, an initiative lead in partnership by both the Mental Health Divisional Social Worker and Divisional Nurse was developed with the MDT to analyse demands and pressures within AMHIC. A prioritisation tool was developed and daily huddle put in place, this is a recent quality improvement but early signs are positive in ensuring priority is given according to need based on an agreed tool.</p>

2.4	<p>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.</p>
	<p>The Trust was involved in completion of a Case Management Review (CMR) during the period in relation to a service user known to mental health and children's services and whose child was involved in a serious adverse incident. The Principal Social Worker in mental health completed the Independent Agency Review (IAR) for the CMR on behalf of mental health services.</p> <p>Key recommendations from the IAR that were actioned by the Mental Health and Children's services Trust Interface group were;</p> <ul style="list-style-type: none"> ➤ Development of joint safety plans between mental health and children's services on a prescribed template to be shared with all agencies involved with families. This will be shared with all services in the Trust and is being developed. ➤ Patients with a history of substance misuse should be considered by using drug screens by the midwifery team. ➤ A cross agency learning event took place in March 2022 to review risk assessment between services to facilitate a joined up approach in cases where both services are involved in risk management. ➤ Interagency training across mental health and children's services. ➤ Promotion of the "Working with Children and Parents living with parental mental ill health" training. <p>Adult Safeguarding Quality Improvement Initiative</p> <p>A quality improvement action plan remains in place in two of the acute mental health units - Shannon Clinic and the inpatient unit AMHIC following RQIA inspections where safeguarding issues were noted. This was in respect of staff training in Adult Safeguarding as per mandatory requirements, incidents are reviewed to ensure safeguarding referrals are completed, all meetings have adult safeguarding as a standing agenda item and ensuring that safeguarding referrals are dealt with in a timely manner by Line Manager and forwarded to DAPO as appropriate. Adult Safeguarding boards are in place on each ward with an adult</p>

	safeguarding flowchart and aide memoire of an adult safeguarding referral to assist staff and ensure they are aware of safeguarding reporting procedures. Trends and analysis of safeguarding incidents are reviewed for learning and service improvements within all mental health units and discussed in governance meetings.
2.5	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.
	<p>During the reporting period Mental Health core team staff have increased face to face contact with Mental Health service users in provision of adult safeguarding investigations as lockdown measures have decreased. Isolated COVID outbreaks however continue to be an issue for IO staff in completing safeguarding investigations in care home and supported living settings at times. Care Home referrals were noted to have decreased at the beginning of COVID in 2020, however current numbers are in keeping with pre-COVID data within teams.</p> <p>The bi-annual Mental Health Adult Safeguarding Team audit completed March 2022 illustrated good compliance with current processes in regard to investigation procedures. Moving to completion of APP documentation on PARIS, will support mandatory completion of the detail required on APP documentation, and IO, DAPO's and Line managers will not be able to progress documentation without completion of required mandatory information, improving standards and assisting in collation of delegated statutory functions and safeguarding analysis. The Mental Health Adult Safeguarding team continues to promote improvements in the use of the correct thresholds for safeguarding so that data collection correctly reflects the level of safeguarding completed.</p> <p>The Mental Health service area continue to complete a word version of the ASP safeguarding documentation and had historically never been set up on PARIS for use of the ASP suite of forms. With the APP documentation being developed on PARIS for protection investigations, all Mental Health staff will now require full training in the use of PARIS for safeguarding and for the use of the APP documentation. This training is proposed to be completed by June 2022 across all service areas. In addition, while all areas are required to report on protection cases only for DSF reporting, Mental Health continue to complete a higher level of Adult at Risk of Harm investigations than protection investigations. There is currently no documentation developed to date to record the safeguarding response for Risk of harm investigations however discussions are ongoing regarding the development of specific</p>

	<p>documentation for these alternative to protection investigation responses.</p> <p>Deficits remain within therapy teams for IO and DAPO trained staff resulting in trained staff having to be identified within the wider service area at times for safeguarding investigations. All service areas continue to be encouraged to consider internal workforce planning to ensure appropriate numbers of IO trained Band 6 and Band 7 DAPO trained social work staff to fulfil the adult safeguarding role.</p> <p>MARAC referrals within Mental Health service area has increased in the reporting period, with a number of appropriate referrals being made to r to MARAC. MARAC cases are proposed to be assessed within the threshold of protection and there are plans for all cases discussed at MARAC to be offered a safeguarding response. There are a number of people referred to MARAC with a history of mental health issues, however most of these cases are either closed to Mental Health, have been referred for assessment and have not attended, or following assessment have no mental health diagnosis or needs. A significant number of people referred to Mental Health can be signposted to a voluntary agency who can meet their presenting needs. If all cases discussed at MARAC are to be offered a protection response, this will impact significantly on mental health given that most referrals to MARAC are not currently open cases. The Mental Health Adult Safeguarding Team also do not have the capacity to undertake this role, as it is not and was not established as a Gateway service and has no IO's. While the Social Work Development Leads' role has an element of DAPO role, this is a small part of their position. There is a recent proposal to develop a specific post for a MARAC Lead for the whole of BHSCT, currently each service area has a MARAC Lead within their area. IO's and a DAPO would be required to support this role for proposals of offering a safeguarding protection response to known or previously known referrals.</p> <p>Joint Protocol investigations and the numbers of PIA interviews and ABE interviews continue to decrease within Mental Health due to police thresholds for Adult Safeguarding investigations. As a result, only one member of staff was put forward for ABE training in January 2022. It is proposed that Belfast Trust operate a pool of trained ABE staff across all service areas. New DAPO staff have been trained in Joint Protocol for referring adult safeguarding cases and consultations with CRU.</p>
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MAHI - STM - 129 - 993
Carol Diffin EDSW
Eileen McKay (Deputy Executive Director of Social Work)

Pam Borland (Interim Divisional Social Worker for OPS, Hospital, Intermediate Care and Adult Safeguarding)

Fiona Rowan (Interim Divisional Social Worker for Physical and Sensory Disability, CREST, Commissioned Services, CMHTOP)

Karen McCall
(Service Manager for Adult Protection Gateway Team)

Joanne Black
(Service Manager for Intermediate Care)

Martin Morgan
(Service Manager for Hospital Social Work)

Fiona McKinney
(Service Manager for OPS)

Louise Radcliffe
(Service manager for CMHTOP)

Clodagh O'Brien
(Homecare Service Manager)

Eamonn McErlane
(Interim Service Manager for PSD)

Olivia Clarke
(Service Manager for CREST and Commissioned Services)

Assistant Service Manager – Roberta Myers

Assistant Service Manager – Sandra Cullen

Assistant Service Managers- Kevin Duffy
2 vacant posts

Assistant Service Managers-
J. Lookka (North Locality)
J. O'Neill (West Locality)
Z. McCullagh (South Locality)
K. McCrudden (East Locality)

Assistant Service Manager – vacant post

Martin Adams

Assistant Service Managers-
D. Quinn (Community SW & Sensory Support)
O. Conway (Care Management)
Vacant Post (Day Centres)
M. Shannon (Comm. Brain Injury)

Assistant Service Managers- Anna Kirkpatrick (CREST)

DAPOs (B7)
S. Darragh-McNally, J. Atchison, TL. Allen, AM Lyons & D. Quigg.

Senior Practitioners (B7)
C. Richards, T. Conlon & E. Mullen.

Senior Social Workers (B7)
A. Ruddy, F. McCullough, E. Sloan, K. O'Grady, T. Walsh, AM Boyle, L. McConnell, L. Labrooy.

Senior Practitioners (B7)
M. Campbell, M. Armour, G. Stitt, E. McLaughlin, A. McCahey, H. Irvine, J. Scott, R. Brady-Moyes, H. Barnes, K. McBride, L. Garland, K. Mallon, M. Holland, F. Auld.

Senior Practitioners (B7)
A. Murphy
Vacant post (DAPO)

Senior Practitioners (B7)
M. Dunn, A. Hunter, A. Best, K. Doole, Care Managers & Day Centre Managers.

Senior Practitioners (B7)
C. Connor & M. Duffy (CREST)

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Adult Community and Older Peoples Service (ACOPS)

2.1	<p>Named Officer responsible for professional Social Work</p> <p>Ms Pam Borland and Mrs Fiona Rowan are the Interim Divisional Social Workers for the Programme of Care.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area professional structures to the Executive Director of Social Work and onto the Trust Board.</p> <p>The Divisional Social Workers have assured the ACOPs Annual Statutory Functions Report, which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.</p>
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Please see attached Organisational Structure</p> <p>The Programme of Care for the purposes of this report covers:</p> <ul style="list-style-type: none"> ➤ Community Social Work (CSW) ➤ Hospital Social Work (HSW) ➤ Intermediate Care (ICSW) ➤ Mental Health For Older People Team (MHOPT) ➤ Care Review and Support Team - (CREST) ➤ Palliative Care and Oncology Team ➤ Acute Care at Home (ACAH) ➤ Adult Protection Gateway Team (APGT) ➤ Community Stroke Service ➤ Commissioned Services <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Across the Programme of care there are a number of vacancies at band 7 and band 8a. These are:</p> <p>Band 8A Grade</p> <ul style="list-style-type: none"> ➤ 3 WTE temporary posts to be made permanent in CSW being actively recruited, staff currently in post, need to be filled permanently for stability and succession planning.

	<ul style="list-style-type: none"> ➤ 2 WTE hospital social work posts to be filled, 1 temporary, 1 permanent, currently being recruited, no cover currently in place, difficult to fill, no success with 2 expression of interest (EOI) processes. <p>Band 7 Grade</p> <ul style="list-style-type: none"> ➤ 5 temporary staff in CSW, to be recruited to permanently in June 2022. ➤ 1 Designated Adult Protection Officer (DAPO) in MHOPT and interviews are expected in May 2022, cover currently being provided by Senior Practitioner Designated Adult Protection Officer (DAPO) ➤ For CREST, there were 2 vacant posts, both advertised, one now filled and the second being re-advertised. ➤ 1 post in Oncology and Palliative Care - Maternity leave, no cover currently, staff returning in June 2022. <p>Total current vacancies at band 7 grade = 7 being actively recruited.</p>
2.1b	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention, and professional roles (i.e. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</p> <p>Recruitment and Retention</p> <p>There are relatively low rates of vacancy in the Programme of Care but continuing challenges with staff turnover and staff moving to promotional opportunities through temporary moves such as expression of interest (EOI). The Programme of Care is actively tracking EOI posts and seeking by active recruitment to reduce the temporary nature of EOI and back fill posts by moving to permanent recruitment where possible.</p> <p>Band 6/5 Grade staff current vacancies.</p> <ul style="list-style-type: none"> ➤ MHOPT 1 band 6 vacancy failed active recruitment, will access regional recruitment list after April recruitment drive. ➤ APGT 1 post vacant, has failed active recruitment to date. ➤ CSW have 5 current vacancies which are to be recruited as part of regional recruitment in April 2022. ➤ HSW have 6.6 social work posts actively being recruited, 2 of which are specialist regional posts for Cystic Fibrosis patients. ➤ CREST current 2.4 WTE vacancy being recruited. <p>Total band 5/6 vacancies = 15 being actively recruited.</p> <p>It is anticipated that Band 6 social work posts will be filled from the regional social work recruitment programme this year. CSW have experienced high staff turnover, as social workers moved post to gain experience in other areas and take up Band 7 promotions so while posts may be filling it is with less experienced or AYE staff.</p> <p>CREST had similar recruitment challenges with 4 practitioners moving to</p>

	<p>higher bands in the MCA Central team and other service areas in the reporting period. It is anticipated that all vacant posts will be filled in the next few months. The team currently has a skill mix of 66.6% Social Work and 33.3% nursing. The impact of caseload demand and outstanding statutory reviews on the ability of the service to meet its duties is contained within the Trusts principle risk register.</p> <p>Adult Safeguarding Despite the challenges of staffing, there have been sufficient numbers of Designated Adult Protection Officers (DAPOs) and Investigating Officers (I.O.s) across the teams. Where vacancies exist, an arrangement to rotate allocation of protection cases is in place. There is currently sufficient levels of Joint Protocol trained staff to meet current demand.</p> <p>Mental Capacity Act The establishment of a central team to manage the legacy MCA work has been beneficial in ensuring the legacy work has been completed in year. The Programme of Care had been struggling without additional resource to prioritise this work in a way which would have allowed significant progress. While a sufficient number of staff are trained within the Programme of Care the creation of a central team to complete the legacy work by a dedicated staff group meant a loss of 10 experienced staff from core services and this has had a significant impact on other areas of work. The regional recruitment programme has not fully addressed this challenge, as often the newly recruited staff lack the experience required to undertake this role.</p> <p>Approved Social Workers The Trust takes a corporate position in relation to the Approved Social Worker role and is reported on within the Mental Health Statutory Function Report. The Programme of Care currently has 6 qualified ASWs in post who also support the daily rota required for Trust wide cover. The training and development of ASW staff in this area is challenged now as the ASW group of staff are recently qualified and are not in a position to mentor trainees or support the academic and practice assessment processes.</p> <p>Social Work Governance Team The Programme of Care has 2 WTE funded Principal SW (PSW) posts and 1 SW Governance Lead post. 1 PSW post and the SW Governance lead post have been vacant for 6 out of the past 12 months. This has had a significant impact on the routine management of audits and associated actions plans, training and development work and staff support. Both posts have just recently been recruited.</p> <p>The Social Work Workforce Strategy Steering Group has been set up to manage a number of work streams to look at all aspects of social work staff recruitment and retention in line with regional work. The work streams included are:</p> <ul style="list-style-type: none"> ➤ Creating the Environment
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	<ul style="list-style-type: none"> ➤ Supporting our Workforce ➤ Ensuring Sufficient Capacity ➤ Creating an Interest in the Profession
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2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</p> <p>NO</p> <p>If not, outline the remedial action taken to address this</p> <p>The programme of Care is not fully compliant with the Regional Supervision Policy. There has been limited compliance in the Community Stoke Team, 1 band 6 SW in post in this MDT. This issue has now been resolved with an aligned band 7 from SW Governance Team providing 3 monthly professional supervision.</p> <p>Across the Programme of Care, the average compliance with the required frequency of profession social work supervision is 70%. The two main reasons for supervision not occurring within the required timescales are staff sickness and work pressures.</p> <p>The Acute hospital sites have experienced temporary but significant difficulties with compliance particularly in the summer of 2021. This was due to the combination of work pressures and staff leave/sickness. This was resolved in the subsequent months as staffing levels have improved.</p> <p>Electronic exception reporting is in place across the Programme of Care so any gaps can be identified early and plans put in place to support compliance with supervision.</p> <p>The Programme of Care welcomes the new Regional Supervision Policy and feel that it provides a much needed flexibility in approach. From March 2022, Social Work Teams have been developing action plans for the implementation of the new Policy. The Deputy Executive Director of Social Work, in conjunction with the Training Team provided both awareness sessions on the new supervision policy and support to teams in developing local action plans. A mixed approach of both group and one to one supervision is being adopted as per agreement between the line manager and Social Work team.</p> <p>There are arrangements in place to monitor compliance with supervision, through a monthly exception reporting arrangement.</p>

2.2b	Please confirm if the Programme of Care is utilising a Caseload
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	<p>Weighting tool.</p> <p>No the Programme of Care is not utilising a Caseload Weighting tool.</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>There are a range of measures in place in each service area to support the systematic management and stratification of case work allocation. There are plans in place to within each service area which support the day to day management of the service to ensure critical work is prioritised. There is ongoing refinement of the use of this tool as practice becomes more embedded.</p> <p>Across the Programme of Care there are broad arrangements in place to keep the management of case work under review through:</p> <ul style="list-style-type: none"> ➤ Supervision ➤ Caseload analysis ➤ Triage and Allocation systems ➤ Use of bank and agency staff to reduce unallocated work at any point in time. ➤ Regional Recruitment ➤ Additional Hours/Overtime/Covid 19 Payments <p>More specifically within large volume areas of the Programme of Care:</p> <p>CSW</p> <ul style="list-style-type: none"> ➤ The service area implemented a risk stratification tool in response to Covid 19 pressures. This risk stratification has now been developed to ensure all high risk cases (identified as RED) are risk assessed and monitored monthly. This process also informs caseload allocation. ➤ CSW has a number of unallocated cases which are tracked and monitored. These have been assessed as low level and requiring a Social Care Co-ordinator to monitor. ➤ CSW is currently undertaking a Diagnostic Scoping process. This is in recognition of the multiple challenges facing the service. The challenges range from the volume and complexity of work to the relative lack of practice experience in the teams. The aim to ensure that systems and structures across the service area are safe, effective, efficient, and equitable. It will involve analysis of caseloads, tasks, workforce, and interfaces and may indicate a need for changes to how the teams currently operate. The Service Manager and SW Governance Team are working through an action plan, which includes staff engagement and regular meetings with TU colleagues. <p>APGT</p> <ul style="list-style-type: none"> ➤ The central team continue a duty system to act as a central point of
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	<p>referral for the Programme of Care, including external referrals and all adult external regulated facilities.</p> <ul style="list-style-type: none"> ➤ Continue to provide a protection response to adults who are deemed to be in immediate risk when referred via duty system. ➤ Continue to screen, allocate, ensure protection planning, transfer and signpost all referrals received on duty ➤ Continue to act as the central area to manage Adult Protection Investigation within APT ➤ Complete home visits where risks are such that there is an immediate requirement to do so and risk assess before completing. ➤ Screening processes to continue within a framework of risk assessment. ➤ Continue to provide ABE / PIA interviews in line with joint agency protocols and maintain MARAC work. ➤ Ensure ongoing information sharing with teams (at all surge levels) ➤ Monitor business continuity plan and staffing levels and report to daily programme wide safety huddle. <p>HSW</p> <ul style="list-style-type: none"> ➤ Workforce demand and capacity is overseen by Band 7 and Band 8A managers. The managers maintaining daily oversight of case management via a team database and specific service pressures on staff such as in hospital escalation and major incident planning events. The Service area report staffing levels and emerging risks to the collective leadership team on a daily safety huddle call. ➤ The service has implemented its Business Continuity and Surge Plans twice in the reporting period in response to 1. Covid 19 Impact on Staffing at an acute hospital site and 2. Major Incident and Hospital Escalations affecting referral spikes and increased demand for more timely discharge planning. ➤ The service has utilised the MS Teams platform in the creation of a vigilance database for all hospital Social Work teams to update patient information from core to weekend teams to provide a priority based - clear, accurate discharge handover information. This is a RAG Coded database including highlighting safeguarding matters. <p>CREST</p> <ul style="list-style-type: none"> ➤ All cases are dynamically risk assessed and since January 2022 are reporting monthly on compliance with arrangements to manage high-risk cases. ➤ High risk care reviews and cases are aligned to practitioners. ➤ Medium to low risk cases are managed on a day to day basis by duty system. There are systems in place to prioritise urgent care reviews at daily safety huddles, which is led by Senior Practitioner ➤ A fortnightly meeting led by Assistant Service Manager to review care, review activity allocation, referrals, data in relation to performance ➤ Governance process in place to review care homes on a weekly basis to include incidents. ➤ Incidents that are considered moderate and above are discussed at
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	<p>weekly Live Governance Meetings chaired by a member of the collective leadership team.</p> <ul style="list-style-type: none"> ➤ Service Contingency and Business Continuity Plans are in place <p>CMHOPT</p> <p>While CMHOPT does not apply a caseload-weighting tool, during this period they have implemented a risk stratification tool to identify high, medium, and low risk cases. The utilisation of this tool informs caseload allocation and is outlined at the beginning of this section. CMHOPT currently has sufficient staffing to meet referral demands.</p>
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2.3	<p>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.</p> <p>Internal monthly Audit-Compliance with Care Management Standards</p> <p>The Programme of Care commenced a monthly audit on assessment for all service users placed in temporary/permanent nursing/residential facilities from October 2020-April 2021.</p> <p>Findings for improvement:</p> <ul style="list-style-type: none"> ➤ Sufficient evidence of recording consent for referral, this is implied but not clearly documented.
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- Sufficient evidence of recording Service User consent for Assessment
- Full compliance with a pre-admission assessment for care home placements, ensuring consistent high standard of information informing the decision.
- Recording of human rights based decision making in care home admissions.
- Information indicating that care plans reflect the change in circumstances and notified to all relevant parties.

There is an action plan in place to address areas requiring improvement, the measurement of progress has been hampered by the deficit of staff in the governance team. It is anticipated that the audit cycle in place will be able to get back on schedule with ongoing Care Management audit prioritised.

Unmet Need monthly audit

- CSW have engaged in a monthly audit of unmet need since December 2021 to ensure accurate levels of need for service users with no care package or needing additional hours. This helps to ensure data cleansing and services targeted at those in greatest need.
- The service area facilitates a twice-weekly priority call for social work staff to escalate those service users identified as high risk who require a domiciliary service.
- 31st March 2022 there were **6030.45** total hours on the unmet need list which means **896** people are waiting for a package or part package of care. This remains an area of immense challenge and is on the Trusts principle risk register.

There is an action plan in place to address areas requiring improvement

Supervision Annual Internal Audit

The annual supervision audit has identified a number of areas for improvement including the need for a more flexible approach and supervision, which is more bespoke to specialist areas. The adoption of the new supervision framework will address the need for specialist service areas to have a more bespoke supervision tool.

Procurement and Management of Domiciliary Care Contacts BSO Audit

This audit was published 28th March 2022 initial feedback indicates limited assurance with part of the challenge around the validation processes. There is an electronic solution in place to validate care staff times visits and the validation of visits in a person's home relies on staff signature. This validation process relies on staff and service user/family reporting until an electronic solution is in place. Given the action plan and issues raised regarding compliance with the annual review process this continues to present a challenge in ensuring monitoring of care plans and commissioned care.

Mental Capacity Act BSO Audit

The audit completed via Mental Health Service who hold management responsibility for the delivery of the central MCA service. The Programme of Care contributed to the information required. No additional information sought and audit outcome was deemed satisfactory.

Safeguarding Training Audit

Information provided at 2.5

Direct Payments

In response to the challenges presented in Older Peoples Services in respect of the low uptake of Direct Payments under Self Directed Support the Programme of Care are jointly working on a project with Connected Community Hub and Tullamore local community partnership in West Belfast. Handing budgets over to service users and facilitating service users' management of social care budgets is a powerful example of service user empowerment. The project is being academically evaluated by the University of Ulster. After a faltering start mainly due to the SW staffing levels in this particular area of the city there are signs now of good progress being made.

Carers assessments

There has been an increase in the number of carer's assessments being completed this year in part as a result of CSW remote assessment project. The offering and uptake of carer's assessments does however remain low relative to the number of carers who are represented in the service area. The Programme of Care will support the Trust wide audit of carer's assessments in 2022/23 and looks forward to the implementation of the Carers Conversation as the standard assessment tool.

Stepdown to Recovery Service Mullan Mews

Planning for a proposed pilot project started in February 2022 to facilitate timely discharge from hospital for people who are delayed due to awaiting a domiciliary package of care. Stakeholder engagement includes, BHSC staff, Trade Unions, Clanmil Housing and Supporting People.

Memory Services National Accreditation (MSNAP)

MSNAP accreditation was successfully maintained within CMHOPT and Psychiatry of Old Age in September 2021.

Service User involvement

The Programme of Care have sought to embed the inclusion of service users and their carers throughout strategic areas of development. There is service user and carer representation in the following steering groups:

- Care Home Modernisation Steering Group
- Self-Directed Support

- Older People's Reform Group
- Local Engagement Partnership
- Day Centre User and Carer Groups (which are linked to Day Centre Remobilisation Group)

The Programme of Care have accessed a 'Readers Panel', which is made up of service users and carers who have reviewed and advised on public facing documents. This group is led by the Trust Involvement and Partnership Officer. In 2021/22 the group reviewed information for service users, families, and carers including the Best Interests Leaflet and the Going into a Care Home Booklet leading to improvements in both documents.

The Programme of Care continue to be involved in promoting 10,000 Voices across the area.

2.4	<p>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.</p>
	<p>SAI There has been particular learning from SAI 19/090 as reported last year regarding a sexual assault in a care home setting. A particular area identified has been staff understanding of police powers. The programme of care has in particular benefited from the appointment of SM to safeguarding of a person with particular skill and knowledge PPANI and MARAC processes. The agreed action plan was completed in the reporting period.</p> <p>SAI Level 3 20/045 was published 28th March 2022. Given that this is a very recently published report the Programme of Care had an action plan in place from the draft report and initial learning. There are implications for the discharge of statutory functions including enhancing arrangements to audit, monitoring and support functions in Nursing Homes. The Programme of Care has worked through a series of early learning particularly in relation to the management of residents' finances and escalation of concerns re poor care.</p> <p>Mental Health Review Tribunal There has been one tribunal hearing in year, the Review Tribunal continued to support the Trust position that Guardianship has provided the framework to ensure compliance with medication. The Programme of Care can also report that this person has since been discharged from Guardianship as the medication regime changed and a depot injection is no longer required.</p> <p>Mental Capacity Act Review Tribunal The Programme of Care have continued to work with the Review Tribunal Service and have completed 150 rule 6 reports and attended 9 Oral hearings. This has been additional work without any additional resource and represents a significant and ongoing pressure in the Programme of Care.</p> <p>Continuing Healthcare - Judicial Review The Programme of Care is presently preparing for a Judicial Review hearing in June 2022 regarding Continuing Healthcare. This has remained an area of considerable challenge and a number of complaints. The Programme of Care is working with regional colleagues to ensure a consistent approach while awaiting the outcome of this Review.</p> <p>RQIA Inspections for:</p> <p>Statutory Residential Care Homes:</p> <ul style="list-style-type: none"> ➤ Killynure House – RQIA inspection January 22 – 1 QIP identified

	<p>in respect of recruitment of staff.</p> <ul style="list-style-type: none"> ➤ Bruce House – RQIA Inspection February 22 – no QIP identified, 2 areas carried over from previous inspection which included medication. ➤ Orchardville House – RQIA inspection March 2022 – awaiting RQIA report – early indicators no QIP identified. <p>Supported housing</p> <ul style="list-style-type: none"> ➤ Sydenham Court – RQIA inspection Nov 2021 – No QIP identified ➤ Hemsworth Court – RQIA inspection July 2021 – No QIP identified ➤ Cullingtree Meadows – RQIA inspection January 2022 – No QIP identified ➤ Fairholme – RQIA inspection February 2020 – NO QIP identified ➤ Mullan Mews – RQIA inspection August 2021 – 1 QIP identified in respect of robust Reg 23 reporting and feedback from staff and service users and families. <p>Day Centres</p> <p>Within the Programme of Cares' Day Centres, there have been nine RQIA inspections within the reporting period; taking place in:</p> <p>Mount Oriel Day Centre Grove Day Centre Glencairn Day Centre City Way Day Centre Ballyowen Day Centre Woodlands Day Centre Beech Hall Day Centre Carlisle Day Centre</p> <p>All inspections were exceptionally positive in terms of care provision and governance standards. There was one Quality Improvement Plan for Ballyowen Day Centre in relation to safeguarding training for domestic support staff. Overall, the Trust was commended by RQIA for the quality of care throughout the Covid 19 pandemic.</p> <p>Remote Carers Assessment and Support</p> <p>This has enabled a 48% increase in the assessments completed in 2021/22 and a 47% increase in the referrals from the previous years.</p> <p>The Carers Conversation Wheel is being introduced over the next reporting period.</p>
2.5	<p>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.</p>

The findings from Home Truths and subsequent reports issued as part of the Independent Whole Systems Review into Dunmurry Manor continue to impact on the Trust as a whole and safeguarding in particular. The Trust are reviewing all safeguarding systems with a focus on:

- Safeguarding in the acute hospital setting. Actions taken to support the prompt escalation of safeguarding concerns arising in the setting includes the appointment of an interim safeguarding nursing lead to support the understanding and escalation required amongst medical colleagues.
- Consistency of approach across all service areas thresholds and reporting. Actions taken to address this include the implementation of a governance meeting to triangulate information in care homes between incidents, safeguarding, and going forward enhancing communication with safeguarding champions in the care home setting.
- Community colleagues have had particular challenges highlighted in several cases since January 2022 which are now the subject of SAI processes. The management of adults at risk of harm has highlighted issues regarding the escalation process, and the distinction between quality response and safeguarding.

Adult Protection Gateway Service

- The challenge for the central safeguarding team continues to be as noted in last year's report the percentage of cases which do not meet the threshold for adults in need of protection investigations. 995 or 58% of referrals received by the central team were either screened out or transferred. This significant activity at the entry point to the service impacts on the Teams ability to respond to appropriate referrals, screened as meeting an Adult Safeguarding threshold, in a timely and appropriate manner.
- Screened out referrals still require a level of activity to follow through on a duty of care and due diligence. These referrals often require advice, guidance and/or re-direction.
- Significant numbers of screened out referrals are 'Welfare concerns'. The current pressures occurring elsewhere in the system will inevitably lead to an increase in welfare concern activity for APGT.
- Service continues to analyse data and activity levels and escalate through daily safety huddle and ongoing liaison with PSNI regarding referral pathways and 'welfare referrals,' that do not meet threshold for Adult Protection Investigation. Review of referral pathways for Care Homes and Nursing Homes. Identified need to support DAPO's across the Programme of Care in consistent screening and decision-making, to ensure all referrals are appropriate.

Community Social Work

- Safeguarding during the pandemic has presented significant challenges, particularly relating to professionals and family members having limited access to care homes to investigate and review service user's needs.

Further difficulties were undertaking investigations wearing PPE, social distancing and isolation periods associated with new admissions to care homes.

- The Trust has been awaiting the implementation of APP forms onto the PARIS system, which has taken a number of years to develop. This was due to be operational by March 2020, however with factors beyond the control of the BHSCT, including Covid19, this has not been achieved.
- The Community Social Work teams need to develop robust recording process for alternative safeguarding responses. These cases can be extremely complex and long standing and we need to ensure the documentation is clear and supports the work involved.
- The CSW teams experience significant delays when a case is referred to PSNI, usually awaiting a decision on who is taking forward the investigation. This has a huge impact on service users confidence in the process as there can be an extended period while awaiting PSNI response.

CREST

- Pre-pandemic referral rates from care homes to a safeguarding process have continued to be lower. In the early phase of the pandemic a decision was reached that the central team would take all referrals for adults at risk of harm and adults in need of protection. The referral pathways will return to pre-pandemic work flow in July 2022.
- A critical issue for the service is the sharing of information between governance, safeguarding and the safeguarding champions in the care home setting. To improve information sharing the Service Manager and Senior APGT staff review escalation issues jointly with Commissioned Services Governance staff.
- The pandemic impacted the work to promote and support the Safeguarding Champions in the care home setting, this will be re-established in 2022.

HSW

In the reporting year an additional enhanced nursing role in safeguarding (temporary) has been established at 8A grade in the hospital setting and this will enhance the profile of the safeguarding role in hospital setting. A thematic review of safeguarding in the hospital setting across a number of cases identified some difficulty in safeguarding issues being properly recognised and escalated. This is being addressed through the Adult Safeguarding Steering Group.

Safeguarding Training Audit

An audit across the Programme of Care was commenced by DSW in January 2022 and while the audit is not yet finalised some of the findings were already recognised. The roll out of adult safeguarding and refresher training for Homecare Services staff was impacted by changes during the pandemic. As a large cohort of staff of over 600, training was formerly provided in large groups

	<p>which were no longer possible during the pandemic. Staff also do not have access to IT hardware which is a challenge for remote training. An action plan is in place to mitigate which includes the provision of mobile telephones to enable access to technology for remote training programmes.</p> <p>Safeguarding Reform Steering Group</p> <p>In response to these challenges, the Trust is reviewing all safeguarding systems and structures, through the Safeguarding Reform Steering Group, commenced in March 2022 which includes Task & Finish groups focusing on;</p> <ul style="list-style-type: none">➤ Hospital➤ Governance➤ Learning and Development➤ Awareness and Experience➤ Data and IT➤ Structures
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Pam Borland (Interim Divisional Social Worker for OPS, Hospital, Intermediate Care and Adult Safeguarding)

Fiona Rowan (Interim Divisional Social Worker for Physical and Sensory Disability, CREST, Commissioned Services, CMHTOP)

Karen McCall
(Service Manager for Adult Protection Gateway Team)

Joanne Black
(Service Manager for Intermediate Care)

Martin Morgan
(Service Manager for Hospital Social Work)

Fiona McKinney
(Service Manager for OPS)

Louise Radcliffe
(Service manager for CMHTOP)

Clodagh O'Brien
(Homecare Service Manager)

Eamonn McErlane
(Interim Service Manager for PSD)

Olivia Clarke
(Service Manager for CREST and Commissioned Services)

Assistant Service Manager – Roberta Myers

Assistant Service Manager – Sandra Cullen

Assistant Service Managers- Kevin Duffy
2 vacant posts

Assistant Service Managers- J. Lookka (North Locality)
J. O'Neill (West Locality)
Z. McCullagh (South Locality)
K. McCrudden (East Locality)

Assistant Service Manager – vacant post

Martin Adams

Assistant Service Managers- D. Quinn (Community SW & Sensory Support)
O. Conway (Care Management)
Vacant Post (Day Centres)
M. Shannon (Comm. Brain Injury)

Assistant Service Managers- Anna Kirkpatrick (CREST)

DAPOs (B7)
S. Darragh-McNally, J. Atchison, TL. Allen, AM Lyons & D. Quigg.

Senior Practitioners (B7)
C. Richards, T. Conlon & E. Mullen.

Senior Social Workers (B7)
A. Ruddy, F. McCullough, E. Sloan, K. O'Grady, T. Walsh, AM Boyle, L. McConnell, L. Labrooy.

Senior Practitioners (B7)
M. Campbell, M. Armour, G. Stitt, E. McLaughlin, A. McCahey, H. Irvine, J. Scott, R. Brady-Moyes, H. Barnes, K. McBride, L. Garland, K. Mallon, M. Holland, F. Auld.

Senior Practitioners (B7)
A. Murphy
Vacant post (DAPO)

Senior Practitioners (B7)
M. Dunn, A. Hunter, A. Best, K. Doole, Care Managers & Day Centre Managers.

Senior Practitioners (B7)
C. Connor & M. Duffy (CREST)

2.PROGRAMME OF CARE SUMMARY – Physical & Sensory Disability

Please note who this return is from and what programme of care it relates to.

Programme of Care / Directorate:-

Physical Health and Sensory Disability (PSD)

The return is from Fiona Rowan (Interim Divisional Social Work Lead) and Eamonn McErlane (Interim Service Manager)

2.1	<p>Named Officer responsible for professional Social Work</p> <p>Fiona Rowan is the Divisional Social Worker for Physical and Sensory Disability Services. (PSD)</p>
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Please see attachment for Organisational Structure :</p> <p>The Service Area of Physical and Sensory Disability includes:</p> <ul style="list-style-type: none"> ➤ 2 Community Physical Health and Disability Social Work Teams ➤ 1 Sensory Impairment Team ➤ 1 Care Management Team ➤ Community Brain Injury Rehabilitation Team ➤ Community Access Team ➤ SDS Implementation Lead ➤ 14 Day Centres, including Dementia and Older Peoples', Physical Disability and Acquired Brain Injury <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Physical & Sensory Disability Vacant Posts</p> <p>Band 7 – 3 vacant posts</p> <p>Three Band 7 Senior Social Work positions are in process of recruitment.</p>
2.1b	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW,</p>

	<p>DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.</p> <p>Whilst staffing has remained stable, with a low turnover of staff at practitioner level, there have been changes at managerial level, with the departure of a long standing Service Manager, an Interim Service Manager and an Assistant Service Manager. The Service Manager position is filled on an Interim basis.</p> <p>Professional Roles :- the service area has the funded staffing level numbers of suitably qualified practitioners in place to meet its requirements for each of the following</p> <ul style="list-style-type: none"> ➤ Designated Adult Protection Officer (DAPO) ➤ Investigating Officers ➤ Approved Social Worker <p>The Trust takes a corporate position in relation to the Approved Social Worker role, and this is reported on within the Mental Health Statutory Function report.</p> <ul style="list-style-type: none"> ➤ Mental Capacity Practitioners
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2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No</p> <p>No</p> <p>Full compliance with the regional supervision framework has been challenging, particularly when the service is impacted by sick leave and Covid related absences.</p> <p>If not, outline the remedial action taken to address this</p> <p>During periods of surge in the pandemic, supervision took place in group settings. However, this was for a short period before individual supervision sessions were resumed. A blended approach was adopted to support staff who were working from home.</p> <p>From March 2022, Social Work teams have been developing service level action plans for the implementation of the new Regional Social Work Supervision Policy which supports group supervision as a means of complying with the regional guidelines. The Deputy Executive Director of Social Work, in conjunction with the Learning and Development Team provided awareness sessions on the new supervision policy and support to teams in developing action plans. A</p>

	<p>mixed approach of both group and one to one supervision is being adopted as per agreement between the line manager and Social Work team. The Divisional Social Worker has oversight of each action plans compliance.</p> <p>Arrangements are in place to monitor compliance with supervision, through a monthly exception reporting arrangement.</p>
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool</p> <p>No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Whilst the service area does not apply a caseload weighting tool, during this period they have implemented a risk stratification tool, to identify high, medium, and low risk cases. The utilisation of this tool informs caseload allocation.</p> <p>Caseloads & Workforce availability are kept under review through:</p> <ul style="list-style-type: none"> ➤ Supervision ➤ Caseload analysis ➤ Triage & allocation systems led by Senior Social Workers / Assistant Service Managers. ➤ Bank /Agency Staff ➤ Regional recruitment ➤ Additional Hours / Overtime/Covid Payments ➤ Secondments <p>An informal review of caseloads during the reporting period highlighted the growing complexity of cases in Physical & Sensory Disability as well as the volume in cases. The number of referrals has grown from 2058 in 2020/21 to 2764 (+706). This is a marked increase in the number of referrals since the previous reporting period and higher than pre-pandemic referrals.</p> <p>The larger caseloads are also increasing in complexity and risk management, much of it is concentrated within the Care Management team which is under review. This may be a temporary consequence of Covid-19 and will be monitored in the 2022/23 for workforce planning.</p>

2.3	<p>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.</p>
	<p>Internal Supervision Audit :</p> <p>The programme of care internal supervision audit highlighted mostly compliance with the regional supervision policy. (SW Supervision 72% compliance in March 2022 and has been improvement in April) Noncompliance correlated to periods of spikes in Covid absences. Action Plans are being developed across Teams to implement the new Social Work Supervision Policy in 2022. A new SW Governance Lead has been appointed who will have a significant role in strengthening supervision.</p> <p>Unmet Need (Domiciliary Care) monthly audit (commenced December 2021)</p> <ul style="list-style-type: none"> ➤ The programme of care have engaged in a monthly audit of unmet need to ensure accurate levels of need for service users with no care package or needing additional hours. This helps to ensure data cleansing and services are targeted at those in greatest need ➤ The service area facilitates a twice-weekly priority call for Social Work staff to escalate those service users identified as high risk who require a domiciliary service. ➤ March 2022, there are 62 PSD service users on the Trust's unmet need list, awaiting a package of care. Regular risk stratification from the key worker and management team, provide continual oversight of service user need. ➤ Domiciliary Care provision is on the Trust Risk Register <p>Mental Capacity Act</p> <p>BSO undertook an audit of Trust wide compliance with MCA (January 2022). The service area contributed to this audit and the audit outcome was satisfactory.</p> <p>Service User involvement</p> <p>The programme of care has sought to embed the inclusion of service users and their carers throughout strategic areas of development. There is service user and carer representation in the following steering groups:</p> <ul style="list-style-type: none"> ➤ Care Home Modernisation Steering Group ➤ Self Directed Support ➤ Older People's Reform Group ➤ Local Engagement Partnership ➤ Day Centre User and Carer Groups (which are linked to Day Centre Remobilisation Group)

The programme of care can access a 'Readers Panel', which is made up of service users and carers who have reviewed and advised on public facing documents. This group is led by the Trust Involvement and Partnership Officer. In 2021/22 the group reviewed information for service users, families and carers including the Best Interests Leaflet and the Going into a Care Home Booklet leading to improvements in both documents.

The programme of care continues to be involved in promoting 10,000 Voices across the service area.

Population Needs Analysis for Alcohol Related Brain Injury (ARBI)

- There is an unmet need in the number and availability of specialised services and placements for service users living with an alcohol related brain injury, both locally and regionally. The group are under 65s, often with complex needs, including ARBI
- The limited community options can lead to delayed discharges from Hospital. The lack of availability of suitable accommodation and services means service users are unable to progress through levels of care, including to and from specialist residential services. The lack of suitable placements has also led to an increase in care placements requiring 1:1 care.
- PSD have liaised with their counterparts in other Trusts to review and acquire specialised placements where available. PSD are currently undertaking a population needs analysis for this service user group, which is hoped will provide clarity and definition for future planning.

Carers Support and Assessment

- Carers Assessment figures have increased over 21/22 to 292 assessments and are close to the pre-pandemic figure from 18/19 of 315 assessments.
- The Carers Conversation Wheel is being introduced in 2022

2.4	<p>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.</p>
	<p>RQIA Inspections for Physical & Sensory Disability (PSD) Three PSD Day Centres were inspected by RQIA within the reporting period; taking place in</p> <p>Beech Hall Day Centre Island Resource Centre Woodlands Day Centre</p> <p>The inspections were exceptionally positive in terms of care provision and governance standards.</p> <p>Number of QIPS None</p> <p>SEA / SAI / SCMR One SAI was commenced by the PSD service during the last 12 months. This is ongoing.</p> <p>Court Orders Physical and Sensory Disability Services are currently in the process of seeking a Declaratory Order in relation to a case following a direction from the Mental Capacity Review Tribunal.</p> <p>As part of the Care Home Modernisation Group, the programme of care has reviewed CPEA Report, Evidence Paper 5 and are taking forward a number of aspects from the document:</p> <ul style="list-style-type: none"> ➤ Primacy of Home through a Task & Finish Working Group ➤ Proposal for expanding independent advocacy into quality assurance for Care Homes ➤ Explore role for Carers Co-ordinator with Commissioned Services ➤ Review Trust Statements of Purpose for statutory accommodation based services <p>Annual Care Home / Domiciliary Care Review Compliance :</p> <ul style="list-style-type: none"> ➤ PSD have 106 outstanding domiciliary and care home reviews (8 Care Home, 98 Domiciliary Care) ➤ This presents a risk to service users and carers, in relation to the delay in reviewing care needs and potential for unrecognised change or deterioration ➤ There is an Action Plan in place to achieve compliance with this statutory function.

2.5	<p>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.</p>
	<p>Physical and Sensory Disability Services have discharged their statutory duties in relation to safeguarding.</p> <p>The findings from Home Truths and subsequent series of reports issued as part of the Independent Whole Systems Review (CPEA) into Dunmurry Manor, including safeguarding, continue to inform on the Trust as a whole.</p> <p>The challenges within the programme of care have been</p> <ul style="list-style-type: none"> ➤ Adult safeguarding during the pandemic has presented significant challenges, particularly relating to professionals and family members having limited access to care homes to investigate and review service user's needs. Further difficulties related to undertaking investigations including social distancing and isolation periods associated with new admissions to care homes which staff have mitigated through virtual meetings and use of PPE. ➤ Day Care attendances were impacted by the social distancing guidelines for Covid-19, which impacts on service users, families and carers. Re-build plans are being developed and all service users have a minimum of one day attendance with additional days for those based on risk and assessed need, including carer support. ➤ Consistency of approach across all services areas in safeguarding thresholds and reporting. Actions taken to address this include the implementation of a governance meeting to triangulate information in care homes between incidents, safeguarding and going forward enhancing communication with safeguarding champions in the care home setting. ➤ Teams can experience significant delays when a case is referred to PSNI, usually awaiting a decision on who is taking forward the investigation. This has a huge impact on service users confidence in the process as there can be an extended period while awaiting PSNI response <p>In response to these challenges, the Trust is reviewing all safeguarding systems and structures, through the Safeguarding Reform Steering Group, commenced in March 2022 which includes Task & Finish groups focusing on;</p> <ul style="list-style-type: none"> ➤ Hospital ➤ Governance ➤ Learning and Development ➤ Awareness and Experience ➤ Data and IT

➤ Structures

Adult Protection Gateway Team (APGT)

The challenge for the APTG team continues to be the percentage of cases which do not meet the threshold for adults in need of protection investigations.

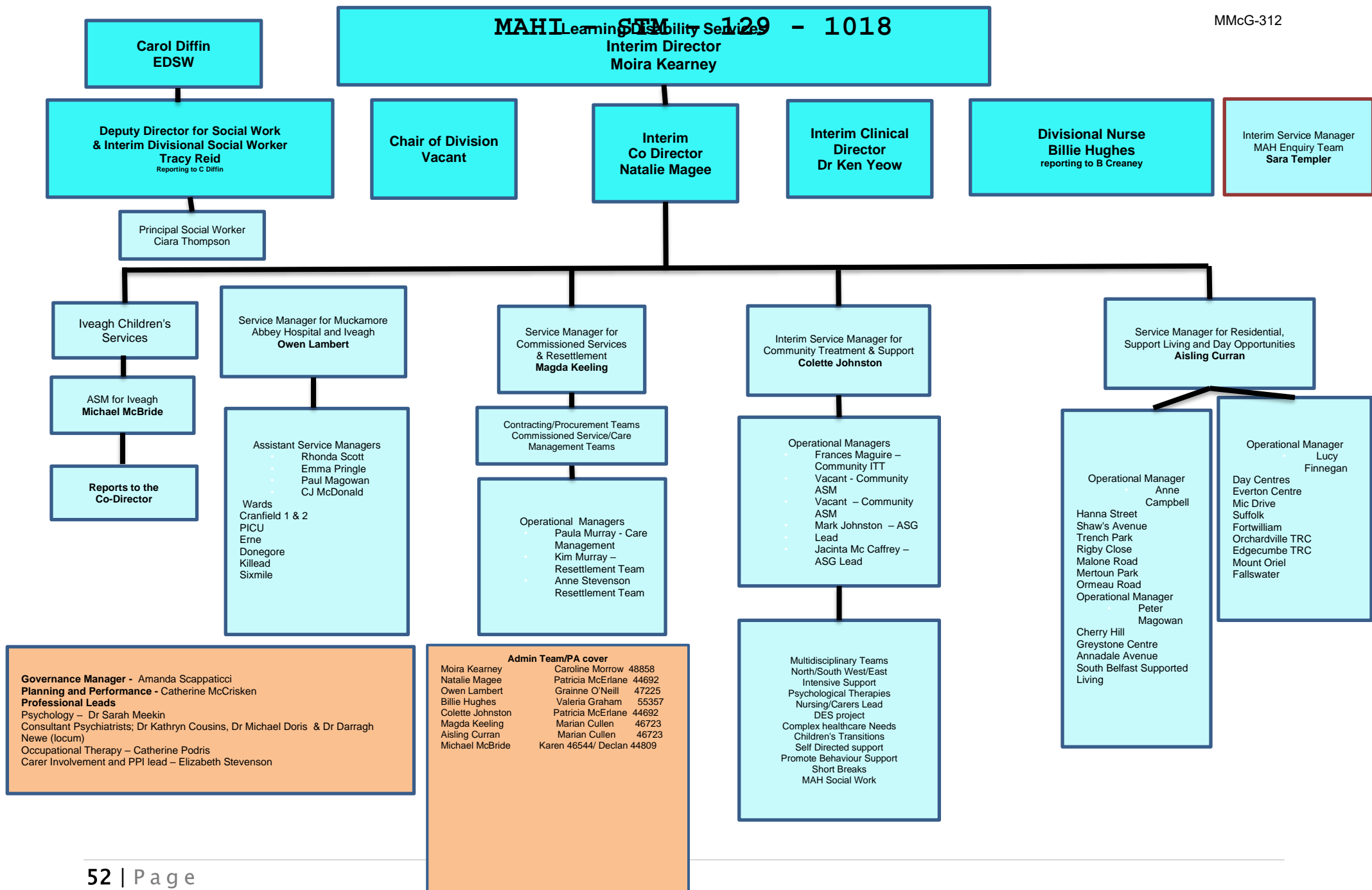
995 or 58% of referrals received by APTG were either screened out or transferred.

This significant activity at the entry point to the service impacts on the Teams ability to respond to appropriate referrals, screened as meeting an Adult Safeguarding threshold, in a timely and appropriate manner. Screened out referrals still require a level of activity to follow through on a duty of care and due diligence. These referrals often require advice, guidance and/or re-direction.

Significant numbers of screened out referrals are 'Welfare concerns'. The current pressures occurring elsewhere in the system will inevitably lead to an increase in welfare concern activity for APTG.

Actions to mitigate include:

- The service continues to analyse data and activity levels and escalates through to the senior management team via safety huddles and ongoing liaison with PSNI regarding referral pathways and 'welfare referrals,' that do not meet threshold for Adult Protection Investigation.
- Review of referral pathways for Care Homes and Nursing Homes
- Identified need to support DAPO's across the programme of care in consistent screening and decision-making, to ensure all referrals are appropriate.
- Plans are in place to return the APTG service in July 2022 to the pre-pandemic pathway, where referrals go directly to the Team involved and only those meeting the threshold for APTG are escalated for investigation



Programme of Care / Directorate:- Learning Disability
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2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Progress made in relation to recruitment During this reporting period the Division has been significantly challenged in relation to vacancies in key roles within the professional structure for Social Work. In addition to actively working to fill key posts the Division intends to commence a process to review the professional Social Work structure in Learning Disability, with a view to strengthening and stabilising the professional structure going forward. Key recruitment progress made in relation to the professional structure</p> <ul style="list-style-type: none"> ➤ 1x 8B Social Work Service Manager with responsibility for the Community Teams, Hospital Social Work and Adult Safeguarding has been successfully permanently recruited in February 2022 ➤ 1x 8A Principal Social Worker successfully permanently recruited and commenced post February 2022 ➤ 2x 8A Adult Safeguarding Leads have been successfully recruited. One of these posts is permanent and the other has temporarily been recruited for 6 months ➤ 1x 8A ASM (Social Work) post has been successfully recruited through an EOI and has been advertised on a permanent basis through BSO, with interviews planned in late April 2022. ➤ By March 2022 all Band 7 Team leader posts for Community Teams were vacant. All of these posts have been successfully recruited to, on an EOI basis. Two Team Leaders are in place, with the remainder coming into post in May 2022. The Division is working to permanently recruit all posts. ➤ 1x SSW Band 7 post in MAH will become vacant in May 2022 and this will be backfilled through an EOI, which has been successfully appointed to ➤ 1x 0.5 B7 SW in Iveagh although permanently vacant, it is currently covered by agency with permanent recruitment processes underway. ➤ 3x Senior Practitioners Band 7 have been appointed to undertake DAPO responsibilities (Temporary).These Senior Practitioner

	<p>posts are currently being progressed through HPRTS to be recruited permanently.</p> <ul style="list-style-type: none"> ➤ Additional funding had been secured through IPTs to permanently recruit an additional Senior Practitioner Band 7 with DAPO responsibilities and 2 SW Band 6 with Investigating Officer responsibilities.
2.1b	<p>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.</p> <p>1. Community and Hospital Social Work recruitment</p> <p>There are no vacancy controls in place in relation to Social Work posts within Learning Disability.</p> <p>During this reporting period, the Division has lost a significant number of permanent Band 6 Social Work staff in Community Teams, the impact of which has been exacerbated by the loss of Community Team Leaders. For a period of time the Teams have been in Red Business Continuity, and have recently moved to Amber. These staffing challenges have impacted upon the ability of the service to respond to low level cases, to allocate low to medium risk cases and to undertake normal assessment and review processes.</p> <p>The actions that the Division has taken in relation to this are:</p> <ul style="list-style-type: none"> ➤ Risk rating of all Social Work cases within Community Social Work has been updated. ➤ Business Continuity Plan has been reviewed and activated. ➤ All opportunities to recruit through EOI, utilisation of agency staff, offers of additional hours and workforce appeal have been optimised. ➤ All requisitions are in place with the regional recruitment process, with a view to seeking to permanently recruit to all vacancies. This is being supported by a Divisional wide recruitment drive by HR, promoting Learning Disability as an attractive place to work. ➤ Senior Management engagement sessions with staff have occurred to support staff to remain within their post. ➤ All leavers over the past year are to be offered exit interviews to understand recurrent themes in relation to staff leaving.

- An HR working group is being established, with a dedicated fulltime HR resource to support the Division in relation to recruitment processes and ensuring timely on-boarding.
- The Division is commencing work to review the workforce model of Community Teams. The purpose of this is to review the number of designated Social Work and Senior Social Work roles required to deliver a sustainable, safe and effective service, which is responsive to changing service user needs. This will also include consideration of the role of Care Management.
- A two day Induction programme specifically focused on Social Work in Learning Disabilities services is currently being developed, along with site specific Induction to support new staff coming into post.
- Social Work vacancies are reported on Divisional Risk Register.

Within Hospital Social Work, which has responsibility for Muckamore Abbey Hospital and Iveagh Ward, there has also been a significant loss of Social Work staff. This service is currently in Red Business Continuity, with further staff to retire in May 2022.

- Business Continuity Plan has been reviewed and activated
- An EOI has been successful in recruiting to Team Leader post who will commence in post in May 2022
- All opportunities to recruit through EOI, utilisation of agency staff, offers of additional hours and workforce appeal have been optimised
- All requisitions are in place with the regional recruitment process, with a view to seeking to permanently recruit to all vacancies. This is being supported by a Divisional wide recruitment drive by HR, promoting Learning Disability as an attractive place to work
- All leavers over the past year are to be offered exit interviews to understand recurrent themes in relation to staff leaving
- An HR working group is being established, with a dedicated fulltime HR resource to support the Division in relation to recruitment processes and ensuring timely on-boarding
- A two day Induction session specifically focused on Social Work in Learning Disabilities services is currently being developed, along with site specific Induction to support new staff coming into post

- Social Work vacancies are reported on Divisional Risk Register

2. Mental Capacity Act (NI) 2016 Phase 1 (MCA)

The implementation of the Mental Capacity Act has significantly challenged the Division. An early scoping exercise found that approximately 647 of the 1600 community service users possibly lacked capacity to agree to restrictions within their care plan, which would be considered to amount to a deprivation of their liberty. The service area was not provided with any additional resource to meet this additional work and in the context of vacancy levels across teams, this work has been very challenging. The actions that have been taken to meet this demand are :

- MCA training was completed across the service area.
- A Learning Disability MCA Steering Group was established for the hospital and the community and a data base developed to monitor progress.
- A MCA Action Plan was developed in order to try to plan to complete all DOLS before the end of May 2021 however this deadline was not met due to a number of challenges:
 - The Band 8a appointed MCA Lead for the service did not remain in post.
 - Competing priorities for staff resulted in a lack of time to focus on MCA work.
 - A limited number of retirees agreed to return to complete DOLS and only a small number of staff agreed to do overtime
 - COVID-19 further exacerbated staffing pressures and access to sites to complete DoLS assessments.
 - Referral rates to the Review Tribunal were much higher than initially anticipated by the Department of Health and Department of Justice, putting further pressure on the HSC Trusts.
 - The Review Tribunal required a report under Rule 6 of the Mental Health Review Tribunal Rules (Northern Ireland) 1986 for every referral which had a further impact on staffing resource.

In June 2021, the MCA Service in BHSCT formed a temporary central team to support with DoLS work. As a consequence of the impact of this team, Learning Disability are pleased to report that they are now fully

	<p>compliant with MCA requirements. Recurrent funding has been secured to recruit permanent staff to the MCA Service and recruitment is underway in relation to these posts. Learning Disability will continue to avail of the support from the Central MCA Team, whilst ensuring that staff undertake a minimum of two DoLS Assessments per year to maintain their skillset.</p> <p>3. Approved Social Work (ASW)</p> <p>The Belfast Trust take a corporate approach to the provision of the ASW resource across Divisions. However, it is recognised that the Division is limited in its support to the day-time rota at this time. The lack of qualified ASW staff within the Division continues to present challenges in respect of deficits in expertise relating to risk assessment and key legislation i.e. the Mental Health (N. Ireland Order) 1986, Mental Capacity legislation and Human Rights legislation. Thereby, the Division relies heavily upon colleagues in other Divisions to provide support in relation to these matters.</p> <p>The Division has one qualified Band 7 ASW staff who participates in the ASW day time rota, although the service has 2 ASW's in training, who are due to qualify in September 2022. The service area encourages staff to apply for places on the ASW programme to ensure there remains sufficient expertise in relation to the Mental Health (N. Ireland) Order 1986 and to reflect the new demands of the Mental Capacity Act (NI) 2016 Phase.</p> <p>4. Adult Safeguarding staff</p> <p>Challenges have emerged in relation to Adult Safeguarding staffing within the Division and these will be discussed in Section 2.5 of this report</p>
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2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework - No</p> <p>If not, outline the remedial action taken to address this</p> <p>As previously detailed, the Division has been significantly challenged in relation to the impact of a high level of Team Leader vacancy across Community Teams. This has significantly impacted upon the ability of the service area to deliver supervision during this period of time. As the reporting period concludes, the service area is in a strengthened position with two out of four Team Leaders in place, with a third to commence in early May 2022. Recruitment of the fourth Team Leader is ongoing. This</p>

	<p>will enable the service area to ensure that they are fully compliant with the new Regional Supervision Policy. A system for monitoring and reporting Supervision Compliance is now in place. In the interim during this period the following arrangements have been in place:</p> <ul style="list-style-type: none"> ➤ The 2 Service Area Senior Practitioners have provided supervision for the Band 5 AYE staff and agency staff ➤ Where the Team Leader has not been available, Social Work staff have been able to avail of group and informal supervision ➤ The recently appointed Principal Social Worker has also been supporting Social Work staff with group supervision and specialist case advice ➤ Supervision of staff has been prioritised for newly appointed Team Leaders
2.2b	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool- No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>Teams have implemented local arrangements, for the management of current capacity, demand and workforce availability. However, the Division would welcome a regionally agreed caseload weighting tool and awaits further guidance in relation to this. In the absence of the an agreed Caseload Weighting Tool the Division has implemented the following:</p> <ul style="list-style-type: none"> ➤ Whilst significant permanent vacancies across Community Teams has impacted upon the allocation of cases and the weight of caseloads, backfill has been put in place where possible through internal expression of interests or through use of agency. ➤ A risk stratification tool, which has identified high, medium and low risk cases across Community Social Work. ➤ The service area has recently established a system for reviewing caseload information on an ongoing basis. This work is to be supported by Team Leaders and the Principal Social Worker and will include regular review of the number of service users on each staff member's caseload, the frequency, type and duration of contact. This will provide an overview of the capacity of each staff member and hence inform the allocation of work.

2.3	<p>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.</p>
	<p>Muckamore Abbey Hospital</p> <p>The Division has undertaken a number of activities to support improved lived experience at Muckamore Abbey Hospital in partnership with Service Users and Carers:</p> <p>Muckamore Abbey Carers Forum</p> <p>There have been 9 Carers Forum meetings held since April 2021. At this Forum local issues in relation to the hospital are discussed and communication is shared by Hospital Managers in relation to contemporaneous issues. During this reporting period, it was noted that only a few carers were choosing to attend the Forum. A survey was completed with carers to explore how the Carers Forum could be developed and evaluate how families perceived the forum. There was a 76% response rate and over 96% wanted the forum to continue to meet. Families reported that they valued the information shared by the Forum, however due to a variety of reasons they found it challenging to attend the meeting either in person or virtually.</p> <p>Some of the outcomes from the Forum include:</p> <ul style="list-style-type: none"> ➤ Information leaflets have been developed with a carer at Muckamore and these have been shared with families. ➤ There has been 2 newsletters distributed this year updating families on activities happening at Muckamore ➤ Information sessions have been offered to families including, the role of RQIA, Adult Safeguarding and real time patient feedback. <p>Real Time Patient Feedback.</p> <p>Real time patient feedback is ongoing in the hospital whereby patients are given the opportunity to convey their feedback in relation to their lived experience, across a number of set domains. These tools have been developed specific to the communication needs of people with a Learning Disability. This information is collated and analysed independently and shared, then shared with the Senior Management Team. Some of the recurrent themes that are currently being considered relate to consistency and co-ordination of care, noise at</p>

night and access to family and friends.

Happy and Safe Project

The BHSCT commissioned the 'Happy and Safe' project from ARC NI to offer patients in Muckamore Abbey Hospital an independent space to talk about what made them feel happy and safe. Consent to participate in the project was sought from patients or their carers, if the patient lacked capacity to consent. A maximum of four sessions per patient were facilitated and tools used included graphic facilitation; Talking Mats; interactive recordings; finger spelling and general conversation. 34 patients engaged in the project. The sessions explored patients' thoughts on seven key themes including: Purpose, Freedom, Money, Home, Support, Life and Love. ARC NI produced two types of reports. The first was a patient specific report, capturing what made patients in MAH feel happy and safe. The individual patient reports were shared with the MDT to inform decision making around the patients care plan. The second was a final report, to summarise the key recurring findings from the project. There were a number of recommendations following the project around the following themes which the BHSCT are taking forward:

- Care Planning Process including review of documentation and processes
- Staffing including levels of observation, staff knowledge of care plans, training
- Available activities on and off site, including access to sensory facilities
- Resettlement including the patients journey within the hospital, communication with families, supporting patients with daily living skills
- Safeguarding activity, including activities undertaken to review trends, patterns and the efficacy of protective interventions

Community Services Carers Forum

During this reporting period, two Community Learning Disability Forums took place. These meetings are chaired by the Co-Director with an elected Carer as Co-Chair of the meeting. Carers have previously identified priority areas within the service, which they would like to see progress. This has supported the establishment of two working groups to look at 1) accommodation and 2) meaningful lives and citizenship.

- The Accommodation Group meet on a regular basis and is chaired by the service lead for commissioned services. The group are currently working on a new resource to support

families planning for their relatives Future Home.

- The Meaningful Lives and Citizenship Group is led by the service manager for day opportunities and is supporting improved communication with Carers, about day opportunities as well as considering new and innovative ways to deliver day opportunities.
- As an outworking of the Forum a Learning Disability newsletter has been developed for all individuals who reside in the community to share information about what has been happening within the service.

Mental Health (NI) Order 1986 Audit

As part of the assurance systems surrounding ASW processes, there are quarterly audits undertaken in relation to the application of Mental Health (Northern Ireland) Order 1986 processes and paperwork. The outcome of the last two quarterly audits was that within Muckamore Abbey Hospital and Iveagh Hospital there were no issues of concern identified. Good practice was highlighted with regards to:

- The quality of completion, scrutiny and processing of detention forms within Muckamore Abbey Hospital and Iveagh. This was noted to be of a high standard with a recommendation that staff should be commended.
- That all detention forms had been scrutinised within two working days and had been processed to RQIA within the five working day timeframe by administrative staff.
- Each file reviewed showed that patients had their Statement of Rights issued.

Advocacy Review

Further to recommendations from previous reviews concerning Muckamore Abbey Hospital, the Division is undertaking a review of Advocacy arrangements in both the hospital and community settings. The review is being led by Independent Facilitators from the Leadership Centre and will focus on two areas:

- Firstly, to understand the extent to which the current commissioned advocacy arrangements have the capability and capacity to deliver against the principles of advocacy as set out in the Department of Health's policy guide.
- Secondly, to make recommendations for outcome measures which the Trust could utilise, to commission and evaluate advocacy services for patients, service users and carers in the

	<p>future. This would enable the Trust to move away from the existing outputs based approach.</p> <p>The aim was to complete the review within a maximum of 3 months from date of commencement, but this has been delayed due to unexpected absence of one of the Team.</p> <p>BSO Internal Audit</p> <p>Further to the Care Management Audit in 2020 the Division has implemented a number of actions to strengthen practice, this includes:</p> <ul style="list-style-type: none"> ➤ Ensuring that Care Plans are in place for all Care Home placements, which explicitly detail Trust expectations. This now occurs for all new placements and Care Management is currently working on providing Care Plans for all historical placements, through the review process ➤ A Care Management Analysis document has been developed: one for domiciliary packages and one for placements. This document supports the analysis of assessments from a variety of professionals and provides a record of BHSCT decision making in relation to assessed needs. This document explicitly records, the service user and family views, capacity, consent and human rights implications ➤ Work has been undertaken with PARIS to create the capacity to produce more meaningful reports to support improved governance. <p>Adult Safeguarding Audits</p> <p>Two external Adult Safeguarding Audits have been commissioned during this period and these will be reported in Section 2.5.</p>
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2.4	<p>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.</p>
	<p>RQIA Inspection in Muckamore Abbey Hospital</p> <p>During this reporting period RQIA have undertaken two Inspections across the Muckamore Abbey site.</p> <ul style="list-style-type: none"> ➤ 28 July 2021 to 19 August 2021 Outcome: 3 Standards noted for improvement <p>This RQIA inspection noted that a number of improvements had been made across the Muckamore Abbey Hospital site. However, it was noted that there continues to be a shortage of staff across all professions and grades within the hospital. Particularly noted was the challenges in maintaining Learning Disability Nursing staff. RQIA recognised that staff continue to work in a difficult and challenging environment due to the historical abuse inquiry and the forthcoming Public Inquiry, but commended staff in relation to their commitment to deliver high quality services to patients. RQIA, similar to the Trust are concerned in relation to the sustainability of the hospital in view of the high dependency of agency staff.</p> <p>Arising from this Inspection the actions taken are:</p> <ul style="list-style-type: none"> ➤ BHSCT have developed a robust system for sharing information between medical and nursing staff to ensure all relevant staff are kept informed and up to date in relation to patient's general / physical health screening. A small project team has been established and are working to implement the changes across the hospital site. ➤ BHSCT is working to improve the working relationship between the adult safeguarding teams and the ward staff with a particular focus on variation in practice and decision making. It has been confirmed through the verbal update provided by RQIA that this is now met. ➤ BHSCT has commenced the development of a specific training programme for agency staff that will develop knowledge and skills to support them safely and effectively meet the specific needs of the patients within MAH

	<p>March 2022</p> <p>A further inspection has occurred in March 2022 and whilst verbal feedback has been provided by RQIA, the Trust is awaiting the Outcome Report and QIP. Verbal feedback confirmed that 2 out of the 3 actions above were met and work is ongoing in relation to the development of a specific training programme for agency staff.</p> <p>RQIA Inspections across Learning Disability</p> <p>There has been a number of RQIA Inspections undertaken across Learning Disability Community Services during this period.</p> <p>Four Daycentres in total have been inspected during this period, these include: Suffolk, Fortwilliam, Mount Oriel and Fallswater Centres. No areas for improvement were identified across the inspected Daycentres.</p> <p>Two Residential Care Homes within the Division were inspected during this period, with areas for improvement identified in both. The actions taken are as follows:</p> <ul style="list-style-type: none"> ➤ 80 Malone Road, Statutory Residential Care Home Date of Inspection: 28/10/21 Outcome: 3 Standards noted for improvement <ul style="list-style-type: none"> ➤ Care records audits have been improved to ensure that that they evidence that identified actions have been completed ➤ A system has been implemented which requires staff to sign when thickening medications or fluids are added to medication and fluids. Compliance is being monitored through audit and addressed training and supervision ➤ The registered person has now implemented a process to ensure the date of receipt of incoming medications is recorded. This will be monitored through medication audits and checks. ➤ 611 Ormeau Road, Residential Care Home Date of Inspection: 08/11/2021 Outcome: 3 Standards and 1 Regulation noted for improvement <ul style="list-style-type: none"> ➤ An estates plan has been developed for the repair and replacement of broken equipment and to ensure that external grounds are maintained and fit for purpose ➤ Staff are ensuring that residents have access to and are wearing their own footwear ➤ The Registered Manager will continue to promote safe
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	<p>and healthy working practices through the provision of information, training, supervision and monitoring of staff regarding effective infection prevention and control measures specifically in relation to the correct donning and doffing of PPE</p> <p>Two Supported Housing facilities within the Division were inspected during this period, with areas for improvement identified in both. The actions taken are as follows</p> <ul style="list-style-type: none"> ➤ Annadale, Supported Living Date of Inspection: 14/10/2021 Outcome: 2 Regulations noted for improvement <ul style="list-style-type: none"> ➤ The Registered Person has worked to make the monthly monitoring reports more thorough and robust in their analysis of the quality of the services. This action is completed ➤ Competency and capability assessments have been completed and reviewed with all senior staff to ensure that there is always a suitably qualified and competent person available to be consulted at any time of the day. ➤ Cherryhill, Supported Living Date of Inspection: 22/11/2021 Outcome: 7 Regulations and 3 Standards noted for improvement <ul style="list-style-type: none"> ➤ The Registered Person is reviewing all Adult Safeguarding, DATIX incidents and complaints, and oversight is provided through a monthly governance meeting ➤ All staff are receiving updated Adult Safeguarding Training and current compliance is 86% with staff on sick leave being prioritised for training upon their return ➤ A database has been established for mandatory training, with a new protocol implemented for booking training. The area is working to achieve compliance with mandatory training requirements ➤ A review has been carried out in relation to agency processes and a revised induction is in place ➤ The restrictive practice register has been reviewed and updated <p>Significant legal proceedings during 2021-22 pertaining to Belfast Trust patients JR -152 - The family of a service user residing in Muckamore Abbey Hospital sought a Judicial Review challenging the delay and ongoing failure by the Trust to provide the service user with a placement suitable to their complex needs.</p>
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This final Order requires the Trust to:

- Pursue the current programme involving the redevelopment of the Minnowburn site with all expediency. The Respondents' current understanding is this project should be available for occupation by late 2024. The Department will cooperate with the Trust in its best endeavours to ensure that this project is progressed with all expediency.
- The Trust will continue to explore and source any alternative suitable placement for the Applicant which meets their assessed needs. This will not affect the continuing commitment to progress the Minnowburn Project.
- The Department and the Trust will establish a small working group that will meet three times per annum (or more regularly if considered necessary) to operate as an oversight of the processes. The Department will provide feedback from the working group meetings to the Applicant's mother as soon as possible after each meeting.
- The Department will provide the Applicant's mother with the up to date working timeline for Minnowburn Project within 14 days of the Order and any revisions to that timeline as they occur.

JR 128

This Judicial Review relates to a Young Person in Iveagh who has been an inpatient since September 2018 and has been fit for discharge since February 2019. The Service User previously lived at home with family. However, given the complexity of their needs the MDT recommended that their current home was not suitable to facilitate discharge.

The case is for Review on 29 April 2022, with Hearing on 30 and 31 May 2022. The Trust has recently identified an interim solution from within its accommodation that may assist with this young person's discharge.

JR104

A JR has been brought by the Children's Law Centre on behalf of a Young Person (who is now an adult) residing in Iveagh in December 2019. These were significantly delayed and multiple options were discussed with the family including residential care options. These were declined by the family as unsuitable. The Children's Law Centre commenced proceedings in relation to Judicial Review seeking to have the trust submit a business case to assist the family in a house purchase.

	<p>The BHSCCT position is that the family home meets his needs. Also, if rehousing is required a referral to the NIHE would be made. The Trust entered into formal mediation in July 2020 but were unable to resolve the situation with the family.</p> <p>A private OT has been appointed to review BHSCCT findings that the home meets the client's needs. A report is pending.</p>
2.5	<p>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.</p> <p>Adult Safeguarding Activity</p> <p>There were 477 Adult Safeguarding Referrals over the reporting period 2021/22 compared to 364 referrals received in 2020/21. This is an increase of 31% from the previous year. Muckamore Abbey remains the highest source/origin of referral for Learning Disability Services, with 219 referrals originating from this Learning Disability Hospital. 2021/22 recorded an increase of 23.7% of incidents referred to Adult Safeguarding compared to 177 the previous reporting year 2020/21. The largest increase across all reported sources of Adult Safeguarding referrals for 2021/22 was 'Regulated Care Home' with 11 referrals originating in 2020/21 and 41 recorded in 2021/22, this is an increase of 272% compared to the previous year.</p> <p>The number of referrals screened out decreased marginally by 9%, as 2021/22 recorded 125 referrals screened out of Adult Protection processes, compared to 138 referrals screened out the previous reporting year.</p> <p>Physical Abuse remains the highest recorded category of abuse, as per previous reporting years. Physical abuse accounts for 61% of total referrals received. Psychological abuse is the second highest category of abuse, accounting for 16% of referrals. Referrals relating to allegations of neglect recorded an increase of 119%, with 45 referrals received in relation to neglect in 2021/22, compared to 21 referrals relating to neglect in 2020/21.</p> <p>Joint Protocol Activity within the Belfast Health and Social Care Trust remains low in comparison to the number of joint protocol consultations completed. Learning Disability Services completed 56 Joint Protocol consultations over the reporting period 2021/22, with only 3.9 % of referrals agreed as a joint investigation between Police and Learning Disability Adult Safeguarding. 2021/22 reporting period noted a reduction in Joint Protocol investigations commenced within Learning Disability services, with 7 recorded in 2021/22 compared to 25 recorded in 2020/21. Of the seven joint protocol investigations commenced in 2021/22, four Pre Interview Assessments were completed and two ABE interviews took place.</p> <p>Adult Safeguarding Challenges</p>

There have been extremely challenging workforce issues in the Division in relation to the Adult Safeguarding Workforce. Historically the Learning Disability Service has a limited resource of designated DAPOs and IO's resource, with responsibilities mainly delegated across Community Teams and Hospital Social Work. The impact of the staffing pressures affecting the teams as referenced in Section 2.1b has directly impacted upon the Divisions ability to conclude Adult Safeguarding investigations in a timely and contemporaneous way. This has been exacerbated by a high level of absence across staff, particularly those aligned to Muckamore Abbey Hospital

As detailed above the service area is urgently working to address the vacancy and absence issues as detailed. Currently most DAPO's in the service area are also Team Leaders/ Senior Social Workers with adult safeguarding being only a small part of their substantive posts. This puts additional pressure on them as they are also undertaking other keys functions including managing a MDT, chairing PQC meetings and undertaking roles aligned to the Mental Health Order.

Whilst it is the vision of the Trust to move to a central Adult Safeguarding service, in the interim the actions taken by the Trust are:

- The appointment of a second Adult Safeguarding Lead (8a)
- The commencement of a review into the workforce model for Adult Safeguarding in Learning Disability to ensure that there sufficient Designated Posts to meet demand
- Building capacity through the re-configuration of resource, seeking to recruit in addition to the Team Leader role, a Senior Practitioner to each team to support with DAPO role and Complex Case Management
- Developing the Investigation Officer role
- Developing business support to support reporting and analysis of trends
- Strengthening governance arrangements through the embedding of weekly huddles, a monthly Safeguarding Forum, a review of staff training needs and audit.

The Division is currently developing an Improvement Action Plan for Adult Safeguarding. Current risks are recorded on the Divisional Risk Register.

A recurrent theme across RQIA inspections in Muckamore Abbey Hospital concerns challenges in the relationships between Hospital Staff and Adult Safeguarding staff. Whilst both staff groups are working within challenging contexts, it is recognised that this is impacting upon

collaborative working and the Adult Safeguarding arrangements. There are in place a number of interface arrangements to support improved working relationships and to embed a collective vision in relation to Adult Safeguarding. These include a weekly interface meeting and a monthly opportunity to meet to discuss recurrent themes and trends across the hospital site. This is to encourage integrated working to reduce recurrent themes and improve interventions. Both Teams are currently working to improve their data collation and analysis, with the development of a partnership working Quality Improvement Project to take an enhanced case management approach to support those service users more at risk from Adult Safeguarding incidents.

Historical CCTV Adult Safeguarding investigation.

The Muckamore Abbey Hospital (MAH) large-scale historical CCTV adult safeguarding investigation remains ongoing and this continues to be an extremely complex and time-consuming investigation. From a safeguarding perspective, it is positive to note that at this stage all raw footage CCTV relating to the timeframe of the historical investigation has been viewed by either Trust or Police. In this reporting period the Adult Safeguarding team have completed raw footage viewing of Six Mile Assessment. Therefore in total the MAH Historical Adult Safeguarding team have completed raw footage viewing of PICU, Cranfield 1 & 2 and Six Mile Assessment. The viewing of Six Mile Treatment is currently in process. The two core investigation processes remain ongoing – the Police led investigation and the Trust disciplinary investigation.

In this reporting period there have been a number of additional MAH staff arrested and questioned by Police in relation to MAH Historical Investigation. The court legal processes commenced with 8 members of staff from MAH being charged with 131 offences. The court processes are still at an early stage and to date there have been a few adjournments

The Trust disciplinary investigations are ongoing and to date a number of staff have been dismissed. The disciplinary investigation process is complex and it is anticipated that there will be a number of other staff who will be subject to disciplinary investigation. The Historical Adult Safeguarding Team continues to provide information to inform both of these processes

The focus of the MAH Historical Adult Safeguarding team's work over the last year is as follows:

- View raw footage to identify incidents of concern.
- Making referrals to senior management via HR for interim protection plans and where appropriate making referrals to PSNI for Police investigation.

- The MAH Historical Adult Safeguarding team have completed viewing of the PICU incidents forwarded to them by PSNI.
- Quality-assurance of the current database is on-going, in partnership with HR team
- The team are engaged in ongoing family liaison work, with each affected family having a nominated family liaison social worker. Police also have family liaison officers appointed and there has been ongoing positive joint working in terms of liaison with families regarding the reporting of incidents of concern
- In addition, the MAH Historical Adult Safeguarding team hold cross-Trust meetings with Northern Trust and South Eastern Trust as some of the affected families are from their Trust areas
- Provide information when requested by the external disciplinary investigators

The 3-weekly Operational group meetings are still on-going, comprising of representatives from Adult Safeguarding team, HR, Senior Nurse Advisor, RQIA and PSNI. This forum provides an opportunity for discussion on key aspects of work and progress. The Review of Interim Protection Plans now forms a core element of the 3-weekly operational meeting.

In October 2021, the MAH Public Inquiry officially commenced and there have been a series of public engagement events held by the Public Inquiry team to explain their role and to encourage families and staff to come forward. The Trust have appointed a senior manager for the Public Inquiry and Trust Liaison. The Trust have established an Inquiry Oversight Group. The Trust have also established an Inquiry Information Management Group to co-ordinate and respond to information requests from the Public Inquiry Team. The Trust welcome the Public Inquiry and are providing the information as requested. This has generated a significant volume of additional work but the Trust understands the importance of this work and the need for the associated learning.

Audit Activity

Learning Disability Adult Safeguarding Audit- Sept 2021

An audit of Adult Safeguarding within Learning Disability services was commissioned by the Divisional Social Worker in response to a request by the HSCB through the DSF meeting. It was agreed, the audit would

	<p>include referrals that were screened into Adult Safeguarding for an investigation and screened out of Adult Safeguarding policy and procedures.</p> <p>The audit covered both referrals for Muckamore Abbey Hospital and Community Learning Disability teams from April 2020 to June 2021. For the purpose of the Audit, a 10% sample was obtained from Muckamore Abbey Hospital and Community Learning Disability Teams.</p> <p>The review focussed on the quality of recording, the appropriateness of interventions, service user and/or carer involvement, timeliness of investigation and progression of the investigation on Paris CIS.</p> <p>This audit took place in the context of significant adult safeguarding workforce issues in the service area and this has impacted upon the ability of the service area to make the required progress.</p> <p>In relation to MAH there were a number of findings which have now been incorporated into the Adult Safeguarding Improvement Action Plan. These include:</p> <ul style="list-style-type: none"> ➤ The Trust should implement the Regional Adult Protection Procedure forms ➤ Adult Safeguarding Practitioners should include service user and carers involvement in their recording ➤ Adult Safeguarding to review any potential delays between reporting and screening at ward level to acceptance by ASG staff ➤ Staff to ensure all recording is uploaded onto the PARIS system including any manual documentation ➤ DAPO should carry out a quality assurance process when ASG referrals are being closed ➤ The Division should carry out a further audit of manual documentation. <p>A review of the manual documentation in MAH was then completed and further recommendations are now included in the action plan. These were as follows:</p> <ul style="list-style-type: none"> ➤ All manual recordings relating to service user and carer contact, Joint Protocol consultations, updates to protection plan and risk assessment are to be recorded on Paris. This does not replace the documentation.
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- All outstanding recordings which are not saved on Paris to be reviewed by the ASG Lead.

In relation to Community LD ASG a number of findings were agreed which have also been incorporated into an action plan. These are as follows:

- The need for the Trust to implement the Regional Adult Protection Procedure forms
- The quality of the recording of Adult Safeguarding Champions in regulated services was noted to be varied. The Trust Adult Safeguarding Development Officer will bring this identified area of learning to the BHSCT Adult Safeguarding Champion support group and Line Manager support group for action.
- All ASG recording to be completed and signed off contemporaneously.

Whilst progress has been slow in relation to implementing these actions due to workforce challenges, a further audit is planned for June 2022.

ASG audit by DOH in August 2021

A file review was commissioned by the Department of Health (DoH) in response to concerns about the numbers of referrals implicating staff in alleged abuse of patients. The review provided an external opinion and analysis of adult safeguarding referrals involving staff on patient interactions in MAH between 1.1.20 and 30.4 21

The file review focused on two key areas:

- the appropriateness of the thresholds in operation for initial referral and screening outcomes (based on the Northern Ireland Adult Safeguarding Operational Procedures, 2016)
- the levels of actual and/or potential harm caused to patients by the incidents that have been reported.

There were 116 relevant adult safeguarding referrals for this period. The file review examined a sample of 60 adult safeguarding referrals made within the timeframe. These 60 files were purposively sampled, stratified by referral source, type of abuse and outcome of screening process.

The outcome of the review was that there was a lower referral threshold which may be understood in the context of current public

scrutiny and the ongoing formal safeguarding investigation. However notwithstanding the low threshold for referral they noted that there was a distinct difference between those referrals which were screened in and those screened out, with often more complex referrals screened in.

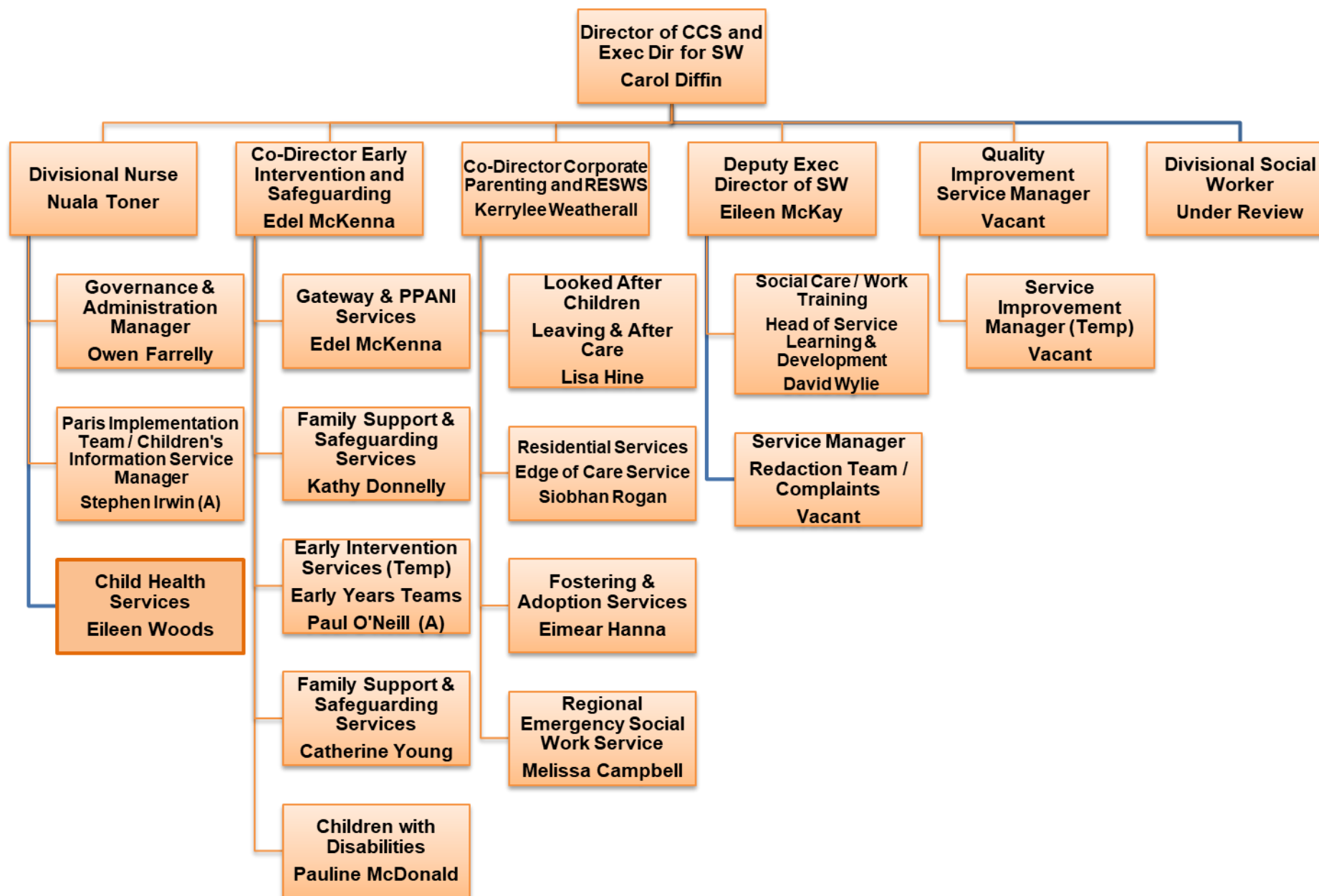
The reviewers also found that the actual and/or potential harm caused to patients was often difficult to determine in large part because of the quality of recording. They found that systems were in place to identify and address safeguarding concerns with staff reporting incidents and good practice was evident in what appeared to be thorough initial responses, initial communication with families and referrals to PSNI. However, they found there appeared to be less attention to ongoing and timely review of protection plans, the restrictions these may place on patients' activities, and timeframes for completing investigations.

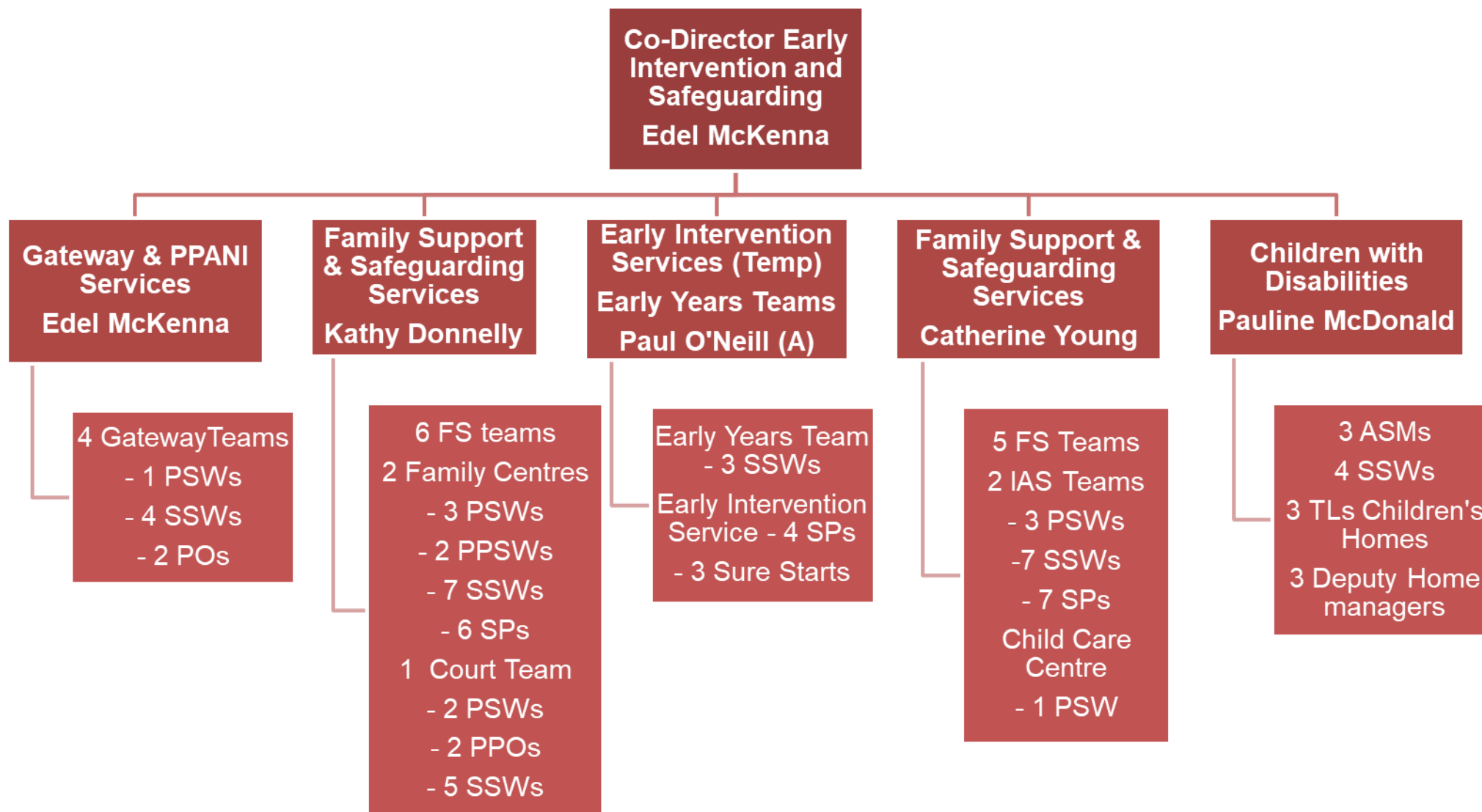
As a result of the file review the BHSCT have now devised an action plan specifically focussing on the issues raised by the DOH, these are being inculcated into the Adult Safeguarding Improvement Plan. The actions namely focus on

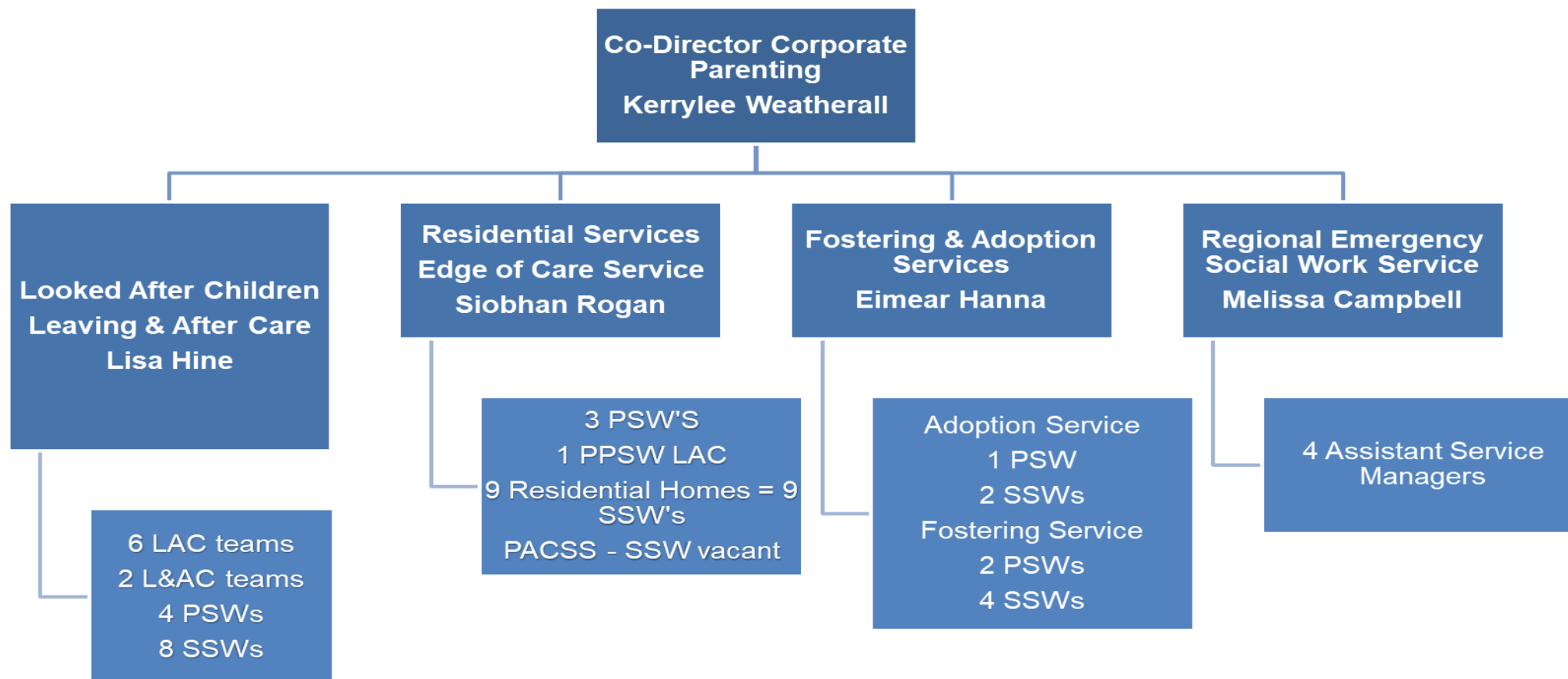
- The review of those files where outcomes appear to be inconclusive or at least where conclusions were not recorded
- The review of patients subject to repeat referrals to ensure that these have been considered in the round in terms of impact and not as separate events
- Addressing issues relating to the quality of recording including recording of decision making, follow up actions, review of protection plans to include making them more patient focussed, recording the impact of Protection Plans on the patients ability to be involved in social and therapeutic activities, recording of consideration of interviewing patients as part of the investigation and recording of the discussions during investigations
- To take appropriate action taken in respect of agency staff no longer employed by MAH but who had been identified as being involved in ASG incidents.
- To consider collecting feedback from all those affected by adult safeguarding investigations
- To review thresholds used for the referral of safeguarding incidents and to ensure staff are supported in their decision making so that appropriate referrals are made.

The Trust have provided an updated action plan to the Department of

	<p>Health, evidencing actions being taken.</p> <p>Achieving Best Evidence (ABE) and Professional Support</p> <ul style="list-style-type: none">➤ The service currently has 3 Band 7 staff trained as ABE interviewers. It is hoped to increase this in the coming year to meet the service area needs➤ All DAPO's, IO's and ABE staff continue to have access to professional support groups <p>PARIS</p> <p>The service area continues to use the ASG forms from the previous policy and await PARIS implementation to ensure staff move to using the new documentation. Additional PARIS training will also be required to train up DAPO/IO staff and referral agents when this is being introduced.</p>
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New temp LAC TEAM formed through Workforce Appeal January 2022 bringing total LAC teams to 7 with 5 PSW

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Children's Community Services

2.1	Named Officer responsible for professional Social Work
2.1a	<p>Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>Ms Carol Diffin held the dual role of Director of Children's Community Services/Executive Director of Social Work during the reporting period and was the named officer responsible for professional social work within the Directorate. During the reporting period the Directorate had two Co-Director posts, both designated social work posts- Co-Director of Early Intervention and Safeguarding (Interim) (Edel McKenna) and Co-Director of Corporate Parenting and RESWS Kerrylee Weatherall).</p> <p>The Director supported by the Co-Directors have the overarching responsibility and accountability for the operational delivery of statutory functions by the Children's Community Service Directorate within the BHSC.</p> <p>The post of Divisional Social Worker for Children's Community Services has been vacant during the reporting period while the structures were being reviewed. However, there is now a plan to recruit to this post to strengthen the governance arrangements in the directorate.</p> <p>An unbroken line of accountability for the discharge of statutory functions by the social work and social care workforce runs from the individual practitioner through the Service's line management and professional structures to the Executive Director of Social Work. The Executive Director of Social work reports to the Chief Executive and to the Trust Board.</p>
2.1b	<p>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.</p> <p>There have been significant challenges for the workforce across the Directorate due to the challenges in recruitment and retention, Covid-19 and other sickness levels, staff shielding and staff having to isolate at times. With agreement from Trust Board the Directorate have had to</p>

	<p>operate business continuity arrangements since January 2022 as a result a number of staff were redeployed from across services to support safe staffing levels.</p> <p>A fortnightly workforce meeting has continued throughout the reporting period to ensure timely recruitment campaigns and a proactive management of vacancies. The Directorate have continued to invest in a band 5 HR staff member dedicated to supporting the Directorate manage its recruitment processes more effectively and have also recruited a temporary band 7 social work recruitment and retention officer who will work closely with the HR colleagues and operational managers to strengthen recruitment and retention in the Trust and run a campaign to attract social workers to BHSCT. These additional resources have been necessary to address frustrations of managers when delays in the recruitment processes mean vacant posts are unfilled for a number of months.</p> <p>The Directorate are mindful of having large numbers of newly qualified staff and are seeking to address this imbalance by increasing the number of senior practitioners in teams with high levels of vacancies. Proposals have been developed in collaboration with Trade Union and HR colleagues and have been shared with Trust Board and will be progressed in the first quarter of the next reporting period. Funding to support the increased numbers of senior practitioners is being reconfigured from within the existing staffing budget.</p> <p>The Learning and Development Team have also continued to provide additional support to newly qualified social workers through monthly mentoring sessions and this has proved critical in supporting the retention of this workforce.</p> <p>The Directorate are also progressing plans to enhance the skills mix within social work teams and having successfully recruited 10 band 4 social work assistant posts across family support and Gateway the plan is to recruit a further 12 band 4 posts across LAC and CWD.</p> <p>The Directorate made use of some additional social work support from the Workforce Appeal which was issued by the DOH Chief Social Work Office in December 2021 however this was limited to part-time, evening and week-end cover as most applicants were already working full-time. The high level of vacancies has resulted in an increased reliance on the use of agency staff during the reporting period and alongside the initiatives to improve recruitment and retention the Directorate is putting a system in place to scrutinise the agency spend. The plan is that agency spend will be reduced as permanent recruitment to vacancies is completed and teams are stabilised.</p> <p>There are also particular challenges in the recruitment and retention of social care staff and this is especially so in Children's Disability services</p>
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	<p>and the Directorate have a commitment to re-energising a strategy for social care in the next reporting year.</p> <p>Ensuring sufficiently trained staff to deliver on our statutory responsibilities with the Joint Protocol arrangements continues to be a challenge. The role is complex and requires continuous professional development and feedback in addition to ensuring the psychological well-being of staff.</p> <p>The Directorate do not have any vacancy controls in place</p>
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2.2	Supervision arrangements for social workers
2.2a	<p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework No</p> <p>If not, outline the remedial action taken to address this</p> <p>The Directorate has generally achieved reasonable compliance in respect of the supervision of social workers, but this has also been impacted by the high levels of vacancies in some service areas.</p> <p>The Business Continuity Arrangements direct that where teams have 21-49% vacancies (graded amber) supervision can be undertaken via group or individual sessions and where there are over 50% vacancies (graded red) group supervision and team huddles are to be utilised to provide support, de-briefing and review of case risk assessment.</p> <p>Managers have been provided with information and guidance on using the revised DOH Draft Policy for supervision and encouraged to use this to inform more creative/flexible approaches. The Directorate will move to full implementation of the policy when this is ratified by the DOH.</p> <p>To reduce some of the additional demands on first line managers the Social Work Learning and Development Team provided additional direct support to the new qualified social workers in the AYE by providing monthly professional supervision and mentoring.</p> <p>The Trust continues to implement a professional social work supervision exception reporting system. Monthly returns from the service area evidence reasonable compliance with the requirements in respect of the frequency of supervision and facilitate monitoring of non-compliance.</p> <p>Issues of any non-compliance are associated with vacancies at manager level; pressure on services due to a combination of vacancies and responding to crises situations; staff off on sick leave, extended annual leave.</p>

<p>2.2b</p>	<p>Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No</p> <p>If not, outline how the Programme of Care is managing current capacity, demand and workforce availability</p> <p>The Directorate does not universally use a caseload weighting tool and would be of the view that it requires to be updated following the introduction of Signs of Safety.</p> <p>Early Years</p> <p>While the Early Years' Service utilises the caseload weighting tool, due to the impact of Covid, this was amended as a result of having to provide a more enhanced supportive element to providers especially during the periods of full or partial closure.</p> <p>Gateway</p> <p>The Gateway Service does not utilise a Caseload Weighting tool due to the nature of the work, that is, the high throughput of cases within tight timescales. Other measures are used as an alternative, such as using the waiting list to prioritise need alongside the allocation of cases based on the social workers capacity and experience.</p> <p>Family Support</p> <p>Usage of the Caseload Weighting Tool is not consistent across the Family Support Service due to staff shortages, vacancy levels and more latterly the Covid pandemic. Supervision with staff is utilised in relation to ascertaining demand and capacity for individual social workers. Team meetings are utilised at all levels to ascertain demand and capacity for teams and within a service area to identify particular difficulties/ issues as they arise and ensure appropriate actions are implemented to manage demand and capacity issues as required.</p> <p>Children with Disability (CWD)</p> <p>The service is also reviewing the effectiveness of the regional caseload weighting tool given the complexity of work and size of caseloads and will report on any findings and actions following the completion of the review. The Caseload Weighting Tool has not been regularly implemented within this service as it has not added value to existing workload prioritising processes. The tool does not lend itself to working with large caseloads with multi professional involvement and more recently vacancy levels and the Covid pandemic have reduced the amount of management and practitioner time available to complete. Within existing supervision managers work with staff to determine capacity and complexity within caseloads. Team meetings have also been of great benefit in informing managers of demand and capacity</p>
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	<p>within teams and the wider service and enabled the service respond to issues as they arise and take appropriate remedial action. The management team have however undertaken a QI project using the tool to identify and measure capacity and are currently analysing the results. The CWD service also implemented the agreed Trust Business Continuity Plan; Safeguarding cases, LAC cases, Transitions and MCA work was prioritised, and a proactive duty system was in place to support families. This system facilitated regular calls to families as per a prioritisation exercise and families were advised how to contact a Duty Social Worker if required.</p> <p>Looked After Children/Leaving and After Care Across these teams a range of processes are applied to ascertain and monitor demand and capacity for individual social workers. Monthly supervision is the primary method of monitoring social work capacity. The Looked After Children and Leaving and After Care teams utilise the case load weighting tool.</p> <p>Fostering and Adoption Fostering teams and the Adoption teams in addition to supervision utilise the following processes to monitor capacity and demand.</p> <ul style="list-style-type: none"> ➤ Monthly assurance meetings to monitor enquiries for both fostering and adoption assessments. ➤ Fortnightly allocation meetings within the fostering service which reviews the demand and capacity of social work caseloads. <p>Waiting lists determine how the service meets the demand on the service and any pressures within it.</p> <p>The Residential Service does not utilise a caseload weighting tool</p>
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2.3	<p>Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.</p>
	<p>Two GAIN audits were completed in 2019 and 2020 however; the Covid-19 pandemic had impacted on results being shared. A workshop was provided in November 2021 to share the learning from both audits and highlighted the importance of:</p> <ul style="list-style-type: none"> ➤ Clear child centred recording ➤ Purposeful intervention ➤ Evidence of immediate risks being evaluated, and an immediate protective action implemented. <p>Kinship Foster Care</p> <p>A risk-based audit was conducted in relation to Kinship Foster Care Placements by the Internal Audit Service focusing on the timeframe from December 2020 – July 2021 with the scope of the audit focusing on governance arrangements in relation to kinship foster placements.</p> <p>The audit targeted four key areas in correlation with DSF requirements.</p> <ul style="list-style-type: none"> ➤ The assessment and approval of kinship carers ➤ Annual Reviews of kinship carers ➤ Data Collection ➤ Training and data systems for kinship carers <p>There were 7 key priorities in total identified from the audit in relation to the areas highlighted above that have formed a robust Service action plan with compliance to be achieved by December 2022.</p> <p>The Children's Service Manager will be progressing this action plan through several mechanisms, including workshops with relevant staff, service user feedback, service development meetings with operational managers and collaborative working/development with the information systems management team.</p> <p>Adoption Services</p> <p>In March 2021 the Trust received a NIPSO report and recommendations following an investigation into how the Belfast Health and Social Care Trust handled a couple's application to become adoptive parents.</p> <p>The Trust accepted all findings in full and immediately an Action Plan was designed in line with the report's recommendations and the Trust undertook the following remedial measures; these actions have been progressed in this reporting year:</p>

- An apology was issued by the Trust to the couple (in accordance with NIPSO standards)
- A random sample of adoption files was selected and were audit against a range of areas that featured in the investigation recommendations
- The Trust will undertake a review of the AH report and consider changing the layout to allow the Medical Adviser to write a longer report when necessary
- The Trust will provide further training (and evidence of this) focussing on
- The importance of communicating concerns identified regarding applicants' suitability to adopt as soon as they arise during the assessment.
- The importance of communicating the impact these concerns will possibly have in their application
- The importance of discussing the option of deferring an assessment with applicants, documenting the decision and the reason for it

Support from Trust psychological services was also provided to the couple. The Trust went further than the recommendations and undertook a thorough audit of a representative sample of Adoption files and reviewed the entire Adoption process and adherence to policy and procedure through the enquiry to approval process. In addition, the Trust offered and provided psychological support to the injured party to assist with the healing process.

All learning from the investigation and subsequent reflection and audit has been fully embraced by the service.

Child Sexual Exploitation

The Trust has worked with other Trusts and the HSCB to consider and progress the implementation of the recommendations of the Leonard Review as below

All cases of CSE receive a child protection investigation and are considered within an Initial Child Protection Case Conference (ICPCC). The circumstances of young people who are at risk of CSE are managed within the Child Protection or LAC processes under the Protecting Looked After Children (PLAC) guidance.

The Trust Senior Practitioner (SP) for CSE has continued to work with her regional peers and PSNI to capture data with regard to the numbers of young people at significant risk of CSE and the number of young people who go missing from home/care. Data is reported to the HSCB.

Joint working between the PSNI and Trusts is crucial and has enhanced service delivery in missing children. The sharing of information has facilitated analysis of trends, patterns and networks in assessing and managing risks by predatory individuals and groups to vulnerable young people.

The Trust's Senior Practitioner for CSE has also been involved in a regional review of the **Interface Protocol between HSC Trusts and NI (Where a child is reported missing and other police interactions with children's**

homes). This protocol considers the joint and individual response by Trusts and PSNI when young people go missing from home or from residential care. The Trust has provided comments with regard the draft review of the protocol which is currently out for consideration and will ensure that the reviewed protocol is shared with staff and embedded in social work practice.

Harmful Sexual Behaviour (HSB)

An Audit was commissioned by the HSCB and carried out by the NSPCC with a view to developing evidence informed operational national framework for children and young people who display harmful sexual behaviour, continues in conjunction with the other Trusts and HSCB.

The Trust are working with our service provider Aim To Change and NSPCC in the development of a local action plan to progress the recommendations from the audit. The Trust are also working collaboratively with the other Trusts, NSPCC and HSCB to progress a regional action plan which includes training on HSB for all partner agencies. HSCB commissioned Marcella Leonard to provide on-line training at three levels to meet the needs of all partner agencies in terms of identifying and responding to HSB.

Northern Ireland HSCB Signs of Safety Parent & Staff Survey (3) 2021

Parents Survey Key messages:

The Trust achieved 93 out of the 348 regional responses (Increase from previous years).

- Parents were randomly selected, and interviews were carried out by independent non-social work staff.
- Feedback predominantly very positive with widespread improvement, with 'strongly agree' replacing 'agree' in responses across the survey compared with the 2020 results.
- Parents reported they felt listened to and involved in planning. The worker did what they said they would do, noticed what was working well, explained the concerns clearly, engaged children well and cared about what happened in their family.

In response to 'One thing you would like to change', small numbers highlighted the following concerns:

- Social worker very busy and so hard to contact
- Be more reliable
- Spend more time with my children. Explain more to them.
- Too many changes of workers.
- Listen and understand more

Staff Survey: Key messages

The Trust also had a higher response from previous years achieving 139 out of 643 regional response:

- Strong support for using Signs of Safety (SOS) as the practice framework.
- Increasing confidence in using SOS in practice especially amongst managers but also some increase in the number of staff who indicated they had not used it in practice. (possibly as a result of the increase in agency and newly qualified staff and students who took part in the survey.
- Positive feedback regarding diverse training, coaching and advice alongside concern about this decreasing
- Agreement or strong agreement with the statement 'I like my job' continues to be high: 86% managers and 73% of direct workers.
- IT systems continue to be problematic despite adaptation
- High workloads and staffing levels are the main concern for 74% of managers and 71% of staff
- Evidence of a slight deterioration in organisational and safety culture most likely due to restrictions due to COVID which resulted in a loss of structure and relational team support due to home working and negative impact of the move to online meetings.

Actions

- Issues raised by parents strongly relate to the impact of staff capacity. Plans to stabilise the workforce and increase capacity are key to strengthening frontline practice in creating space to learn and to practice effectively.
- Focus in the year ahead is to develop a strong learning culture across the Trust supported by effective group Supervision for each Team / Service.
- Strengthen the role and impact of practice leaders and champions across the service to model and promote practice values and skills at the front line.
- Provide a diverse program of training, coaching and use of Appreciative Enquiry to support ongoing professional development in using SOS in practice.
- Work with the regional Signs of Safety implementation team to produce clear practice guidance and examples of good practice for all staff.

Regional pilot project: The views and experience of children/families participating in Case Conferences.

The Trust met the target for family participation of 20 initial conferences and 20 Review conferences. Although the pilot sought to gather responses from parents and children, of note no children took part in the survey in BHSCT.

Key findings: for both Review and Initial conferences the majority of parents agreed that practice had been good and that the conference had been positive.

Regionally, when asked what could be improved?

- **27%** felt that the Conference did not need improved.

- **14%** felt that the meetings are better on a face to face basis.
- **11%** felt that hearing the voice of the family/child could be improved at the meeting.
- **7%** felt that there should be better preparation prior to the meeting.
- **3%** felt that the social workers should ensure that the report is accurate.
- **1%** felt that the social worker should do what they say they will do.
- **27%** provided 'No response'.
- **7%** felt that there were others aspects which could be improved (more time for the meeting/ trust/contact with Social Worker, concern re data sharing).
- **3%** were unhappy with the process.

Action

- Child protection practice guidance has been developed in partnership with conference chairs to strengthen consistency and build on good practice.

Ensure Child Protection conference practice is a focus for Practice Leaders training in 2022/23 and cascaded into front line teams.

- Review practice regarding the voice of the child and develop a plan for change.
- Child Protection pathway examples of good practice in report writing, family engagement and voice of the child will be shared and saved on Signs Of Safety share point for access to all staff.

2021/22 Complaints Management Report from Internal Audit.

Whilst the audit found the level of assurance in relation to complaints processes to be satisfactory an action for Children's Community Services is to review and understand the reasons for delays in responding to complaints and learning should be shared across the Directorate. This action has commenced and will be completed by October 2022.

2.4	<p>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.</p> <p>Mental Health Review Tribunals</p> <p>During the reporting period one young person was subject to a Mental Health Review Tribunal. This young person's detention under the Mental Health Order was upheld as he cannot be safely discharged. The issue of his future placement is in the process of resolution and subject to Judicial Review. It is anticipated this matter will be resolved imminently as suitable accommodation has now been sourced by the Trust and the Trust is actively engaged in recruiting a domiciliary staff team to support the young person's discharge from hospital and to reunite him with his family.</p> <p>Judicial Reviews</p> <p>There are two active Judicial Reviews (JR) ongoing during this reporting period. One relates to the case referenced above and the other Judicial Review relates substantively to the Trust failure to meet assessed need and provide overnight Short Breaks for Children with Disability. Two further Reviews related to the withdrawal of Short-Breaks in Lindsay House and a draft Court was issued instructing that the Trust meets the need it has assessed. One review which was also in relation to the Trust's failure to meet its statutory duty to provide the young person's assessed need for short-breaks has now moved on to mediation. The Trust is revising an existing business case to expand capacity within its Short Break services and meet the escalating levels of need.</p>
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Case Management Reviews

There were 4 CMR notifications made by the Trust to SBNI during the reporting period. Two were not progressed to CMR– the status of the others is listed below

- CMR notification was submitted on 03 June 2021 (Ava). The papers for this review are still being collated from other services and Trust staff will support the CMR review team. The IAR from children's services and mental health services were submitted on the 14.01.22
- CMR notification submitted 30 July 2021(Alfie). The Trust is currently completing the respective IAR for this review.
- CMR notifications from Partner Agencies which require input from BHSCT
- A CMR notification was submitted by PSNI and Northern Trust 01 February 2022 and is expected to be heard at Safeguarding Board NI in June 2022.
- A CMR notification was submitted by the PSNI (NHSCT) on 01 February 2022. This was scheduled to be presented at CMR Panel, SBNI in April 2022.
- A CMR notification was submitted by the PSNI (SHSCT) on 07 August 2021. This case is being reviewed as a CMR and the Trust are finalising the IAR for submission to the CMR Review Team.
- A CMR notification was submitted by the WHSCT on 07 March 2022 and it is scheduled to be presented at CMR Panel, SBNI.
- The Trust continues to support 4 CMR Reviews being led by other Trusts.

Serious Adverse Incidents

Children's Community Services submitted 35 SAI Notifications for the period. Most notifications were in relation to assaults (sexual and physical) assaults on young people looked after by the Trust and the untimely deaths of service users known to the Leaving Care After Care Service and Community Nursing.

4 SAI's were de-escalated.

Learning from SAI's completed:

- Data breach: The Trust's redaction service to redact current cases as required, to consider appropriate checking and verification measures when sending personal data outside the Trust and to

	<p>ensure that staff comply with data protection training.</p> <ul style="list-style-type: none"> ➤ Death of a service user: Signs of Safety training required in relation to developing network meetings for Care Leavers. ➤ Sexual Assault of a service user: Findings from the review recommended a regional review of the 2016 Guidelines for use of Un-regulated placements and a regional review of accommodation provision for 16-18 year olds who are admitted to care as older adolescents when they are out with the statement of purpose for admission at that age to Children's Homes. <p>The Directorate continues to support staff involved in SAI's through HOT debriefs and therapeutic support.</p> <p>Domestic Homicide Reviews</p> <p>The Trust has received 4 Domestic Homicide Reviews from the Department of Justice.</p> <p>DHR1/21 and DHR2/21 was received on 30 March 2021 and an action plan is currently being developed and worked through by the Trust.</p> <p>DHR5/21 was received on 17 January 2021 and the Trust is currently completing an Internal Learning Review of this incident.</p> <p>DHR1/22 was received on 16 March 2022 and it currently preparing an Initial Request Summary.</p> <p>DHR2/22 was received on 16 March 2022 and it currently preparing an Initial Request Summary.</p> <p>Children's Residential Homes CMR</p> <p>During the reporting period there were two recommendations generated from a CMR undertaken in relation to an incident that occurred in July 2019:</p> <ul style="list-style-type: none"> ➤ Trust and PSNI to consider a review of governance arrangements for CSE regarding timely sharing of information ➤ Relevant agencies to consider training in respect of domestic abuse between young people, including coercive control. <p>An action plan is in place to comply with these recommendations.</p> <p>RQIA Inspections</p> <p>There were 9 RQIA Inspections within the reporting period. Most of these inspections took place with a direct visit from the inspector to the children's homes. Throughout the year the Directorate has liaised with the RQIA to notify of amendments to Statements of Purpose to facilitate:</p>
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- admission of a child in an emergency to a medium to long term children's home
- extension of placements for young people post 18 due to delays in post-care placements
- reporting of admissions of children and young people under the agreed age limit outlined in the children's home's Statement of Purpose
- temporary opening of a short-term children's home, Mertoun House, to accommodate the increased need for residential placements and capping placements in the permanent short-term children's home, to provide placements for children under 12.

Combined Themes from Inspections of Children's Residential Homes:

There were themes from the RQIA inspections that were particular to certain children's homes and themes that were relevant to all of the children's homes

- Induction/Training/ Assessed competence of staff/managers
- Estates/ physical environment improvements
- Recording systems, assessment, monitoring, and evaluation processes
- Fire Safety systems
- Restrictive Practices, review and recording of same
- Staff/management roles and responsibilities
- Team Development
- Care planning/ Young people's participation in decision making

RQIA Inspection Willow Lodge

Willow Lodge was repurposed on 19/4/21 as a single occupancy home, temporarily providing a fulltime placement for a 13-year-old looked after child whose previous placement broke down irretrievably. Following an inspection of Willow Lodge on 16/6/21, the service received 2 Failure To Comply notices in respect of concerns about the promotion of the welfare of the child (care planning and understanding the child's needs) and in respect of the numbers, qualifications, and experience of staff within the home. The service worked closely with HR, RQIA and Learning and Development colleagues to improve staffing available and the knowledge and quality of staff available. The needs and behaviours of young persons placed in Willow Lodge led to high levels of staff sickness and low morale, issues which are being addressed. The Trust was advised that these notices were lifted. The service continues to recruit additional bank staff and develop a trauma informed ethos within the home. However, this is not seen as a permanent placement for this young person and a Secure Care placement is being sought due to young person's violent and dangerous behaviour and risk to himself and others.

2.5	<p>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.</p>
	<p>The provision of safeguarding services in this reporting period has been impacted by the significant levels of staff vacancies across a range of children's services, both temporary and permanent where there is no backfill in place. This has been coupled with a significant increase in referrals and the highest number of looked after children since the inception of the Trust. The increased number of unallocated cases across the teams and concerns regarding how the service intends to manage the overall workload was reported to Trust Board in January 2022.</p> <p>The Trust Board agreed that the seriousness of the situation and the impact on the service's ability to fully discharge its delegated statutory functions warranted business continuity arrangements to be operationalised. The Business Continuity arrangements have been shared with the HSCB by the EDSW.</p> <p>The Business Continuity arrangements ensure that during significant levels of workforce pressures, critical children's social care services are maintained and targeted at those most in need and those who are most vulnerable. It also aims to maintain safety and quality of care at an acceptable level and to effectively manage risk during these periods.</p> <p>The Business Continuity Plan is RAG rated according to the percentage of staff available across the teams and services. When making decisions regarding which part of the plan needs to be operationalized, the Senior Management Team will also consider the overall experience of the members of the team (nos. of AYE's etc.), and the stability of the workforce within the team (nos. of temporary staff and agency staff) and the impact of COVID. Most services have been operating in line with the parameters agreed for 'amber/red' except for the Gateway service which remained able to maintain business as usual.</p> <p>A dynamic risk -based approach ensures that for those children and families at highest risk the services will remain as close to normal as possible. For those children assessed as medium or lower risk the approach has been a combination of virtual and/or face to face visits at frequencies that reflect as far as possible the needs arising from the case. While the frequency of these visits may not be in line with statutory requirements throughout the implementation of Business Continuity plan the service has continued to respond to child protection referrals within 24 hours and to visit them as a minimum every 4 weeks face to face.</p> <p>The senior team continue to review staffing levels on a weekly basis and adjust implementation of the plan accordingly. Furthermore, a duty system has been established to specifically oversee the management of unallocated cases across Family Support, Children with Disabilities and</p>

LAC and to prioritise those that may require immediate follow up or visits.

Within this reporting period the services have seen the continued impact of the Covid pandemic on the Family Support Services. Due to the stressors on families as a result Covid, the decrease and closure of other statutory and voluntary agencies, there has been an increase in families experiencing crisis and seeking intervention from family support teams with increased levels of families in need and at risk. There was also an increase in the number of children on the child protection register and in the number of unplanned admissions to care, placement breakdowns and issues with availability of foster carers and the use of short-term bridging placements. Collectively this has led to an increase in the volume of applications for Public Law proceedings.

Children's Residential Homes

Within the mainstream children's home, there has been a notable increase in the number of younger children requiring long-term residential placements.

In the last year, the Trust has provided medium to long-term placements for 12 children aged from 5 – 12 years old. The children have experienced significant developmental trauma and require intensive support to create stability. Increased staffing levels and waking night staff have been put in place, to ensure safeguarding and responsiveness to the children's holistic needs.

The younger children, due to emotional dysregulation, manifest their experience of trauma through verbal and physical aggression directed towards other peers and staff. The residential service has seen a gradual increase in incidents of aggression towards staff. Supports are in place via TCI model and post crisis response and LAC TSS.

There has been a steady reduction in children and young people going missing, with intermittent periods of spikes in missing episodes. Analysis of these spikes in missing episodes can generally be attributed to changes within the group and group dynamic. Analysis of incidents has helped identify targeted support to safeguard children/young people when missing. Increased staffing levels and working night staff have contributed to this reduction.

The peripatetic service, DOORS, has provided additional wrap around support, using relationships to engage young people in developmental and diversionary activities. Collaborative working relationships with the PSNI, particularly with the dedicated Missing Persons officer, has been essential in developing strategies and interventions that safeguard children and young people when they go missing.

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APPENDIX 1

**TRUST DIRECTED DELEGATED STATUTORY
FUNCTIONS MONITORING**

ACTION PLAN UPDATE

2.6

Issue	Action Required	By When	Owner	Progress Update	RAG Status
Family & Childcare Issues					
<p>Issue: 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>Discussion at DSF meeting 25.6.21 Outside of Covid period, the Trust advise the Early Years team have managed their inspection process well. With</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide an action plan detailing how the remaining backlog will be resolved. 	31/07/21	Edel McKenna Co-Director Early years and Safeguarding	<p>Update 13.12.21</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 Lernihán, Social Care Commissioning Lead to review Covid related issues and pressures and to monitor actions both regional and Trust specific.</p> <p>Update 14.03.22 Regional meeting</p>	

<p>lifting of restrictions, the team have been able to increase inspections. Backlog now sits at 232.</p> <p>Trust report a trajectory to clear backlog by Nov 2021</p>				forums continue with HoS and Una Lernihan. The remaining backlog assessments have been allocated and are nearing completion. Action deemed completed.	
	<ul style="list-style-type: none"> Trust to clear backlog by November 2021 	30/11/21	Edel McKenna Co-Director Early years and Safeguarding	<p>Update 13.12.21 See above</p> <p>Update 14.03.22 See above</p>	
<p>Issue: Children with a disability - short breaks availability / numbers on child protection register</p> <p>The HSCB notes:</p> <ul style="list-style-type: none"> Trust have reported no CWD on the CPR Trust report the highest number on ASD waiting list Trust report highest per capita SEN statements 	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide Action Plan in relation to the management of Autism waiting list 	31/07/21	Sarah Meekin Head of Psychology	<p>Update 13.12.21 Update required from ASD service.</p> <p>Update 14.03.22 Deputy Executive Director of Social Work (Eileen McKay) had met with and acquired update from the ADS service.</p> <p>They are projected</p>	

<ul style="list-style-type: none"> Trust report highest level of Children on high level DLA. Trust report a decline in number of CWD but increase in pressure in this area <p>HSCB and Trusts are still unaware of the consequences or impact arising from the Girvan case relating to Educational application to the MCA and this will need to be kept under review.</p> <p>Discussion at DSF meeting 25.6.21</p> <p>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. Trust have</p>				<p>to deliver on commissioned assessment activity (600 p.a.) following COVID19 restrictions.</p> <p>Diagnostic rate is 95% following triage which would indicate appropriate referral and triage processes.</p> <p>BHSCT intervention WL < 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>	
	➤ Trust to provide report to the HSCB outlining mitigations in place in terms of	31/07/21	Edel McKenna Co-Director Early years	<p>Update 13.12.21</p> <p>Action plan update received on</p>	

<p>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>levels of support in absence of short breaks</p>		<p>and Safeguarding</p>	<p>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 advised engagement with relevant families continues; They have been able to step up face to face contact and provide additionally via Community and Voluntary partners. The Trust has also increased self-directed support payments.</p> <p>Update 14.03.22</p>	
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				<p>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 – outcome awaited.</p>	
	➤ Trust to provide action plan outlining how they are re-instating short break capacity by October 2021	31/07/21	Edel McKenna Co-Director Early years and Safeguarding	<p>Update 13.12.21</p> <p>Updated action plan received 03.12.21.</p> <p>Challenges remain</p>	

				<p>– 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>	
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				<p>Update 14.03.22</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</p>	
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				<p>due to workforce pressures. Revised 3 month target has been outlined for moving young person 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"> Trust to examine their data reporting in relation to CwD to ensure appropriate reporting 	30/09/21	Edel McKenna Co-Director Early years and Safeguarding	<p>Update 13.12.21</p> <p>Data lifts and PARIS system updates are ongoing.</p> <p>Update 14.03.22</p> <p>Previous manual return has been problematic. Children's information</p>	

				<p>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 complete.</p>	
<p>Issue: 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>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide an action plan outlining how they are to reduce this figure (to include: staffing levels, data collection and forecasting) 	01/07/21	Kerrylee Weatherall Co-Director Corporate Parenting	<p>Update 13.12.21</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</p>	

<p>Discussion at DSF meeting 25.6.21 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 to 16+. 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>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>Update 14.03.22 Action plan update received 11.03.22.</p>	
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				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.	
	➤ Plan to outline timeframes and outline projected reduction in waiting list	01/07/21	Kerrylee Weatherall Co-Director Corporate Parenting	Update 13.12.21 See above update. Closures completed Nov 21 and young people assessed as low risk are managed via the Trusts duty system. Update 14.03.22 Recruitment process ongoing (at	

				<p>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>	
	➤ Trust and HSCB to undertake a review of SAI's	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</p>	

				<p>known to Mental Health services and SAls to be completed.</p> <p>Update 14.03.22 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 SAls in timely manner.</p>	
<p>Issue: 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</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ 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 	31.08.21	Kerrylee Weatherall Co-Director Corporate Parenting	<p>Update 13.12.21</p> <p>Action plan received and further updated on 26th Oct 21.</p> <p>Update to be forwarded for period to end Dec</p>	

<p>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 CwD – 83 FS – 19 Gateway – 10</p> <p>Total: 129 (an increase of 13 from March 21)</p> <p>Discussion at DSF meeting 25.6.21 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,</p>				<p>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 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.</p>	
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there has been an increase since March 2021. Trust report these figures are manageable. No actions identified for unallocated cases.				<p>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>Update 14.03.22 See above mitigations to increase workforce capacity within LAC 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</p>	
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				<p>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 allocations and further action to bolster FIS teams via transfer of appropriate cases identified staff in family centre. This process is overseen</p>	
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				<p>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>Issue: Statutory Visits</p> <p>72 statutory visits did not take place within the</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Action plan from the Trust to explain how they are ensuring 	31.08.21	Kerrylee Weatherall Co-Director Corporate Parenting	<p>Update 13.12.21</p> <p>The Trust advise that both statutory visiting and</p>	

<p>regulatory timescales.</p> <p>Discussion at DSF meeting 25.6.21 Refer to discussion at Unallocated section</p>	<p>each child looked after has a social worker, receives statutory visits and statutory reviews</p>			<p>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>Update 14.03.22 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</p>	
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				<p>4 weeks.</p> <p>Using the workforce appeal, an out of hours LAC team (with appropriate governance structure) 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</p>	
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				necessary.	
Issue: Statutory reviews 94 statutory looked after children reviews did not take place within the required timescales. Discussion at DSF meeting 25.6.21 Refer to discussion at Unallocated section	Actions: 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	31.08.21	Kerrylee Weatherall Co-Director Corporate Parenting	Update 13.12.21 See above. Update 14.03.22 See above	
Issue: Placement Moves for children 117 children experienced a move in placement during the reporting period. Discussion at DSF meeting 25.6.21 Trust are managing very complex situations, including younger children coming into care. Trust are increasing recruitment, wrap around support, edge of care	Actions: ➤ No actions required – included for information only.			Update 13.12.21 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. Additional support from utilisation of B4 staff (unfunded posts /at risk) and packages of	

<p>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>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 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</p>	
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				<p>escalated meeting with HSCB programme manager has been requested.</p> <p>Update 14.03.22 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>Issue: Iveagh delayed discharges</p> <p>Discussion at DSF meeting 25.6.21 Operational policy requires review during 2021/22</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Review and amend Operational Procedures to prevent future delayed discharges 	30/09/21	Tracy Kennedy Co-Director Adult Learning Disability	<p>Update 13.12.21</p> <p>Update to be requested from Adult LD service. Process ongoing with AD CwD group and Independent Review are looking at some of the ongoing issues.</p>	

				<p>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>Update 14.03.22 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 -</p>	
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				(Tracy Kennedy Co-Director Adult Learning Disability).	
Issue: Increase in numbers on Child Protection Register March 20 = 251 March 21 = 335 An increase of 84 (33%) Regionally March 2020 = 2,298 March 2021 = 2,298 Discussion at DSF meeting 25.6.21 Trust undertook an analysis of thresholds, and were satisfied with decision made.	Actions: ➤ No action required – included for information only			Update 13.12.21 Trust advise that Child Protection Register figures remain fairly static. As of 10.12.21 the figure was 347. Update 14.03.22 Current figures are 344. Increase of 9 noted from March 21.	
Issue: Increased numbers of Looked After Children March 2020 = 866 March 2021 = 875 An increase of 9 (1 %) Regionally March 2020 = 3,383 March 2021 = 3,530	Actions: ➤ No Action required – included for information only			Update 13.12.21 Trust advise ongoing upward trajectory in respect of LAC figures which is now = 913. Action planning and reporting remains regional issue. Further work	

<p>An increase of 147 (4%)</p> <p>Discussion at DSF meeting 25.6.21</p> <p>Trust undertook an analysis of thresholds, and were satisfied with decisions made.</p>				<p>ongoing via AD Corporate Parenting Forum and actions agreed from Regional HSCB workshop on 06.08.21.</p> <p>See Issue on Placement Moves above for further detail.</p> <p>Update 14.03.22</p> <p>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).</p>	
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Issue	Action Required	By When	Owner	Progress Report	RAG status
Mental Health Issues					
<p>Issue:</p> <p>Continuing difficulties faced by</p>	<p>Actions:</p>			<p>Update 3/3/22</p> <p>Conveyance</p>	

<p>the ASW service in fulfilling requirements under the Order as detailed in 2.1b</p> <ul style="list-style-type: none"> • Conveyance difficulties • Significant delays in Out of Trust admissions • Access to on call manager after 5pm for ASW staff. <p>Discussion at DSF meeting 25.6.21</p> <p>Trust have adopted a conveyance pilot. There is a protocol in place to 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</p>	<p>➤ Trust to update HSCB on governance arrangements with conveyance protocol now in place</p>	<p>Update at each HSCB/Trust interface meeting</p>	<p>Mary O'Brien DSW Mental Health</p>	<p>protocol is in place</p>	
	<ul style="list-style-type: none"> • Out of Trust admission delay to be raised at Regional Bed Management meeting 	<p>Update at each HSCB/Trust interface meeting</p>	<p>Julia Lewis Co-Director of MH</p>	<p>Update 3/3/22 Actioned and work ongoing within the Regional Bed Capacity Co-ordinator group through daily huddle process</p>	

require any further actions carried forward.					
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Issue	Action Required	By When	Owner	Progress Update	RAG Status
Learning Disability Issues					
Issue: Domiciliary Waiting List There are 12 service users on the waiting list for domiciliary care within Learning disability. 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 carer stress levels Discussion at DSF meeting 25.6.21 Currently 15 people on the waiting list.	Actions: <ul style="list-style-type: none"> ➤ Trust to provide an action plan outlining the mitigating measures put in place, to include role of care manager in monitoring unmet need 	31/08/21	Magda Keeling, Service Manager	Update 29.10.21- <ul style="list-style-type: none"> ➤ There are currently 11 service users awaiting packages. ➤ The project group introduced time bands which increased flexibility for Providers and enabled them to offer more 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. ➤ Unmet needs audit is carried out on a monthly basis to ensure that all packages on the Care Bureau Circulation list are still required. ➤ Care Managers check with key workers that packages are still required. ➤ Key workers maintain contact with service users and carers to determine how well they are managing in the absence of a package. Frequency of contact is determined individually but is at least monthly ➤ Key workers offer supports to families, for example, SDS/ Direct Payments, carer assessments etc. 	

<p>Trust have introduced time bands for care packages and are encouraging uptake of SDS.</p> <p>Cases are kept under review by Care Manager regularly. Needs are re-assessed as part of monitoring process.</p>				<ul style="list-style-type: none"> ➤ Key workers inform Care Managers when circumstances deteriorate and package needs to be escalated. ➤ 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 prioritised. ➤ 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. <p>Up-date at DSF meeting 09.12.21: 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 least monthly. Rag rating agreed to remain amber.</p> <p>Update at DSF Meeting 04/03/22: Rhoda McBride updated that the Trust continue to work with service providers, families, C&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</p>	
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				<p>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 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>Issue: Potential failure to provide people deprived of their liberty with adequate legal safeguards Compliance date set at December 2021.</p> <p>Discussion at DSF</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide monthly update on compliance at each interface meeting with 	Monthly updates	<p>Steph Kerr (Trust MCA Lead)</p>	<p>Updates provided through Mary O'Brien in MH via the interface meetings with HSCB.</p> <p>Up-date at DSF meeting 09.12.21 HSCB contacted Trust yesterday to confirm level of MCA funding available. Trust had requested additional funding and consider available funding will impact on activity levels from 1st April 22. Lorna Conn noted HSCB could move to funding allocation re original funding figures pending response at Senior Level in</p>	

<p>meeting 25.6.21 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>	HSCB			<p>Trust. Trust to provide response to HSCB. Rag rating agreed to remain as amber.</p> <p>Update 24.05.22 LD compliant with MCA requirements future actions belong to MCA Central Team which sits within MH management structure so suggest this is moved to MH section of action plan</p>	
<p>Issue: Accommodation needs for those being discharged from Muckamore Abbey Hospital</p> <ul style="list-style-type: none"> ➤ Trust to provide Resettlement Plan <p>Discussion at DSF meeting 25.6.21 Trust confirm they have a resettlement plan in place for 15</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to submit Resettlement Plan to HSCB for 15 service user 	31/07/21	Magda Keeling, Service Manager	<p>Update 31.10.21 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>Update at DSF meeting 09.12.21: Resettlement Summary document submitted to HSCB prior to meeting. Discussion re specific arrangements for patients. BT patient discharged on trial 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</p>	

<p>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 user without a plan.</p>				<p>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 & Trust to support resettlement. Rating therefore agreed as amber.</p> <p>Update at DSF Meeting 04/03/22: Rhoda McBride updated that currently 16 BHSCT service users, 14 inpatient in MAH and two on trial leave. Rhoda noted 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>	
	<p>➤ Trust to confirm plan for remaining service user</p>	<p>30/09/21</p>	<p>Magda Keeling, Service Manager</p>	<p>Update 11.10.21- There is currently no confirmed plan identified. However the Trust are exploring a possible option with Praxis in South Belfast.</p> <p>Update at DSF meeting 09.12.21: Praxis not considered a suitable resettlement option so this service user currently still has no discharge plan. Trust to progress discharge plan. Trust held</p>	

				<p>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>Update at DSF meeting 04/03/22: 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 discussed re service provision it was agreed this action should remain red and carry through into next reporting period.</p>	
	<p>➤ Trust to provide a timeline for offsite business cases</p>	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>Update 31.10.21</p> <ul style="list-style-type: none"> ➤ In relation to the Off site business cases ➤ Lanthorne – was presented & passed at the September Strategic Advisory Board, with reprovision for 5 people. The work is likely to start January 2022 ➤ Minnowburn – Capital Redevelopment advised the site is now “live” for other public organisations to express interest (i.e. NIHE). Capital business case presented at September SAB & agreed in principle, however NIHE do have concerns re: value for money / costs (5 tenants) 	

				<ul style="list-style-type: none"> ➤ 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. ➤ 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 the same process as Minnowburn. <p>Up-date at DSF meeting 09.12.21: 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 BHSCCT 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 red.</p> <p>Update at DSF Meeting 04/03/22: 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</p>	
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				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.	
	➤ Trust to provide timeline for submission of onsite proposal	31/08/21	Tracy Kennedy, Co-Director	<ul style="list-style-type: none"> 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. <p>Update as of 31.10.21</p> <ul style="list-style-type: none"> 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 The Trust would recommend the regional implementation of Care and Treatment Reviews and a Blue Light Protocol which has been implemented by NHS England as a key part of its approach to early intervention and reducing inappropriate admissions. Two documents from NHS England are enclosed. In the last six months there were 3 discharges from Muckamore Abbey Hospital. <p>Update 31.10.21</p> <ul style="list-style-type: none"> In the last 6 months there have been 3 full discharges – 2 from BHSCT and 1 from NHSCT. Resettlement plans across Trusts would indicate 	

				<p>the potential for 4 discharges to be achieved in the next six months.</p> <p>Update 31.10.21</p> <ul style="list-style-type: none"> • There is a potential for 5 discharges to be achieved within the next 6 months– 1 BHSCT. 4 NHSCT. • 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. <p>Up-date DSF meeting 09.12.21: 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 admissions criteria and associated pathways, work commenced in recent T&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>Update at DSF meeting 04/03/22: Rhoda McBride updated since the last meeting there had been two</p>	
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			<p>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 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>*Update 24.05.22 Proposal paper has been rec'd by SPPG with plans to expedite the resettlement of patients delayed at MAH & includes plans for discharge of 5 patients by July 2022 & a further 11 by Jan 2023. Proposal includes a plan for patients delayed at MAH and who require long term social care support. Forensic patients in receipt of active treatment will remain to be treated on MAH awaiting the development of a Forensic Treatment Unit..</p> <p>Proposed care arrangements for BHSCT patients on MAH site as of 30.3.22 are:</p> <table><tr><th>Proposed placement</th><th>Numbers of people identified</th><th>Challenges</th><th>Time frame</th></tr></table>	Proposed placement	Numbers of people identified	Challenges	Time frame	
Proposed placement	Numbers of people identified	Challenges	Time frame					

						for placemen t				
					Mallusk	1			January 2023 dependen t on staffing issues	
					Minnowburn	5	Challenges: New build, business case, process of handover of land, planning permission and new service development .	2024/25		
					Forensic business case	2	Unable to submit full business case until land/propert y identified. Three site viewings have	2024/25		

						occurred Outcome meeting scheduled.		
				Onsite proposal	1	New service development of Social Care Model.	2026	
				Trial Leave	2	Trial leave Knockcairn Trial on leave to Cherryhill	Ongoing	
				Community placement currently being explored	1	Placement in The Mews terminated. Housing options currently being pursued. Referral made to Homecare.	2022/23	
				Cherryhill** (one of	2	Assessment of need for Cherryhill is	Ongoing	

				these relates to the patient for whom on previous action plan there was no plan in place)		currently being explored.		
				New referral to resettlement Medically fit from 1-03-22. Care management assessment currently underway	1	NA	Unknown	
				<p>The Division actively working on 4 key provisions for resettlement:</p> <ol style="list-style-type: none"> 1) Minnowburn Supported Housing 2) Forensic Supported Housing 3) An interim Social Care model on MAH for those with Social Care needs delayed on site 4) A longer term social care model for 5 patients on MAH site 				

				<p>The Division continues to progress business cases. The Strategic Outline Case Proforma is at an advanced stage of development for the provision of:</p> <ul style="list-style-type: none"> a) A supported housing scheme on the Minnowburn site for Belfast Trust patients b) A supported housing scheme at Kesh Road, Maze Lisburn for patients with a Learning Disability with forensic needs <p>The Trust aim to submit a full Business Case by end of June 2022. SPPG rec'd Resettlement proposals paper (inc details of 5 discharges by July 22 and further 11 by Jan 23 plus short term social care model for those delayed on site & longer term social care model for 5 people who meet criteria to remain. Forensic Pt to remain until Treatment unit available.</p>	
<p>Issue: 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>Actions: HSCB require the Trust to provide a plan outlining the following:</p> <ul style="list-style-type: none"> ➤ Provide detail regarding the numbers of requests for admission ➤ Outline their process for admission for HSCB 	31/07/21	Owen Lambert, service manager	<p>• 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.</p> <p>Update as of 31.10.21</p> <ul style="list-style-type: none"> • 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 • The Trust would recommend the regional implementation of Care and Treatment Reviews and a Blue Light Protocol which has been implemented by 	

<p>Discussion at DSF meeting 25.6.21 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>consideration (Regionally)</p> <ul style="list-style-type: none"> ➤ Trust to identify the number of discharges over the previous 6 month period ➤ Trust to provide projections of number of discharges over next 6 month period ➤ Trust to confirm when they will be receiving admissions 			<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"> • In the last six months there were 3 discharges from Muckamore Abbey Hospital. <p>Update 31.10.21</p> <ul style="list-style-type: none"> • In the last 6 months there have been 3 full discharges – 2 from BHSCT and 1 from NHSCT. • Resettlement plans across Trusts would indicate the potential for 4 discharges to be achieved in the next six months. <p>Update 31.10.21</p> <ul style="list-style-type: none"> • There is a potential for 5 discharges to be achieved within the next 6 months– 1 BHSCT. 4 NHSCT. • 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. Up-date DSF meeting 09.12.21: 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. 	
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				<p>Consideration required re regional admissions criteria and associated pathways, work commenced in recent T&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>Update at DSF meeting 04/03/22: 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 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>Update 25.05.22 The Trust cannot accept admissions to MAH due to deteriorating staffing position. The Trust recognises the impact that this has upon regional provision of service.</p>	
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				<p>Activity during this reporting period:</p> <ul style="list-style-type: none"> - 5 requests for admission - 3 of these resulted in an admission to MAH - 4 discharges and 2 home on trial - Plans for 5 discharges in July 2022 & 11 by January 2023 <p>Work in relation to regional admissions criteria and associated pathways commenced through a T&F group led by HSCB. Trust submitted two documents referenced above re implementation of Care & Treatment Reviews & a Blue Light Protocol to HSCB. Trust to continue to monitor requests for admissions.</p>	
<p>Issue:</p> <p>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</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Report on addressing concerns regarding recording of restrictive practices in Trenchpark and Annadale 	31/07/21	Aisling Curran, Service Manager	<p>Action plans in respect of the RQIA Inspections of Trench Park and Annadale are enclosed.</p> <p>Update 31.10.21</p> <ul style="list-style-type: none"> ➤ In relation to Annadale as follows- ➤ All staff have received adult safeguarding training and Mapa training ➤ Any restraint used is clearly recorded on Datix. ➤ There has been work undertaken with the Behaviour Support Team and Psychology Department in relation to the PBS plan and care plans ➤ 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. ➤ There are however ongoing challenges due to 	

<p>address recommendations from the RQIA report</p> <p>Discussion at DSF meeting 25.6.21 Trenchpark/Annadale – Concerns regarding recording of restrictive practices. Shannon – a number of concerns in relation to safeguarding</p>				<p>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 facilitating training.</p> <ul style="list-style-type: none"> ➤ There has been successful recruitment in relation to band 3 staff and currently the service area is shortlisting for the B5 posts. ➤ 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. ➤ Update in relation to Trench as follows- ➤ In relation to issues identified in RQIA inspection in 2020 relating to safeguarding and DOLS have been addressed and accepted by RQIA 	
	<ul style="list-style-type: none"> ➤ Trust to complete action plan on recommendations from RQIA report regarding Shannon 	01/07/21	MH	<p>N/A Up-date at DSF meeting on 09.12.21 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, & 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</p>	N/A

				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>Issue: 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</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to undertake an internal review of the effectiveness of safeguarding services and report back to HSCB 	30/09/21	Mark Johnston , ASG Lead	<p>Update 31.10.21</p> <ul style="list-style-type: none"> ➤ During July the DOH completed an audit into ASG in MAH and this was followed by an RQIA inspection into MAH in July/August. ➤ 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 other two pieces of work that have been carried out by DOH and RQIA. <p>Up-date at DSF meeting 09.12.21: Trust to forward audit findings to HSCB. IPT for LD Principal Practitioner to provide professional support to Divisional Social Worker.</p> <p>Update at DSF meeting 04/03/22: 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</p>	

<p>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>Discussion at DSF meeting 25.6.21 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>Memoirs to assist in respect of safeguarding. Ciara Rooney facilitating bespoke training. As noted 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>	
<p>Issue: Iveagh delayed discharges</p>	<p>Actions: ➤ Review and</p>	30/09/2	Michael McBride, ASM	<p>Update 11.10.21- The Operational policy for Iveagh was updated in July 2021- please see attached.</p>	

Discussion at DSF meeting 25.6.21 Operational policy requires review during 2021/22	amend Operational Procedures to prevent future delayed discharges	1	Iveagh	Up-date at DSF meeting 09.12.21 MHL D HSCB Programme Representatives agreed to share Iveagh Operational Policy with HSCB Children's Services Colleagues for review.	
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Older People & Adults Issues					
Issue	Action Required	By when	Owner	Progress Report	RAG status
Issue: Domiciliary Care Provision – Unmet need 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 Discussion at DSF meeting 25.6.21 Trust report situation has deteriorated, and numbers of unmet need has risen.	Actions: <ul style="list-style-type: none"> ➤ Trust to share the review undertake within the service area, including identification of skill mix 	31/08/21	Natalie Magee Co-Director ACOPS	Discussion at DSF meeting 6.10.21 Level of unmet need 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>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>Update 2/3/22 Current unmet need is 873 clients requiring 6,106.25hrs with all cases (including transfers from re-ablement) subject to weekly review. West Belfast Direct Payments project ongoing. Acknowledgement this is a regional issue which has HSCB and DOH input.</p>	
	<p>➤ Trust to share outcome of review to utilise/increase use of direct payment</p>	30/09/21	Natalie Magee Co-Director ACOPS		

<p>Issue: Mental Capacity Act</p> <p>The inability of Older People's Services to meet full compliance by 31st May 2021</p> <p>Discussion at DSF meeting 25.6.21 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>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide monthly update on compliance at each interface meeting with HSCB 		<p>Director of ACOPs supported by Co-Director of MH</p>	<p>Discussion at DSF meeting 6.10.21 At 31 August 21 there were 84 outstanding DOLs legacy cases, these have now been completed</p>	
<p>Issue: 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</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide outline of timeframe to ensure compliance – updated on a monthly basis 	<p>31/07/21 Updates then monthly</p>	<p>Natalie Magee Co-Director ACOPS / Tracy Reid DSW</p>	<p>Discussion at DSF meeting 6.10.21 There is acknowledgment that within OP services, there remains a very significant risk of</p>	

<p>statutory annual reviews for both care home and domiciliary settings.</p> <p>Discussion at DSF meeting 25.6.21</p> <p>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>Community & Hospital Adult Community & Older Peoples Services</p>	<p>non-compliance by March 22. CREST & CSW action plans in place with set target number of monthly reviews.</p> <p>All cases are rag rated and prioritised in line with level of risk.</p> <p>Workforce review submitted to Senior Management.</p> <p>Update 2/3/22</p> <p>Acknowledgement of non-compliance by March '22. CSW projected 51% compliance & 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 completed reviews by practitioner.</p> <p>Successful period of</p>	
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				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 & skill mix.	
<p>Issue: Historical Case Closures in Hospital Social Work</p> <p>Data indicates 3,824 cases not closed. Target date for closure of 1st 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>Discussion at DSF meeting 25.6.21 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>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide update 	01/09/21	Natalie Magee Co-Director ACOPS / Tracy Reid DSW Community & Hospital Adult Community & Older Peoples Services	<p>Discussion at DSF meeting 6.10.21 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>Update 2/3/22 Approx. 2,000 cases require</p>	

				closure with plan in place for weekly review of staff 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. Update at 24/05/22 1900 non active cases to be closed. Active cases of 1200 – this is partly due to the regional NICC, CF and HIV caseloads which are more static	
Issue: Inappropriate Referrals to Adult Protection Gateway Team (APGT) 242 of the 1121 referrals (21%) made to APTG (Older People and Physical Disability services) are screened out as	Actions: <ul style="list-style-type: none"> ➤ Trust to provide analysis report on data and activity levels. 	31/08/21	Natalie Magee Co-Director ACOPS / Tracy Reid DSW Community	Discussion at DSF meeting 6.10.21 Analysis report indicates that for 2020/21 45% of referrals were screened out as inappropriate for APTG. These	

<p>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>Discussion at DSF meeting 25.6.21</p> <p>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 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>& Hospital Adult Community & Older Peoples Services</p>	<p>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 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>Update 2/3/22 Trust acknowledges this continues to be an issue. CREST</p>	
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				<p>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>Update 24th May 2022</p> <p>January 2021- December 2021 - 630 screened out cases.</p> <p>Breakdown by POCProgramme of F&CC – 18 LD – 36 MH – 183 OPS – 263 PHSD – 51</p>	
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				Not known – 79.	
<p>Issue: Adult Protection - Learning and Actions from Level 2 SAI</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>Discussion at DSF meeting 25.6.21 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>Actions:</p> <ul style="list-style-type: none"> ➤ Agreed that HSCB will link with DRO to clarify if 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. 	31/07/21	Tracy Reid DSW Community & Hospital Adult Community & Older Peoples Services	<p>Discussion at DSF meeting 6.10.21 HSCB has now received the SAI action plan with 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</p>	

				shared across all IO and DAPO staff and incorporated into all future IO/DAPO and Joint Protocol training.	
Issue	Action Required	By when	Owner	Progress Report	RAG status
Physical Disability and Sensory Impairment Issues					
Issue: Mental Capacity Act 65 Legacy cases 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 Discussion at DSF meeting 25.6.21 Trust have reviewed case	Actions: <ul style="list-style-type: none"> ➤ Trust to provide monthly update on compliance at each interface meeting with HSCB 		Director of ACOPS supported by Co-Director MH	Discussion at DSF meeting 6.10.21 The outstanding 65 Legacy cases have now been completed.	

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>Issue: Care Home Annual Reviews</p> <p>283 Reviews outstanding</p> <p>Discussion at DSF meeting 25.6.21 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>.</p>	<p>Actions:</p> <ul style="list-style-type: none"> ➤ Trust to provide outline of timeframe to ensure compliance – updated on a monthly basis 	31/07/21 Updates then monthly	Natalie Magee Co-Director ACOPS /Tracy Reid DSW Community & Hospital Adult Community & Older Peoples Services	<p>Discussion at DSF meeting 6.10.21 183 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>Update 2/3/22 All outstanding reviews have now</p>	

				been completed.	
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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 will be reviewed at interface meetings with HSCB and Trusts (minimum 3 times yearly). Progress updates will be completed after each interface meeting and reviewed by Senior Operational Management Team, HSCB.

APPENDIX 2

SUMMARY AREAS OF CONCERN

2.7

2.7 Discharge of Directed 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 Directed Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Family & Childcare Issues	
	<p>Children with a disability - short breaks availability / numbers on child protection register: The HSCB notes:</p> <ul style="list-style-type: none"> ➤ Trust have reported no CWD on the CPR ➤ Trust report the highest number on ASD waiting list ➤ Trust report highest per capita SEN statements ➤ Trust report highest level of Children on high level DLA. ➤ Trust report a decline in number of CWD but increase in ➤ pressure in this area <p>HSCB and Trusts are still unaware of the consequences or impact arising from the Girvan case relating to Educational application to the MCA and this will need to be kept under review.</p> <p>Discussion at DSF meeting 25.6.21 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</p>	<ul style="list-style-type: none"> ➤ Trust to provide Action Plan in relation to the management of Autism waiting list <p>Update required from ASD service.</p> <p>Update 14.03.22 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.</p> <p>Diagnostic rate is 95% following triage which would indicate appropriate referral and triage processes.</p> <p>BHSCT intervention WL < 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"> ➤ Trust to provide report to the HSCB outlining mitigations in place in terms of levels of support in absence of short breaks <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</p>

<p>of short breaks.</p> <p>Willow lodge is continued to be paused. 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 Children with Disabilities teams.</p>	<p>schools. The Trust advised engagement with relevant families continues; They have been able to step up face to face contact and provide additionally via Community and Voluntary partners. The Trust has also increased self-directed support payments.</p> <p>Update 14.03.22 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 – outcome awaited.</p> <p>➤ Trust to provide action plan outlining how they are re-instating short break capacity by October 2021</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>Update 14.03.22</p>
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	<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 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>
<p>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>Discussion at DSF meeting 25.6.21 HSCB would request an analysis of Leaving Aftercare/SAI's to identify unmet need and the impacts</p>	<p>➤ Trust to provide an action plan outlining how they are to reduce this figure (to include: staffing levels, data collection and forecasting)</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>on young people.</p> <p>Trust are reviewing 18+ teams with a view to changing to 16+. They are also working with Paris to appropriately identify young person requiring a PA. Trust reviewing case closures monthly which all assists in projecting numbers of young person coming into the service.</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>Update 14.03.22 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"> ➤ Plan to outline timeframes and outline projected reduction in waiting list <p>See above update. Closures completed Nov 21 and young people assessed as low risk are managed via the Trusts duty system.</p> <p>Update 14.03.22 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"> ➤ Trust and HSCB to undertake a review of SAI's <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>
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		<p>Update 14.03.22</p> <p>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.</p> <p>Governance system in place to identify SAIs in timely manner.</p>
	<p>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 CwD – 83 FS – 19 Gateway – 10</p> <p>Total: 129 (an increase of 13 from March 21)</p> <p>Discussion at DSF meeting 25.6.21 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.</p>	<p>➤ 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>Action plan received and further updated on 26th 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 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>Update 14.03.22</p>

	<p>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>See above mitigations to increase workforce capacity within LAC 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 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>Statutory Visits:</p>	<p>➤ Action plan from the Trust to explain how they are ensuring each child looked after has a social worker, receives statutory visits and</p>

<p>72 statutory visits did not take place within the regulatory timescales.</p> <p>Discussion at DSF meeting 25.6.21 Refer to discussion at Unallocated section</p>	<p>statutory reviews</p> <p>The Trust advise that both statutory visiting 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>Update 14.03.22 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) 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>Statutory reviews:</p> <p>94 statutory looked after children reviews did not take place within the required timescales.</p> <p>Discussion at DSF meeting 25.6.21</p>	<p>➤ 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>See above.</p>

Refer to discussion at Unallocated section	
<p>Placement Moves for children:</p> <p>117 children experienced a move in placement during the reporting period.</p> <p>Discussion at DSF meeting 25.6.21 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>➤ No actions required – included for information only.</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 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>Update 14.03.22 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>Iveagh delayed discharges:</p> <p>Discussion at DSF meeting 25.6.21 Operational policy requires review during 2021/22</p>	<p>➤ Review and amend Operational Procedures to prevent future delayed discharges</p> <p>Update to be requested from Adult LD service. Process ongoing with AD CwD group and Independent Review are looking at some of 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</p>

		<p>Children's services was highlighted in relation to Iveagh. A Judicial review is ongoing regarding 1 x YP in Iveagh at present.</p> <p>Update 14.03.22 Young person remains in Iveagh and Judicial Review hearing is scheduled. Trust 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>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>Discussion at DSF meeting 25.6.21 Trust undertook an analysis of thresholds, and were satisfied with decisions made.</p>	<p>Update 13.12.21 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 Moves above for further detail.</p> <p>Update 14.03.22 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).</p>
	Emerging Issues	
	<p>High levels of staff vacancy impacting on Trust capacity to deliver Statutory Duties</p> <p>31.9% average but some teams are at 46% This significantly impacts on the Trusts capacity to undertake key statutory as outlined in the programme of</p>	<ul style="list-style-type: none"> ➤ Business Continuity arrangements have been operational since January 2022 as agreed with Trust Board which ensures that available resource is targeted at children and families at highest risk and staffing is kept under continuous review. ➤ Trust have actively engaged in regional recruitment processes and have made full use of staff identified through DOH work force appeal.

<p>care summary for children's services and at 2.6 and in actions above which remain in amber and red.</p> <p>Registration with CORU for social workers undertaking statutory visits in ROI following UK exit from EU</p>	<ul style="list-style-type: none"> ➤ Streamlined recruitment of existing students to the Hard to Fill posts without interview ➤ Increasing the number of senior practitioner posts in Gateway, Family Support, LAC, and Children with Disability Teams ➤ Additional Psychological support from a band 8b psychologist ➤ Promotion of flexible working approaches ➤ Occupational Health pilot to support staff who are out on sick leave due to stress and mental health or who have identified to be suffering from stress ➤ Trust Workforce Steering Group established and 4 Task and Finish groups progressing with actions plans to address making social work in BHSCT attractive, working conditions, support for staff, and ensuring sufficient capacity. ➤ Band 7 SW Recruitment and Retention Coordinator appointed and has been focused on learning from Exit Interviews for staff leaving over the last year to be carried out to support retention and recruitment to Hard to Fill posts initiatives. ➤ 15 sw have been identified to register with CORU from across Family support/LAC / Fostering and Children with Disability Services. ➤ Above grp of SW have been supported to understand and engage in registration process which is multi-faceted and protracted. ➤ [REDACTED] ➤ [REDACTED] ➤ 6 staff at stage of paying fees for both the Recognition and Registration applications. Trust arrangements in place to pay fees. ➤ The Trust are advised that the Recognition of the Social Worker's Qualifications can take at least 4 months. The applicant's request for registration is then processed and this can take a further two months. This is a minimum time scale as the assessment of applications are being delayed when CORU seek clarification on matters and is dependent on Universities accessing and forwarding to CORU the
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		<p>necessary documents.</p> <ul style="list-style-type: none"> ➤ An agency worker registered with CORU has been used to facilitate contact between parent and child. ➤ A monthly review of progress is undertaken with and this is issue is on the Trust Risk Register
	Mental Health Issues	
	<p>Regional Bed Pressures:</p> <p>Regional bed pressures have impacted on completion of formal admission under the Mental Health Order due to lack of available beds following completion of Form 3 and 2(i.e. Patient has been detained). This has led to delays in conveying the patient to hospital, at times lasting 24-48 hrs with patients waiting in the community, emergency department, in custody suite etc.</p>	<ul style="list-style-type: none"> ➤ Use of contingency plans on admissions wards such as use of sofa and mattress as a temporary measure to enable the patient to be admitted to psychiatric hospital. While this is not an acceptable alternative, this has been required on a regular basis over the recent year as a last resort to safeguard Patients. ➤ Safety plan agreed where possible overnight with family, emergency department staff and police with the assistance of RESWS ASW using the 'joint working arrangement' co-designed by RESWS and the ASW daytime service BHSCT. While this is not a recommended alternative this may be required when there are no regional beds or contingency arrangements available. Patients in these scenarios are prioritised for urgent admission to the next available bed. ➤ Patient may remain in medical bed or place of safety for example ED or police station until a bed becomes available. ➤ Admissions Pathway Quality Improvement Initiative Acute Mental Health Inpatient Centre (AMHIC) – the pathway provides twice daily review of current admissions, delayed discharges and use of statutory and community resources to facilitate timely discharge to increase bed capacity. This is aided by a prioritisation tool and multidisciplinary working group led by senior management and the collective leadership team.

<p>MCA compliance The BHSCT have established a central MCA service providing monitoring and assurances on community activity. Full compliance achieved with Legacy cases and all Extension and Review Tribunal work.</p> <p>Short-term Detention Authorisation referral rates are low and there are concerns that the Trust is not fulfilling legislative requirements in relation to patients deprived of their liberty in hospitals.</p>	<ul style="list-style-type: none"> ➤ Development of a central service has positively impacted on MCA implementation and compliance and permanent recruitment to this service is underway. ➤ Referral arrangements in BHSCT have been simplified to a one-page referral on PJS, with the MCA Service completing the DoLS. ➤ Short-term Detention awareness sessions have been arranged throughout June with nursing and medical staff on hospital sites. ➤ Further awareness sessions will be scheduled throughout July and August. ➤ The matter has been escalated to the Medical Co-Director for action and direction across hospital sites. ➤ Funding has been secured for a Consultant Psychiatrist to drive this work on hospital sites and recruitment processes have commenced. ➤ A regional workshop has been arranged for 21st June with the Department of Health to address the low rate of referrals. Trust Acute medical rep will attend alongside MCA staff
<p>Autism Waiting List At end of reporting period waiting list figure is 2280 is longest wait is 1707 days. This is reported monthly to SPPG</p>	<p>There continues to be issues with demand for Autism services being greater than resource capacity and an action plan has been submitted to SPPG in August 2021 which focuses on 2 areas:</p> <ul style="list-style-type: none"> ➤ Getting back to core funded capacity after COVID19 restrictions and staff movement. ➤ Increasing capacity beyond current funding resource.
<p>Learning Disability Issues</p>	
<p>Domiciliary Waiting List: There are 12 service users on the waiting list for</p>	<p>Update 29.10.21-</p> <ul style="list-style-type: none"> ➤ There are currently 11 service users awaiting packages.

<p>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 carer stress levels</p> <p>Discussion at DSF meeting 25.6.21 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. 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>The unmet need specific to Domiciliary Care is carried forward from the 2020-21 action plan. There are 17 service users awaiting Domiciliary Care on 31 March 2022</p>	<ul style="list-style-type: none"> ➤ The project group introduced time bands which increased flexibility for Providers and enabled them to offer more 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. ➤ Unmet needs audit is carried out on a monthly basis to ensure that all packages on the Care Bureau Circulation list are still required. ➤ Care Managers check with key workers that packages are still required. ➤ Key workers maintain contact with service users and carers to determine how well they are managing in the absence of a package. Frequency of contact is determined individually but is at least monthly ➤ Key workers offer supports to families, for example, SDS/ Direct Payments, carer assessments etc. ➤ Key workers inform Care Managers when circumstances deteriorate and package needs to be escalated. ➤ 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 prioritised. ➤ 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. <p>Up-date at DSF meeting 09.12.21: 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 least monthly. Rag rating agreed to remain amber.</p> <p>Update at DSF Meeting 04/03/22: Rhoda McBride updated that the Trust</p>
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		<p>continue to work with service providers, families, C&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 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>Potential failure to provide people deprived of their liberty with adequate legal safeguards Compliance date set at December 2021.</p>	<p>➤ Trust to provide monthly update on compliance at each interface meeting with HSCB Updates provided through Mary O'Brien in MH via the interface meetings with HSCB.</p> <p>Up-date at DSF meeting 09.12.21 HSCB contacted Trust yesterday to confirm level of MCA funding available. Trust had requested additional funding and consider available funding will impact on activity levels from 1st 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>

		Update 25.05.22 MCA activity reported in Mental Health Section of this action plan as the MCA central team sits within the Management structure of Mental Health Services of BHSCT. LD compliant with all MCA requirements
	<p>Accommodation needs for those being discharged from Muckamore Abbey Hospital</p> <p>➤ Trust to provide Resettlement Plan</p> <p>Discussion at DSF meeting 25.6.21 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 user without a plan.</p>	<ul style="list-style-type: none"> 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. <p>Update as of 31.10.21</p> <ul style="list-style-type: none"> 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 The Trust would recommend the regional implementation of Care and Treatment Reviews and a Blue Light Protocol which has been implemented by NHS England as a key part of its approach to early intervention and reducing inappropriate admissions. Two documents from NHS England are enclosed. In the last six months there were 3 discharges from Muckamore Abbey Hospital. <p>Update 31.10.21</p> <ul style="list-style-type: none"> In the last 6 months there have been 3 full discharges – 2 from BHSCT and 1 from NHSCT. Resettlement plans across Trusts would indicate the potential for 4 discharges to be achieved in the next six months. <p>Update 31.10.21</p> <ul style="list-style-type: none"> There is a potential for 5 discharges to be achieved within the next 6 months– 1 BHSCT. 4 NHSCT.

		<ul style="list-style-type: none"> 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. <p>Up-date DSF meeting 09.12.21: 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 admissions criteria and associated pathways, work commenced in recent T&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>Update at DSF meeting 04/03/22: 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 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>*Update 24.05.22 Proposal paper has been rec'd by SPPG with plans to expedite the</p>
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resettlement of patients delayed at MAH & includes plans for discharge of 5 patients by July 2022 & a further 11 by Jan 2023. Proposal includes a plan for patients delayed at MAH and who require long term social care support. Forensic patients in receipt of active treatment will remain to be treated on MAH awaiting the development of a Forensic Treatment Unit..

Proposed care arrangements for BHSCT patients on MAH site as of 30.3.22 are:

Proposed placement	Numbers of people identified for placement	Challenges	Time frame
Mallusk	1		January 2023 dependent on staffing issues
Minnowburn	5	Challenges: New build, business case, process of handover of land, planning permission and new service development.	2024/25
Forensic business case	2	Unable to submit full business case until	2024/25

				land/property identified. Three site viewings have occurred Outcome meeting scheduled.	
		Onsite proposal	1	New service development of Social Care Model.	2026
		Trial Leave	2	Trial leave Knockcairn Trial on leave to Cherryhill	Ongoing
		Community placement currently being explored	1	Placement in The Mews terminated. Housing options currently being pursued. Referral made to	2022/23

				Homecare.	
		Cherryhill** (one of these relates to the patient for whom on previous action plan there was no plan in place)	2	Assessment of need for Cherryhill is currently being explored.	Ongoing
		New referral to resettlement Medically fit from 1-03-22. Care management assessment currently underway	1	NA	Unknown

The Division actively working on 4 key provisions for resettlement:

- 5) Minnowburn Supported Housing
- 6) Forensic Supported Housing
- 7) An interim Social Care model on MAH for those with Social Care needs delayed on site

		<p>8) A longer term social care model for 5 patients on MAH site</p> <p>The Division continues to progress business cases. The Strategic Outline Case Proforma is at an advanced stage of development for the provision of:</p> <ul style="list-style-type: none"> c) A supported housing scheme on the Minnowburn site for Belfast Trust patients d) A supported housing scheme at Kesh Road, Maze Lisburn for patients with a Learning Disability with forensic needs <p>The Trust aim to submit a full Business Case by end of June 2022. SPPG rec'd Resettlement proposals paper (inc details of 5 discharges by July 22 and further 11 by Jan 23 plus short term social care model for those delayed on site & longer term social care model for 5 people who meet criteria to remain. Forensic Pt to remain until Treatment unit available.</p>
	<p>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>Discussion at DSF meeting 25.6.21 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>HSCB require the Trust to provide a plan outlining the following:</p> <ul style="list-style-type: none"> ➤ Provide detail regarding the numbers of requests for admission ➤ Outline their process for admission for HSCB consideration (Regionally) ➤ Trust to identify the number of discharges over the previous 6 month period ➤ Trust to provide projections of number of discharges over next 6 month period ➤ Trust to confirm when they will be receiving admissions ➤ 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. <p>Update as of 31.10.21</p> <ul style="list-style-type: none"> ➤ There have been no requests from other Trusts over the past 6 months. There have been 2 BHSCT admissions to MAH- 1 in Sept

		<p>and 1 in Oct</p> <ul style="list-style-type: none"> ➤ The Trust would recommend the regional implementation of Care and Treatment Reviews and a Blue Light Protocol which has been implemented by NHS England as a key part of its approach to early intervention and reducing inappropriate admissions. Two documents from NHS England are enclosed. ➤ In the last six months there were 3 discharges from Muckamore Abbey Hospital. <p>Update 31.10.21</p> <ul style="list-style-type: none"> ➤ In the last 6 months there have been 3 full discharges – 2 from BHSCT and 1 from NHSCT. ➤ Resettlement plans across Trusts would indicate the potential for 4 discharges to be achieved in the next six months. <p>Update 31.10.21</p> <ul style="list-style-type: none"> ➤ There is a potential for 5 discharges to be achieved within the next 6 months– 1 BHSCT. 4 NHSCT. ➤ 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. <p>Up-date DSF meeting 09.12.21: 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</p>
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	<p>required re regional admissions criteria and associated pathways, work commenced in recent T&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>Update at DSF meeting 04/03/22: 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 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>Update 24.05.22 The Trust cannot accept admissions to MAH due to deteriorating staffing position. The Trust recognises the impact that this has upon regional provision of service.</p> <p>Activity during this reporting period:</p> <ul style="list-style-type: none"> - 5 requests for admission - 3 of these resulted in an admission to MAH - 4 discharges and 2 home on trial - Plans for 5 discharges in July 2022 & 11 by January 2023 <p>Work in relation to regional admissions criteria and associated pathways commenced through a T&F group led by HSCB. Trust submitted two</p>
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		documents referenced above re implementation of Care & Treatment Reviews & a Blue Light Protocol to HSCB. Trust to continue to monitor requests for admissions
	<p>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>Discussion at DSF meeting 25.6.21 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>	<ul style="list-style-type: none"> ➤ Trust to undertake an internal review of the effectiveness of safeguarding services and report back to HSCB ➤ During July the DOH completed an audit into ASG in MAH and this was followed by an RQIA inspection into MAH in July/August. ➤ 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 other two pieces of work that have been carried out by DOH and RQIA. <p>Up-date at DSF meeting 09.12.21: Trust to forward audit findings to HSCB. IPT for LD Principal Practitioner to provide professional support to Divisional Social Worker.</p> <ul style="list-style-type: none"> ➤ Update at DSF meeting 04/03/22: 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 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.
	Emerging issues	
	<p>Staff vacancy impacting on Social Work and ability to deliver Statutory Duties:</p> <p>There are significant challenges in relation to Social Work workforce. This is impacting upon the ability of the service area to undertake key statutory functions including:</p> <ul style="list-style-type: none"> ➤ Timely assessment and discharge of community cases ➤ Allocation of low risk cases ➤ Timely completion of Adult Safeguarding investigations ➤ Ongoing review of Hospital Social Work cases 	<p>There are significant work force pressures across LD in relation to Social Work Workforce, with a significant loss of experienced across practitioner and managerial staff Band 6 - 8, which brought the service area to a position of approximately 50% vacancy with frontline staff and for a short period of time 100% vacancy at Bd 7 level.</p> <ul style="list-style-type: none"> ➤ The Division has taken a number of actions to address this matter and is now in a position to report that: ➤ Business Continuity arrangements have been activated ➤ All cases have been risk assessed with BCP action cards developed setting out review standards ➤ Systems in place to review all caseloads with a view to case cleansing once Team Leaders in place ➤ Recovery action plans in place for service areas ➤ All Band 7 Team Leader posts have been appointed through Expression of Interest, with permanent recruitment underway ➤ Band 8A Social Work Lead post has been recruited to permanently ➤ Band 8B Social Work Service Manager has been recruited to permanently ➤ 13 requisitions for Social Work posts have been processed through scrutiny for regional recruitment ➤ Principal Social Worker has been permanently appointed ➤ Role of Service Improvement Lead for Community Teams is being developed ➤ Business Support to Community Teams is being developed ➤ All agency staff, workforce appeal, staff returning from retirement has been utilised with overtime offered to community staff ➤ Listening exercises have been carried out with staff to understand challenges and offer support ➤ Analysis of Exit Interviews for staff leaving over the last year to be

		<p>carried out to support retention</p> <ul style="list-style-type: none"> ➤ Discrete HR person has been appointed to support the Division to expedite recruitment processes ➤ Social Work Forums have been upturned to offer support and development to Social Work staff ➤ Group supervision model has been utilised ➤ Induction planning for new staff is underway ➤ Challenges are recorded on Divisional Risk Register
	<p>Provision of Daycare 2021/2022 has been a particularly challenging year for the delivery of Day Care and Day Opportunities within Learning Disability, as it continues to comply with IPC Covid Guidance.</p>	<ul style="list-style-type: none"> ➤ During this period the Day Centres have continued to offer services to all service users who live at home with family members, those in Supported Living, and those who live alone or with minimum support ➤ Whilst service users are not all attending at pre-pandemic levels, the service area is working towards re-instating the number of days that each individual previously had, as IPC guidance is eased. ➤ Many service users and their families have opted for Direct Payments in lieu of the days they are not attending their Centre. ➤ In November 2021 all Centres conducted environmental reassessments which led to group rooms being designated as “clinical areas” by IPC which means that staff can be considered as supernumerary when in full PPE. This created a small increase in capacity within certain rooms. ➤ Additional Day Opportunities have and will continue to be offered specifically for those living at home who are not able to access the Day Centre they previously attended. ➤ Occupational Therapy services, normally based in Day Centres, offer a range of out-reach activities to those residing in 24 hour residential or supported housing facilities, who are currently not prioritised for the Day Centre ➤ The Trust is currently working on an Action Plan to safely return all service users to pre-pandemic attendance levels, taking account of social distancing requirements and staff availability. All service users

		<p>will avail of an updated assessment to ensure the service offered continues to be in line with their assessed need.</p> <ul style="list-style-type: none"> ➤ Day Opportunity services are back operating at their pre-pandemic levels. The service area will continue to offer a wide range of community based Day Opportunities commissioned through various independent organisations from the community and voluntary sectors. ➤ Development of current and new community based day opportunities is ongoing as our partner organisations reflect on learning from Covid 19 and respond to service user feedback, adapting the services they offer accordingly.
	Adults Community Older People Issues	
	<p>Domiciliary Care Provision – 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>Discussion at DSF meeting 25.6.21 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>	<ul style="list-style-type: none"> ➤ Trust to share the review undertake within the service area, including identification of skill mix <p>Discussion at DSF meeting 6.10.21 Level of unmet need 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>Update 2/3/22 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"> ➤ Trust to share outcome of review to utilise/increase use of direct payment

	<p>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>Discussion at DSF meeting 25.6.21</p> <p>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>➤ Trust to provide outline of timeframe to ensure compliance – updated on a monthly basis</p> <p>There is acknowledgment that within OP services, there remains a very significant risk of non-compliance by March 22. CREST & 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>Update 2/3/22</p> <p>Acknowledgement of non-compliance by March '22. CSW projected 51% compliance & 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 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 & skill mix. Contact with Key-Worker is maintained while review pending and where required need for review can be escalated and prioritised based on service user needs/risk</p> <p>Community Social Work update</p> <p>Review target - 4108</p> <p>Reviews completed by March 2022 – 1869</p> <p>Reviews outstanding at 31st March 2022 - 2239</p> <p>Target based on 51 SW in post completing 2 annual reviews each per week=104 per week</p>
	<p>Inappropriate Referrals to Adult Protection Gateway Team (APGT)</p> <p>242 of the 1121 referrals (21%) made to APTG (Older People and Physical Disability services) are screened</p>	<p>➤ Trust to provide analysis report on data and activity levels.</p> <p>Discussion at DSF meeting 6.10.21</p> <p>Analysis report indicates that for 2020/21 45% of referrals were screened out as inappropriate for APTG. These referrals were largely welfare concerns with PSNI being the main referral agent. Analysis revealed there is</p>

	<p>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>Discussion at DSF meeting 25.6.21 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 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>significant misunderstanding across the Trust and beyond as to the role and remit of the APGT. Training is ongoing within the Trust and to 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>Update 2/3/22 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>Update 24th May 2022 January 2021-December 2021 - 630 screened out cases. Breakdown by POC Programme of F&CC – 18 LD – 36 MH – 183 OPS – 263 PHSD – 51 Not known – 79. This should remain as Amber.</p>
	Emerging Issues	
	<p>Community Social Work: Unallocated cases 24th May 2022 = 425. This is in large part due to cases requiring transfer to new key workers from staff who have left the service or been promoted within it.</p>	<p>The Programme of Care is working towards to have cases re-allocated as soon as practically possible. High risk complex cases are allocated, the unallocated work is largely confined to lower level non care managed cases</p> <p>Position at 31st May 2022 405 Unallocated cases in Community Social Work 166 are low level cases with reviews completed and lower priority for</p>

		<p>allocation to key worker.</p> <p>239 are cases which require re-allocation due to staff turnover and now need a new case worker in place. The longest time unallocated is February 2022 – present. 164 have required re- allocation due to staff leaving since 1st April 2022. Duty system used to monitor and review and escalate where required. Unallocated cases will all have been reviewed and assessed as low level (apart from cases being re-allocated when a staff member leaves)</p>
	<p>Day Centre Attendance</p> <p>Since the re-opening of day centres from a period of full closure during the pandemic, the IPC 2 metre guidance for social distancing has meant the day centres have been unable to return to pre-pandemic attendances and remains at approximately 37.6% of the previous daily activity. The reduced service delivery has an impact on service users, carers, families and their wellbeing.</p>	<p>The service and wider Trust are engaged in the remobilisation pathway aimed at increasing the daily number of service users who can attend a Day Centre. This includes working with key stakeholders to review and complete risk assessments, use of PPE, vaccination status of staff and service users, regular testing and 4th booster vaccinations for those who are eligible. The planning is with a view to increase attendance, in line with regional and Trust Covid 19 restrictions. This should remain at red.</p>
	Physical Disability and Sensory Impairment Issues	
	<p>Domiciliary Care</p> <p>92 service users remain waiting for a package of care. This is directly impacted by a regional domiciliary workforce deficit. (which equates to 811 hours).</p>	<ul style="list-style-type: none"> ➤ PSD will adhere to the support and guidance afforded by the Health Department in relation to the regional domiciliary care workforce crisis. PSD will continue to assess and review all requests for packages of care to make sure they meet the level of need. ➤ PSD will continue to employ dynamic risk stratification to reviewing all cases. ➤ PSD will continue to review self-directed support through direct payments with service users as an alternative solution to a statutory

		<p>domiciliary package of care.</p> <ul style="list-style-type: none"> ➤ All service users awaiting a package are contacted 6 weekly to check for changes in need or alternatives to care (SDS/Direct Payments).key worker contact details are provided to all service users and more frequent review can be arranged if required. ➤ Recruitment for home care has been a priority however there continue to be challenges supply of people interested in this area of work. The Trust plan to develop and implement a social care strategy in the next reporting period to address these issues. This should remain at amber.
	<p>Annual Care Reviews (Care Homes and Domiciliary Care)</p> <p>106 outstanding annual reviews across the service.</p> <ul style="list-style-type: none"> ➤ 8 Care Home Reviews outstanding (1 from previous reporting period) ➤ 98 Domiciliary Reviews outstanding(12 from previous reporting period) <p>Due to the extended period of standing down of non-essential statutory reviews during the pandemic, 106 annual reviews (7.2% of PSD caseload) are outstanding at the end of this reporting period.</p> <p>There has also been a sharp increase in referrals for the last reporting period, an increase of 706 which is having an impact on caseloads and reviews being held in a</p>	<ul style="list-style-type: none"> ➤ An action plan is in place, which includes the triaging of cases, additional hours, use of bank / agency staff and utilising social work resources to complete the outstanding reviews. ➤ Senior managers will support practitioners managing their caseloads, triaging cases on a needs and risk basis and will continue to use the risk stratification to prioritise those service users most in need. <p>There has been positive work by the service over the past 12 months to address the outstanding reviews from 20/21 (283 outstanding March 21) and return to statutory function compliance. It is anticipated to have compliance for the next reporting period.</p> <p>Update 24th May 2022 The reviews outstanding from previous reporting period were not identified at march and a plan is in place to complete by end of July 2022. This should remain at amber (reason for error staff absence and new service manager)</p>

	timely manner.	
	<p>Day Centre Attendance</p> <p>Since the re-opening of day centres from a period of full closure during the pandemic, the IPC 2 metre guidance for social distancing has meant the day centres have been unable to return to pre-pandemic attendances and remains at approximately 47%.3 of the previous daily activity. The reduced service delivery has an impact on service users, carers, families and their wellbeing.</p>	<p>The service and wider Trust are engaged in the remobilisation pathway aimed at increasing the daily number of service users who can attend a Day Centre. This includes working with key stakeholders to review and complete risk assessments, use of PPE, vaccination status of staff and service users, regular testing and 4th booster vaccinations for those who are eligible. The planning is with a view to increase attendance, in line with regional and Trust Covid 19 restrictions. This should remain at red.</p>

APPENDIX 3

DATA RETURNS

DATA RETURN

ADULT MENTAL HEALTH & CAMHS

DATA RETURN 1 – PoC / Directorate Adult Mental Health and CAMHS

1 GENERAL PROVISIONS			
Note: Total excludes psychiatric inpatients which are reported in the General Provisions Hospital Section.			
	Report only includes social workers working in designated social work posts ie those in no designated or generic roles are not included in the DSF numbers.	<65	65+
1.1	<p>How many adults were referred for assessment of social work or social care need during the period?</p> <p>Note: there are 2 assessment centres in Belfast North & West and South & East. South and East Assessment centre figures have reduced significantly in the last year by 482 referrals. This may be attributed to the pandemic in relation to the ability of GP's to make referrals to the centres and those able to attend due to lock down restrictions and limit on face to face assessments taking place.</p>	4170	
1.2	<p>Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?</p> <p>See 1.1 for narrative.</p>	2701	
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1416	
1.3a	<p>How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?</p> <p>See 1.1 for narrative.</p>	1364	
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care	74	
	ii. Nursing Home Care	142	
	iii. Domiciliary Care Managed	218	
	iv. Domiciliary Non Care Managed	0	
	v. Supported Living	184	
	vi. Permanent Adult Family Placement	0	

1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES <i>If no, please explain</i>																				
1.5	Number of adults provided with respite during the period	PMSI return	PMSI return																		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care																				
	- Statutory sector	166																			
	- Independent sector	0																			
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities Increase in figures reported for the period as these were obtained directly from C&V sector and targeted scoping of teams to identify numbers. This may indicate an issue for collation systems within the Trust to accurately reflect the number of day opportunities being utilised.	306																			
	<table><tr><th>Day Opportunities</th><th>MH Teams</th></tr><tr><td>By type, excluding stat day centres</td><td>Numbers of participants from your service, engaged in Day Opportunities, as of 31st March 2022 (excluding Trust-run Day Centres)</td></tr><tr><td>Further Education</td><td>20</td></tr><tr><td>Volunteering</td><td>7</td></tr><tr><td>Paid Employment</td><td>16</td></tr><tr><td>Social Enterprise, eg, Mindwise, New Horizons</td><td>Mindwise – 100 New Horizons - 109 New Horizons IPS – 34. MENCAP – 1 ASPEN (INSPIRE WELLBEING Orchardville – 2 ASHTON CENTRE – 1 PRINCES TRUST – 1 Extern - 1 Mens Shed – 1</td></tr><tr><td>Social Activities/groups</td><td>7</td></tr><tr><td>Sporting groups</td><td>1</td></tr><tr><td>Other... please specify name of activity and number engaged.</td><td>Community centre – 1 Theatrical Group – 1</td></tr></table>			Day Opportunities	MH Teams	By type, excluding stat day centres	Numbers of participants from your service, engaged in Day Opportunities, as of 31 st March 2022 (excluding Trust-run Day Centres)	Further Education	20	Volunteering	7	Paid Employment	16	Social Enterprise, eg, Mindwise, New Horizons	Mindwise – 100 New Horizons - 109 New Horizons IPS – 34. MENCAP – 1 ASPEN (INSPIRE WELLBEING Orchardville – 2 ASHTON CENTRE – 1 PRINCES TRUST – 1 Extern - 1 Mens Shed – 1	Social Activities/groups	7	Sporting groups	1	Other... please specify name of activity and number engaged.	Community centre – 1 Theatrical Group – 1
	Day Opportunities			MH Teams																	
	By type, excluding stat day centres			Numbers of participants from your service, engaged in Day Opportunities, as of 31 st March 2022 (excluding Trust-run Day Centres)																	
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	Social Activities/groups			7																	
	Sporting groups			1																	
	Other... please specify name of activity and number engaged.			Community centre – 1 Theatrical Group – 1																	

	Total figure:	306			
1.7	Of those at 1.6 how many are EMI / dementia	N/A			
	- Statutory sector				
	- Independent sector				
1.8	This is intentionally blank	-	-		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland? Note: A further 2 places that are in health care ie specialist units as ECR's (Huntingdon's personality disorder).	4			

DATA RETURN 1 – Hospital AMHIC, Shannon Clinic and Beechcroft

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	78	441	
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	77	227	
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	20	82	

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) _____**Not applicable**_____

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?			
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same			
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate Adult Mental Health and CAMHS

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<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 Note: this figure has been reported as the number of patients of the 31 st March.	2	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	1	
	Partially sighted	9	
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	14	
	Deaf without speech	14	
	Hard of hearing	27	
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	

DATA RETURN 3 – PoC / Directorate Adult Mental Health and CAMHS

3 DISABLED PERSONS (NI) ACT 1989 <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.	29
	Number of Disabled people known as at 31 st March.	38
3.2	Number of assessments of need carried out during period end 31 st March.	43
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate Adult Mental Health and CAMHS

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 Note: this is the number of transactions (221 manually counted) that are recorded against the financial code for Article 15 payments within Mental Health Services budgets. There could be more than one payment per transaction but this information is not collated.	221
	Total expenditure for the above payments	£12,455
4.2	Number of TRUST FUNDED people in residential care Note: 1 person is self funding which is excluded.	74
4.3	Number of TRUST FUNDED people in nursing care Note: 3 persons are self funded which is excluded.	142
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	9

DATA RETURN 5 – PoC / Directorate Adult Mental Health and CAMHS

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65 +
5.1	<p>Number of adult carers offered individual carers assessments during the period</p> <p>Note: There was an increase in the number of carers assessments offered from the last period of 486.</p>	135	1490	
5.2	<p>Number of adult individual carers assessments completed during the period</p> <p>Note: There was a reduction in the number of assessments completed during the period by 49.</p>	89	516	
5.2a	<p>Number of adult individual carers assessments declined during the period and the reasons why</p> <p>Note: There was an increase in the number of carer assessments that were declined (by 535 from the last reporting period)</p>	45	779	
5.3	<p>Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?</p> <p>Collated by childrens disability team.</p>	NA	3	
5.4	<p>Number of adult carers receiving a service @ 31st March</p> <p>Note: the service have not been collating carer stats in relation to grants issued within the CAMHS programme. This will be addressed in the forth coming period.</p> <p>Note: Improved collation of DSF figures each month has resulted in increase from last period of 337 in 18-65yr group.</p> <p>In addition to one off Carers Grants, the following Carer supports are also noted.</p> <p>Therapies: 208 carers received a total of 457 hours of therapeutic support;</p>	Not collated by service at present	342	

	<p>Carer Support Service Activity Programme: 173 carers took part in a range of online activities receiving a total of 495 hours of support;</p> <p>CAUSE Carer short Breaks: 741 carer attendances for support groups and overnight breaks providing 4648 hours of support.</p> <p>PRAXIS Carer short Breaks: 203 carer attendances for carer events and overnight breaks providing 2675 hours of support.</p>			
5.5	<p>Number of young carers offered individual carers assessments during the period.</p> <p>Note: In addition, in the period Action for children reported that there were:- 5 referrals from Adult Services- Mental Health (4 inappropriate referrals; 1 declined service); 3 referrals from CAMHS (1 inappropriate referral; 1 declined service; 1 reached 18 years of age); 3 referrals from CAMHS on waiting list.</p>	17 CAMHS 9 Mental Health		
5.6	Number of young carers assessments completed during the period	17 CAMHS 9 Mental Health		
5.7	<p>Number of young carers receiving a service @ 31st March</p> <p>Note: includes service from Action From Children which is commissioned by the Trust.</p>	20 CAMHS 3 Mental Health		
5.8	<p>(a) Number of requests for direct payments during the period 1st April – 31st March</p> <p>Note: collation systems regarding number of requests are based on manual count and are not systemically collated by governance departments at present.</p>	5		
	<p>b) Number of new approvals for direct payments during the period 1st April – 31st March</p> <p>Self-directed support approvals</p>	12 49		

	(c) Number of adults receiving direct payments @ 31 st March Self directed support	33 226 plus one carer =227
5.9	Number of children receiving direct payments @ 31 st March	Collated within children's disability team
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	NA
5.10	Number of carers receiving direct payments @ 31 st March	1
5.11	Number of one off Carers Grants made in-year.	763
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary		

DATA RETURN 6 – PoC / Directorate Adult Mental Health and CAMHS**6 SAFEGUARDING ADULTS**

6.1	Number of adult protection referrals within the period	101 HSCB to collect from PMSI
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial 5 (b) Institutional 0 (c) Neglect 0 (d) Physical 60 (e) Psychological/ Emotional 10 (f) Sexual 26 (g) Exploitation 0	HSCB to collect from PMSI
6.3	Number of investigations commenced within the period Safeguarding investigations – 475 Protection investigations – <u>101</u> Total 576	576 HSCB to collect from PMSI
6.4	Number of cases closed to adults in need of protection within the period	76 Trust return
6.5	Number of protection plans commenced within the period	532 HSCB to collect from PMSI
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate Adult Mental Health and CAMHS

Note: The Trust ASW service is Trust wide and is managed by the Adult Mental Health Division. Therefore figures below are for the whole service broken down by the category of care that the service user belongs to.

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		TRUST ASW	RESWS ASW										
9.1	Total Number of Assessments made by ASWs under the MHO <table border="1"> <tr><td>MH</td><td>251</td></tr> <tr><td>LD</td><td>16</td></tr> <tr><td>OPS</td><td>37</td></tr> <tr><td>CAMHS</td><td>7</td></tr> <tr><td>TOTAL</td><td>311</td></tr> </table>	MH	251	LD	16	OPS	37	CAMHS	7	TOTAL	311	See table for programme breakdown	
MH	251												
LD	16												
OPS	37												
CAMHS	7												
TOTAL	311												
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b) <table border="1"> <tr><td>MH</td><td>200</td></tr> <tr><td>LD</td><td>9</td></tr> <tr><td>OPS</td><td>20</td></tr> <tr><td>CAMHS</td><td>6</td></tr> <tr><td>TOTAL</td><td>235</td></tr> </table>	MH	200	LD	9	OPS	20	CAMHS	6	TOTAL	235	See table	
MH	200												
LD	9												
OPS	20												
CAMHS	6												
TOTAL	235												
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0											
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0											
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES This is undertaken by the ward MDT (for those within BHSCT). <i>If no, please explain</i>												

Use of Doctors Holding Powers (Article 7)

9.2	How many times did a hospital doctor use holding powers?	See table										
	<table><tr><td>MH</td><td>94</td></tr><tr><td>LD</td><td>1</td></tr><tr><td>OPS</td><td>10</td></tr><tr><td>CAMHS</td><td>5</td></tr><tr><td>TOTAL</td><td>110</td></tr></table>	MH	94	LD	1	OPS	10	CAMHS	5	TOTAL	110	
MH	94											
LD	1											
OPS	10											
CAMHS	5											
TOTAL	110											
9.2a	Of these, how many resulted in an application being made?	See table										
	<table><tr><td>MH</td><td>76</td></tr><tr><td>LD</td><td>1</td></tr><tr><td>OPS</td><td>6</td></tr><tr><td>CAMHS</td><td>5</td></tr><tr><td>TOTAL</td><td>88</td></tr></table>	MH	76	LD	1	OPS	6	CAMHS	5	TOTAL	88	
MH	76											
LD	1											
OPS	6											
CAMHS	5											
TOTAL	88											

ASW Applicant reports

9.3	Number of ASW applicant reports completed	311
9.3.a	<p>Confirm if these reports were completed within 5 working days</p> <p>NO</p> <p>If no, please explain</p> <p>3 reports were not completed within the 5 working days due to – 1 report late due to covid sickness absence and 2 reports late due to impact of workload.</p>	3 reports not completed within timescale

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>	0
9.4.a	<p>Confirm if these reports were completed within 14 days?</p> <p>YES / NO</p> <p>If no, please explain</p>	NA

Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients	82 Mental Health 7 CAMHS
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Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	6
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9.6.a	New applications for Guardianship during period (Article 19(1))	1										
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1										
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0										
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	2										
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	6										
9.6.f	Number of Guardianships accepted by a nominated other person	0										
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	6										
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0										
	<table><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>Total</td><td></td></tr></table>	Discharges as a result of an agreed multi-disciplinary care plan		Lapsed		Discharged by MHRT		Discharged by Nearest Relative		Total		
Discharges as a result of an agreed multi-disciplinary care plan												
Lapsed												
Discharged by MHRT												
Discharged by Nearest Relative												
Total												

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	4
9.7.a	Number of Approved Social Workers removed during period	5
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	29

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?</p> <p>If yes, please provide number and advise on any issues presenting</p> <p>5 detained admissions under MHO– see table in section 9.1a.</p> <p>No guardianship applications.</p>	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	2

	This information is not collated in Trust hospital systems and is not available within the Office of Care and Protection. This may be an issue for further consideration.	
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The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	NA
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	NA
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	NA

DATA RETURN

**ADULT COMMUNITY OLDER PEOPLE'S
SERVICES**

DATA RETURN 1 – PoC / Directorate Older People's Services

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period? <i>Referral rates remain higher than pre-pandemic and are 1159 up on the same time last year.</i>	N/A	6134
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period? <i>In spite of the increase in referrals in there has not been a commensurate increase in commencement of receipt of social work or social care. This is indicated in numbers of people referred on waiting list for allocation.</i>	N/A	2958
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>This is a reduction on numbers in receipt of services by 1153 on last year and closer to pre-pandemic levels.</i>	N/A	6140
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>It is not possible to disaggregate this number accurately using the current information system.</i>	N/A	N/K
1.4	How many care packages are in place on 31 st March in the following categories:		
	vii. Residential Home Care	N/A	577
	viii. Nursing Home Care	N/A	1339
	ix. Domiciliary Care Managed	N/A	2903
	x. Domiciliary Non Care Managed <i>This figure remains at less than half of pre-pandemic levels and may be indicative of high levels of complexity in case work.</i>	N/A	314
	xi. Supported Living	3	85
	xii. Permanent Adult Family Placement	N/A	0

	1.4 It is notable that total packages are 1200 lower than pre-pandemic rates.		
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>NO</p> <p>If no, please explain</p> <p><i>OPS staff work holistically with service users, carers and families to assess, care plan and review that people's assessed needs are being met. Covid19 staffing absences both internally and as part of the wider social care support network of care homes and domiciliary care, have proved an additional challenge and result in the following areas where only a limited assurance can be provided;</i></p> <p><i>1.Care Home and Domiciliary care reviews- Annual Reviews - Community Social Work non-compliance with care reviews is on the Trust's Principal Risk Register. CSW has developed monthly reporting on annual reviews completed.</i></p> <p><i>The total number of reviews completed at year end 31 March 2022 is 1869 = 45% compliance.</i></p> <ul style="list-style-type: none"> <i>An action plan is in place and monthly monitoring and reporting.</i> <p><i>2. Assessed need being met.</i></p> <ul style="list-style-type: none"> <i>Unmet Need Domiciliary Care is monitored and reported daily. There is an ongoing action plan to address where possible increased uptake can be managed.</i> <p>1.4b Please describe how the care management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed</p> <p><i>Difficulties being experienced are outlined as per 1.4a and are being addressed by;</i></p> <ul style="list-style-type: none"> <i>Care Reviews are being addressed through Action Plans.</i> <i>Unmet Need for Domiciliary Care is risk stratified with those in greatest need prioritised and a comprehensive action plan is in place acknowledging all the parts which impact on care provision.</i> 		

	<p>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.</p> <p><i>Service users, carers and families are central to all decision making processes, review and care planning. An internal care management audit completed in April 2021 demonstrated that there was 100% compliance in service user's wishes and / or discussion with family members being engaged in assessments and activity recording.</i></p> <p><i>OPS have also linked with a 'Readers Panel', which is made up of service users and carers who have reviewed and advised on public facing documents. This group is led by the Trust Involvement and Partnership Officer. In 2021/22 the group reviewed information for service users, families and carers including the Best Interests Leaflet and the Going into a Care Home Booklet leading to improvements in both documents.</i></p>		
1.5	Number of adults provided with respite during the period		532
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector <i>There is a reduction of 62 on last year and there is programme of work ongoing to ensure access to day opportunities is increased post pandemic.</i>	0	504
	- Independent sector <i>This is an increase of 105 on last year and is a welcome trend towards pre-pandemic levels.</i>	N/A	315
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities <i>This is a reduction of 66 in year and likely a reflection of ongoing covid 19 restrictions.</i>	N/A	198
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	106
	- Independent sector	0	0
1.8	This is intentionally blank		

1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	N/A	3
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DATA RETURN 1 – Hospital Older People's Services

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	<p>How many adults or children were referred to Hospital Social Workers for assessment during the period?</p> <p><i>There is an increase on activity from last year of 541 in total. The number of 16 for under 18 has been confirmed as requested</i></p>	16	1375	2155
1.2	<p>Of those reported at 1.1 how many assessments of need were undertaken during the period?</p> <p><i>There is an increase on activity from last year of 541 in total. The number of 16 for under 18 has been confirmed as requested</i></p>	16	1375	2155
1.3	<p>How many adults or children are on Hospital Social Workers caseloads at 31st March?</p> <p><i>This number has doubled since last year's return. It may reflect more activity across all of the hospital sites.</i></p> <p>The Programme of Care are currently unable to reliably report the figures by age range for 31st March 2022. Further work will be undertaken in year to improve the reliable reporting of these figures. 881 is reported as a composite figure for all age ranges</p>	-	-	881

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) Older People's Services

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	<p>How many adults or children were referred to Hospital Social Workers for assessment during the period?</p> <p><i>This is an increase in activity of 1745 compared to last year's return. 1500 increase in over 65years reflective in increased levels of complexity and frailty in old age.</i></p>	47	1697	5386
1.2	<p>Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening).</p> <p><i>This is an increase in activity of 1745 compared to last year's return. 1500 increase in over 65years reflective in increased levels of complexity and frailty in old age.</i> <i>(Overall activity in hospital Social Work increased by 2286 referrals compared to last year's return)</i></p>	47	1697	5386
1.3	<p>How many adults or children are on Hospital Social Workers caseloads at 31st March?</p> <p><i>The Programme of Care are currently unable to reliably report the figures by age range for 31st March 2022. Further work will be undertaken in year to improve the reliable reporting of these figures.</i> <i>251 is reported as a composite figure for all age ranges.</i></p>	-	-	251

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate Older People's Services

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<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	PHD Return	PHD Return
	Partially sighted	PHD Return	PHD Return
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	PHD Return	PHD Return
	Deaf without speech	PHD Return	PHD Return
	Hard of hearing	PHD Return	PHD Return
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	PHD Return	PHD Return

DATA RETURN 3 – PoC / Directorate Older People's Services

3 DISABLED PERSONS (NI) ACT 1989 <i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	N/A
	Number of Disabled people known as at 31 st March.	N/A
3.2	Number of assessments of need carried out during period end 31 st March.	N/A
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate Older People's Services**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	28
	Total expenditure for the above payments	£6,365.25
4.2	Number of TRUST FUNDED people in residential care	420
4.3	Number of TRUST FUNDED people in nursing care	883
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	456
4.5	How many occasions in year has the Trust been asked to support Emergency Support Centres (ESC)?	3

DATA RETURN 5 – PoC / Directorate Older People's Services**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+	n/k
5.1	<p>Number of adult carers offered individual carers assessments during the period</p> <p><i>This represents an increase of 365 on last year.</i></p> <p><i>The figure of 2 reported in 16-17 range and reported in quarterly returns is now noted to be an admin error. These figures have been adjusted to reflect that they should have been reported in 18-64 category.</i></p>	0	866	455	89
5.2	<p>Number of adult individual carers assessments completed during the period</p> <p><i>This represents an increase of 286 on last year, the support of the recently retired staff in completing carers assessments is demonstrated this increased activity rate.</i></p>	0	764	368	3
5.2a	<p>Number of adult individual carers assessments declined during the period and the reasons why</p> <p><i>3 top reason for decline:</i></p> <p><i>A4 137 – carers do not feel they need additional support.</i></p> <p><i>A8 55- No reason given</i></p> <p><i>A2 24- The previous assessment was not deemed beneficial.</i></p> <p><i>The figure of 2 reported in 16-17 range and reported in quarterly returns is now noted to be an admin error. These figures have been adjusted to reflect that they should have been reported in 18-64 category</i></p>	0	102	87	86
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	n/k	n/k	n/k	n/k
5.4	Number of adult carers receiving a service @ 31 st March	0	439	192	0
5.5	Number of young carers offered individual carers assessments during the period.	0			

5.6	Number of young carers assessments completed during the period	0
5.7	Number of young carers receiving a service @ 31 st March	0
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	<i>n/k</i>
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March <i>This is a decrease of 10 compared with last year.</i>	55
	(c) Number of adults receiving direct payments @ 31 st March <i>This is a reduction in 10 from last year.</i>	232
	<i>In response to the challenges presented in Older Peoples Services in respect of the low uptake of Direct Payments under Self Directed Support the Programme of Care are jointly working on a project with Connected Community Hub and Tullamore local community partnership in West Belfast.. The project is being academically evaluated by the University Of Ulster. After a faltering start mainly due to the SW staffing levels in this particular area there are signs now of good progress being made.</i>	
5.9	Number of children receiving direct payments @ 31 st March	<i>n/k</i>
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	<i>n/k</i>
5.10	Number of carers receiving direct payments @ 31 st March <i>Direct payments are made frequently in order to provide support or supplement the work of carers. Most Direct Payments are paid in the name of the person being cared for even if the primary purpose is for carer support.</i>	2
5.11	Number of one off Carers Grants made in-year. <i>In line with an increasing number of carers assessments being completed there has been an increase of 208 in one off grants.</i>	909
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary		

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / 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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	37	
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	20	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES <i>If no, please explain</i>		

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	10
9.2a	Of these, how many resulted in an application being made?	6

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	37
9.3.a	Confirm if these reports were completed within 5 working days YES	

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>	0
9.4.a	Confirm if these reports were completed within 14 days? YES / NO <i>If no, please explain</i>	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	1

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	1
9.6.a	New applications for Guardianship during period (Article 19(1))	1
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	1
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	1
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	1

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	reported by MH
9.7.a	Number of Approved Social Workers removed during period	reported by MH
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	reported by MH

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues. <i>Staff report significant delays in response from OCP in progressing applications.</i>	51

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

DATA RETURN

**PHYSICAL AND SENSORY DISABILITY
SERVICES**

DATA RETURN 1 – PoC / Directorate Physical and Sensory Disability Services

1 GENERAL PROVISIONS				
		<65	65+	TOTAL
1.1	<p>How many adults were referred for assessment of social work or social care need during the period?</p> <p><i>The number of referrals has grown from 2058 in 2020/21 to 2764. This is a marked increase in the number of referrals since the previous reporting period and higher than pre-pandemic referrals (2328).</i></p> <p><i>The majority of service users in the over 65 category in this programme of care (922) relates to those added to blind and/or deaf registry and Community Brain Injury Team.</i></p> <p><i>Last years figure of 591 may not be typical of the new referrals to the registry due to Covid. Noting in 2020/21 Ophthalmology, Audiology and Low Vision clinics were stood down and these resumed in 2021/22.</i></p> <p><i>The total referrals to the service in 2020/21 was reduced by 30% overall on the previous year and figures are now moving closer to the 2019-20 levels.</i></p>	1842	922	2764
1.2	<p>Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?</p> <p><i>The over 65s (808) commencing support is linked to the explanation in 1.1 and includes those service users who may have held off being referred during the last quarter of the 2019/2020 year at the start of Covid plus the referrals the service would have automatically taken in 2020/21</i></p>	1154	808	1962
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1548	260	1808
1.3a	<p>How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?</p> <p><i>It is not possible for the current data collection system</i></p>			

	to provide this figure.			
1.4	How many care packages are in place on 31 st March in the following categories:			
	xiii. Residential Home Care	20	N/A	
	xiv. Nursing Home Care	106	N/A	
	xv. Domiciliary Care Managed	516	N/A	
	xvi. Domiciliary Non Care Managed	93	N/A	
	xvii. Supported Living	57	N/A	
	xviii. Permanent Adult Family Placement	N/A	N/A	
1.4a	<p>For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>NO</p> <p>If no, please explain</p> <p><i>PSD Services work holistically with service users, carers and families to assess, care plan and review that people's assessed needs are being met. Covid staffing absences both internally and as part of the wider social care support network of care homes and domiciliary care, have proved an additional challenge and result in the following areas where only a limited assurance can be provided;</i></p> <ul style="list-style-type: none"> <i>Outstanding Care Home Reviews (8 Care Home reviews outstanding March 2022)</i> <i>Outstanding Domiciliary Care Reviews (98 Domiciliary Care Reviews outstanding March 22)</i> <i>Unmet Need Domiciliary Care (62 service users waiting for packages of care)</i> <i>Unmet Need for placements and accommodation based support for under 65s with complex needs, including physical health and Alcohol Related Brain Injury, resulting in delayed discharges and placement in other settings</i> 			
1.4b	<p>THIS SECTION IS MISSING FROM THE FORM</p> <p>Please describe how the care management process is being managed in this programme with</p>			

	<p>particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed</p> <p><i>The organisational structure for PSD is attached. PSD has a Care Management Team.</i></p> <p><i>An Interim Divisional Social Work lead has also been appointed to the service area in October 2021.</i></p> <p><i>Service Manager is currently a designated Social Work post, with an Assistant Service Manager managing the Care Management Team. The care management process is therefore managed as part of PSD services and through a dedicated team of care managers and assistant care managers.</i></p> <p><i>Difficulties being experienced are outlined as per 1.4a and are being addressed by:</i></p> <ul style="list-style-type: none"> <i>Care Reviews are being addressed through Action Plans</i> <i>Unmet Need for Domiciliary Care is risk stratified with those in greatest need prioritised</i> <i>A Population Needs Analysis is being developed to identify needs and numbers for people requiring services as a result of an ARBI</i> 		
1.4c	<p>THIS SECTION IS MISSING FROM THE FORM</p> <p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p><i>Service users, carers and families are central to all decision making processes, review and care planning. An audit completed in April 2021 demonstrated that there was 100% compliance in service user's wishes and / or discussion with family members being engaged in assessments and activity recording.</i></p> <p><i>PSD have also linked with a 'Readers Panel', which is made up of service users and carers who have reviewed and advised on public facing documents. This group is led by the Trust Involvement and Partnership Officer. In 2021/22 the group reviewed information for service users, families and carers</i></p>		

	<i>including the Best Interests Leaflet and the Going into a Care Home Booklet leading to improvements in both documents.</i>		
1.5	Number of adults provided with respite during the period	471	
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	181	
	- Independent sector	2	
1.6a	<p>Number of adults known to the Programme of Care in receipt of Day Opportunities</p> <p><i>The figure has dropped from last year (767) and would be comparative with the drop in new referrals to Day Centres due to Covid-19 restrictions in locations and transport issues. This figure is not reported through Paris and is reliant on a manual count by the service</i></p>	573	
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	2	
	- Independent sector	0	
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	

DATA RETURN 1 – Hospital Physical & Sensory Disability

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	On OPS Return	On OPS Return	On OPS Return
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	On OPS Return	On OPS Return	On OPS Return
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	On OPS Return	On OPS Return	On OPS Return

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) Physical & Sensory Disability

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	On OPS Return	On OPS Return	On OPS Return
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	On OPS Return	On OPS Return	On OPS Return
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	On OPS Return	On OPS Return	On OPS Return

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate Physical & Sensory Disability Services

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	313	481
	Partially sighted	139	269
	Visually Impaired	225	965
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	120	64
	Deaf without speech	84	32
	Hard of hearing	551	2051
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	21	120

DATA RETURN 3 – PoC / Directorate Physical & Sensory Disability

3 DISABLED PERSONS (NI) ACT 1989 <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.	2764
	Number of Disabled people known as at 31 st March.	1808
3.2	Number of assessments of need carried out during period end 31 st March.	1962
3.3	Number of assessments undertaken of disabled children ceasing full time education.	N/A

DATA RETURN 4 – PoC / Directorate Physical & Sensory Disability

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	28
	Total expenditure for the above payments	£2184.40
4.2	Number of TRUST FUNDED people in residential care	19
4.3	Number of TRUST FUNDED people in nursing care	102
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	4

DATA RETURN 5 – PoC / Directorate Physical & Sensory Disability

5 CARERS AND DIRECT PAYMENTS ACT 2002					
		16-17	18-64	65+	n/k
5.1	Number of adult carers offered individual carers assessments during the period	0	262	54	16
5.2	Number of adult individual carers assessments completed during the period	0	233	51	7
5.2a	Number of adult individual carers assessments declined during the period and the reasons why The three most frequent responses were; A7 – the carer feels that assessment would be too complicated or time consuming A8 – the carer would not give a reason / no reason recorded A4 – the carer feels that they do not need any support / additional support	0	29	3	9
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	104	16	0
5.5	Number of young carers offered individual carers assessments during the period.	23			
5.6	Number of young carers assessments completed during the period	23			
5.7	Number of young carers receiving a service @ 31 st March	23			
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	17			
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	17			
	(c) Number of adults receiving direct payments @ 31 st March	176			
5.9	Number of children receiving direct payments @ 31 st March	n/k			

5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	n/k
5.10	Number of carers receiving direct payments @ 31 st March The recorded number of carers receiving direct payments will only be those, who following assessment, were given direct payments in their own right and does not account for the number of carers who are receiving a direct payment in respect of a client.	1
5.11	Number of one off Carers Grants made in-year.	417
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
Commentary PSD Carers Assessments <ul style="list-style-type: none"> ➤ Carers assessment figures have increased over 21/22 to 292 assessments and are close to the pre-pandemic figure from 18/19 of 315 assessments. ➤ the introduction of the Carers Conversation Wheel should increase the number of assessments offered and assessed over 22/23 		

DATA RETURN 6 – PoC / Directorate Physical & Sensory Disability Services

7 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	HSCB to collect from PMSI
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (h) Financial (i) Institutional (j) Neglect (k) Physical (l) Psychological/ Emotional (m) Sexual (n) Exploitation	HSCB to collect from PMSI
6.3	Number of investigations commenced within the period	HSCB to collect from PMSI
6.4	Number of cases closed to adults in need of protection within the period	On OPS Return
6.5	Number of protection plans commenced within the period	HSCB to collect from PMSI
6.6	Number of care and protection plans in place on 31st March	Not required

DATA RETURN 9 – PoC / 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		TRUST ASW	RESWS ASW
DATA IS CAPTURED ON THE RETURN FOR OLDER PEOPLES SERVICES			
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)		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES / NO <i>If no, please explain</i>		

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	
9.2a	Of these, how many resulted in an application being made?	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> YES / NO <i>If no, please explain</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	Confirm if these reports were completed within 14 days? YES / NO If no, please explain	
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Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	
	Lapsed	
	Discharged by MHRT	
	Discharged by Nearest Relative	
	Total	

Approved Social Worker (ASW) Register		
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)	

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	0

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996. SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	

DATA RETURN

ADULT LEARNING DISABILITY

DATA RETURN 1 – PoC / Directorate: Learning Disability

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	155	21
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	102	12
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Carers are reported at 5.4 and not included here,</i>	1303	265
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>This year this figure represents those who do not have any other form of intervention other than social work support. This was previously interpreted as the number on social work caseloads</i>	201	3
1.4	How many care packages are in place on 31 st March in the following categories:		
	xix. Residential Home Care	85	48
	xx. Nursing Home Care	96	66
	xxi. Domiciliary Care Managed	23	11
	xxii. Domiciliary Non Care Managed	98	20
	xxiii. Supported Living	191	90
	xxiv. Permanent Adult Family Placement	17	0
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. YES / NO <i>If no, please explain</i> <i>Shortages in staff in autumn period, led to delays in completion of annual reviews for a small number of service users. However, care management are addressing this through the use of agency staff and permanent staff are currently being recruited. A reporting system is being put in place to monitor compliance with care management standards.</i>	No	

1.5	Number of adults provided with respite during the period	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	539	49
	- Independent sector	71	8
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	489	12
1.7	Of those at 1.6 how many are EMI / dementia by		
	- Statutory sector	8	11
	- Independent sector		
	<i>The service area has no mechanism to report this figure accurately as service users are not referred nor recorded based on dementia diagnosis</i>		
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	0

DATA RETURN 1 – Hospital: Iveagh and Muckamore Abbey Hospitals

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	10	3	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	10	3	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	6	40	2

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting): N/A to Learning Disability

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	n/a		
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	n/a		
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	n/a		

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate: Learning Disability

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<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	1	X
2.2	Number of adults known to the Programme of Care who are: <i>The service area has identified a weakness in the collation of this data point and is currently reviewing the system for recording this is information going forward</i>		
	Blind	6	2
	Partially sighted	33	8
2.3	Number of adults known to the Programme of Care who are: <i>The service area has identified a weakness in the collation of this data point and is currently reviewing the system for recording this is information going forward</i>		
	Deaf with speech	10	0
	Deaf without speech	11	1
	Hard of hearing	21	15
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	2	3

DATA RETURN 3 – PoC / Directorate: Learning Disability

3 DISABLED PERSONS (NI) ACT 1989 <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.	176
	Number of Disabled people known as at 31 st March.	1568
3.2	Number of assessments of need carried out during period end 31 st March.	176
3.3	Number of assessments undertaken of disabled children ceasing full time education.	31

DATA RETURN 4 – PoC / Directorate: Learning Disability

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		

4.1	Number of Article 15 (HPSS Order) Payments	77
	Total expenditure for the above payments	£3,746.62
4.2	Number of TRUST FUNDED people in residential care	133
4.3	Number of TRUST FUNDED people in nursing care	160
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	2 self funders

DATA RETURN 5 – PoC / Directorate: Learning Disability**5 CARERS AND DIRECT PAYMENTS ACT 2002**

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period	0	262	59
5.2	Number of adult individual carers assessments completed during the period	0	200	41
5.2a	<p>Number of adult individual carers assessments declined during the period and the reasons why.</p> <p>The main reasons for Carers declining assessments are:</p> <ol style="list-style-type: none"> 1. Carers time restraints due to additional caring being required through COVID exacerbated by reduced Respite/Day Care. 2. Carers stress . 3. Apathy due to lack of services available. 4. COVID restrictions in the family homes / not wanting visitors for fear of infection. 	0	62	18
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	3	872	141
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments completed during the period	0		
5.7	Number of young carers receiving a service @ 31 st March	3		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	62		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	62		
	(c) Number of adults receiving direct payments @ 31 st March	244		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of	202		

	another person?	
5.10	Number of carers receiving direct payments @ 31 st March	11
5.11	Number of one off Carers Grants made in-year.	309
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		
<p>Commentary</p> <p>This has been a significantly challenging year for Carers as there continues to be an impact upon carers in relation to their ability to access conventional services, due to Covid restrictions.</p> <p>The service area continues to provide ongoing services to carers including:</p> <ul style="list-style-type: none"> - increased uptake in carers grants - ongoing opportunity to avail of a direct payment - priority access for people living at home to day care and day opportunities - access to a range of carers supports and activities offered by the Trust - Community and MAH Carers Forums are available to all carers - improved information and communication with carers 		

DATA RETURN 6 – PoC / Directorate: Learning Disability**8 SAFEGUARDING ADULTS**

6.1	Number of adult protection referrals within the period	HSCB to collect from PMSI
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (o) Financial (p) Institutional (q) Neglect (r) Physical (s) Psychological/ Emotional (t) Sexual (u) Exploitation	HSCB to collect from PMSI
6.3	Number of investigations commenced within the period	HSCB to collect from PMSI
6.4	Number of cases closed to adults in need of protection within the period	88
6.5	Number of protection plans commenced within the period	HSCB to collect from PMSI
6.6	Number of care and protection plans in place on 31st March	Not required

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate : Learning Disability

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		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	16	See separate report
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	9	
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. YES / NO <i>If no, please explain</i>	YES	

Use of Doctors Holding Powers (Article 7)- *please see report from Mental Health ASW day time rota for all programmes of care including LD as the Trust takes a corporate approach to the provision of ASW services*

9.2	How many times did a hospital doctor use holding powers?	1 in LD
9.2a	Of these, how many resulted in an application being made?	1 in LD

ASW Applicant reports

9.3	Number of ASW applicant reports completed	16 in LD
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> YES / NO <i>If no, please explain</i> <i>Please see report from Mental Health ASW day time rota for all programmes of care including LD as the Trust takes a corporate approach to the provision of ASW services</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</i>	0 in LD
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	<i>explanation.</i> <i>Please see report from Mental Health ASW day time rota for all programmes of care including LD as the Trust takes a corporate approach to the provision of ASW services</i>	
9.4.a	Confirm if these reports were completed within 14 days? YES / NO If no, please explain	N/A

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients *3 BHSCT, 6 NHSCT and 1 SEHSCT	10

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	1
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	1
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	N/A
	Lapsed	N/A
	Discharged by MHRT	N/A
	Discharged by Nearest Relative	N/A
	Total	N/A

Approved Social Worker (ASW) Register
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9.7	Number of newly appointed Approved Social Workers during period <i>**Please see report from Mental Health ASW day time rota for all programmes of care including LD as the Trust takes a corporate approach to the provision of ASW services</i>	N/A
9.7.a	Number of Approved Social Workers removed during period <i>**Please see report from Mental Health ASW day time rota for all programmes of care including LD as the Trust takes a corporate approach to the provision of ASW services</i>	N/A
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards) <i>Please see report from Mental Health ASW day time rota for all programmes of care including LD as the Trust takes a corporate approach to the provision of ASW services</i>	N/A

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If yes, please provide number and advise on any issues presenting <i>There have been 6 children subject to detention during this reporting period across the age range of 11 years to 16 years, at the age of detention (2 of which have been subject to detention on 2 separate admissions) These detentions have been necessary due to severe learning disability and high risk behaviours requiring restrictive practices. 3 of these children have been discharged and 3 remain in hospital subject to detention. Of the 3 who remain in hospital 2 children are delayed awaiting community supports. The ongoing delayed discharge of children who are subject to detention, is a matter of significant concern for the Division. Staff continue to escalate these issues to the respective Trusts.</i>	Yes
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	0

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6).

Schedule 2A Supervision and Treatment Orders.

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0

	(a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	0

DATA RETURN

CHILDREN WITH DISABILITIES DATA

DATA RETURNS**DATA RETURN 3 – PoC / Directorate****CCS/CWD**

3 DISABLED PERSONS (NI) ACT 1989 <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.	253
	Number of Disabled people known as at 31 st March.	585 without waiting list and 711 with WL
3.2	Number of assessments of need carried out during period end 31 st March.	336
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0*

DATA RETURN 4 – PoC / 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	1
	Total expenditure for the above payments	549
4.2	Number of TRUST FUNDED people in residential care	1
4.3	Number of TRUST FUNDED people in nursing care	0

4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
-----	---	----------

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	10	38	0
5.2	Number of adult individual carers assessments completed during the period	0	38	0
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	0	0	0
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	38	0
5.4	Number of adult carers receiving a service @ 31 st March	0	38	0
5.5	Number of young carers offered individual carers assessments during the period. This includes assessments offered by Action for Children	72		
5.6	Number of young carers assessments completed during the period This includes assessments completed by Action for Children	72		
5.7	Number of young carers receiving a service @ 31 st March This includes supports provide by Action for Children	160		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	42		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	42		
	(c) Number of adults receiving direct payments @ 31 st March	210		
5.9	Number of children receiving direct payments @ 31 st March	210		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	210		
5.10	Number of carers receiving direct payments @ 31 st March	210		
5.11	Number of one off Carers Grants made in-year.	366		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				

Commentary

*The return at 3.3 is correct as asked, however 69 YP moved (transition) to adult services, as Special School leaving age is the end of term after 19th Birthday children do not leave school before they leave the CWD service. We therefore carried out no assessments of school leavers. However all YP moving to adult services have a comprehensive assessment of need completed.

Overall activity and particularly that in relation to Carer assessment/grant/ and promoting Direct Payment is lower than usual due to staffing capacity,(average 47% for the last quarter of 2021/22). This led the service to implement the Business Continuity plan agreed by Trust Board, of which SPPG have been advised. Carer Assessment is a priority, however Safeguarding, LAC and Transitions are currently our Priority1, with Carer Assessment Priority 2. This is under constant review and is expected to improve incrementally following a successful recruitment campaign as new staff start.



STRATEGIC PLANNING AND PERFORMANCE GROUP

Delegated Directed Statutory Functions

Data Return 10

In order to ensure that there is no duplication in submitting data to SPPG the key below indicates which data should be completed in this return. Data which is sourced from the DDSF spreadsheets or DoH is indicated by colour coding.

Key to Data Items:-

	This data item is completed in the DDSF spreadsheet
	This data item should be completed in this Data return 10
	Other - there is no need to complete this data item and it is sourced from DoH

DATA RETURN 10 – PoC / Directorate _____

Please Note: Information for this section will inform the Corporate Parenting Report (CC3/02)

10 Children (NI) Order 1995
Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177

10.1 CHILDREN IN NEED								
10.1.1	How many Children in Need are there in your area as at 31st March 2022? (exclude children on the caseloads of statutory mental health services)							DDSF - Children In Need Spreadsheet
	Trend analysis and commentary (Trusts must clarify how they arrive at this total figure, and reference any likelihood of double or under representation)							Data Return 10
10.1.2	Ethnic Origin of Children in Need							DDSF - Children In Need Spreadsheet

10.1.3	Religion of Children in Need	DDSF - Children In Need Spreadsheet																														
	<table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>1112</td></tr><tr><td>Presbyterian</td><td>442</td></tr><tr><td>Church of Ireland</td><td>97</td></tr><tr><td>Church of England</td><td>26</td></tr><tr><td>Methodist</td><td>14</td></tr><tr><td>Other Christian</td><td>349</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>81</td></tr><tr><td>Other</td><td>99</td></tr><tr><td>Not Known</td><td>630</td></tr><tr><td>Not Completed</td><td>957</td></tr><tr><td>None</td><td>81</td></tr><tr><td>Refused</td><td>0</td></tr><tr><td>TOTAL</td><td>3888</td></tr></table>	Religion	Total	Roman Catholic	1112	Presbyterian	442	Church of Ireland	97	Church of England	26	Methodist	14	Other Christian	349	Jewish	0	Muslim	81	Other	99	Not Known	630	Not Completed	957	None	81	Refused	0	TOTAL	3888	
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Not Completed	957																															
None	81																															
Refused	0																															
TOTAL	3888																															
10.1.4	<p>(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st October – 31st March</p> <p>3721</p> <p>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st October – 31st March</p> <p><i>See CIN spreadsheet 10.1.4 for referral details</i></p>	DDSF - Children In Need Spreadsheet																														
10.1.5	<p>How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 31st March).</p> <p>Source PMSI data on Unallocated cases – comes with child protection data.</p>	SPPG (PMSI)																														
10.1.6	<p>How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March?</p> <p><i>Ensure any specific issues are raised in the Service level summary</i></p> <table><tr><th>Major Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>89</td></tr><tr><td>Sensory</td><td>13</td></tr><tr><td>Learning</td><td>397</td></tr><tr><td>Chronic illness</td><td>6</td></tr><tr><td>Autism(ASD)/ADHD/Asperger</td><td>196</td></tr><tr><td>Other</td><td>10</td></tr><tr><td>TOTAL (With Disability)</td><td>711</td></tr></table>	Major Disability	Total	Physical (Ex. Sensory)	89	Sensory	13	Learning	397	Chronic illness	6	Autism(ASD)/ADHD/Asperger	196	Other	10	TOTAL (With Disability)	711	DDSF - Children In Need Spreadsheet														
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Other	10																															
TOTAL (With Disability)	711																															

10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.	DDSF - Children In Need Spreadsheet																																																																																	
	<table><tr><th>Age at leaving school</th><th colspan="2">>16 <17</th><th colspan="2">>17 <18</th><th colspan="2">18+</th><th colspan="2">Number with Transition s in place</th></tr><tr><th>Disability Type</th><th>M</th><th>F</th><th>M</th><th>F</th><th>M</th><th>F</th><th>M</th><th>F</th></tr><tr><td>Physical disability</td><td>3</td><td>1</td><td>6</td><td>4</td><td>0</td><td>0</td><td>9</td><td>5</td></tr><tr><td>Sensory Impairment</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Learning disability</td><td>9</td><td>12</td><td>16</td><td>5</td><td>0</td><td>0</td><td>25</td><td>17</td></tr><tr><td>Chronic illness</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Autism (ASD)/ADHD / Asperger</td><td>3</td><td>2</td><td>5</td><td>3</td><td>0</td><td>0</td><td>9</td><td>5</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>TOTAL</td><td>15</td><td>16</td><td>28</td><td>12</td><td>0</td><td>0</td><td>44</td><td>28</td></tr></table>	Age at leaving school	>16 <17		>17 <18		18+		Number with Transition s in place		Disability Type	M	F	M	F	M	F	M	F	Physical disability	3	1	6	4	0	0	9	5	Sensory Impairment	0	1	1	0	0	0	1	1	Learning disability	9	12	16	5	0	0	25	17	Chronic illness	0	0	0	0	0	0	0	0	Autism (ASD)/ADHD / Asperger	3	2	5	3	0	0	9	5	Other	0	0	0	0	0	0	0	0	TOTAL	15	16	28	12	0	0	44	28	
Age at leaving school	>16 <17		>17 <18		18+		Number with Transition s in place																																																																												
Disability Type	M	F	M	F	M	F	M	F																																																																											
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Autism (ASD)/ADHD / Asperger	3	2	5	3	0	0	9	5																																																																											
Other	0	0	0	0	0	0	0	0																																																																											
TOTAL	15	16	28	12	0	0	44	28																																																																											
10.1.8	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 31 st March?	SPPG (PMSI)																																																																																	
	Trend analysis and commentary (Refers to ALL i.e. tiers 2-4 children awaiting CAMHS regardless of the pathway to the waiting list)																																																																																		
10.1.9	This is intentionally blank																																																																																		
10.1.10	<p>How many of the Children in Need are Young Carers</p> <p>During this period 65 young carers received a Young Carers grant.</p> <p>4 of these applications were from Action for Children.</p> <p>During the same timeframe 85 young carers aged 16/17 had their needs assessed by Trust staff.</p>	Data Return 10																																																																																	

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 <i>This is sourced from Client level Data returns sent into SPPG. The data is summarised into a Homelessness spreadsheet which is held in Meridio – Children's information – Homelessness.</i>	SPPG (Homelessness Data)																								
10.1.12	<p>(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end</p> <p>(b) How many of these children have a disability</p> <table border="1"> <thead> <tr> <th>Day care</th><th colspan="2">Number of Purchased Places by Age</th></tr> <tr> <td></td><th>0 – 4</th><th>5-12</th></tr> </thead> <tbody> <tr> <td>Day Nursery</td><td>309</td><td>0</td></tr> <tr> <td>Playgroup</td><td>0</td><td>0</td></tr> <tr> <td>Childminder</td><td>0</td><td>0</td></tr> <tr> <td>Out of School hours club</td><td>0</td><td>44</td></tr> <tr> <td>Total</td><td>309</td><td>44</td></tr> <tr> <td>No of these children have a disability?</td><td>20</td><td>12</td></tr> </tbody> </table>	Day care	Number of Purchased Places by Age			0 – 4	5-12	Day Nursery	309	0	Playgroup	0	0	Childminder	0	0	Out of School hours club	0	44	Total	309	44	No of these children have a disability?	20	12	DDSF- Children In Need Spreadsheet
Day care	Number of Purchased Places by Age																									
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Total	309	44																								
No of these children have a disability?	20	12																								
10.1.13	Trust usage of Family Centre Places for interventions 115 referrals in reporting period	DDSF- Children In Need Spreadsheet																								
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) 13	DDSF - Children In Need Spreadsheet																								
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) 8	DDSF - Children In Need Spreadsheet																								

10.2 Children (NI) Order 1995

Article 18 (2)Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2) ,Article 18 (2)Schedule 2 Para 9, Article 27 (1)(2),Article 27 (1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130,Article 174 ,Article 175, Article 177

CHILD PROTECTION

No data is required for items (10.2.1-10.2.8)– data sourced from SPPG quarterly Child protection Report.

protection report.

10.2.1	How many children are on the Child Protection Register as at 31st March? 345	Quarterly CP return to SPPG																										
10.2.2	How many of these children have a learning disability? 30	Quarterly CP return to SPPG																										
10.2.3	How many of these children have a physical disability? 5	Quarterly CP return to SPPG																										
10.2.4	Religion of children on the Child Protection Register <table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>137</td></tr><tr><td>Presbyterian</td><td>57</td></tr><tr><td>Church of Ireland</td><td>1</td></tr><tr><td>Methodist</td><td>5</td></tr><tr><td>Other Denomination</td><td>72</td></tr><tr><td>None</td><td>12</td></tr><tr><td>Refused / Unknown</td><td>61</td></tr><tr><td>Total</td><td>345</td></tr></table>	Religion	Total	Roman Catholic	137	Presbyterian	57	Church of Ireland	1	Methodist	5	Other Denomination	72	None	12	Refused / Unknown	61	Total	345	Quarterly CP return to SPPG								
Religion	Total																											
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Other Denomination	72																											
None	12																											
Refused / Unknown	61																											
Total	345																											
10.2.5	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template) <table><tr><th>Ethnic Origin</th><th>Total</th></tr><tr><td>White</td><td>274</td></tr><tr><td>Chinese</td><td>2</td></tr><tr><td>Irish Traveller</td><td>0</td></tr><tr><td>Roma Traveller</td><td>0</td></tr><tr><td>Indian</td><td>2</td></tr><tr><td>Pakistani</td><td>1</td></tr><tr><td>Bangladeshi</td><td>3</td></tr><tr><td>Black Caribbean</td><td>0</td></tr><tr><td>Black African</td><td>16</td></tr><tr><td>Black Other</td><td>2</td></tr><tr><td>Mixed Ethnic Group</td><td>5</td></tr><tr><td>Any other Ethnic Group</td><td>7</td></tr></table>	Ethnic Origin	Total	White	274	Chinese	2	Irish Traveller	0	Roma Traveller	0	Indian	2	Pakistani	1	Bangladeshi	3	Black Caribbean	0	Black African	16	Black Other	2	Mixed Ethnic Group	5	Any other Ethnic Group	7	Quarterly CP return to SPPG
Ethnic Origin	Total																											
White	274																											
Chinese	2																											
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Bangladeshi	3																											
Black Caribbean	0																											
Black African	16																											
Black Other	2																											
Mixed Ethnic Group	5																											
Any other Ethnic Group	7																											

	Not Stated	33	
	Total	345	
10.2.6	How many registrations have there been during the period? 70		Quarterly CP return to SPPG/So score Reports
10.2.7	How many de-registrations have there been during the period? 6		Quarterly CP return to SPPG
10.2.8	What percentage of registrations are re-registrations?		Quarterly CP return to SPPG
10.2.9	This is intentionally blank		
10.2.10	For children on the register, how long have they spent on the Register (as at 10.2.1)?		Quarterly CP return to SPPG
	Duration	Total	
	Less than 3 months	68	
	3 months < 6 months	51	
	6 months < 1 year	94	
	1 year < 2 years	86	
	2 years < 3 years	35	
	3 years or more	11	
	Total	345	
10.2.11	This is intentionally blank		
10.2.12	This is intentionally blank		
10.2.13	This is intentionally blank		
10.2.14	This is intentionally blank		

10.3 Children (NI) Order 1995**Looked After Children**

10.3.1	<p>Provide the current legal status for all Looked After Children at 31st March (excluding any who are LAC on that day only by virtue of a short break arrangement)</p> <table><tr><td>Looked After Children</td><td>2015</td><td>2016</td><td>2017</td><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td></tr><tr><td>As at: 31 March</td><td>742</td><td>739</td><td>743</td><td>766</td><td>824</td><td>866</td><td>875</td><td>945</td></tr><tr><td>As at: 30 Sept</td><td>740</td><td>763</td><td>757</td><td>795</td><td>826</td><td>881</td><td>905</td><td></td></tr></table>	Looked After Children	2015	2016	2017	2018	2019	2020	2021	2022	As at: 31 March	742	739	743	766	824	866	875	945	As at: 30 Sept	740	763	757	795	826	881	905		DDSF – LAC Spreadsheet			
Looked After Children	2015	2016	2017	2018	2019	2020	2021	2022																								
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As at: 30 Sept	740	763	757	795	826	881	905																									
10.3.2	<p>Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)</p> <table><tr><td>Ethnicity</td><td>Total</td></tr><tr><td>White</td><td>821</td></tr><tr><td>Chinese</td><td>4</td></tr><tr><td>Irish Traveller</td><td>20</td></tr><tr><td>Roma Traveller</td><td>4</td></tr><tr><td>Indian</td><td>0</td></tr><tr><td>Pakistani</td><td>0</td></tr><tr><td>Bangladeshi</td><td>0</td></tr><tr><td>Black Caribbean</td><td>0</td></tr><tr><td>Black African</td><td>21</td></tr><tr><td>Black Other</td><td>5</td></tr><tr><td>Mixed Ethnic Group</td><td>30</td></tr><tr><td>Any Other Ethnic Group</td><td>24</td></tr><tr><td>Not Stated</td><td>16</td></tr><tr><td>TOTAL</td><td>945</td></tr></table>	Ethnicity	Total	White	821	Chinese	4	Irish Traveller	20	Roma Traveller	4	Indian	0	Pakistani	0	Bangladeshi	0	Black Caribbean	0	Black African	21	Black Other	5	Mixed Ethnic Group	30	Any Other Ethnic Group	24	Not Stated	16	TOTAL	945	DDSF – LAC Spreadsheet
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	<table><tr><th>Religion</th><th>Total</th></tr><tr><td>Roman Catholic</td><td>436</td></tr><tr><td>Presbyterian</td><td>197</td></tr><tr><td>Church of Ireland</td><td>38</td></tr><tr><td>Church of England</td><td>5</td></tr><tr><td>Methodist</td><td>6</td></tr><tr><td>Other Christian</td><td>137</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>21</td></tr><tr><td>Other</td><td>16</td></tr><tr><td>Not Known</td><td>46</td></tr><tr><td>Not Completed</td><td>10</td></tr><tr><td>None</td><td>33</td></tr><tr><td>Refused</td><td>0</td></tr><tr><td>TOTAL</td><td>945</td></tr></table>	Religion	Total	Roman Catholic	436	Presbyterian	197	Church of Ireland	38	Church of England	5	Methodist	6	Other Christian	137	Jewish	0	Muslim	21	Other	16	Not Known	46	Not Completed	10	None	33	Refused	0	TOTAL	945	
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Refused	0																															
TOTAL	945																															
10.3.3	<p>Number of Looked After Children (as at 10.3.1) by type of placement at 31st March</p> <table><tr><th>Type of placement</th><th>Totals</th></tr><tr><td>Residential</td><td>61</td></tr><tr><td>Fostering – (stranger)</td><td>251</td></tr><tr><td>Fostering (Kinship)</td><td>424</td></tr><tr><td>Fostering (Independent)</td><td>141</td></tr><tr><td>Placed at home with parents</td><td>53</td></tr><tr><td>Placed for adoption</td><td>15</td></tr><tr><td>Other</td><td>0</td></tr><tr><td>Total</td><td>945</td></tr></table>	Type of placement	Totals	Residential	61	Fostering – (stranger)	251	Fostering (Kinship)	424	Fostering (Independent)	141	Placed at home with parents	53	Placed for adoption	15	Other	0	Total	945	DDSF – LAC Spreadsheet												
Type of placement	Totals																															
Residential	61																															
Fostering – (stranger)	251																															
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Fostering (Independent)	141																															
Placed at home with parents	53																															
Placed for adoption	15																															
Other	0																															
Total	945																															
10.3.4	<p>Age bands and length of time looked after for all Looked After Children at period end</p> <p>See spreadsheet 10.3.4 for details</p>	DDSF – LAC Spreadsheet																														
10.3.5	<p>Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement</p> <p>41</p>	DDSF – LAC Spreadsheet																														
10.3.6	<p>Number of children accommodated for 3 months or more in a hospital</p> <p>2</p>	DDSF – LAC Spreadsheet																														

10.3.7	Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital 2 Over 16 years old	DDSF – LAC Spreadsheet																																				
10.3.8	(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 See spreadsheet 10.3.8 for details (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) No of Foster Carers: 534 (Which includes all categories requested in 10.5.1) No of Approved places offered: 724	DDSF – LAC Spreadsheet																																				
10.3.9	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. <table border="1"><thead><tr><th>Placement changes</th><th>0-4</th><th>5-11</th><th>12-15</th><th>16+</th><th>Total</th></tr></thead><tbody><tr><td>Number who moved once</td><td>38</td><td>48</td><td>27</td><td>26</td><td>139</td></tr><tr><td>Number who moved twice</td><td>7</td><td>6</td><td>2</td><td>1</td><td>16</td></tr><tr><td>Number who moved 3 times</td><td>1</td><td>4</td><td>2</td><td>1</td><td>8</td></tr><tr><td>Number who moved 4 times or more</td><td>0</td><td>11</td><td>4</td><td>1</td><td>16</td></tr><tr><td>Total</td><td>46</td><td>69</td><td>35</td><td>29</td><td>179</td></tr></tbody></table> As the Covid-19 restrictions started to lift it foster carers who had managed to keep situations stable during lockdown had become exhausted and children and young people became more exposed to external pressures that contributed to stressors (Contact/School) and these factors contributed to stability of placements. Additional support has been resourced from PAC which has been a cost pressure for Trust as was reliant on use of agency staff (band 4). Additional Therapeutic supports and use of more trauma informed approaches by staff. The Trust have also resourced Equine Therapy, Music Therapy, Art Therapy and New	Placement changes	0-4	5-11	12-15	16+	Total	Number who moved once	38	48	27	26	139	Number who moved twice	7	6	2	1	16	Number who moved 3 times	1	4	2	1	8	Number who moved 4 times or more	0	11	4	1	16	Total	46	69	35	29	179	DDSF – LAC Spreadsheet
Placement changes	0-4	5-11	12-15	16+	Total																																	
Number who moved once	38	48	27	26	139																																	
Number who moved twice	7	6	2	1	16																																	
Number who moved 3 times	1	4	2	1	8																																	
Number who moved 4 times or more	0	11	4	1	16																																	
Total	46	69	35	29	179																																	

	Life Counselling, and sensory support from Occupational Therapy																					
10.3.10	<p>(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 31st March?</p> <p>83</p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time.</p> <p>69 Referrals have been made within this reporting period</p> <p>Average wait period during this reporting period was 7 weeks.</p> <p>See spreadsheet 10.3.10(b) for details</p>	DDSF – LAC Spreadsheet																				
	<p>(c) Please provide actions taken to reduce waiting time.</p> <p>Not applicable for this return, waiting times fell within the time scale.</p>	Data Return 10																				
10.3.11	How many Looked After Children are also on Child Protection Register at 31st March?	Quarterly CP return to SPPG																				
10.3.12	<p>How many Looked After Children are Disabled by major category at period end?</p> <table><tr><th>Major Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>9</td></tr><tr><td>Sensory</td><td>2</td></tr><tr><td>Learning</td><td>61</td></tr><tr><td>Chronic illness</td><td>4</td></tr><tr><td>Autism(ASD)/Asperger’s/ADHD</td><td>95</td></tr><tr><td>Other (undefined)</td><td>18</td></tr><tr><td>TOTAL Children With Disability</td><td>189</td></tr><tr><td>No Disability known</td><td>756</td></tr><tr><td>Total Looked After Children</td><td>945</td></tr></table>	Major Disability	Total	Physical (Ex. Sensory)	9	Sensory	2	Learning	61	Chronic illness	4	Autism(ASD)/Asperger’s/ADHD	95	Other (undefined)	18	TOTAL Children With Disability	189	No Disability known	756	Total Looked After Children	945	DDSF – LAC Spreadsheet
Major Disability	Total																					
Physical (Ex. Sensory)	9																					
Sensory	2																					
Learning	61																					
Chronic illness	4																					
Autism(ASD)/Asperger’s/ADHD	95																					
Other (undefined)	18																					
TOTAL Children With Disability	189																					
No Disability known	756																					
Total Looked After Children	945																					
10.3.13	<p>How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?</p> <table><tr><th>Statement of Educational Needs</th><th>M</th><th>F</th><th>Total</th></tr><tr><td>Primary school</td><td>38</td><td>20</td><td>58</td></tr><tr><td>Secondary school</td><td>39</td><td>24</td><td>63</td></tr></table>	Statement of Educational Needs	M	F	Total	Primary school	38	20	58	Secondary school	39	24	63	DDSF – LAC Spreadsheet								
Statement of Educational Needs	M	F	Total																			
Primary school	38	20	58																			
Secondary school	39	24	63																			

	Special School	45	6	51	
	Total	122	62	184	
10.3.14	<p>(a) Has each Looked After Child an allocated a named social worker at period end? Yes/No</p> <p>No</p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken</p> <p>54 Looked after children did not have an allocated social worker during the period.</p> <p>Unallocated cases are managed via the duty system in line with the Business Continuity Plan arrangements, which are explained within the Program of Care Summary.</p>				DDSF – LAC Spreadsheet
10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period? Yes/No</p> <p>No</p> <p>(b) If no, give number of children and provide an update in the service summary on current position and actions taken.</p> <p>During the reporting period a total of 145 visits did not take place within the statutory timescales.</p> <p>In January 2022 the Trust Board agreed a business continuity plan due to workforce pressures. This planned enabled the establishment of a triage system to risk assess need and enable easement of delegated statutory visits. Those children and young people assessed as low risk have had 6 weekly virtual visits as a minimum. Those assessed as medium risk have had 6 weekly face to face visiting as a minimum.</p>				DDSF – LAC Spreadsheet
10.3.16	<p>No. of Looked After Children Reviews held during the period</p> <p>A total of 885 Looked After Children Reviews took place during the reporting period.</p>				DDSF – LAC Spreadsheet
10.3.17	<p>Was the case of each Looked After Child reviewed in line with Statutory requirements? Yes/No</p> <p>No</p> <p>If No, please provide number (<i>in the LAC spreadsheet</i>) and explain actions taken to address this issue.</p>				Data Return 10

	<p>A total of 194 reviews did not take place in line with statutory requirements Lac review have taken place outside of the statutory timescales due to a range of reasons:</p> <ul style="list-style-type: none"> • Availability of Chair due to unplanned/sick leave • Availability of social worker due to unplanned/Sick leave and workforce issues and limited staff in post. • Awaiting outcome/ submission of expert report/ further investigations. • To enable parent/Carer or young person to attend • To facilitate availability of support person/ interpreter. • To facilitate case transfer to a new SW who required time to undertake their own assessment and complete LAC report. • Delayed as agreed by Business continuity plan, agreed by Trust Board for up to 4 weeks <p>Actions taken to address the situation are:</p> <ul style="list-style-type: none"> • Another PSW was temporarily recruited on an EOI to cover sick leave. • The Trust, along with the other Trusts are in the process of recruiting staff as part of the regional recruitment process. • Out of Hours LAC Team established with staff identified through the DoH workforce appeal to manage demands. • In January 2022 the Trust board agreed a Business continuity plan due to workforce pressures to afforded easement of statutory duties for Lac reviews enabling the easement of up to 4 weeks delay in statutory reviews. 	
10.3.18	This is intentionally blank	

10.3.19	This is intentionally blank	
10.3.20	<p>Is there an adequate supply of placements for children to enable placement choice? Yes/No (If no, Please explain)</p> <p>There has been a marked increase in demand for foster care placements in Northern Ireland. The Trust saw an increase in total numbers of children in care from 826 in Sept 2019 to 905 in October 2021. Unfortunately, at the same time there has been a significant decrease in supply of fostering placements. There has been a marked decrease in numbers of enquiries to foster and of numbers of approved foster carers.</p> <p>This has had a direct impact upon the Trust's ability to provide planned, matched placements to all children and young people in as timely a way as would be aspired to.</p> <p>There is particular deficit in supply of appropriate placements for sibling groups and children with highly complex needs and older teenagers</p> <p>At both a regional and local level there is limited short break and care placement provision for children with disabilities which has resulted in Judicial Reviews and complaints to the service. The Willow Lodge has had to change its statement of purpose to accommodate a child with very challenging behaviors and very complex needs and this has reduced the availability of short breaks for others. The Covid-19 pandemic has further exacerbated the situation and increased stress for families/carers.</p>	Data Return 10
10.3.21	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?</p> <p>16</p>	DDSF – LAC Spreadsheet
10.3.22	This is intentionally blank	
10.3.23	<p>How many children are deemed to be in an inappropriate placement given their assessed needs? (Please explain)</p> <p>Total: 35 <i>Fostering Response:</i> The increase in care admissions coupled with the regional decrease in numbers of foster carers has resulted in a regional crisis in foster placement availability. The result has been that many children are placed in emergency or temporary placements, with many children and young people experiencing multiple placement moves and/or remaining in temporary or short-term</p>	DDSF – LAC Spreadsheet

	<p>placements longer than would be aspired to before securing long-term placement options.</p> <p><i>LAC Response:</i> 16 year old girl in an unregulated placement with her adult sibling. Case transferred to LAC Team on an emergency basis and placement was unregulated. LAC Team presented the case to Resource Panel and sourced a residential placement.</p> <p><i>CWD Response:</i> Within the Trust Children with Disability Team there are two children deemed to be in an inappropriate placement. One child is on a delayed discharge from Iveagh treatment and assessment center from September 2020 due to the lack of suitable provision to meet his assessed need. The Trust has devised a bespoke care plan for this child which is yet to be achieved. Care planning in respect of discharge is ongoing. The additional child remains in an inappropriate placement due to being placed in a short break unit in an emergency situation as of 19/04/2021. This followed breakdown of his therapeutic placement, the Trust has exhausted various options to include out of jurisdiction placements and child will be placed immediately in secure accommodation as per assessed need. A third child has been inappropriately placed in an emergency to the Iveagh Centre on 25/03/2022 due to a lack of available appropriate options, a planned move to a long term placement a Glencraig is being pursued.</p>																			
10.3.24	<p>Please provide the number of restraints carried out by staff on young people within each Home during the period.</p> <p>See spreadsheet 10.3.24 for the details</p>	DDSF – LAC Spreadsheet																		
10.3.25	<p>Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review ? Yes/No</p> <p>Yes</p>	Data Return 10																		
10.3.26	<p>Permanency Planning for Looked After Children at period end</p> <table><tr><th>Permanency Plan</th><th>Total</th></tr><tr><td>Return to Birth Family</td><td>68</td></tr><tr><td>Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)</td><td>4</td></tr><tr><td>Adoption</td><td>54</td></tr><tr><td>Long term Fostering (Including Kinship)</td><td>575</td></tr><tr><td>Supported Living/Independent Living</td><td>27</td></tr><tr><td>Other</td><td>60</td></tr><tr><td>Total</td><td>788</td></tr><tr><td>Number of children not included above as</td><td>157</td></tr></table>	Permanency Plan	Total	Return to Birth Family	68	Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)	4	Adoption	54	Long term Fostering (Including Kinship)	575	Supported Living/Independent Living	27	Other	60	Total	788	Number of children not included above as	157	DDSF – LAC Spreadsheet
Permanency Plan	Total																			
Return to Birth Family	68																			
Return to Kinship Carers outside LAC system (Friend/Relative/Family Placement)	4																			
Adoption	54																			
Long term Fostering (Including Kinship)	575																			
Supported Living/Independent Living	27																			
Other	60																			
Total	788																			
Number of children not included above as	157																			

	they have been in care for less than 9 months			
	Total	945		
	Number where plan has been in place for 12 months or more and yet to be achieved	119		
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)			DDSF – LAC Spreadsheet
	Formal process	M	F	Total
	Cautioned	9	8	17
	Remanded	3	0	3
	Convicted	4	0	4
	Total	16	8	24
	and			
	(b) How many Looked After Children are suspected to use drugs and/or alcohol?			
	Substance use	M	F	Total
	Use Alcohol	5	4	9
	Use Drugs	2	4	6
	Use Drugs and Alcohol	16	17	33
	Total	23	25	48
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 th June 2021 (this will be collected in September Data Return only)			DOH
10.3.33	Looked After Children, School Attendance – School Year Ended 30 th June 2021			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, SPPG
	(b) How many Looked After Children have been reported to the			DDSF –

	<p>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>See Spreadsheet 10.3.34(b) for the details</p>	LAC Spreadsheet
10.3.35	<p>Number of children accommodated by ELB for 3 months or more by category</p> <p>0</p>	DDSF – LAC Spreadsheet
10.3.36	<p>(a) Number of Sibling groups accommodated:</p> <ul style="list-style-type: none"> • Together • Not accommodation together at period end <p>175 sibling groups accommodated together 108 not accommodated together</p>	Data Return 10
10.3.37	<p>Number of young people admitted to Secure Accommodation and the reasons for admission during the period</p> <p><i>This data is sourced directly from Lakewood (it will be forwarded by South Eastern Trust) – after this reporting period the data will be sourced from the Regional Secure panel which is located within SPPG</i></p>	Lakewood/ Regional Panel
10.3.38	<p>Please provide report into the operation of the Trusts Restriction of Liberty Panel</p> <p><i>This data is collected annually and sourced from a Restriction of Liberty report (it comes in with DDSF). The data will be sources from the Regional Secure Panel going forward – panel began on 1.9.19.</i></p>	Lakewood/ Regional Panel
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>136 (73M, 63F) Please see spreadsheet 10.3.39 for details</p> <p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p> <p>None</p> <p>(c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date</p> <p>77</p>	DDSF – 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>105</p> <p>(e) Can you confirm that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (e.g. a fostering breakdown where the RESWS moves the child to a children’s home) Yes/No</p> <p>Yes</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>136</p> <p><i>See Attached Spreadsheet 10.3.40 for details</i></p> <p>(b) (i) Were these admissions planned, unplanned or emergency;</p> <table><tr><th>Admissions</th><th>Total</th></tr><tr><td>Planned</td><td>38</td></tr><tr><td>Unplanned</td><td>43</td></tr><tr><td>Emergency</td><td>55</td></tr><tr><td>Total</td><td>136</td></tr></table> <p>(ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?</p> <p>66</p> <p>(iii) Of those unplanned or emergency admissions how many were admitted by RESWS?</p> <p>15</p>	Admissions	Total	Planned	38	Unplanned	43	Emergency	55	Total	136	DDSF – LAC Spreadsheet
Admissions	Total											
Planned	38											
Unplanned	43											
Emergency	55											
Total	136											

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 96 <i>Please see spreadsheet 10.3.41 for details</i>	DDSF – 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> <table><tr><th>Destination</th><th>Total</th></tr><tr><td>Returned to Parents/Siblings</td><td>28</td></tr><tr><td>Returned to Relatives/friends</td><td>11</td></tr><tr><td>Adopted</td><td>12</td></tr><tr><td>Independent living/Tenancy (NIHE/H Assoc./Private etc)</td><td>5</td></tr><tr><td>Foster Carers (GEM)</td><td>18</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>13</td></tr><tr><td>Bed + Breakfast</td><td>0</td></tr><tr><td>Hostel, Foyer</td><td>0</td></tr><tr><td>Supported Board and Lodgings</td><td>2</td></tr><tr><td>Prison, Hospital</td><td>0</td></tr><tr><td>Other</td><td>7</td></tr><tr><td>Total</td><td>96</td></tr></table> <p>(b) Of those 16+ year olds who ceased to be Looked After during the period what was their entitlement to Leaving Care Services by age and gender</p> <table><tr><th>Category</th><th colspan="2">16</th><th colspan="2">17</th><th colspan="2">Count</th><th>Total</th></tr><tr><td></td><td>M</td><td>F</td><td>M</td><td>F</td><td>M</td><td>F</td><td></td></tr><tr><td>Number entitled to access Leaving Care Services</td><td>2</td><td>1</td><td>26</td><td>21</td><td>28</td><td>22</td><td>50</td></tr><tr><td>Number not entitled to access Leaving Care Services</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Total</td><td>3</td><td>1</td><td>26</td><td>21</td><td>29</td><td>22</td><td>51</td></tr></table>	Destination	Total	Returned to Parents/Siblings	28	Returned to Relatives/friends	11	Adopted	12	Independent living/Tenancy (NIHE/H Assoc./Private etc)	5	Foster Carers (GEM)	18	Jointly Commissioned Supported Accommodation Projects	13	Bed + Breakfast	0	Hostel, Foyer	0	Supported Board and Lodgings	2	Prison, Hospital	0	Other	7	Total	96	Category	16		17		Count		Total		M	F	M	F	M	F		Number entitled to access Leaving Care Services	2	1	26	21	28	22	50	Number not entitled to access Leaving Care Services	1	0	0	0	1	0	1	Total	3	1	26	21	29	22	51	DDSF – LAC Spreadsheet
Destination	Total																																																																			
Returned to Parents/Siblings	28																																																																			
Returned to Relatives/friends	11																																																																			
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Supported Board and Lodgings	2																																																																			
Prison, Hospital	0																																																																			
Other	7																																																																			
Total	96																																																																			
Category	16		17		Count		Total																																																													
	M	F	M	F	M	F																																																														
Number entitled to access Leaving Care Services	2	1	26	21	28	22	50																																																													
Number not entitled to access Leaving Care Services	1	0	0	0	1	0	1																																																													
Total	3	1	26	21	29	22	51																																																													

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>2</p> <p>For (a) above please give the number of children that were formerly placed with Stranger (Foster Carers), Kinship (Foster Carers), Residential Care or other placement.</p> <table><tr><th>Placement</th><th>No. of Children</th></tr><tr><td>Stranger (Foster Carers)</td><td>1</td></tr><tr><td>Kinship (Foster Carers)</td><td>1</td></tr><tr><td>Residential Care</td><td>0</td></tr><tr><td>Other placement</td><td>0</td></tr><tr><td>Total</td><td>2</td></tr></table> <p>(c) How many Residence Orders are in place at period end?</p> <p>187</p>	Placement	No. of Children	Stranger (Foster Carers)	1	Kinship (Foster Carers)	1	Residential Care	0	Other placement	0	Total	2	DDSF – LAC Spreadsheet
Placement	No. of Children													
Stranger (Foster Carers)	1													
Kinship (Foster Carers)	1													
Residential Care	0													
Other placement	0													
Total	2													
10.3.45	<p>Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age</p> <p>0</p>	DDSF – LAC Spreadsheet												

Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4

10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002**Article 34E, Article 34F**

10.4.1	Number of young people subject to Leaving Care Act by category, age and gender 417 See Attached Spreadsheet 10.4.1 for details	DDSF-16+ Spreadsheet																																																																												
10.4.2	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. <table><tr><th>Legal Status</th><th>16</th><th>17</th><th>Total</th></tr><tr><td>Accommodated (Article 21)</td><td>6</td><td>18</td><td>24</td></tr><tr><td>Care order (Art 50 or 59)</td><td>52</td><td>51</td><td>103</td></tr><tr><td>Interim Care Order (Art 57)</td><td>3</td><td>0</td><td>3</td></tr><tr><td>Deemed Care Order</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>61</td><td>69</td><td>130</td></tr></table> <table><tr><th>Category</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21+</th><th>Total</th></tr><tr><td>Eligible</td><td>61</td><td>69</td><td>0</td><td>0</td><td>0</td><td>0</td><td>130</td></tr><tr><td>Relevant</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>5</td></tr><tr><td>Fmr Relevant</td><td>0</td><td>0</td><td>73</td><td>66</td><td>68</td><td>69</td><td>276</td></tr><tr><td>Qualifying</td><td>0</td><td>0</td><td>1</td><td>3</td><td>2</td><td>0</td><td>6</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>75</td><td>71</td><td>71</td><td>68</td><td>285</td></tr></table>	Legal Status	16	17	Total	Accommodated (Article 21)	6	18	24	Care order (Art 50 or 59)	52	51	103	Interim Care Order (Art 57)	3	0	3	Deemed Care Order	0	0	0	Other	0	0	0	Total	61	69	130	Category	16	17	18	19	20	21+	Total	Eligible	61	69	0	0	0	0	130	Relevant	5	0	0	0	0	0	5	Fmr Relevant	0	0	73	66	68	69	276	Qualifying	0	0	1	3	2	0	6	Total	0	0	75	71	71	68	285	DDSF-16+ Spreadsheet
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10.4.3	This is intentionally blank																																																																													
10.4.4	This is intentionally blank																																																																													

10.4.5	This is intentionally blank					DDSF-16+ Spreadsheet
10.4.6	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?						
Category	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser	Awaiting allocation of a social worker	Awaiting allocation of a personal adviser	
Eligible	76	22	26	6	110	
Relevant	3	1	0	0	3	
Former Relevant	2	189	85	0	0	
Qualifying	1	3	2	0	0	
<p>The first columns of Named Social Worker only, Named Personal Advisor Only, and Named Social Worker and Personal Adviser would add up to the total in 10.4.1 (417 young people) if every young person has an allocated Social Worker and/or Personal Advisor.</p> <p>However this only adds up to 410 due to the following:</p> <ul style="list-style-type: none">At the end of March 2022, we had 6 unallocated eligible young people. These are accounted for in the 'Awaiting allocation of a social worker' column.We also have one relevant young person on a residence order, who is awaiting a PA service. This young person is accounted for in the 'Awaiting allocation of a personal adviser' column.						
(b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser?						
Category		Of the young people with a named Personal Adviser - how many have a person Specific Personal Adviser				
Eligible		4				
Relevant		0				

Former Relevant	0
Qualifying	0

(c) How many do not have an up to date Pathway Plan at period end?

Category	No. without an Up to Date Pathway Plan
Eligible	1
Relevant	1
Former Relevant	0
Qualifying	0
Total	2

10.4.7	<p>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?</p> <table><tr><th>Category</th><th>No. Without a completed Needs Assessment</th><th><3 Months</th><th>3-6 Months</th><th>7-12 Months</th><th><1 Year</th></tr><tr><td>Eligible</td><td>13</td><td>3</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Relevant</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Former Relevant</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Qualifying</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>13</td><td>3</td><td>10</td><td>0</td><td>0</td></tr></table>	Category	No. Without a completed Needs Assessment	<3 Months	3-6 Months	7-12 Months	<1 Year	Eligible	13	3	10	0	0	Relevant	0	0	0	0	0	Former Relevant	0	0	0	0	0	Qualifying	0	0	0	0	0	Total	13	3	10	0	0	DDSF-16+ Spreadsheet												
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Relevant	0	0	0	0	0																																													
Former Relevant	0	0	0	0	0																																													
Qualifying	0	0	0	0	0																																													
Total	13	3	10	0	0																																													
10.4.8	<p>Summary of failure to comply as detailed in 10.4.6, 10.4.7 at period end.</p> <p>Currently 113 young people are awaiting allocation of a personal advisor. Failure to comply has been attributed to challenges in recruiting and retaining personal advisors along with an increase in LAC population. In the next reporting period the Trust will be progressing a review of LCAC Structure and will take account the Trust ongoing non-compliance with PA allocation, to increase capacity within the service.</p> <p>Plans are in place to address workforce issue detailed in Program of Care summary.</p>	Data Return 10																																																
10.4.9	<p>Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for (a) Eligible;</p> <table><tr><th>Placement Type</th><th>16</th><th>17</th><th>Total</th></tr><tr><td>Foster Placement (Stranger)</td><td>29</td><td>31</td><td>60</td></tr><tr><td>Foster Placement (Kinship)</td><td>15</td><td>13</td><td>28</td></tr><tr><td>At Home In Care</td><td>9</td><td>5</td><td>14</td></tr><tr><td>Residential Children's Home</td><td>6</td><td>7</td><td>13</td></tr><tr><td>Secure Care</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Specialist Residential Placement (NI/UK)</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Hospital</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>0</td><td>4</td><td>4</td></tr><tr><td>Unregulated Placement</td><td>2</td><td>7</td><td>9</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>61</td><td>69</td><td>130</td></tr></table>	Placement Type	16	17	Total	Foster Placement (Stranger)	29	31	60	Foster Placement (Kinship)	15	13	28	At Home In Care	9	5	14	Residential Children's Home	6	7	13	Secure Care	0	1	1	Specialist Residential Placement (NI/UK)	0	1	1	Hospital	0	0	0	Jointly Commissioned Supported Accommodation Projects	0	4	4	Unregulated Placement	2	7	9	Other	0	0	0	Total	61	69	130	DDSF-16+ Spreadsheet
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Jointly Commissioned Supported Accommodation Projects	0	4	4																																															
Unregulated Placement	2	7	9																																															
Other	0	0	0																																															
Total	61	69	130																																															

(b) Relevant;

Living Arrangements	16	17	Total
Tenancy (NIHE/H Assoc./Private)	0	0	0
At Home with Parents/Siblings	1	0	1
Jointly Commissioned Supported Accommodation Projects	0	0	0
Relatives/friends	3	0	3
Hostel, B+B, Foyer	0	0	0
Supported Board and Lodgings	0	0	0
Halls of residence/Student Accommodation	0	0	0
Prison	0	0	0
Other	1	0	1
Total	5	0	5

(c) Former Relevant; and

Living Arrangements	18	19	20	21+	Total
Former Foster Carers (GEM)	16	14	14	16	60
Tenancy (NIHE/H Assoc./Private)	3	16	18	35	72
At Home with Parents/Siblings	12	8	15	3	38
Jointly Commissioned Supported Accommodation Projects	20	11	3	0	34
Relatives/friends	6	5	8	3	22
Hostel, B+B, Foyer	1	1	2	2	6
Supported Board and Lodgings	6	3	1	0	10
Halls of residence/ Student Accommodation	1	1	2	4	8
Prison	3	0	2	2	7
Other	5	7	3	4	19
Total	73	66	68	69	276

	<div>(d) Qualifying young people</div> <table><tr><th>Living Arrangements</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21+</th><th>Total</th></tr><tr><td>Former Foster Carers (GEM)</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Tenancy (NIHE/H Assoc/Private)</td><td>0</td><td>0</td><td>1</td><td>1</td><td>1</td><td>0</td><td>3</td></tr><tr><td>At Home with Parents/Siblings</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Relatives/friends</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Hostel, B+B, Foyer</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Supported Board and Lodgings</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Halls of residence/Student Accommodation</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Prison</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>1</td><td>3</td><td>2</td><td>0</td><td>6</td></tr></table>							Living Arrangements	16	17	18	19	20	21+	Total	Former Foster Carers (GEM)	0	0	0	0	0	0	0	Tenancy (NIHE/H Assoc/Private)	0	0	1	1	1	0	3	At Home with Parents/Siblings	0	0	0	0	0	0	0	Jointly Commissioned Supported Accommodation Projects	0	0	0	0	1	0	1	Relatives/friends	0	0	0	0	0	0	0	Hostel, B+B, Foyer	0	0	0	1	0	0	1	Supported Board and Lodgings	0	0	0	0	0	0	0	Halls of residence/Student Accommodation	0	0	0	0	0	0	0	Prison	0	0	0	1	0	0	1	Other	0	0	0	0	0	0	0	Total	0	0	1	3	2	0	6	
Living Arrangements	16	17	18	19	20	21+	Total																																																																																																	
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At Home with Parents/Siblings	0	0	0	0	0	0	0																																																																																																	
Jointly Commissioned Supported Accommodation Projects	0	0	0	0	1	0	1																																																																																																	
Relatives/friends	0	0	0	0	0	0	0																																																																																																	
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Prison	0	0	0	1	0	0	1																																																																																																	
Other	0	0	0	0	0	0	0																																																																																																	
Total	0	0	1	3	2	0	6																																																																																																	
10.4.10	<div>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</div> <div>(a) Eligible;</div> <table><tr><th></th><th>16</th><th>17</th><th>Total</th><th>No. Receiving financial support</th></tr><tr><td>Secondary Level Education</td><td>43</td><td>22</td><td>65</td><td>19</td></tr><tr><td>Further Education</td><td>3</td><td>11</td><td>14</td><td>9</td></tr><tr><td>Training (Govt. sponsored training)</td><td>5</td><td>8</td><td>13</td><td>10</td></tr><tr><td>Pre-Vocational</td><td>1</td><td>1</td><td>2</td><td>1</td></tr><tr><td>Employment</td><td>3</td><td>6</td><td>9</td><td>5</td></tr><tr><td>ETE Inactive</td><td>3</td><td>7</td><td>10</td><td>1</td></tr><tr><td>Training (Non Govt. sponsored training)</td><td>2</td><td>11</td><td>13</td><td>10</td></tr><tr><td>Other(Sick/Disabled, Parent, Carer)</td><td>1</td><td>3</td><td>4</td><td>0</td></tr><tr><td>Total</td><td>61</td><td>69</td><td>130</td><td>55</td></tr></table>								16	17	Total	No. Receiving financial support	Secondary Level Education	43	22	65	19	Further Education	3	11	14	9	Training (Govt. sponsored training)	5	8	13	10	Pre-Vocational	1	1	2	1	Employment	3	6	9	5	ETE Inactive	3	7	10	1	Training (Non Govt. sponsored training)	2	11	13	10	Other(Sick/Disabled, Parent, Carer)	1	3	4	0	Total	61	69	130	55	DDSF-16+ Spreadsheet																																														
	16	17	Total	No. Receiving financial support																																																																																																				
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Training (Govt. sponsored training)	5	8	13	10																																																																																																				
Pre-Vocational	1	1	2	1																																																																																																				
Employment	3	6	9	5																																																																																																				
ETE Inactive	3	7	10	1																																																																																																				
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Other(Sick/Disabled, Parent, Carer)	1	3	4	0																																																																																																				
Total	61	69	130	55																																																																																																				

(b) Relevant;

ETE Status	16	17	Total	No. Receiving Financial support
Secondary Level Education	4	0	4	2
Further Education	0	0	0	0
Training (Govt. sponsored training)	1	0	1	0
Pre-Vocational	0	0	0	0
Employment	0	0	0	0
ETE Inactive	0	0	0	0
Training (Non Govt. sponsored training)	0	0	0	0
Other	0	0	0	0
Total	5	0	5	2

(c) Former Relevant; and

ETE Status	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	13	3	0	0	16	4
Further Education	4	6	8	11	29	21
Higher Education	1	4	4	13	22	19
Training (Govt. sponsored training)	22	14	9	8	53	7
Pre-Vocational	1	3	3	2	9	2
Employment	10	17	23	18	68	0
ETE Inactive	23	17	17	17	74	0
Training (Non Govt. sponsored training)	0	4	4	2	10	7
Other	0	0	1	0	1	0
Total	74	68	69	71	282	60

(d) Qualifying young people

ETE Status	16	17	18	19	20	21 +	Total	No. Receiving Financial support
Secondary Level Education	0	0	0	0	0	0	0	0
Further Education	0	0	0	0	0	0	0	0
Higher Education	0	0	0	0	0	0	0	0
Training (Govt. sponsored training)	0	0	1	1	0	0	2	0
Pre-Vocational	0	0	0	0	0	0	0	0
Employment	0	0	0	0	0	0	0	0
ETE Inactive	0	0	0	2	2	0	4	0
Training (Non Govt. sponsored training)	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total	0	0	1	3	2	0	6	0

10.4.11	Of the young people reported at 10.4.1 how many were convicted during this reporting period? 12 Cautioned, 11 formally remanded, 8 convicted during the reporting period. See Attached Spreadsheet 10.4.11 for details	DDSF16 S/Sheet																		
10.4.12	Of the young people reported at 10.4.1 how many have a disability by major disability – physical, sensory, learning, chronic illness, Autism (see definition) and other, type and gender at period end?’ <table><tr><th>Type of Disability</th><th>Total</th></tr><tr><td>Physical (Ex. Sensory)</td><td>4</td></tr><tr><td>Sensory</td><td>0</td></tr><tr><td>Learning</td><td>32</td></tr><tr><td>Chronic illness</td><td>1</td></tr><tr><td>Autism(ASD)/Asperger/ADHD</td><td>27</td></tr><tr><td>Other (undefined)</td><td>5</td></tr><tr><td>No Disability</td><td>348</td></tr><tr><td>Total</td><td>417</td></tr></table> See Attached Spreadsheet 10.4.12 for details	Type of Disability	Total	Physical (Ex. Sensory)	4	Sensory	0	Learning	32	Chronic illness	1	Autism(ASD)/Asperger/ADHD	27	Other (undefined)	5	No Disability	348	Total	417	DDSF-16+ S/Sheet
Type of Disability	Total																			
Physical (Ex. Sensory)	4																			
Sensory	0																			
Learning	32																			
Chronic illness	1																			
Autism(ASD)/Asperger/ADHD	27																			
Other (undefined)	5																			
No Disability	348																			
Total	417																			
10.4.13	Of the young people reported at 10.4.1 what is their parental status at period end?’ <table><tr><th>Parental Status</th><th>No of Young People</th></tr><tr><td>Parent</td><td>37</td></tr><tr><td>Lone Parent</td><td>12</td></tr></table>	Parental Status	No of Young People	Parent	37	Lone Parent	12	DDSF-16+ S/Sheet												
Parental Status	No of Young People																			
Parent	37																			
Lone Parent	12																			
10.4.14	‘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?’ <table><tr><th>Mental Health Concerns</th><th>No. of Young People waiting for or receiving Mental Health interventions/services</th><th>Number of new referrals to mental health intervention/services during period (1.4.20 - 30.9.20).</th></tr><tr><td>Mental Health Concerns</td><td>82</td><td>68</td></tr><tr><td>Self-Harm</td><td>1</td><td>1</td></tr></table>	Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/services	Number of new referrals to mental health intervention/services during period (1.4.20 - 30.9.20).	Mental Health Concerns	82	68	Self-Harm	1	1	DDSF-16+ S/Sheet									
Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/services	Number of new referrals to mental health intervention/services during period (1.4.20 - 30.9.20).																		
Mental Health Concerns	82	68																		
Self-Harm	1	1																		
10.4.15	Number of Young People who are no longer Looked After but who	DDSF-																		

died during the current reporting period and were in receipt of aftercare services by cause/age.						16+ S/Sheet	
Cause	16-17		18+		Total		
	M	F	M	F	M	F	
Natural Causes	0	0	0	0	0	0	
Accident	0	0	0	0	0	0	
Suicide	0	0	0	0	0	0	
Other	0	0	0	1	0	1	
Total	0	0	0	0	0	1	

10.5 FOSTERING**10.5.1**

(a) How many foster carers are registered with the Trust at period end? How many of the carers above also provide a GEM placement? Of the carers above how many are Prospective adopters dually approved as foster carers? Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers?

534 Registered (which includes all categories as requested in 10.5.1)

27 GEM

14 Dual Approved Carers

3 Concurrent Carers

(b) Please give the number of other foster carers;

100 Independent Foster Carers

(c) Please give a breakdown of the number of foster carers de-registered during the period and the reason;

12 in total:

7 No longer wishing to foster

2 Retired

3 GEM

No. of Foster Carers de-registered during the period*, by reason.	Kinship Carers	No. of Carers De-registered
Carer has adopted or been granted a residence order	0	0
No longer wishing to foster	5	2
Retired/phased out	2	0
Deregistered following concerns re: care of children	0	0
De-registered by Trust following complaints/allegations	0	0
Opted to be GEM Carer Only	3	0
Total	10	2

(d) Please advise of the recruitment process activity during the period;

DDSF-Foster care Spreadsheet

	<table><tr><th colspan="2">Recruitment Process Activity during the period*</th><th>No. of Carers</th></tr><tr><td rowspan="2">Numbers receiving information packs</td><td>Kinship</td><td>0</td></tr><tr><td>Non-Kinship</td><td>0</td></tr><tr><td rowspan="2">Number of Initial Home Visits</td><td>Kinship</td><td>0</td></tr><tr><td>Non-Kinship</td><td>21</td></tr><tr><td rowspan="2">Numbers of Households attending Skills to Foster course</td><td>Kinship</td><td>0</td></tr><tr><td>Non-Kinship</td><td>8</td></tr><tr><td rowspan="2">Number of Completed Assessments during the period</td><td>Kinship</td><td>42</td></tr><tr><td>Non-Kinship</td><td>9</td></tr><tr><td rowspan="2">Number of these assessments that were already approved as Adopters.</td><td>Kinship</td><td>0</td></tr><tr><td>Non-Kinship</td><td>0</td></tr></table> <p>(e) Please give the number of regional enquirers received by the Trust</p> <p>40</p>	Recruitment Process Activity during the period*		No. of Carers	Numbers receiving information packs	Kinship	0	Non-Kinship	0	Number of Initial Home Visits	Kinship	0	Non-Kinship	21	Numbers of Households attending Skills to Foster course	Kinship	0	Non-Kinship	8	Number of Completed Assessments during the period	Kinship	42	Non-Kinship	9	Number of these assessments that were already approved as Adopters.	Kinship	0	Non-Kinship	0	
Recruitment Process Activity during the period*		No. of Carers																												
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	Non-Kinship	9																												
Number of these assessments that were already approved as Adopters.	Kinship	0																												
	Non-Kinship	0																												
10.5.2	<p>For the foster carers return at 10.5.1 how many places are they registered for and the number of vacant places at period end. Please also provide the number of fostering households that have no child placed with them at period end.</p> <p>724 places Of which 57 vacant places Including 32 households with no child placed at period end.</p>	DDSF-Foster care Spreadsheet																												
10.5.3	<p>How many foster carers have annual reviews outstanding?</p> <p>56</p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p> <p>80</p>	Data return 10 DDSF-Foster care Spreadsheet																												
10.5.4	<p>Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed</p>	Data return 10																												

	<p>The reduction of outstanding annual reviews has been a priority for the service. The level of outstanding annual reviews has been linked to staffing depletion within the Fostering Service with several staff leaving post and challenges in recruiting and filling vacant posts at this time in addition to limited availability of agency workers.</p> <p>Strategies are in place to recruit temporary staff and fulltime permanent Senior Practitioners. This recruitment activity is currently in process. Posts that have recently become vacant have been escalated quickly via the Trust's scrutiny procedure in order to expedite the process as quickly as possible.</p> <p>Two new staff members have recently been recruited who will be able to support addressing the backlog of annual reviews which have occurred due to cases being unallocated.</p> <p>Annual reviews are expected to be completed by end June 2022</p>	
10.5.5	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places</p> <p>During this reporting period, the Trust continues to lead on and manage the HSCNI Adoption and Fostering Service and as such is involved in the 3 work streams that are operational to develop a recruitment and retention strategy. This Central Service promotes collaborative working across all Trusts to develop collectively beneficial recruitment activity. This activity has been significantly impacted by the restrictions of Covid but in the reporting period a number of innovative recruitment activities using virtual platforms have been progressed. This had been achieved through creative use of technology and on line presentations presented by professional staff and compiled in partnership with the Marketing and Communications Departments.</p> <p>Due to the standing down of face to face events, the marketing strategy relied on digital and advertising activity and used advertising to thank the commitment and dedication of the foster carers. The Trust have however been able to host the first face to face recruitment event since the pandemic.</p> <p>There has been increased use of other Covid safe marketing tools such as radio interviews, face book and online activity and newspaper articles that seek to capture the interest of people who may be willing to assist in increasing the range diversity and supply of placements to the Trust and regionally. In more recent months plans have been progressed for the reintroduction of face to face recruitment and retention activities and training.</p>	Data return 10

	<p>Internally, twice weekly placement meetings ensure appropriate placements are made to meet the individual needs of the Looked after Child, matched with the skill base of foster carers to avoid minimum disruption or placement moves when Looked after Children are being matched for placements. These review meetings also take cognizance of Looked after Children placed within private agencies and this is reviewed to ensure there is no “drift” in care planning of children placed outside of Trust placements.</p> <p>Bi-monthly review meetings are also held with private agencies to ensure the needs of children placed with these agencies disruptions in a timely fashion with these agencies to ensure contingency planning is implemented to avoid any unnecessary additional placement moves. ‘Placement Under Pressure’ and Placement Support</p> <p>Meetings are convened to support children and carers and to prevent placement disruption Regular review of recruitment activity is undertaken to ensure that carers are recruited to meet the needs of children referred i.e. requirement for full time carers, sibling groups, children with learning or disability needs and carers who can provide permanent care. Activity to ensure foster placement supply also includes:</p> <ul style="list-style-type: none"> • Identification of early signs of potential disruption and timely access to therapeutic and support services. • Ensuring foster carers are fostering within their agreed registration to avoid overload and potential disruption. • Timely referral of children to permanence panel. This enables regular monitoring of care plans, exploration of potential permanence options for children, thus reducing multiple moves. • Quarterly review meetings with Adoption to ensure children requiring adoptive placements that are currently within short term foster placements are identified and approximate timescales given to ensure projected availability planning for fostering and placements required. • Ensuring timely delivery of permanence plans. • Involvement in the on-going development of therapeutic model of care to identify long term foster placements to meet the needs of children aged 8-12 in Osbourne House. • Recruitment of Intensive foster carers who foster children with significant and complex disabilities and also young people who are on the higher threshold of risk presenting behaviors. • Recruitment of parent and child foster carers who assess a parent’s capacity to parent their child through a 12 week assessment period. 	
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	<p>The Trust has also had significant involvement in the regional recruitment campaign for foster carers for young refugees. The response has been very positive and it is hoped that this campaign will not only help to increase the provision of placements for young refugees but also for other groups of children and young people requiring foster care placements.</p> <p>The Trust been working to recruit and asses supported lodgings hosts.</p> <p>The Trust endeavour to educate people about who the children who need foster care are, what foster carers do and dispel myths about who can become a foster carer to dispel myths.</p>	
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10.5 PRIVATE FOSTERING
The Children Order (NI) 1995 - Part X

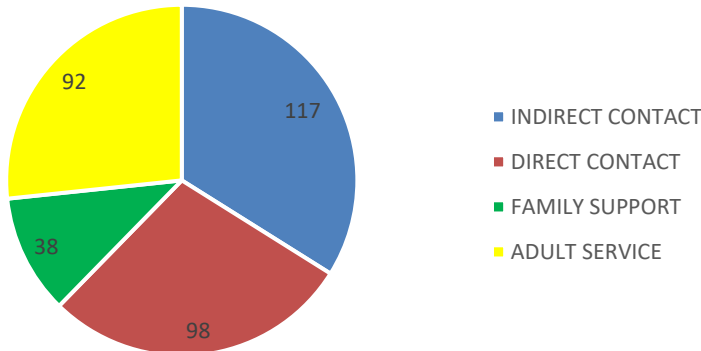
MMcG-312

10.5.6	What steps has the Trust taken to encourage notifications? N/A	DDSF-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? 0	DDSF-Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period? 0	DDSF-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 N/A	DDSF-Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted? N/A	DDSF-Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust N/A	DDSF-Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113 0	DDSF-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. N/A	DDSF-Foster care Spreadsheet
	Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996	
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. N/A	DDSF-Foster care Spreadsheet
	Please specify the child's DOB and the date the Trust received each notification N/A	DDSF-Foster care Spreadsheet

10.6 Adoption (NI) Order 1987 Adoption (Intercountry Aspects) Act (NI) 2001														
Article 3(as amended by HPSS Order 1994), Article 11														
10.6.1	(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach? 47 (b) Please provide the waiting time from initial inquiry to commencement of training 12 in total 9 more than 3 months, less than 6 months 3 more than 6 months, less than 12 months	DDSF-Adoption Spreadsheet												
10.6.2	Number of domestic applications for assessment received by the Trust by civil status of applicant <table><tr><th>Household type</th><th>No</th></tr><tr><td>Single carer</td><td>18</td></tr><tr><td>Cohabiting heterosexual couple (where this is a joint application)</td><td>0</td></tr><tr><td>Cohabiting same sex couple (where this is a joint application)</td><td>0</td></tr><tr><td>Married</td><td>29</td></tr><tr><td>Total</td><td>47</td></tr></table>	Household type	No	Single carer	18	Cohabiting heterosexual couple (where this is a joint application)	0	Cohabiting same sex couple (where this is a joint application)	0	Married	29	Total	47	DDSF-Adoption Spreadsheet
Household type	No													
Single carer	18													
Cohabiting heterosexual couple (where this is a joint application)	0													
Cohabiting same sex couple (where this is a joint application)	0													
Married	29													
Total	47													
10.6.3	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting 0	DDSF-Adoption Spreadsheet												
10.6.4	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)	DDSF-Adoption Spreadsheet												
10.6.5	Number of Prospective Inter-country adopters awaiting assessment at period end (to be completed by NHSCT on behalf of the region)	DDSF-Adoption Spreadsheet												

10.6.6	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes	DDSF-Adoption Spreadsheet														
	<table><tr><th>Outcome of assessment</th><th>No. of Domestic Assessments</th></tr><tr><td>Counselled out in Assessment Process</td><td>1</td></tr><tr><td>Went to Panel and Refused</td><td>0</td></tr><tr><td>Households approved as Adoptive carers</td><td>3</td></tr><tr><td>Households approved as Dual carers/Concurrent Carers</td><td>4</td></tr><tr><td>Households where previous Foster Carers have been approved as Adoptive carers for their LAC</td><td>2</td></tr><tr><td>Total</td><td>10</td></tr></table>	Outcome of assessment	No. of Domestic Assessments	Counselled out in Assessment Process	1	Went to Panel and Refused	0	Households approved as Adoptive carers	3	Households approved as Dual carers/Concurrent Carers	4	Households where previous Foster Carers have been approved as Adoptive carers for their LAC	2	Total	10	
Outcome of assessment	No. of Domestic Assessments															
Counselled out in Assessment Process	1															
Went to Panel and Refused	0															
Households approved as Adoptive carers	3															
Households approved as Dual carers/Concurrent Carers	4															
Households where previous Foster Carers have been approved as Adoptive carers for their LAC	2															
Total	10															
10.6.7	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 2 in total 1 More than 3 months less than 6 months 1 1 year or more	DDSF-Adoption Spreadsheet														

10.6.8	<p>(a) Activity under the Adoption (NI) Order 1987 during the period; Of the number above please give the number who were adopted in a Hague designated country and therefore not through the Courts in NI and have had their Article 23 reports completed in the time period; Please provide the number of Freeing Orders made during the reporting period;</p> <p>12</p> <p>(b) Of those children who were adopted this period please give the length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.</p> <p>2, 6 months < 1 year 6, 1 < 2 years 4, 2 < 3 years</p>	DDSF-Adoption Spreadsheet																							
10.6.9	<p>Please provide the number of children who, at period end, had received a best interest decision for adoption and had not been placed with approved adopters (either adopters, dual approved carers including concurrent carers) and the duration of that wait</p> <p>5</p> <table border="1" data-bbox="244 1048 1007 1563"> <thead> <tr> <th data-bbox="244 1048 722 1200" rowspan="2">Children who have received a best interest decision and have not been placed with approved adopter.</th><th colspan="2" data-bbox="722 1048 874 1099">1-4 years</th></tr> <tr> <th data-bbox="722 1160 874 1200">M</th><th data-bbox="874 1160 1007 1200">F</th></tr> </thead> <tbody> <tr> <td data-bbox="244 1200 722 1261">Less than 1 month</td><td data-bbox="722 1200 874 1261">0</td><td data-bbox="874 1200 1007 1261">0</td></tr> <tr> <td data-bbox="244 1261 722 1335">More than 1 month less than 3 months</td><td data-bbox="722 1261 874 1335">1</td><td data-bbox="874 1261 1007 1335">1</td></tr> <tr> <td data-bbox="244 1335 722 1411">More than 3 months less than 6 months</td><td data-bbox="722 1335 874 1411">0</td><td data-bbox="874 1335 1007 1411">0</td></tr> <tr> <td data-bbox="244 1411 722 1485">More than 6 month less than 12 months</td><td data-bbox="722 1411 874 1485">2</td><td data-bbox="874 1411 1007 1485">0</td></tr> <tr> <td data-bbox="244 1485 722 1523">1 year or more</td><td data-bbox="722 1485 874 1523">1</td><td data-bbox="874 1485 1007 1523">0</td></tr> <tr> <td data-bbox="244 1523 722 1563">Total</td><td data-bbox="722 1523 874 1563">4</td><td data-bbox="874 1523 1007 1563">1</td></tr> </tbody> </table>	Children who have received a best interest decision and have not been placed with approved adopter.	1-4 years		M	F	Less than 1 month	0	0	More than 1 month less than 3 months	1	1	More than 3 months less than 6 months	0	0	More than 6 month less than 12 months	2	0	1 year or more	1	0	Total	4	1	DDSF-Adoption Spreadsheet
Children who have received a best interest decision and have not been placed with approved adopter.	1-4 years																								
	M	F																							
Less than 1 month	0	0																							
More than 1 month less than 3 months	1	1																							
More than 3 months less than 6 months	0	0																							
More than 6 month less than 12 months	2	0																							
1 year or more	1	0																							
Total	4	1																							
10.6.10	<p>How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?</p> <p>There were 108 Adoption Allowances paid in this period</p> <p>There were 89 households in receipt of Adoption Allowance</p>	DDSF-Adoption Spreadsheet																							
10.6.11	<p>Of the number at 10.6.10 how many commenced during the period and how many households is this?</p> <p>5 Adoption Allowances commenced in this period</p>	DDSF-Adoption Spreadsheet																							

	This constitutes 4 households											
10.6.12	<p>Details of recruitment, assessment, training, support for prospective adopters</p> <p>In December 2021 the adoption team ran a Preparation to Adoption Course attended by 12 couples and single people all of whom have expressed a wish to proceed with assessment. Due to COVID restrictions this preparation course was facilitated virtually. The Belfast Trust have organised another preparation Course in April 2022 which will be the first face to face training course post COVID.</p> <p>Most of these people have underwent their statutory checks. All of those who have been completed their statutory checks have been or are in the process of being allocated a social worker for their assessment.</p> <p>All prospective adopters have an allocated social worker whose job is to support, identify training and family find for the prospective adopters. In march 2022 the service offered Narrative Training and Nurturing of Attachment training to prospective adopters again due to the pandemic this was completed virtually.</p>	Data Return 10										
10.6.13	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										
	<p>Analysis</p> <p>The Trust Post Adoption Team continue to strive to provide a high quality post adoption service to ensure stability and positive wellbeing for adopted children and their families. The Post Adoption Team is passionate about delivering a service that not only recognises the needs of children and their parents but also provides a continuum of support that extends to adult adoptees and their birth relatives.</p> <p>345 clients are availing of post adoption support services. This can be broken down to the following areas of support:</p> <div><p>POST ADOPTION SUPPORT</p><table><thead><tr><th>Category</th><th>Count</th></tr></thead><tbody><tr><td>INDIRECT CONTACT</td><td>117</td></tr><tr><td>DIRECT CONTACT</td><td>98</td></tr><tr><td>FAMILY SUPPORT</td><td>38</td></tr><tr><td>ADULT SERVICE</td><td>92</td></tr></tbody></table></div>	Category	Count	INDIRECT CONTACT	117	DIRECT CONTACT	98	FAMILY SUPPORT	38	ADULT SERVICE	92	
Category	Count											
INDIRECT CONTACT	117											
DIRECT CONTACT	98											
FAMILY SUPPORT	38											
ADULT SERVICE	92											

Indirect contact

117 children are currently being supported with indirect contact arrangements. These arrangements are managed by a social worker within the team and involve the administrative role of exchanging letters between adoptive parents, adopted children and birth relatives. The service also offers support to all persons involved in the arrangements to write letters and to manage the range of emotions that may be triggered when letters are exchanged. A high number of birth parents avail of this support.

Direct Contact

98 families are receiving support with direct contact arrangements. Contact whilst beneficial for children, can also be challenging for all those involved. High levels of support is required to ensure contact is a positive and purposeful experience for all those involved.

The supports provided include:

- Supervising/Monitoring contact.
- Preparation work with adoptive families on how best to support their child before and after contact occurs.
- Preparation and support work with birth parents and relatives to manage their emotions and feeling in managing contact arrangements.
- Helping the adults involved remain empathetic and understanding of each person's role in the child's life.
- Reviewing contact arrangements
- Assessing risk

Over half of the families receiving support with post adoption contact arrangements also availed of a family support service in addition to this.

Family Support Service

A family support services has been provided to **38** families.

The service strives to provide a provision of a mix skill set amongst the team to provide both practical and therapeutic support to families. Services vary in kind and intensity dependent upon the presenting need and fragility of the family situation at point of referral. Provisions provided during the reporting period has included:

- One to one support and guidance in helping parents to respond to their child's behaviours using a therapeutic model of parenting.
- Emotional support to parents in times of stress
- Educative work with extended families on how best to support adopted child and their parents.
- Direct work with children in the areas of life-story work, managing anxiety and providing a therapeutic space to explore thoughts and feelings.
- Working with schools to provide advice on how best to support children in the school environment.

	<ul style="list-style-type: none"> • Assistance in accessing other services such as TESSA, Extern, CAMHS. • Consultations with Trust psychology services to review families' support needs. • Support to birth family wishing to establish contact with adopted children. <p>Accessing specialist assessments.</p> <p><u>Adult Services</u> The team is currently providing a service to 92 adult service users. This involves both adult adoptees and birth relatives wishing to learn more about their origin or birth relatives wishing to search for an adoptee.</p> <p><u>Duty System</u> The Post Adoption Team operate a duty system Monday – Friday 9-5pm which can be accessed by adoptive parents in the Belfast Trust area. This can be used as a one off period of support / advice regarding a specific parenting issue or to make a self-referral for more intensive support. Referrals from other professionals requesting support for a child can be made through the duty system also. The duty system can also be accessed by adult adoptee's or birth relatives requiring a service or by other professionals wishing to make a referral on behalf of an adoptee or birth relative.</p>	
10.6.14	This is intentionally blank	

10.7 EARLY YEARS

10.7.1	<p>Please provide the current early years provision / places, registrations and de-registrations Include Number of Approved Home Child Carers</p> <table><tr><th>Sector</th><th>Total number of services</th><th>Total number of placements</th></tr><tr><td>Day Nursery</td><td>101</td><td>4401</td></tr><tr><td>Out of School within Day Nursery</td><td>56</td><td>1511</td></tr><tr><td>Total Day Nursery Places</td><td></td><td>5912</td></tr><tr><td>Creche</td><td>14</td><td>192</td></tr><tr><td>Playgroup</td><td>47</td><td>1361</td></tr><tr><td>Stand-Alone Out of School</td><td>61</td><td>1888</td></tr><tr><td>Childminder</td><td>235</td><td>1410</td></tr><tr><td>Approved Home Childcarers</td><td>58</td><td>0</td></tr><tr><td>Holiday Scheme</td><td>7</td><td>216</td></tr><tr><td>Two Year old Prog.</td><td>23</td><td>300</td></tr><tr><td>Total</td><td>602</td><td>17191</td></tr></table>	Sector	Total number of services	Total number of placements	Day Nursery	101	4401	Out of School within Day Nursery	56	1511	Total Day Nursery Places		5912	Creche	14	192	Playgroup	47	1361	Stand-Alone Out of School	61	1888	Childminder	235	1410	Approved Home Childcarers	58	0	Holiday Scheme	7	216	Two Year old Prog.	23	300	Total	602	17191	DDSF- Early Years Spreadsheet
Sector	Total number of services	Total number of placements																																				
Day Nursery	101	4401																																				
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Holiday Scheme	7	216																																				
Two Year old Prog.	23	300																																				
Total	602	17191																																				
10.7.2	<p>Registration issues and commentary as at period end <i>(If any challenges or issues please provide a brief analysis)</i></p> <p>Not applicable in this reporting period.</p>	Data Return 10																																				
10.7.3	<p>Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March</p> <table><tr><th>Sector</th><th>No Requiring Inspections</th><th>No Inspections carried out</th><th>Inspections still to be carried out</th></tr><tr><td>Day Nursery</td><td>102</td><td>102</td><td>0</td></tr><tr><td>Crèche</td><td>15</td><td>15</td><td>0</td></tr><tr><td>Playgroup</td><td>47</td><td>47</td><td>0</td></tr><tr><td>Out of School</td><td>63</td><td>63</td><td>0</td></tr><tr><td>Childminder</td><td>242</td><td>200</td><td>42</td></tr><tr><td>Holiday Scheme</td><td>7</td><td>7</td><td>0</td></tr><tr><td>Two year old Programme</td><td>23</td><td>23</td><td>0</td></tr><tr><td>Total</td><td>499</td><td>457</td><td>42</td></tr></table>	Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out	Day Nursery	102	102	0	Crèche	15	15	0	Playgroup	47	47	0	Out of School	63	63	0	Childminder	242	200	42	Holiday Scheme	7	7	0	Two year old Programme	23	23	0	Total	499	457	42	DDSF- Early Years Spreadsheet
Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out																																			
Day Nursery	102	102	0																																			
Crèche	15	15	0																																			
Playgroup	47	47	0																																			
Out of School	63	63	0																																			
Childminder	242	200	42																																			
Holiday Scheme	7	7	0																																			
Two year old Programme	23	23	0																																			
Total	499	457	42																																			

10.7.4	<div>Number of outstanding applications for each of the above categories as at 31st March?</div> <table><tr><th>Sector</th><th>0-3mths</th><th>4-6mths</th><th>7-9mths</th><th>10-12mths</th><th>12mths+</th></tr><tr><td>Day Nursery</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Crèche</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Playgroup</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Out of School</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Childminder</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Holiday Scheme</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Two year old Programme</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>	Sector	0-3mths	4-6mths	7-9mths	10-12mths	12mths+	Day Nursery	0	1	0	0	0	Crèche	0	0	0	0	0	Playgroup	0	0	0	0	0	Out of School	0	0	0	0	0	Childminder	0	0	0	0	0	Holiday Scheme	0	0	0	0	0	Two year old Programme	0	0	0	0	0	Total	0	1	0	0	0	DDSF- Early Years Spreadsheet
Sector	0-3mths	4-6mths	7-9mths	10-12mths	12mths+																																																			
Day Nursery	0	1	0	0	0																																																			
Crèche	0	0	0	0	0																																																			
Playgroup	0	0	0	0	0																																																			
Out of School	0	0	0	0	0																																																			
Childminder	0	0	0	0	0																																																			
Holiday Scheme	0	0	0	0	0																																																			
Two year old Programme	0	0	0	0	0																																																			
Total	0	1	0	0	0																																																			
10.7.5	<div>Number of current applications being assessed at period end and duration of assessment</div> <table><tr><th>Sector</th><th>0-3mths</th><th>4-6mths</th><th>7-9mths</th><th>10-12mths</th><th>12mths+</th></tr><tr><td>Day Nursery</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Crèche</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Playgroup</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Out of School</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Childminder</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Holiday Scheme</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Two year old Programme</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	Sector	0-3mths	4-6mths	7-9mths	10-12mths	12mths+	Day Nursery	0	0	0	0	0	Crèche	0	0	0	0	0	Playgroup	0	0	0	0	0	Out of School	0	0	0	0	0	Childminder	0	0	0	0	0	Holiday Scheme	0	0	0	0	0	Two year old Programme	0	0	0	0	0	Total	0	0	0	0	0	DDSF- Early Years Spreadsheet
Sector	0-3mths	4-6mths	7-9mths	10-12mths	12mths+																																																			
Day Nursery	0	0	0	0	0																																																			
Crèche	0	0	0	0	0																																																			
Playgroup	0	0	0	0	0																																																			
Out of School	0	0	0	0	0																																																			
Childminder	0	0	0	0	0																																																			
Holiday Scheme	0	0	0	0	0																																																			
Two year old Programme	0	0	0	0	0																																																			
Total	0	0	0	0	0																																																			

	10.8 Complaints & Representation	
10.8.1	<p>Does the Trust have an appropriately authorised and experienced children's complaints officer?</p> <p>Yes</p>	Data Return 10
10.8.2	<p>Does the Trust have an independent advocacy service for children and their families?</p> <p>Yes</p> <p>Children, parents and carers are encouraged to access a range of independent advocacy provision including: the Northern Ireland Commissioner for Children and Young People; the Commissioner for Complaints; VOYPIC; the Children's Law Centre; and the Patient Client Council in pursuance of any complaint in respect of services provided by the Trust.</p> <p>The Trust has engaged VOYPIC to provide an advocacy service to its residential units. Trust foster carers access the advocacy and representation services of the Fostering Network</p>	Data Return 10
10.8.3	<p>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?</p> <p>We can confirm arrangements are in place to ensure that all complaints, formally and informally are recorded and dealt with from children and their families.</p> <p>All complaints received are dealt with in accordance with the Trust's Complaints Procedure and the Handbook of Policy and Procedures Volume 5 Children Order (NI) 1995, Representation and Complaints.</p> <p>The Trust's Corporate Governance processes provide robust reporting and scrutiny arrangements in relation to individual Directorate's management of complaints and arrangements for the dissemination and sharing of learning emerging from complaints</p>	Data Return 10
10.8.4	<p>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?</p> <p>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?</p> <p>Can confirm whistle –blowing arrangements are in place.</p>	Data Return 10

	The Trust's Whistle Blowing Policy provides the framework within which concerns raised by staff are recorded and dealt with. The Policy fully adheres to the requirements specified in the Public Interest Disclosure (NI) Order 1998		
10.8.5	This is intentionally blank		
10.8.6	This is intentionally blank		
10.8.7	This is intentionally blank		
10.8.8	This is intentionally blank		
10.8.9	This is intentionally blank		

10.9 SEPARATED CHILDREN

10.9.1	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)	SPPG Separated Children Database
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