



**Belfast Health and
Social Care Trust**
caring supporting improving together
Trust Board
SUBMISSION TEMPLATE

MEETING	Trust Board	Ref No. 8 a + b
DIRECTOR	Chair, Social Care Committee	Date 6 October 2022
<p>Social Care Committee Minutes</p> <p>a. Adult Services – 9 December 2021 b. Children’s Services – 10 December 2021</p>		
Purpose	For Noting	
Corporate Objective	<ul style="list-style-type: none"> • A Culture of Safety and Excellence • Continuous Improvement • Partnerships • Our People • Resources 	
Key areas for consideration	<p>For information</p> <p>a. Approved at meeting of Social Care Committee on 28 June 2022 b. Approved at meeting of Social Care Committee on 27 June 2022</p>	
Recommendations	For noting	

Social Care Committee - Adults

9th December 2021 - 3.45pm - 6pm
MS Teams

Minutes

Present:

Ms Anne O'Reilly, Non-Executive Director (Chair)
Professor Martin Bradley, Non-Executive Director

Ms Carol Diffin, Director Children's Community Services/Executive Director Social Work
Ms Gillian Traub, Interim Director ASPC
Ms Tracy Reid, Divisional Social Worker ACOPS
Ms Mary O'Brien, Divisional Social Worker, MH
Ms Rhoda McBride, Divisional Social Worker LD
Ms Natalie Magee, Co-Director ACOPS
Ms Miriam Karp, Non-Executive Director
Ms Tracy Kennedy, Co-Director Learning Disability
Ms Eileen McKay, Deputy Executive Director of Social Work
Ms Moira Kearney, Interim Director MH/LD
Ms Pam Borland, Interim Divisional Social Worker, ACOPS
Ms Fiona Rowan, Interim Divisional Social Work and Social Care Lead, ACOPS
Ms Laura Fahey, Note Taker

1. Apologies:

Mr Peter McNaney, Chairman
Dr Cathy Jack, Chief Executive
Mrs Nuala McKeagney, Non-Executive Director (NED)
Ms Christine Wilkinson, Divisional Social Worker Elderly Programme of Care
Ms Ursula McCollum Governance Manager
Mr Aidan Dawson, Director Specialist Hospitals and Women's Health and Mental Health
Ms Julia Lewis, Co-Director Mental Health and CAMHS

2. Chairman's Business

Ms O'Reilly welcomed everyone to the meeting. Welcomed the new members to the group.

Noted this meeting will be primarily focused on the update from the DSF action plan.

Noted the last meeting was in May, in terms of organisation memory, this meeting focuses on our statutory functions.

Also, wants to acknowledge the particular the roles of Divisional Social Workers, and understands Ms Diffin has been working with them and Ms O'Reilly has met with some to

date. Wants to acknowledge their role and work and leadership and is impressed with their hard work and leadership and wants to thank all for their hard work.

Ms O'Reilly advised there is a sea change ongoing at present within our area of assurance and noted the role of Divisional Social Workers comes to the fore in relation to this.

a. Conflicts of interests

There were no conflicts of interests reported.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Social Care Committee (SCC) held on 20th May 2021.

The minutes of the previous meeting were agreed as an accurate record.

4. Matters Arising

There were no Matters Arising from the Previous Reports

5. Discharge of Statutory Functions Report 1 April 2020 – 31 March 2021

Mental Health Services Presentation & Discussion - Mary O'Brien

Ms O'Brien shared a PowerPoint slide show for an update on Mental Health services on DSF action plan update.

Noted the Mental Health team did not have many actions on the DSF Action Plan, items on the action plan are currently in a good position with all items of being in green.

Ms Kemp queried how Ms O'Brien would speak to the culture and leadership in Shannon since the report.

Ms O'Brien advised there has been a shift in leadership and accountability. Ward managers are taking a lead in regards to adult safeguarding, improving understanding of responsibility. Commends the nursing team for taking up the mantel and working hard with the Mental Health team working collectively.

Ms O'Brien provided an update on Mental Capacity Act, full details in presentation, key highlights noted.

Advised the action point in red relates to medical reports and this has been a long standing issue with medical colleagues. GP collages are not keen to take on Mental Capacity Act, this issue has not resolved at present at department or board level. The Mental Health team have taken remedial action by hiring sessional medics that has helped in progressing legacy work. This is an interim arrangement as this is including an additional cost.

Professor Bradley queried if this has been raised with the Medical Director. Ms O'Brien advised we have raised through board and regional strategic group and ask this to go up to the medical director. Confirmed this has been an issue since Dec 2019.

Professor Bradley suggested Ms Diffin flag up to the board. Also queried if this has been raised to the medical general.

ACTION: Ms Diffin to get advice from Chris and the HSCB as how to raise this / move this along.

Ms O'Brien noted Mental Capacity Act updates on a weekly basis, each week a direction will come in

Ms Diffin advised Ms O'Brien will have conversation regarding Trusts dividing funding off line.

ACTION: Ms Diffin to escalate this organisationally as necessary.

ACTION: Ms O'Brien to continue work on what can no longer be completed due to funding concerns.

Ms Kemp advised we provide an update every 3rd week and will present next Friday.

Ms O'Brien advised of current forums, which are mandatory for attending three. Full details on presentation. Also advised of adult safeguarding arrangements, full details on presentation.

Ms O'Brien advised re-emerging risks, AMHIC MO raised issue around lack of beds.

Professor Bradley queried around issue of beds who is dealing with lack of facilities in Northern Ireland specifically beds. Noted a visit to an acute unit in Belfast City Hospital and noted five patients on sofas, three or four in beds outside of Belfast due to being transferred. Professor Bradley queried who is in charge of that, clearly not enough beds for Mental Health requirements.

Ms O'Brien advised part of the work was around delayed discharge and a significant QI was held in relation to this. On the back of this an 8b bed coordinator was appointed, bed management group meeting regularly. Does not feel the issue is about more beds more, feels more work should be completed around community accommodation, preventing people leaving the community and entering hospital. Lack of specialist accommodation, noted only one unit for forensic. Advised the ask is for additional funding to create specialised facilities for this.

Professor Bradley queried if we have costed this.

Ms O'Brien advised this is currently underway and scoping.

Ms O'Reilly advised problem and solution identified, business approach to this into Board and department.

Professor Bradley advised when doing business case would also suggest identify workforce and cost will be, also acknowledge there will always be a need to remove an individual from the community if only for a respite period that needs to be considered.

Ms O'Brien wanted to note ASW quality standards - states 41 ASW over next five years to meet standards to meet new Mental Health Capacity Act, Ms O'Brien advised we estimate we will actually need 65. Ms O'Brien has made comments regarding this and now raising as a concern as we require additional people and providing stats for this.

Learning Disabilities Services Presentation & Discussion - Rhoda McBride

Ms McBride provided an update with a presentation. Update on progress on DSF action plan.

Professor Bradley queried close liaising with which children service what does she refer too.

Ms McBride advised Children Community Services and Children with Disability Services across the region. Mostly social care as they will be moving to community (parents or particular home) it is very important to have a good transition from Children's to Adult's service.

Professor Bradley queried if we have a system in place to monitor the amount of children born with a learning disability, also if there is a tracking system for children that would transition as a way to plan in advance.

Ms Diffin advised work has been underway with the Social Care and Health Board around children who would be edge of care, we only deal with families come to are attention and what can be in place to avoid the breakdown of these households. Noted in the last few years has been more difficult given Covid concerns, respite homes have needed to be closed down. Ms McBride noted that children do fall under different categories which can aid in understanding their needs as adults, however some children come through on different pathways which are harder to capture in the transition position.

Ms Karp advised in terms of the tracking of certain people with certain needs, however some will require help and may not be brought to attention until later in life and the cannot be predicted. Need to consider long-term and thinking through what we need to be providing or sourcing.

Ms Reid noted there is an increase in adults being presented with autism. Need to get better at forward planning for families, thinking ahead to when parents get older and the thinking process.

Ms McBride presented the remainder of the presentation.

Ms Karp noted the resettlement plans have been in discussions at Board level, noted we need to predict we will have a need for certain places and understands there will be a cost involved. Stated that personally feels the Muckamore site is tarnished.

Ms Kearney noted the DoH has commissioned a review of resettlement in relation to those in Muckamore. Noted current focus is on the resettlement process, however future planning for service is in its infancy phase, scoping is complete, at present however aiming to run alongside each other.

Ms McBride continued with DSF action plan update presentation.

Adults Community Older People Presentation & Discussion - Pamela Borland

Ms Borland provided an update with a presentation. Update on progress on DSF action plan.

Ms O'Reilly queried if Ms Borland is aware if the Belfast and Lisburn Women's Aid and Older People domestic violence project, noted this may have completed now. Ms Borland advised she is aware of this and had attended training. Noted Craigavon have a domestic violence officer based in their ED.

Ms Reid noted this women's aid project is still on-going and wanted to note work is being scoped as to carry the training from this forward.

Ms O'Reilly noted with regards to the carer conversation she is glad to hear how the work is going, understands it is an important piece of work.

Physical Disability Services Presentation & Discussion - Fiona Rowan

Ms Rowan provided an update with a presentation. Update on progress on DSF action plan.

Ms Karp noted the impact of Covid on day centre places is understandable however does not feel it is acceptable and feels overall need to find another creative pathway with this as Covid appears to be a long term issue not a short term issue.

Ms Rowan advised we recognise this is a problem and agrees a change in how we manage day centres needs to be reviewed. Noted a workforce steering group is being arranged to how to move forward. Noted that different needs will have different response and cannot be a one size fits all.

Professor Bradley noted it is clear Ms Borland and Ms Rowan's approach to staffing within issues mentioned is thinking outside the box and creating another workforce in the community. Also noted in terms of day centres, we are looking at another year of Covid and need to think outside the box as to how move forward. Wondered if using technology could aid in supporting users at home, acknowledges this will require help from carers.

Ms Rowan advised we will be considering technology in a range of options.

Ms O'Reilly advised we may need to escalate this further up as the down turn on attendance of day centre's is startling. Queried if the PHA return any update in the social distancing review.

Ms Traub advised unfortunately this is still a question, there has been no output so far, advised need to link back up as an organisation and have a singular approach to this.

Ms O'Reilly suggested treating this issue as a risk summit scenario.

Ms Kearney advised we are doing as much as possible to capitalise on the ability to utilise the virtual world, however this cannot replace the face-to-face support. Also, noted concerns

Ms McGee noted the impact and advised in recognise of the impact there has been outreach in activity packs and help with personal care in their own homes.

Professor Bradley advised it would be beneficial to push the public health in relation to how we can take a bit more risk around this. Identifying a family group and if they come together as a larger family group and the impact this has.

Professor Bradley queried in regards to the slide on staff engagement, can this be shared with himself. Agreed this will be shared after the meeting.

Current Pressures and Summary Remarks - Carol Diffin

Ms Diffin advised the presentations have provide a clear update and summary of the divisions and thanked everyone for the time taken to compile this given on-going pressures.

6. AOB

No other issues raised

Next Meeting Date: TBC

Social Care Committee - Children

Friday 10 December 2021 14:00

Teams Teleconference

Minutes

PRESENT

Ms Anne O'Reilly, Non-Executive Director (Chair)
Mrs Nuala McKeagney, Non-Executive Director
Mrs Miriam Karp, Non-Executive Director

In Attendance

Ms Carol Diffin, Director of Children's Community Services/Executive Director of Social Work
Ms Kerrylee Weatherall, Co-Director Corporate Parenting & Regional Emergency Social Work Service
Edel McKenna, Co-Director Corporate Parenting & Regional Emergency Social Work Service
Ms Nuala Toner, Divisional Nurse
Pauline McDonald, CSM
Eimear Hanna, CSM
Eileen McKay, Deputy Executive Director/Divisional Social Worker
Ms Siobhan Rogan, CSM Residential

Minute taker – Laura Fahey

1. Apology

Professor Martin Bradley, Vice-Chair

2. Chairman's Business

Ms O'Reilly welcomed everyone to the meeting and began by thanking staff for the high level and quality of work that they have been doing consistently throughout the year despite the workforce pressures and challenges, particularly given the pandemic.

Ms O'Reilly wished to acknowledge and express her thanks to Nuala Hanna, who has now left the Trust, and to welcome Eimear Hanna who has now joined the senior management team as Service Manager for Fostering and Adoption.

a. Conflicts of interests

No conflicts of interests were reported.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Social Care Committee (SCC) held on 17 November 2021 were approved.

4. Matters Arising

No items raised..

5. Children with a Disability Annual Residential Report Pauline McDonald CSM

Ms O'Reilly welcomed Pauline McDonald to outline CWD Annual Report.

Ms McDonald explained the operational context of her report as challenging for both families and staff. She stated that building resilience and assisting both families and staff to remain resilient whilst looking for outcomes and improvements had been critical. She felt that these significant challenges faced probably related to a long-term underinvestment in family support services for children with disabilities and their families. It was her opinion that the pandemic had exposed already existing fault lines. Families were barely managing and the reduction in capacity of services had exacerbated that for families.

The report period was to March 2021 and was based on three Trust residential facilities:

- **Somerton Road Children's Home**

This is a frontline specialist children's home for children with disabilities. 10 beds in total, 6 registered and funded and 5 occupied. One is unoccupied for safety reasons (reduces capacity). Staff team of 24 with SW leadership and social care workforce. Nurse Deputy was appointed a year ago and this is working very well. There are unlikely to be any placement vacancies in SR for 4-5 years. Predictions completed by the Trust for the Board in relation to future need are that 2 further placements may be required in the short term, a 3rd in the medium term and another 3- 5 children will need placements sooner than in the next 4 -5 years. The service has been engaged with the commissioners in respect of increasing capacity would this needs investment.

Challenges noted during the reporting period:

- Children couldn't social distance and couldn't understand what was going on.
- Less time out in the community, less family time and they didn't understand why staff were wearing PPE etc.
- Higher levels of staff sickness due to stress, self-isolation and Covid which led to significant gaps in the rota.
- Staff were redeployed from Forest Lodge and Willow Lodge to bridge the gaps. It took a while for the team to blend but this was achieved through strong leadership.
- During the reporting period there were 2 long-term Leadership vacancies. The Deputy Manager's post has now been filled and there is an Acting Registered Manager in post at present who is working very well but may not be willing to take this on permanently at this early point in their career.
- Staff successfully supported children who were dysregulated, "locked down" and unable to understand the context of the Pandemic and responded well to each unexpected challenge.
- There was significant placement turnover within the home, 2 during the reporting period and another since then. Two 16-17 year olds moved in during the reporting period and then moved out again. They successfully moved into adult learning disability services. Staff, teams, social work colleagues and community teams helped them to make good transitions.

In summary, there was a whole management team approach, the team worked where they were needed putting in long hours and supporting each other. Ms O'Reilly was pleased to report that there were no adverse incidents during the reporting period. They did have the first LAC child in the region to get Covid but she recovered well. The children stayed well physically,

mentally and emotionally and 2 young people successfully moved to adult learning disability placements. The team remained strong and cohesive.

- **Forest Lodge Children's Home**

This is a nursing home for children with learning disability and complex health care needs. FL is the only children's nursing home in NI. There are 10 registered beds, 9 useable, 8 reported on, max of 6 occupied at any one time and an average occupancy of 4.

Ms McDonald explained the reasons for reduction in occupancy. Compared to when it first opened the complexity of need that the children have been presenting with over the last 6/7 years has increased, particularly in the last 2.5 years. When first set up the ratio of staff to children was lower therefore they could accommodate 9 or 10 children, but as children's complexities have increased the staff ratio has also had to increase therefore occupancy has decreased. This is a nurse led unit and they have not been in a position to increase the number of staff nurses on the team..

Current Staffing

- Registered Manager Band 7
- Staff Nurse
- Deputy Registered Manager Band 6.
- 8.7 funded Staff Nurses
- 5.47 Band 3
- 4.93 Band 2

Current Staff Vacancies

Currently 3.79 vacancies at band 5 staff nurse level, 2 because of natural progression and one who is long-term seconded to the Infection Prevention Control Team, It has not been possible to temporarily fill that post, probably due to the regional recruitment issues.

Challenges noted during the reporting period:

FL has had to reduce its capacity again, so delivers short breaks to children. 2/3 of the children are from Belfast Trust and 1/3 from SE trust. The challenges during the reporting period are similar to those faced right across the service:

- Covid 19 pressures and issues such as infection prevention control.
- Issues for children who are immune compromised, some parents chose not to send their children and some couldn't be accommodated, as they had to prioritise those most in need.
- Significant impact on families due to the reduction of service.
- FL became an isolation unit for LAC (when required) and admitted 11 children who needed to isolate before they could move on to their next placement.
- Reduction of service to families, parental stress and dissatisfaction and the team were scattered, redeployed staff from FL to SR, to the Covid Centre at Beachhall and to Meadowlands.
- The team found it challenging to be scattered and it took quite a bit of work on the part of the registered manager to keep in touch with people, etc. The service is now building up and probably sitting round 60% capacity which given the staffing available is a good figure.

Successes noted during the reporting period:

- The staff team was good and flexible and worked alongside SW colleagues from mainstream homes.

- There was good corporate leadership and local leadership
- Opportunities were taken to contribute to the fight against Covid and to widen staff experience and skill.
- Managed to help people stay resilient, despite the challenges, and short breaks were re-started.
- **Willow Lodge**

Willow lodge is a small short break unit, with 2 registered beds for users aged between 12 and 17 up to 18th birthday. Same profile as SR users, but these are children who generally live at home. Same kinds of challenges were faced during the reporting period, staff sickness, redeployment, isolation, disconnection within the team, anxiety, loss of identity, staff vacancies, staff sickness. Around Sept 2020 there was a need to fully accommodate a child whose home circumstances had broken down.

Opportunities:

The management team pulled together, supported people well, maintained stability in the Home and kept the children well.

Challenges

2 children from WL moved over to SR to long-term placements, these were children whose family circumstances had broken down. 2 young people required emergency full-time placements, in crisis, which meant the function of the unit had to completely change and the unintended consequence was an initial reduction and then a suspension of short breaks for families. This has now a matter involving the judicial review court.

Anticipatory planning

Ms McDonald explained the caseload weighting tool that allows each case to be weighted based on a number of factors and provides a numerical score which can be translated into hours required for direct social work support or level of complexity for children. All children and families are appointed a score depending on need/case complexity. In this instance the tool has been used to analyse the children currently known to the CWD SW service to begin to identify and provide a possible prediction of those children who are presenting as high need, are complex and with the potential to require shared or full time care in the short to longer term. 620 children were reviewed and allocated a caseload weighted score and this was then analysed using a C chart. Once applied, the data was reviewed with upper and lower control limits applied along with a numerical median value created for the full caseload. All children who scored below the median were removed from the graph to allow better evaluation of the results. There are 25 children above the upper control limit. 13 are 11 or older, 12 are 10 and under, the youngest being 5. In terms of predictors for the need for residential placements or high levels of family support and short breaks, those who are above the upper control limit or are above or hugging the line may tip because of adverse circumstances. Over the last 3 or 4 years they have identified the placement they think will be needed, probably with a 70% accuracy.

Questions and Discussion

Ms O'Reilly thanked Ms McDonald for her presentation and commented that the theme of anticipatory planning for the long term came through quite powerfully in the final slide of the presentation and as a Board she felt that they needed to get a 'sense check' that there is an assurance around planning and anticipatory planning.

Miriam Karp also expressed her appreciation and commended the agility and flexibility and resilience of Ms McDonald's staff and of her leadership and she agreed with the Chair's comments on the importance of anticipatory planning. She asked about the pressures of short breaks and overnights and stress on families, and by not providing them this simply creates a need for residential eventually. She asked if there were plans in place for ring fenced dedicated short breaks. And in relation to those children with occasional exceptional needs that are not currently catered for in NI, queried whether this is being looked at so that there would not be a need to commission services outside NI in the future.

Ms McDonald responded that in terms of a dedicated short break unit or units, the Trust has an outlined business case to increase its short break capacity. They were granted capital a number of years ago by the Department, however they couldn't get the revenue stream agreed by the Board to fund it. There is a systems issue, there are multiple adverse factors that have occurred simultaneously and there hasn't been long term planning. This picture is replicated in each of the 5 Trusts. They all have 'out of jurisdiction' placements for complex young people and the Board is looking at ways to stop that happening. Two positives this year have been the publishing of The Children with Disabilities Framework Paper, which sets out a framework for service delivery, but no funding has been identified yet. There is a new draft Residential Strategy which the Disabilities Reform Group have been working on, but again no funding. Three cases have been referred to the Judicial Review Court, one is actually currently in court, one avoided court, and the Trust has just responded to a pre-action protocol letter on the third one. Two of them relate to a lack of short breaks and the third one relates to a child who is stuck in Iveagh. There is a systems issue which the Trust will need to address including future planning and capital priorities. There are some medium term plans, but the issue is the capacity to deliver these plans under the current pressures.

The Chair again thanked Ms McDonald for her report which she stated had captured the essence of what the staff have been through and reiterated Ms Karp's comments in terms of the resilience and care with which the staff have gone about their work and the good intelligence around planning, so a message in terms of the broader theme of system and anticipatory planning.

6. Residential children's Homes Siobhan Rogan CSM

Ms O'Reilly welcomed Ms Siobhan Rogan to outline the Residential Children's Homes annual report.

Challenges and opportunities during the reporting period

Ms Rogan summarised that the biggest challenge in the past year and a half had been the pandemic, the subsequent impact on staffing and capacity and also the reduction in services within the community. This has had a massive and significant impact on the young people and staff in terms of reduced services, heavy reliance on staff teams to provide structure to the children's day and also to provide emotional support because the pandemic had impacted younger children as well in terms of the isolation from their families and not having the social outlets that they would have previously had. However the reduced footfall in the children's homes had led to a positive outcome as children and staff benefited from uninterrupted time together. A number of redeployed staff came in, there was continuity of care, safe staffing levels and a greater emphasis in developing relationships.

Challenges:

- An increase in demand for placements for young people whose care pathway would previously have been fostering, also placements for young people with high levels of risk taking behaviour around CSE, missing from care and substance use. One of the most

challenging things is how to keep the young people, mainly girls, safe in terms of exploitation.

- Higher levels of children in the homes has led to there being children with competing needs.
- Self-harm and emotional dysregulation and some of the children had to access tier 4 services in CAHMS.
- Two homes have been reconfigured and a new house was opened – also due to the level of need in the community especially among younger children.
- Increase in assaults on staff and allegations against staff due to high impulsivity and lack of consequential thinking in the younger age group.

Ms Rogan stated that her teams work well with their professional colleagues in terms of field social workers and youth justice and also police in terms of how to manage the CSE, the missing from care and the substance misuse. There is a drug strategy currently in place alongside the police to decrease the substance use in the homes.

Nuala McKeagney asked in relation to the demand for younger people's complex needs, how is this demand going to be met in the future since a lot of the current provision doesn't match those needs.

Ms Rogan responded that for example Osborne house has been in place now for 3 years and the team has developed an expertise around how to support and help those children. The focus is on stabilising them and teaching them how to emotionally regulate. There has been a high demand for placements in Osborne House. In the past 2 years there have been 5 children placed when ideally it should be 3. There is a regional group looking at a model for that age group (5-10), looking at a much more multi-disciplinary team around the children in order to stabilise them and deal with their trauma as they move forward into their teens. There is a regional focus, in terms of the other Trusts, they are also seeing an increasing demand in the younger age group, but the Belfast Trust is exceptional in terms of that they have more children of that age requiring those kinds of placements. Ideally smaller homes, reduced numbers of children, not in the same home as other young people who have experience of living in trauma themselves in their early and current lives. It would not be ideal for them to be living in the same place as 12 and 13 year olds who are engaged in high risk behaviours. The younger age group do present a lot of complexity in terms of routines and structure, and require constant reassurance.

Ms McKeagney thanked Siobhan and said that as a Trust Board they need to look at what the needs are going to be in the future as they start to redesign the services, and that Ms Rogan paints a very clear picture of a smaller home, a 'boutique service' around all of their complex needs.

Ms O'Reilly agreed with Ms McKeagney and had noted the particular increase in children with learning disabilities. She said that a remodelling and much more progressive approach to residential care has been in process for quite some time yet in the meantime, as comes across in the report, she acknowledged just how much is needed to build the resilience of staff in order to keep these highly skilled staff as they continue to do the best they can under difficult circumstances.

Ms Rogan felt that staff teams develop a high tolerance for children's presenting behaviours but still some staff are going off on long-term sickness or looking for work elsewhere. There is a good staff health and wellbeing strategy and the Doors Psychologist was very helpful around developing some of the programmes in the hubs, but the teams require reflective and also clinical supervision to deal with the various trauma that is experienced across the services.

Ms Rogan confirmed for Ms O'Reilly that the Regional Review, The Skills Mix Risk Staffing Paper is being seen as a way forward and is being presented to the Board and then the

Department. Ideally she would like to have 3 staff in at least 16/17 of a core team not including managers, which would ensure safe staffing levels.

Ms O'Reilly flagged the 30% increase in missing from care instances and asked for assurance that this was manageable. Ms Rogan stated that it is manageable but the only way to bring about change is to develop relationships with the children and the young people. This doesn't reduce their experienced trauma but it does provide a level of safety if there is a steady team around them. The complexities being dealt with are very well noted in the report.

7. Adoption Annual Report – Eimear Hanna CSM

Ms Hanna outline some of the challenges year ending March 21. She stated that many of the challenges have been similar across the service area:

- Translating services to virtual and online and the impact that had on both adoption assessments and also on the post adoption service and the work that they do with families in respect of indirect and direct family contact support and family support and the adult work that they do as well.
- Some of the specific challenges this year have been in and around the publication research report around the mother and baby laundry institutions that came out at the end of January and the impact on the post adoption services.
- December 2020 the outcome of a significant NIPSO Investigation in respect to the experience of a couple who had applied to become adoptive parents a number of years ago, the outcome of which makes for some difficult reading for the Adoption Service.
- Changes within the adoption panel. Panel business is something which is they are planning to develop over the coming year.

Activities and pressures

Anecdotally there was set to be huge increase in adoption inquiries and data derived regionally showed a 97% increase of adoption inquiries regionally - increase of 78% overall which looked like an additional 10 inquiries coming through the system.

They were provided with additional funding from the Board to progress some of those assessments.

From those additional inquiries that came through there are 2 currently undergoing assessment, 5 awaiting allocation and 5 awaiting participation on the preparing to adopt class. We would hope to see an increase of our assessed adopters coming forward in the next coming months once they have finished the prep class and have gone through the home study assessment.

This year there have been 12 children placed for adoption which is a significant decrease on the 25 that we had last year. An impacting factor was the delay in the court process around the freeing proceedings and the fact that courts had removed their business online and therefore contested proceedings couldn't be held because they require face to face interaction. Freeing orders were delayed which had the knock on effect of delaying adoption orders being granted. Now that courts are open freeing orders are coming through quickly therefore next year the impact should be seen of that happening and further adoption orders being granted.

The publication in December of the NIPSO investigation report impacted the service significantly. It found that in relation to one couples application Trust had not adhered to Regional policies and procedures in a range of areas. Most significantly was that the adoption

assessment wasn't allowed to progress to panel to undergo due process for the panel to make a decision as to whether or not the applicants were suitable adopters and that in itself along with other aspects throughout the investigation, resulted in very negative findings against the adoption service. In response to that as requested by NIPSO, the Trust was required to issue a formal apology which was achieved. They then undertook a very broad audit of a range of files with particular focus on a range of areas highlighted throughout the NIPSO investigation and also looked at areas such as chronology, time taken, and other areas that were pertinent throughout the report. In addition the adoption service were required to undertake a range of additional training and reflective practice which was achieved throughout the last year. The couple were offered psychological input which they have up taken and are currently engaged with that process. It is hoped that this process will lead them to a place where they might be willing to up take a further adoption assessment. Again this was an outcome of the NIPSO investigation, that adoption assessment would be independent from the trust. Family Care have been secured as an agency who would be willing to undertake that assessment on behalf of the Trust should the couple decide to go down that path. There was significant learning undertaken and a lot of input in the early part of this year in respect to answering and responding to the learning derived from the NIPSO Investigation.

The Mother and Baby Research Report was released at the end of January. How that impacted on the adoption service was the additional inquiries from adult adoptees wishing to find their birth records, learn more about their early life experience, find out the circumstances around their adoption and how they left the institution because for some there may be potential that there may have been illegalities around that in terms of consent and cross-border adoptions. All the out workings of that very complex report are in process and there is a Truth and Recovery Panel being set up. The added complexity for the post adoption service, they have taken that on, the team is extremely experienced, in the adult work and the tracing and freedom on information information etc., so it is an area that is getting a lot of support and development. In order to progress that they were provided with a sum of money from the Department to assist staff in taking forward how that investigation would impact because at that time it wasn't certain what would happen but lived experience is that our inquires have increased exponentially into the Post-Adoption service.

Ms Hanna concluded that his was a broad outline of the main challenges this year and there is a lot of developmental work ahead.

The Chair thanked Eimear for a great contribution to her first Social Care Committee Meeting.

Ms Karp raised a few points:

She commented that it looked like there would be agreement to prioritise adoptive parents for autism assessment. She stated that this would be a great achievement and that everyone needs to look at ways in which this could be broadened to include everything medical and psychological for all looked after children and children going into adoption so that they don't have the long waits.

She noted that big rise in inquiries to adoption was very interesting.

In terms of the NIPSO report, Ms Karp would like to read it in full. Nuala McKeagney agreed.

ACTION: Siobhan agreed to share the NIPSO Report that with Ms Karp and McKeagney through Kerry Lee Weatherall and Carol Diffin.

8. Regional Emergency Social Work Service Annual Report - Melissa Campbell

Ms O'Reilly welcomed Melissa Campbell to outline the RESWS Annual Report.

Ms Campbell summarised the report as follows.

Challenges and successes during the reporting period.

There were staff pressures and workforce issues relating to the pandemic. By the start of 2021 there were 13 full-time staff on sick leave out of 32 and 12 of those were ASW staff which had a massive impact of service delivery.

During Covid some things were found to ease the pressure around ASW:

- Emergency legislation - the mental health order for example holding powers extended, patients on a form 5 extended from 24 to 48 hours.
- The conveyancing process for staff, they were able to follow the ambulance but once it reached the hospital to reduce the risk of contamination the agreement was that they wouldn't enter the hospital but would ring the SHO and do the handover on the phone.
- Each trust would identify their own beds for their own patients.

Since those emergency powers have lifted the service has struggled due to:

- The long conveyancing process.
- Competing demands between out of hours GP and the ASW service.
- The initial stages of ASW processes - when the assessment is completed the other numerous stakeholders involved can prove difficult for example police attendance and their willingness to attend to aggressive and unwell patients
- Delays with NIAS to complete the conveyancing and the bed availability where ASW staff are negotiating between bed managers and consultants in different Trusts to get a bed and then for example if the bed is out of Trust the ASW staff are having to travel regionally for example Belfast to Derry and back again.

Staff love the ASW role and its essence of the assessment but it's all the other layers that they find challenging.

Expression of interest circulated around the region for ASW staff only which was initially successful however when restrictions lifted those that had come forward dropped off the locum list so staff were depleted again.

For the first time the service has felt the pressure of competition from other programmes of care willing and able to offer competitive wages to staff.

It is becoming increasingly difficult to keep a large locum and bank staff to back fill the rota due to the Mental Capacity Act and related assessment work offering an attractive wage to locum staff.

Successes

During Covid there were creative contingency arrangements put in place around the ASW staff, working from home and remote working being a regional service, was established quickly and seamlessly in March 2020. Staff felt as safe as they could be during this time communication with staff improved and continues to improve, for example Ms Campbell as part of her role holds a staff engagement with her staff on shift once a month. Staff appreciate this and find it useful

that a senior manager is available in the evenings to discuss issues that before would have been done by email. This has been positive for the service.

For Family and childcare, which is the biggest business in the service, during the pandemic staff were nervous about going out to people's houses and carrying out the risk assessments. However the management teams worked well with staff in relation to this and looked at the rationale and really crystallised the emergency remit. During that period the response to family and childcare business remained consistent.

Ms O'Reilly thanked Ms Campbell for her solid analysis and perspective and invited response from the others present.

Nuala McKeagney recognised the pressure on the staff and the issue with wage levels to attract staff whether locum or full-time. This acknowledged that this is a structural issue which will need addressed but that as a Board they are very mindful of it and although they don't have a solution yet, the Chairman will raise it at the Department with the Permanent Secretary and the Minister

Action: Chairman of the Board to raise the issue of Locum wage levels to the Department with the Permanent Secretary and the Minister.

Ms O'Reilly commented on the very solid transition through Covid, particularly attempts to improve communications and leadership availability and access. She thanked Ms Campbell for her excellent input.

Ms O'Reilly asked if everyone present was willing to accept the 4 annual reports being presented today. Accepted by all.

9. Interim Corporate Parenting Report (Data 10) - Ms Eileen McKay

Ms O'Reilly welcomed Ms McKay and invited her to outline the Data 10 Report.

Ms McKay explained that this is the Corporate Parenting Data from 1st April to 30th September 2021. The full Corporate Parenting Report was shared previously and these are the headlines from all the sections. Across the services is increased demand and complexity against a backdrop of significant staff vacancies which is a regional issue in social work and is on the agenda at the Department and has been raised on the corporate risk register with trade union colleagues.

Ms Shaw outlined the main points:

Children in Need – 3,619 currently and numbers have increased in 2021

- 3751 Referrals for assessment of need
- 802 Children with a Disability
- 85 Young Carers
- 431 Sponsored Day Care Places

Child Protection – 344 Children at end of September 2021

- 155 Registrations within reporting period
- 148 Re-Registrations

Looked After Children – 905 LAC at end of September 2021, Highest number of LAC since the inception of the Belfast Trust. The numbers have been steadily increasing.

Types of Placement:

- 62 Residential
- 232 Fostering (Stranger)
- 404 Fostering (Kinship)
- 133 Fostering (Independent)
- 45 Placed at home with parents
- 29 Placed for adoption

LAC already outlined in annual report:

- 46 places available in the Trust Statutory 8 mainstream residential facilities
- 5 in the Long Term CWD facility
- 12 Respite placements
- 2 Voluntary respite and one private placement
- 544 Foster Carers
- 622 Trust Places

LAC – data reflects challenges for the workforce and particularly around vacancies

- 81 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.
- 88 children did not have their monthly statutory visits, due to change over in Social Workers. Measures were put in place to complete outstanding visits.
- 937 Looked After Children Reviews were held in the reporting period.
- 134 were outside the time frames required explanations and mitigations were provided for all of these. The impact of the COVID restrictions has had an impact, transfer of Social Worker or Social Worker sick leave contributed.

Leaving and After Care

- 409 young people are subject to the Leaving Care Act Provisions.
- 98 young people are waiting for a personal advisor.
- Factors influencing the allocation of a personal advisor include, the increase in the number of looked after children late entrants into care and the unaccompanied minors, difficulty in identifying suitable people for the PA role.

Leaving and After Care – During the reporting period.

- 12 young people cautioned
- 10 young people formally remanded
- 7 young people convicted
- 89 young people have a disability
- 30 are parents
- 21 are lone parents
- 80 young people are receiving treatment for mental health issues, 3 for self-harm, with 44 new referrals, and 6 new referrals for self-harm
- 3 young people have died.

Fostering –

- 544 Foster Carers
- 622 places
- 23 vacant places
- 23 households with no child placed
- 31 annual reviews outstanding
- 86 viability visits undertaken
- 42 Regional enquiries received by the Trust

Adoption –

- 40 enquiries during reporting period (32 from central website, 3 from specific local campaign, 5 word or mouth)
- 0 as no Prep to Adopt training was undertaken in this time period
- 40 domestic applications for assessment received by the Trust

Household

- 10 single carer
- 4 cohabiting heterosexual couple (where this is a joint application)
- 3 Cohabiting same sex couple (where this is a joint application)
- 23 Married

• Early Years

There are currently 17,291 places within various services which the team are responsible for inspecting

- 207 Inspections completed during this period.
- 148 Inspections currently outstanding due to backlog from Covid-19
- 3 outstanding registrations

Summary

- The Data 10 report provides assurance on the activities required for each of the areas under each of the areas of delegated statutory functions.
- Plans are in place to deal with areas of non-compliance which have been noted.
- Across all services increased demands are identified against a backdrop of increased vacancies in the workforce.
- Areas which remain a challenge for the Trust are the number of available placements for children coming into care, to enable matching and choice to meet children's needs.
- Specifically there is a regional lack of appropriate placements for children with disabilities who have very specific needs.

10. Update on DSF Action Plan - Kerrylee Weatherall Co-Director and Edel McKenna

Workforce pressures

Ms Weatherall wished to preface this update with the workforce pressures that we have heard about. There have been significantly higher vacancy and sickness rates than in previous months right across all teams. This has never happened before. When there were deficiencies in the past, in for example LAC, fostering would have stepped in but there is no longer that flexibility. This has resulted in high caseloads, unallocated caseloads, more inexperienced staff than before and a lot more burnout of staff. The fieldwork staff are struggling and expressing concerns about their mental health and work life balance and are feeling isolated. This is the background to what the teams are being monitored against and what they are trying to deliver.

Non Compliance of DSF LAC: HSCB Monthly Reporting

- Unallocated Social Worker: dsf 81 – Oct 60
- Statutory Visits not Completed dsf 88 – Oct 18
- LAC Reviews Outside Timeframe dsf 134 – Oct 35

The statutory visits and the visits not completed and the LAC reviews are too hard to predict in a refined way but the unallocated cases is easier to predict because it is known that there are resignations in the pipeline and there are more LAC coming into the system. This is a significant risk over the next 6 months. Currently the LAC service has prioritised the cases for low, medium and high risk, they have reallocated the medium and high risk cases so those

that are not being visited are a part of a duty system, they are assessed as the more stable cases.

Ms Weatherall asked for this significant risk to be placed on the Agenda going forward.

Action: Agenda Item: LAC Service Risk

Leaving & Aftercare Service

- Service review of Leaving & Aftercare Services
- Personal Advisor Allocation: LAC teams
- Review of Deaths/Suicides – DoH

Ms Weatherall stated that a lot of work has gone into the action plan for Personal Advisor Allocation.

Two months ago the figure was down from 109 to 65. A lot of band 4's were put to the LAC teams rather than 18+ service but band 4's started leaving the service and the numbers went up again and are now at 91 and there is a large turnover of agency staff.

From the Personal Advisor allocation, and the issues known about the 18+ service Ms Weatherall said that they haven't felt comfortable that they are working to the best outcomes for young people because 18 is a late age for transition to adulthood. Previously this was a 16+ service so they have commissioned an independent review which is currently underway. They have produced a paper and commissioned an independent lead, Liz Stevenson, retired from Southern Trust and her expertise in leaving and aftercare, she is doing some stakeholder interviews at present. In January they will be doing an engagement and planned focus groups among all the staff as well. Ms Weatherall said that they hoped this review would be completed within 6 months. At the same time the Board is doing a review on the Leaving and After Care Vision and their review is focussing on what additional resources are needed to support the service. This is important because of the suicides that are being seen in leaving and aftercare.

Following the last Social Care Committee the department wrote out to all trusts and asked them to review their LAC service, how many deaths across LAC and how many across Leaving and Aftercare young people. Since the Committee last met there have been 3 more deaths, 14 in leaving and aftercare and 2 LAC. This is almost 50% of the region in terms of deaths. The Department wrote out to the Trusts asking if the Trust could give them assurance that they had adequate resources to support the young people and they wrote back saying they did not. There hasn't been any further correspondence regarding this but they have through the Board commissioned a Leaving and Aftercare Review on Resources. This is due to be completed in March 2023. DSF have put bids in re supporting the Leaving and Aftercare Team, and reviewed all the SAIs.

New and Emerging Risks Associated with DSF and Remedial Action.

- **Impact of continuous rise of LAC: Unallocated Cases/Pressures within teams.** Remedial Action: New LAC Team/Escalation meetings with DoH and HSCB/Funding bids/fortnightly recruitment meetings/charitable funds and HSCB bid
- **Lack of and over-stretched foster care placements: placement moved and breakdowns.** Remedial Action: Investment at risk of wrap around supports community and voluntary sectors; Band 4 workers; short breaks – time out; Leeds Model Review; recruitment drives – NI sports strategy.

- **Increasing Complexity of LAC especially younger children** Remedial action: Reconfigure children's homes'; increase staffing in residential; drug strategy, escalation to HSCB and Asks, Simon Initiative
- **Vulnerable 18 years and over Young People** : disconnect to adult services. Remedial action: high cost packages of care
- **RESWS: non compliance with legislative duty ASW assessments**

Ms Karp felt that Ms Weatherall had painted a very difficult and challenging picture, and wished to acknowledge this and the remedial actions and mitigations that have been put in place.

Ms McKeagney acknowledged the same and felt that it was important to make sure that the risks are being shared with other organisations and that the Department and the Board need to share some of the risks.

Ms Diffin thanked both Ms Karp and Ms McKeagney for their acknowledgements. Ms Diffin stated that whilst the services are used to managing a high level of risk this is different because of the high levels of vacancies along with the increasing complexity and the impact of Covid. She further stated that she had written to the Department (copied to the Board) asking for a meeting to discuss the concerns and that a meeting had been held on October 2021.

Ms Diffin said that collectively all 5 Executive Directors of Social Work wrote to Sean Holland to highlight the concerns they had about the growing problems within the service and the workforce issues. They were left him in no uncertain terms that at present there are additional pressures and risks. There is a Children's Services Review that has been commissioned by the Department over the next 12 months to look at a different model. Sean Holland is hoping that following that there will be extra resources available. It will be reported on in 18 months' time. Ms Diffin agreed to share the terms of reference.

Action: Ms Diffin to share the TOR for the Children's Services Review.

Ms O'Reilly felt that there was a need to escalate the risk and to make sure that there is visibility at the Board and among the Executive Team and with the Chief Executive of what is being heard through this committee. Ms Diffin suggested that for this Committee's presentation at the next Trust Board the focus should be on the risks rather than a general overview of Children's Social Care and suggested that she and Ms O'Reilly would discuss this further. Ms O'Reilly agreed and further stated that given the current unprecedented risk level in Children's Services being reported, that it was a duty of care to bring it to the Board in the manner in which Ms Diffin had described. Ms Karp and Ms McKeagney also agreed with this view. Ms McKeagney felt that it should be brought to the attention of the Chair of the Board as soon as possible. Ms O'Reilly agreed and suggested it should also be brought to the attention of the Chief Executive.

Action: Ms Diffin and Ms O'Reilly agreed to take this forward.

11. Update on Progress on DSF Action Plan – Edel McKenna Co Director

Early Years Inspections

- April 2021: backlog of Inspections – 355
- December 2021: backlog of Inspections – 74
- March 2022: projection that all outstanding Inspections will be completed.

Reinstatement of Short-Breaks provision

April 2021: Short –breaks provision paused, due to emergency placement.

Action Plan:

- Article 33 application made to accommodate child in an out of jurisdiction placement.
- Outreach support provided to Willow Lodge Users.
- Steps taken to address workforce pressures.

New and Emerging Risks Associated with DSF and Remedial Action

Willow Lodge

- Recruitment and Retention of the workforce/recruitment campaign on-going and review of staff skills and competencies.
- Risk of family breakdown in the community/outreach support.
- PAP in relation to failure to meet out statutory obligation to deliver short-breaks/scoping facilities and potential workforce.
- JR in relation to a delayed discharge in Iveagh Centre/Trust Affidavit sets out how we plan to deliver our statutory obligations.

Workforce Pressures

- Unallocated cases: unassessed cases/vacant caseloads/review on-going.
- High levels of vacancies/sickness/Action Pan and Business Continuity Plan.
- Well-being of the workforce group supervision support from L&D, TSS.

Co-Director Assurance of Delegation of Statutory Function

Collective Leadership in Risk Management /Assurance

DSF Compliance:

- SW – CSM Monthly Data Collection
- Co-Director/CSM/Information Officer Monthly Analysis Meetings
- Monthly Report to HSCB DSF Leads
- QMS Meetings
- Escalation Meetings HSCB/DOH
- Early Alerts

Operational Sensitivities:

- Weekly Live Governance
- Weekly Review of Datix
- Weekly Safety Huddle
- Monthly SMT
- Fortnightly Service Planning Meetings
- Joint CSM Meetings (monthly)
- Individual CSM Meetings (monthly)
- Specific Service Pressure Meetings
- QMS Meetings
- Weekly Escalation Meetings
- Assurance Committee
- Early Alerts

Workforce Stability:

- Fortnightly Recruitment Meetings with HR
- SSW – CSM review of workforce template
- Cross Directorate Union and HR Meetings
- Staff Engagement
- RQIA escalation

Co-Director Assurance of Delegation of Statutory Function

Areas for Improvement: Acuity/Business Support Infrastructure

- Information Data Analysis/QMS/Paris/Encompass team
- Research, Audit & QI Service Improvement Team
- Investigation Team (CMR;s/SAI's/Complaints)
- Business cases/Capital bids: Performance and Planning
- Directorate Wide Workforce Strategy
- Supporting Staff Wellbeing Strategy

Evidence informed Assurance/Learning in Strategy in real time

12. Current Pressures and Summary Remarks

Ms O'Reilly stated that the SCC now has quite a bit of work to do following this meeting, in terms of reporting to the Trust Board and the Chair and the Chief Executive.

Ms Diffin thanked Ms Weatherall, Ms McKenna and their staff for the information they had shared this afternoon.

Ms Diffin felt that today's meeting had been very helpful terms of focussing in on what are the messages that need to be put across in January (or sooner) to the Executive Team and Trust Board.

Summary of Actions taken and still to take – Ms Carol Diffin

Ms Diffin confirmed that she had written to the Department and to the Board highlighting the pressures. Belfast Trust were the first to do this although all the other Trusts are identifying similar pressures across similar areas.

There was a meeting with the Department and the Board which was quite constructive at the time, but disappointingly they have pushed back taking the lead with the Surge Plan and the Business Continuity Plan to January. Ms Diffin stated that this was an unsatisfactory timeframe and therefore once it has been finalised over the forthcoming weekend she will share it with the Chief Executive next week.

The fortnightly meetings with the Trade Unions have been increased now to weekly and Ms Diffin joins them. Listening to what staff have to say through the Trade Unions and through CSC managers. Staff were written to for feedback and their suggestions have been worked through and these will be responded to. A set of guidance principles have been developed to refer to when making decisions.

Work is being done on ways to support the health and wellbeing of staff whilst maintaining the most amount of staff in the workforce.

Surge Plan and Business Continuity Plan - adapt and review regularly. Continue visits to Child Protection.

Surge Plan and Business Continuity Plan to be taken formally to the Board with the Surge Plan to seek their approval.

Next full Annual DFS report end of March 2022.

To be taken forward by the Department - How should children's services look long-term and how do we attract people into it and how do we make ensure their workload is doable and safe to do and how do we develop a model of service that is going to promote the best outcomes for the children that we work with.

CSC to continue to maintain staff in workplace and keep them safe with level of risk. Work on structure – priority in January once Surge Plan is concluded. Support for staff and Senior Managers.

Ms Diffin and Ms O'Reilly will follow up around the risk and presenting to the Board.

13. Any Other Business

There was no other business.

14. Date of next Meeting

To be agreed.