

STRATEGIC PLANNING AND PERFORMANCE GROUP

REGIONAL REPORTING TEMPLATE FOR COMMUNITY CARE DIRECTORATE STATUTORY FUNCTIONS

PERFORMANCE MANAGEMENT AND ASSURANCE REPORT

For Year end 31 March 2025

DRAFT

Belfast Health & Social Care Trust

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1 EXECUTIVE SUMMARY

Executive Director of Social Work:

This report provides an overview of the Trust's discharge of Statutory Functions and Corporate Parenting (CC3/02) in respect of services delivered by the Social Work and Social Care Workforce (hereafter, the Social Care Workforce); for the period covering 1st April 2024 to 31st March 2025. It addresses the assurance arrangements underpinning the delivery of these services, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (2015) and identifies on-going and future challenges in the provision of such services. This report is in accordance with the Trust responsibilities outlined in The Health and Social Care Act (NI) 2022 to provide assurance to the Department of Health that the exercise of social care and children's functions are implemented in accordance with the law and to all relevant professional standards (CIRCULAR (OSS) 01 / 2022).

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

Throughout this reporting period Ms Tracy Reid was in post as the Executive Director for Social Work (EDSW) (Interim). Ms Tracy Reid is a qualified social worker and is registered with the Northern Ireland Social Care Council on Part 1 of the register.

The EDSW is a member of Trust Board and is professionally accountable to the Chief Executive for the discharge of safe and effective Social Work and Social Care services across the Trust. The EDSW oversees the organisational assurance and governance arrangements underpinning the discharge of social care statutory functions. There is an unbroken line of professional accountability from individual practitioner, through the professional line, to the Executive Director of Social Work and on to the Trust Board.

The EDSW is supported in the effective discharge of governance and assurance functions by the Deputy EDSW Ms Eileen McKay. The Deputy EDSW is responsible for ensuring Social Care governance arrangements across the Trust and maintains responsibility for the regulation and development of the workforce and assurance of the provision of Statutory Functions. A second Deputy EDSW post has been vacant but during this reporting period has been filled on an interim basis by Ms Rhoda McBride. This post has a particular focus on strengthening the Trust Adult Safeguarding arrangements and coordination of Domestic Homicide Reviews.

Each Directorate with responsibility for the delivery of Social Work and Social Care services have established Collective Leadership Teams, who are accountable for Divisional service delivery, including performance and governance arrangements. Divisional Social Workers are an integral part of the Collective Leadership Team in each Division and are responsible for the implementation of professional Social Work standards and practice, Social

Care governance and service delivery functions. The Divisional Social Workers (DSW) assure governance arrangements within their service area and are accountable to the EDSW.

The Trust's Integrated Governance Assurance Framework outlines the overarching corporate mechanisms and related processes. Integral to the Trust's Integrated Governance Assurance Framework is the role of the Social Care Steering Group, who are authorised by Trust Board to review the annual statutory functions report, 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 EDSW and the Social Care Steering Group work in partnership to assure governance arrangements in regard to the discharge of Statutory Functions in the Trust. The Social Care Steering Groups are convened 1/4ly during the reporting period to seek assurance on the Trust's statutory functions, action planning progress and actions taken to mitigate against risk.

The Social Work Senior Leaders Assurance Group, chaired by the EDSW and reporting to the Social Care Committee, provides a quarterly forum to assure social care governance arrangements across all service areas and to identify areas for improvement. This is underpinned by the development of an EDSW dashboard to provide an evidence based overview of all professional social work and social care governance arrangements in the Trust. This is supported by an annual EDSW audit plan to provide assurance in regard to registration, supervision and governance standards in the discharge of social work and social care in the Trust.

Additionally, the Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions and addressed any concerns raised. Detail in relation to RQIA inspection is within the body of this report.

1.2 Statement of the Executive Director of Social Work's assessment of the Trust's performance in effectively and efficiently delivering Statutory Functions during the reporting period

As a result of issues with Encompass implementation the data provided in this report is a combination of local manual counts, finance data and electronic sources (drawing from PARIS and Encompass). Prior to Go-Live the Trust had reports available on Statutory Functions; which had been validated with assurances available for the accuracy of figures. The robustness of the data for this year's report should be considered with caveats around the accuracy and validation of reports from Encompass. This has been a challenge across the divisions and is highlighted throughout the report.

The Trust reports significant challenge in the delivery of services and compliance with statutory functions in this reporting period; with increased demand, social work and social care vacancies and ongoing industrial action across children's services and for ASWs in particular. In addition, the

implementation of Encompass across Adults services in June 2024 impacted on the workforce' capacity to undertake social work functions in a timely manner over the first and second quarters of this reporting period. There continue to be workflow issues with Encompass that are highlighted within this report. It should however be noted that the social care workforce have responded flexibly to the implementation of Encompass and have continued to demonstrate a person centred focus in supporting the delivery of services to the most vulnerable. Nevertheless persistent challenges remain across all Trust social work and social care services in relation to the delivery of timely, safe and effective care.

1. Timely and appropriate service provision

The Trust continues to experience a high volume of unallocated cases across service areas, although this has been an improving picture within this reporting period with all service areas supporting adults, making progress in increasing timely service provision. Increasing numbers of unallocated cases persist in Children's Community services across all service areas, with the exception of Children with Disabilities. This is a reflection of the significant pressures across children's services and the ongoing recruitment and retention landscape, combined with increasing service demand.

The Trust remains committed to ensuring prompt service delivery and risk management frameworks are in place to monitor and review unallocated cases. Action plans include more effective use of skills mix, delegation and partnerships with other sectors to increase capacity to respond in a timely manner to service user need.

The lack of appropriate service provision for service users with complex needs has been an issue across children's and adults directorates and will require a regional strategic response to investment and solutions.

2. Increased Demand and Workforce Capacity

The Trust has an established Recruitment Retention Strategic Group with three work streams working to address issues with capacity, and enhance leadership and staff experience. While the Trust can report reduced turnover of social workers in some service areas the deficit in supply of social workers regionally means that there continues to high levels of vacancies particularly in Children's Community Services. The workforce deficit impacts on the consistency and stability of social work teams and consequently service provision. While the Trust has created a band 6 social work bank the paucity in supply of social workers in NI means that the impact of the bank has been limited. The Trust have engaged in a range of show casing events to enhance recruitment including the Manchester Job Fair and have brought some additional supply of graduates via engagement with universities in Great Britain however the challenge with vacant posts persists. The Trust have begun a strategy for international recruitment of social workers and have just engaged two specialist recruitment agencies to progress this initiative. The first cohort of international

social workers will be recruited to children's services in the next reporting period.

Investment has continued in initiatives to improve staff well-being which have been well received by the workforce. The Trust have also engaged with the DOH and QUB in a regional programme which seeks to improve retention and this will be implemented in the next reporting period with a focus on supporting band 7 teams leaders.

Whilst every effort is being made to improve recruitment and retention the evidence contained within this report will demonstrate that with demand for services surpassing capacity, addressing vacancies alone will not be sufficient to meet need and that it will be critical to review service delivery models to remain viable particularly in light of proposals to implement safe staffing legislation.

The risks in regard to workforce capacity in the Social Care Workforce, highlighted throughout this report, remain on the Trust's Board Assurance Framework.

3. Children's Community Services

Children's community social work and social care continue to operate in an exceptionally challenging environment across all areas. These pressures significantly hinder the ability to effectively fulfil statutory responsibilities and therefore business continuity arrangements remain in place. Workforce capacity continues to be a key concern, with ongoing difficulties in recruitment and retention, alongside rising demand and case complexity. Additionally, reduced resources, gaps in services for children with complex needs, and continued industrial action short of strike are all having a marked impact on service delivery. Substantial engagement with Trade Unions has continued throughout this reporting period and a specific workforce plan has been agreed for children's community services. In view of the chronic staffing challenges in CCS and risks arising the CEO has advised the SPPG Chief Operating Officer of the Trust's intentions to pay critical payments for staff as an interim solution.

Despite these significant challenges, the Trust wishes to acknowledge and commend the unwavering commitment, adaptability, and innovation demonstrated by staff within Children's Community Services. Their dedication to safeguarding and supporting children and young people in an increasingly complex and resource-constrained landscape is both recognised and deeply valued.

The Independent Review of Children's Services, published in June 2023, marked a pivotal step. The Trust now awaits the outcome of the public consultation regarding the potential establishment of a standalone Children's Service for Northern Ireland.

4. Statutory Reviews

While there have been some improvements in compliance with timescales for reviews this remains a challenge across service areas. Interim arrangements are identified in the body of the report. The Trust remains committed to ensuring timely review of service provision to ensure effective service delivery that meets the needs of its population.

In this reporting period the Trust has worked with regional colleagues in consideration of the implementation of the DOH delegated framework and explored alternative models of care to determine best practice improve service provision. The Trust welcomes the updated guidance from the Department of Health; Circular Eccu 1/2010, Care Management, Provision of Services and Charging - Guidance on Staff Completing Care Management Reviews (dated 11th March 2025) and the increased flexibility this provides in ensuring statutory reviews are completed within timescale. The Trust is working with service areas and Trade Unions in relation to support required to implement this effectively.

5. Domiciliary care provision

The Trust continues to experience delays in the provision of timely domiciliary care and the impact of this is evident in high levels of community unmet need and hospital discharges. Service delivery is impacted by Social Care Workforce vacancies, both within Trust and in the community sector. The Trust continues to engage with providers and explore Direct Payments as an alternative option of support.

The EDSW is a member of the Social Care Collaborative and the Trust welcomes the launch of the DoH Social Care Workforce Strategy (2025 – 2035). The Trust continues to facilitate a social care workforce steering group with associated work streams to improve recruitment and retention of social care staff. Additionally within this reporting period the Trust has developed a Social Care Supervision Policy to ensure equitable access to supervision support for social care staff across all Divisions. This will be implemented within the next reporting period.

6. Carers assessment

The Trust remains committed to supporting carers and implementing the 'Caring Together in Belfast 2023 Onwards' carers strategy. Progress with the implementation of the strategy is monitored by the Carers Strategy committee, with representation from all social work service areas. Within the last reporting period the Trust commenced work on co-producing carers assessment standards to support staff in their role and to communicate with carers good practice standards and the support they will receive from the Trust. In the next reporting period this will be further developed with co-designed training that will be accessible to all staff who undertake carers assessments. In addition to this the Carers Conversation Wheel has been implemented across adult services.

The Trust notes that accuracy in reporting carers assessments offered, completed and declined is a challenge following the implementation of Encompass and this has impacted on the assurance of data. The Trust continues to work with regional colleagues and Encompass to seek resolution to this issue.

7. Safeguarding for Adults

The Trust continues to manage a high acuity of cases within the Adult Protection Gateway Team, amidst persistent and severe workforce challenges. Efforts across the Trust remain focused on promoting awareness and recognition of adult abuse, particularly within hospital settings.

The Trust has undertaken significant work to raise awareness in all hospital settings as an outworking of learning from the historical Muckamore Abbey Hospital investigation and has noted a significant increase in the numbers of domestic violence incidents reported. These two factors along with a general increase in demand have contributed to a surge in Adult Safeguarding referrals being received in the organisation. Adult Safeguarding staff have worked hard to respond to this demand, manage the associated risks in this complex and rapidly evolving area of practice, despite the lack of additional resources.

Oversight of Adult Safeguarding (ASG) across the Trust remains under the remit of the Adult Safeguarding Committee chaired by the EDSW and aligned with the Integrated Governance Assurance Framework. During this reporting period, a Deputy Executive Director for Social Work was appointed as the strategic lead for adult safeguarding—bringing renewed focus and momentum to safeguarding activity. Adult Safeguarding and the risk arising from the lack of staffing resource in some areas and increasing demand for ASG training is monitored through the Trust Board Assurance Framework.

While the Trust awaits implementation of the Adult Protection Bill, it remains significantly constrained by limited funding for adult safeguarding. Without a substantial increase in dedicated resources, the Trust will be unable to effectively implement the provisions of this legislation.

8. Regional bed pressures and ASW service

The regional shortage of acute inpatient beds for patients requiring an admission for assessment under the Mental Health (NI) Order 1986 continues to impact on timely service delivery and creates significant challenges for the ASW service. This is evidenced in waiting times for inpatient services and consequently the ASW has had to remain with patients, who are deemed to be at risk, for protracted periods of time. These delays create significant risk to the service user, the ASW and the public. Trade Unions have in place industrial action under the Health and Safety Order (1978) and the Trust is working with Trade Unions to resolve the matter. Advice from legal services has been sought. In response to the challenges the Trust has developed and implemented a pre admission waiting area (PATH – Psychiatric Assessment &

Treatment Hub.) This has been operational since November 2024 at the Mater Hospital and has been effective in providing space for 5-6 service users waiting on admission and is staffed by nursing staff. The Trust is currently putting in plans to uplift the number of mental health beds on a temporary basis at risk to manage the significant demand within the Belfast Trust area.

9. Muckamore Abbey Hospital resettlement

As of March 2025, 9 Trust patients remain in hospital experiencing delayed discharges. All Trust patients have resettlement plans in place. The Trust reports challenges in securing appropriate placements due to the need for bespoke environments and appropriately qualified, skilled and trained staff. This process remains challenging in the context of the limited availability of commissioned specialist placements for people with complex needs. The Trust would welcome regional policy guidance in relation to the management of behaviour that challenges within a community social care setting.

Conclusion

The Trust is committed to ensuring its social care workforce is supported in the discharge of its statutory functions and ensures arrangements for the professional development and well-being of staff. The Trust is compliant with the Northern Ireland Social Care Council (NISCC) Standards of Conduct for Employers and has arrangements in place to monitor and assure compliance with registration and supervision requirements.

The Trust formally acknowledges the considerable challenges encountered across all service areas in the discharge of statutory functions during this reporting period. Notwithstanding these difficulties, the Trust recognises and commends the dedication, professionalism, and adaptability of the social care workforce in delivering support to individuals, families, and communities—promoting wellbeing and safeguarding the most vulnerable within an exceptionally complex and demanding operating environment.

This report sets out areas where statutory responsibilities have been met in full, while also identifying instances of partial compliance, which are attributable to the ongoing structural and operational pressures outlined above.

Signature

A handwritten signature in black ink, appearing to read 'M. Reid', is written over a light blue horizontal line.

Date 9th May 2025

MENTAL HEALTH & CAMHS SERVICES

2. PROGRAMME OF CARE SUMMARY

Mental Health and CAMHS

2.1	<p>Named Officer responsible for professional Social Work</p> <p>During this reporting period Mr John Hand was the Interim Divisional Social Worker and the named officer for professional social work for adult mental health services and CAMHS.</p> <p>Dr Peter Sloan is the Director of Adult Mental Health services and CAMHS and is accountable and responsible for the operational delivery of statutory functions by the Directorate.</p> <p>Accountability Arrangements</p> <p>There remains an unbroken line of professional accountability for social work, from the individual social work practitioner to the Divisional Social Worker and through to the EDSW of Social Work, who reports to the Chief Executive and to the Trust Board.</p> <p>Please see organisational structure on page 24 – 25.</p> <p>Highlight any vacancies and the action taken to recruit against these.</p> <p>There are 5 Band 6 social work (SW) vacancies within the Division being progressed through the regional social work recruitment programme supported by the Workforce Learning Development and Improvement team. This is supported by the Trust yearly Showcase Event - Employer of Choice for Social Work, providing a platform to promote social work applications to the Trust.</p> <p>There are currently also 6 Band 3 Support Worker Positions and 1 band 5 social care post vacant in the process of recruitment. This is due to increased staffing needs at supported accommodation and staff retiring.</p>
2.2	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.</p> <p>Designated Adult Protection Officer (DAPO)</p> <p>The DAPO role is delivered through the senior social work practitioner posts developed within teams since 2021, included as standard in the job description. Other generic band 7 staff, who are social work trained, also undertake the role as part of safeguarding duties, where it is included in their job description and some ASW's</p>

will fulfil the role. DAPO workload is built into the staff members work plan and supervision arrangements. Currently the division has 37 Band 7 DAPO's all of which undertake the role in addition to their substantive post. This currently meets the adult safeguarding needs within Mental Health services however the DAPO role has not received designated funding.

Approved Social Work (ASW) – Daytime Service

DOH (QUB 2021) estimates that 41 ASW's are required to fulfil the necessary functions of MHO and MCA. Currently the Trust have 43 ASW's on the daytime rota (of which 15 are managers/senior managers and fulfil their registration requirements yearly).

ASW numbers have increased during the period as a result of 9 ASW candidate placements being funded for ASW daytime services. There were 8 ASW's who joined the daytime rota during the reporting period, with 3 ASW candidates who deferred and 1 candidate who withdrew due to personal reasons. One candidate was unsuccessful in passing the programme. The service continues on the use of bank staff and a day time rota but has been able to secure 2 fulltime ASW's in substantive roles since April 2024.

ASW pressures and action short of strike

Due to psychiatric in patient bed pressures, ASW's who have detained a patient have been left with the patient in their custody for a prolonged period while waiting for a bed. This can be for an indeterminate period of time.

NIPSA Action Short Of Strike (ASOS) directions were issued 19/3/25, that the Trust gives assurances under the Health and Safety Order 1978, that health and safety risks to the patient and the ASW are pre-assessed to ensure that the ASW can deliver the required duty of care during and after an assessment. ASW's have been directed by NIPSA if they are not in place, they cannot undertake their role due to health and safety concerns under the Health and Safety Order 1978. Further detail regarding this issue is included in section 2.6

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

There are 5 Band 6 social work (SW) vacancies within the Division being progressed through the regional social work recruitment programme. The Trust have an active Recruitment Retention

	<p>Strategic Group for social work chaired by the Deputy EDSW with three associated work streams focused on reducing vacancies and turnover and improved staff experience. In the next reporting period the Trust will progress a strategy for international recruitment.</p> <p>There are no vacancy control systems in place. 9 ASW candidate placements were funded during the reporting period for ASW daytime services. There were 8 ASW's who joined the daytime rota during the reporting period, with 3 ASW candidates who deferred and 1 candidate who withdrew due to personal reasons. One candidate was unsuccessful in passing the programme.</p> <p>ASW pressures and action short of strike</p> <p>Due to psychiatric in patient bed pressures, ASW's who have detained a patient have been left with the patient in their custody for a prolonged period while waiting for a bed. This can be for an indeterminate period of time.</p> <p>NIPSA Action Short Of Strike (ASOS) directions were issued 19/3/25, i.e. that the Trust gives assurances under the Health and Safety Order 1974, that health and safety risks to the patient and the ASW are pre-assessed to ensure that the ASW can deliver the required duty of care during and after an assessment. ASW's have been directed by NIPSA if they are not in place, they cannot undertake their role due to health and safety concerns under the Health and Safety Order 1974. Further detail regarding this issue is included in section 2.6</p> <p>Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.</p> <p>There are 5 Band 6 social work (SW) vacancies within the Division being progressed through the regional social work recruitment programme. The Trust have an active Recruitment Retention Strategic Group for social work chaired by the Deputy EDSW with 3 associated work streams focused on reducing vacancies and turnover and improved staff experience. The risks in regard to workforce capacity in the Social Care Workforce remain on the Trust's Board Assurance Framework. In the next reporting period the Trust will progress a strategy for international recruitment.</p> <p>There are no vacancy control systems in place.</p>
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2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework</p> <p>YES The Division reports an overall annual supervision compliance average of 93% which is an increase from last year. Supervision compliance is monitored by the EDSW office on a 1/4ly basis.</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?</p>
2.4	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <p>The Trust went live with the implementation of Encompass in June 2024. Work with Encompass to report on statutory functions has been ongoing but the system is currently unable to provide data assurance requiring contingency data collation through manual returns.</p> <p>The accuracy in reporting of carers assessments offered, completed and declined remains a challenge. A clear pathway for recording and Standard Operational Procedures were operationalised in December 24. There continues to be underreporting concerns. The division continues to validate data to ensure that end-user staff are following procedures to support accuracy of reporting.</p> <p>In respect of Carers assessments Declined this is not reportable currently via the Encompass system. Recording carers assessments declined is complex and time-consuming. There is work ongoing with ENCOMPASS to streamline this process for the end-user. This should impact positively on future reporting.</p> <p>Whilst the Division acknowledges the challenges with Encompass, it can provide assurance that all data contained in this report is subject to scrutiny and assurance via the Trusts Integrated Governance Assurance Framework, monthly Divisional Governance Meetings, Social Care Steering Group and bi-monthly Social Work Senior Leaders Assurance Group. However, the Trust notes that all data is based on manual collation and has not been subjected to electronic data collection therefore assurance is available but limited for this report and is consequently rated amber.</p>

2.5	<p>Programme of Care to advise of numbers of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trusts discharge of their statutory functions (please complete table below).</p>																		
	<table border="1" data-bbox="328 537 1340 918"> <thead> <tr> <th></th><th><i>Number</i></th></tr> </thead> <tbody> <tr> <td>Serious Adverse Incidents</td><td>0</td></tr> <tr> <td>Domestic Homicide Reviews</td><td>1</td></tr> <tr> <td>Case Management Reviews</td><td>1</td></tr> <tr> <td>Mental Health Review Tribunals</td><td>1</td></tr> <tr> <td>Judicial Reviews</td><td>0</td></tr> <tr> <td>Audits</td><td>2</td></tr> <tr> <td>RQIA Inspections</td><td>0</td></tr> <tr> <td>RQIA Enforcement notices – Failure To Comply Notices</td><td>0</td></tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p>Domestic Homicide Review – Marcella DHR Learning;</p> <ol style="list-style-type: none"> 1. The qualifying criteria was met for the perpetrator to be referred to the Public Protection Arrangements in NI (PPANI) in 2013, to assess and manage his risk. A referral was never made at the time, or in the intervening period. 2. Women who are subject to coercive and controlling behaviour, have limited control of their own life, including how they carry out their role as a mother. Professionals did not fully understand this. 3. Domestic Violence and abuse undermine a child's fundamental right for safety and security. The response by organisations to address the children's exposure to this, and improve the environment in which they lived, was inadequate. 4. The perpetrator manipulated professionals and situations to influence decisions. 5. The increased need to call out abusive behaviours, and make safe interventions, if the culture within society toward domestic violence and abuse is to change. <p>Recommendations</p> <p>Whilst there are additional recommendations for children's community services, the following apply to Mental Health services;</p>		<i>Number</i>	Serious Adverse Incidents	0	Domestic Homicide Reviews	1	Case Management Reviews	1	Mental Health Review Tribunals	1	Judicial Reviews	0	Audits	2	RQIA Inspections	0	RQIA Enforcement notices – Failure To Comply Notices	0
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RQIA Enforcement notices – Failure To Comply Notices	0																		

	<ol style="list-style-type: none"> 1. Local Induction for new staff in Mental Health Services should include Domestic Abuse Awareness. 2. The Trust will convene a workshop for lead staff across hospital and community Directorates to agree a Trust approach to Domestic Violence to promote shared understanding and to better support victims of domestic violence. 3. Area Domestic and Sexual Violence Partnership membership to be reviewed. <p>The Trust notes that the addition of Domestic Abuse Awareness training for all new staff in Mental Health services has been agreed since 2023 following an internal local review and is monitored monthly at governance meeting. There are currently 646 staff trained across the Directorate (including colleagues from Learning Disability Services). The Trust is committed to ensuring all staff complete online learning and has planned a Domestic Abuse session as part of induction within the next reporting period.</p> <p>Grace CMR</p> <p>This CMR was commissioned by the Safeguarding Board for Northern Ireland (SBNI) following a notification from the South Eastern Health and Social Care Trust (SEHSCT). Grace was under 18 years and subject to detention under the Mental Health (NI) Order 1986 and was being cared for in Beechcroft Adolescent inpatient hospital. Prior to this detention she was a Looked After Child in the SEHSCT. There were 4 recommendations, 3 of which related to regional developments and 1 was made in relation to Beechcroft.</p> <ol style="list-style-type: none"> 1. The Trust should consider a review of their Guidance on the use of observation and therapeutic engagement in the regional Child and Adolescent Mental Health inpatient unit at Beechcroft. The review should consider all the elements of the guidance, especially those noted in this review as not having been followed in Grace's case. Following a review of the guidance, consideration should be given to the monitoring of the adherence to the guidance. <p>Actions:</p> <ol style="list-style-type: none"> a) A review of 'Guidance on the use of Observation and therapeutic engagement in the regional CAMHS inpatient unit (Beechcroft)' was undertaken within Beechcroft. Working group, considering regional application. b) In addition the Trust has updated the 'Transitions Protocol between Belfast CAMHS and AMHS (BHSCT and SEHSCT) (2025). This draft is currently with the Policy and External Guidance Committee and this is embedded by the Transitions
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	<p>Manager who works across Belfast and South Eastern Trust community CAMHS.</p> <p>The Trust will continue to keep all actions under review.</p> <p>Review Tribunals</p> <p>16/12/24 – a DoL was revoked by the Review Tribunal on the basis that the legal criteria in relation to proportionality was not met.</p> <ul style="list-style-type: none"> • This criteria states that, <i>detaining P in the place in question in circumstances amounting to a deprivation of liberty would be a proportionate response to – (i) the likelihood of harm to P, or of physical harm to other persons; and (ii) the seriousness of the harm concerned</i> (MCA, Schedule 1, Section 10(C)). • P has a diagnosed mental illness, history of alcohol misuse, resides in nursing home for people with mental illness, is known to a CMHT with a previous forensic history. • No legal basis identified by DLS on which to challenge the Review Tribunal decision. • Recommendation from the Tribunal Panel is that the Trust ought to have considered applying Guardianship in this case. • The Trust recognise this decision is applicable in so far as it relates to the specifics of this case and to the decision-making of the panel who heard the case. • The Trust identifies more general learning from this decision which highlights the importance of the applicant/ practitioner being satisfied that depriving a person of their liberty in a specified place is a necessary and proportionate response to the risk of harm. It also highlights the importance of providing robust evidence on the 'likelihood' of harm, versus the 'seriousness' of harm and based on the individual's capacity to understand their care needs which amount to a DoL. <p><u>Audit of Agency Tracker</u></p> <p>To ensure that all agency social care staff employed in the Trust have Access NI checks and NISCC registration (where applicable) the Trust have developed an assurance process to track agency social care staff, where they are employed and to seek assurance that all necessary checks have been completed. The Trust undertook an internal audit across all programmes of care where social care agency staff are employed to seek assurance that the process is in place and all necessary checks are completed and recorded.</p> <p>The Trust notes a 97.3% compliance rate, with Mental Health evidencing 100% compliance,</p>
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	<p>Within the next reporting period the Trust will be seeking 100% compliance across all service areas with the following improvement plan in place;</p> <ul style="list-style-type: none"> • System of reminder emails established by the social work and social care governance lead • Attendance of social work and social care governance led at manager's forums as required. <p><u>Audit of NISCC registration compliance and Fitness to Practice Timescales</u></p> <p>Within this reporting period the Trust has undertaken an audit of NISCC registration compliance (fee payment and renewal) across social work and social care. This identified barriers to maintaining registration as per legislative requirements and highlighted supports required for registrants. Actions arising included;</p> <ul style="list-style-type: none"> • Development of training material for line managers in how to support staff to maintain their registration • Tracking of all de-registration where staff are unable to work until they are re-registered • Audit of all staff returning from a long term absence to ensure return to work policy is implemented. <p>The Trust notes that Fitness to Practice investigations can be protracted due to the complexity of multiple systems working together. An audit of Fitness to Practice timescales has been completed to support timely conclusion of Trust investigations to enable NISCC process.</p>
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2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

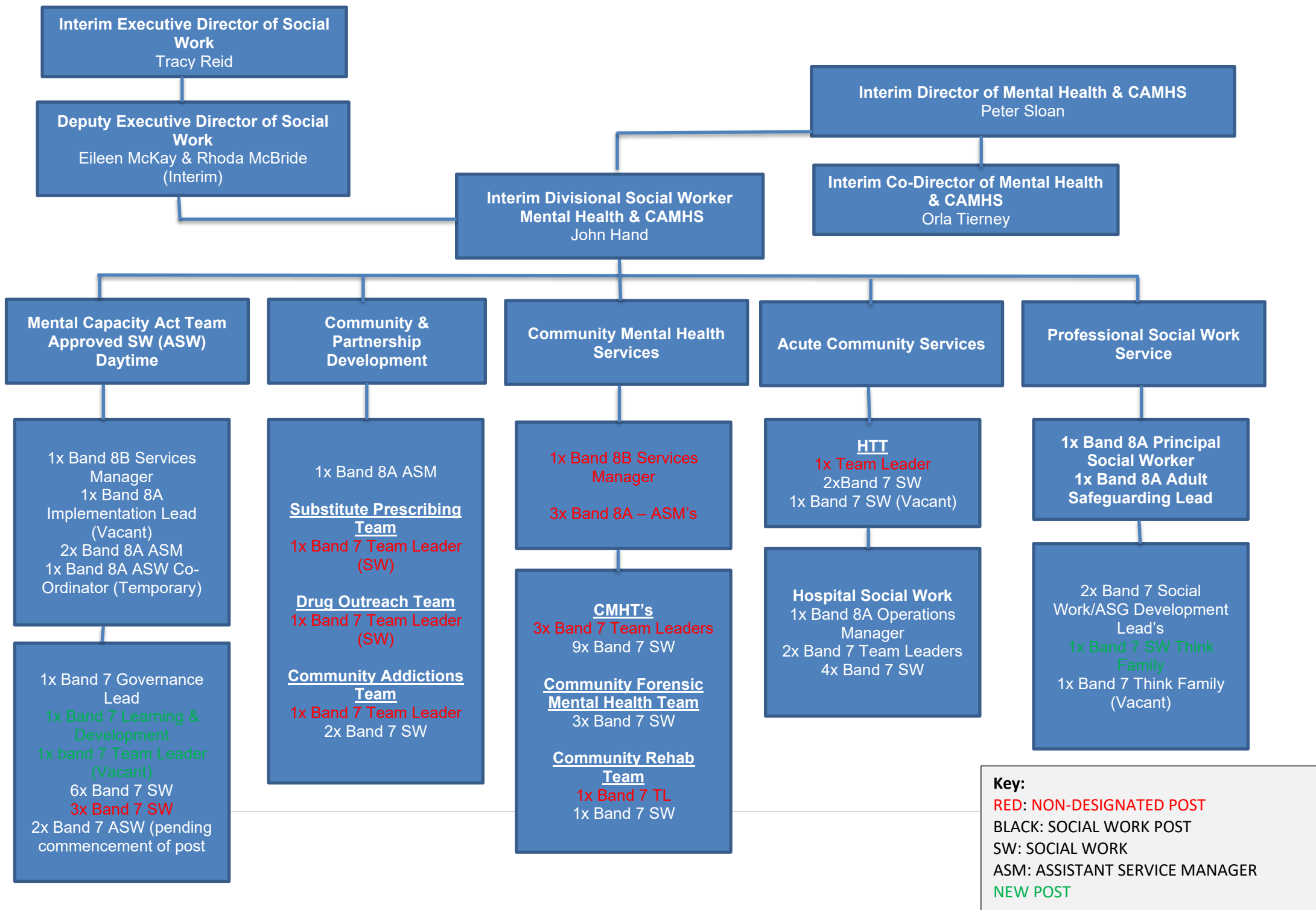
2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Mental Health Issues	
Issue 1	<p>Workforce issue relating to ASW Daytime Service</p> <p>Due to mental health inpatient bed pressures, ASW's who have detained a patient, have been left with the patient in their custody for a prolonged period while waiting for a bed. This can be for an indeterminate period of time.</p> <p>NIPSA Action Short Of Strike (ASOS) directions were issued 19/3/25, i.e. that the Trust gives assurances under the Health and Safety Order 1974, that health and safety risks to the patient and the ASW are pre-assessed to ensure that the ASW can deliver the required duty of care during and after an assessment.</p> <p>ASW's have been directed by NIPSA if they are not in place, they cannot undertake their role due to</p>	<ol style="list-style-type: none"> 1. Risk triage system developed to review each individual referral received by the ASW service. 2. Risk matrix developed with Standard Operating Procedures (SOP) to guide ASW's on risk decision making during ASOS. A legal consultation was held with the Department of Legal Services on the 25th April which confirmed that the SoP was compliant with the Trust's statutory duties. This is supported by the DoH's recent guidance (13th March 2025) advising that, 'Where a HSCT decides that it is not practicable for an ASW to wait with the person while an inpatient bed is sourced, the Trust should ensure that their decision making is defensible'. 3. Where resource allows, there are designated places in the Psychiatric Assessment & Treatment Hub (PATH) for patients who are detained and waiting for a bed where nursing care is provided and care can be handed over to a designated officer of the Trust pending bed confirmation. 4. The Trust are planning to increase bed capacity with 10 additional beds planned for KHCP site. 5. Consultation with key stakeholders on risk mitigation processes in place. 6. Delays for ASW waiting with patients following Mental Health Order assessments remains on the Directorate and Corporate risk registers.

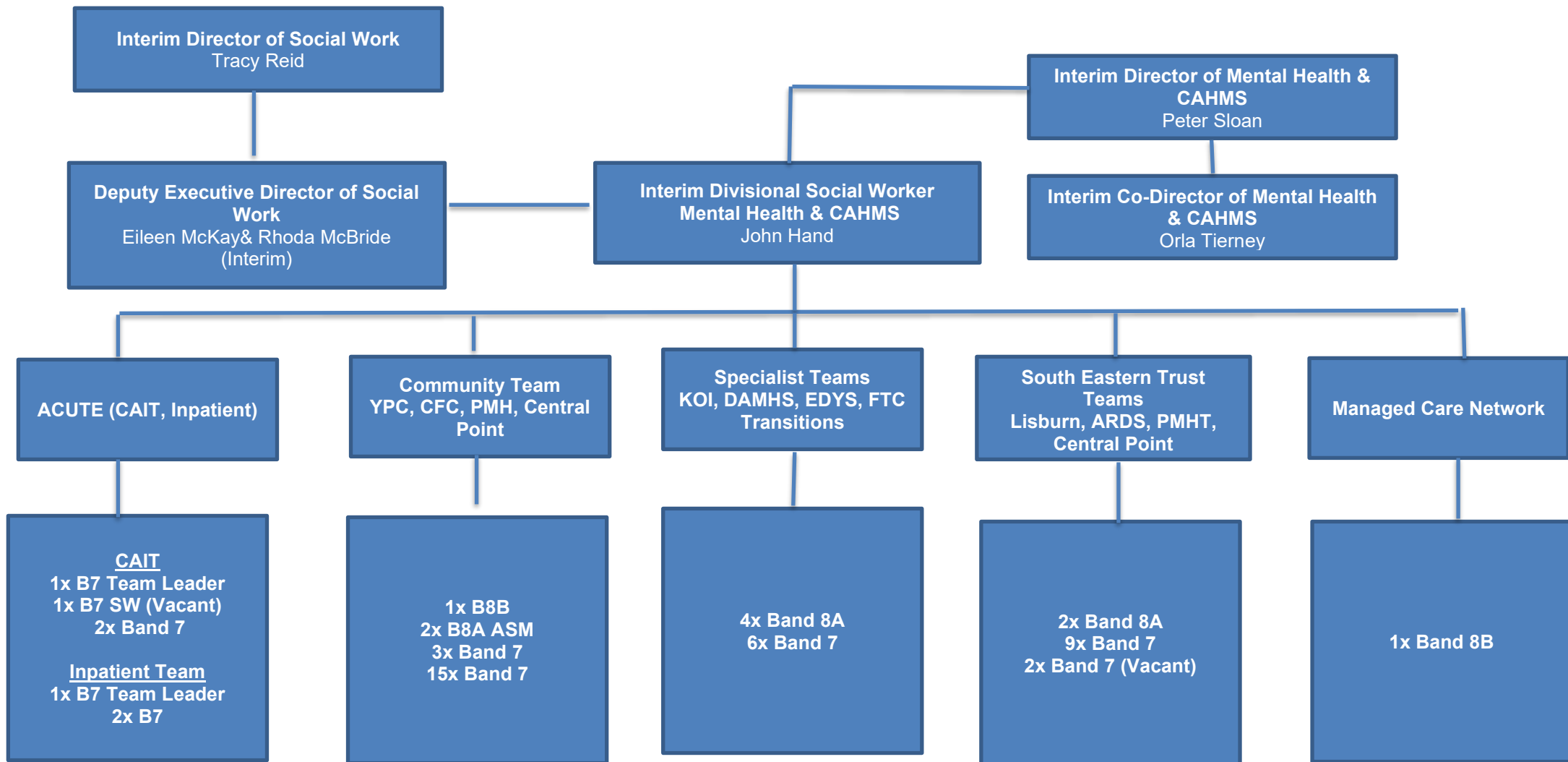
	<p>health and safety concerns under the Health and Safety Order 1974. ASW's have been directed to check the following are in place prior to undertaking an assessment under the MHO;</p> <ul style="list-style-type: none"> • Confirmation as to the availability of an appropriate in-patient bed should the threshold for detention be met. • Should a bed not be available and the threshold for detention is met, confirmation on what the interim plan to provide treatment/care for the patient will be provided, until an in-patient bed becomes available. • Confirmation that in the event that the threshold for detention is met, services to meet the assessed need of the patient will be available within a three-hour window of the completion of the assessment process. • ASW's continue to be available to undertake a request to undertake assessment under the MHO. 	<p>7. Continued MDT meetings/bed huddles 2 daily to review current bed pressures and a further daily meeting with CLT to review MHO assessment requests and supports to ASW's re ASOS.</p>
Issue 2	<p>Protracted waits for access to acute mental health beds. This includes timely availability of beds for</p>	<p>1. The Trust are planning to increase bed capacity with 10 additional beds planned for Knockbracken Health Care Park site.</p>

	patients who require admission under the Mental Health (NI) Order (1986).	<ol style="list-style-type: none"> 2. A pre admission waiting area (PATH – Psychiatric Assessment & Treatment Hub) has been operational since November 2024 at Mater Hospital to reduce the pressure on Emergency Dept. This provides space for 5-6 service users waiting on admission and is staffed by nursing staff. 3. Daily data submission to SPPG. Twice daily bed huddles to review bed acuity and allocation. 4. Facilitated early discharge by Home Treatment Team who attend twice daily meetings and representation from CMHT's for pre admission and discharge planning. 5. This risk continues to be recorded on the Directorate Risk Register and on the Board Assurance Framework.
Dalssue 3	Waits for assessment of financial capacity and delays with referrals made to the office of care and protection	<ol style="list-style-type: none"> 1. Delays in accessing a medical assessment of financial capacity has been addressed by accessing a locum doctor to undertake outstanding assessments within the Division (5). 2. Delays in the processing of referrals by the Office of Care and Protection (4) have been escalated to the OCP who are working to resolve. 3. Development of a community finance policy for mental health to provide advice, guidance and role definition to support teams in identifying cases and robust referral to the Office of Care and protection when required to safeguard the financial interests of service users.

<p>Issue 4</p>	<p>Implementation and embedding of Think Family NI (SPPG) and family focused practice (The Family Model (TFM) (Falkov 2012) has been supported by SPPG funding of a senior social work practitioner post in each Trust.</p> <p>Use of the Family Model Conversation in Mental Health can enhance identification of carers, including young carers and promote recovery for parents with mental illness & their families by acting as an early intervention tool for families.</p> <p>This model and approach is recommended within DHRs and CMRs.</p> <p>Think Family Ethos also supports child safeguarding through partnership with Signs of Safety and recommendations from Ava CMR (2022).</p> <p>There are challenges to embedding the intervention in mental health teams;</p> <ol style="list-style-type: none"> 1. Due to the challenges in relation to family function, there is currently no way on Encompass to identify if the service user is parent. This could potentially be addressed via an Encompass Parent Icon (similar to pregnancy icon) and this is currently being discussed regionally. 	<ol style="list-style-type: none"> 1. Trust to support the development of a Think Family champion in each childcare and mental health team to; <ol style="list-style-type: none"> a) promote think family ethos and family focused practice at MDT, b) be competent in use of TFM & complete the LearnHSCNI training c) be a resource to the team in embedding us of TFM 2. Divisional leadership is in place to support the implementation of Think Family.. 3. Re-launch of the regional joint protocol to support implementation and provide basis for embedding into teams. 4. Support child safeguarding through joint safety planning – current regional working group with SPPG to develop a regional joint safety plan between adult mental health and children’s services. 5. Identify and implement the use of agreed TF outcome measures in line with the Mental Health Outcomes Framework – regional agreement required, and work with Encompass on reporting build.
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	<ol style="list-style-type: none"> 2. Understanding of Think Family ethos and the use of TFM intervention and application to practice as part of core mental health recovery and to prevent family breakdown. 3. Establishing regional outcome measures to provide robust analysis of the impact of Think Family NI (QUB - Think Family NI Audit in Adult Mental Health and Children's Services 2020) – Encompass build delays. 4. Use of The Family Model Conversation tool has also identified areas of unmet need such as lack of community supports specifically for children of parents with mental illness, and young adult carer services. 	
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CAIT Crisis Assessment Intervention Team
YPC Young Peoples Centre Team (14-18)
CFC Child and Family Team (0-13)
PMHT Primary Mental Health Team
Central Point Assessment teams
KOI, Knowing Our Identity (Gender service)
DAMHS, Drug and Alcohol Mental Health Service
EDYS, Eating Disorder Youth Service

Key:
BLACK: DESIGNATED SW POST
RED: NON-DESIGNATED SW POST

DATA RETURN 1 – Mental Health & CAMHS

1 GENERAL PROVISIONS			
		<65	65+
1.1	<p>How many adults were referred for assessment of social work or social care need during the period?</p> <p><i>*The Trust notes a significant increase in referrals for social work and social care services within this reporting period. This is reflected in increased social care resource and reduced absenteeism.</i></p>	6788	Age not collated separately in MH caseload
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	3980	Age not collated separately in MH caseload
1.3	<p>How many adults are in receipt of social work or social care services at 31st March?</p> <p><i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i></p>	1559	Age not collated separately in MH caseload
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>Note: the number of adults on open caseloads of social workers aged 18+.</i></p> <p>*Due to the implementation of Encompass this figure is based on a manual count</p>	968	Age not collated separately in MH caseload
1.4	<p>How many care packages are in place on 31st March in the following categories:</p> <p>*Due to the implementation of Encompass this figure is based on a manual count</p>		
	i. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	35	17
	ii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	100	71
	iii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	111	19
	iv. Supported Living	162	17
	v. Shared Lives –Adult Family Placements (long term placement)		

	SPPG to complete		
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 and the subsequent update within Circular HSC (ECCU) 1/2021. <i>YES If no, please explain</i>	Yes	Yes
1.4b	Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust YES Within this reporting period all annual residential/ nursing care reviews were completed by professional band 7 care managers. The Trust notes that all domiciliary care annual reviews are assessed and rag rated to determine if review support from an assistant care manager (Band 4) is appropriate. Each Assistant Care manager has a Care Manager providing supervision and professional oversight. <i>If no, please explain</i>	Yes	Yes
1.5	Number of adults provided with a Short Break during the period.	PSSID return	PSSID return
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector Note: while the Trust mental health day centres are not registered with RQIA they are provided by the Trust as a statutory service. <i>The day centres are evolving towards a model based on day opportunities and providing access to OCN (ordinary Open college Network)</i>	171	0
	- Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities Mindwise: 109	301	0

	New Horizons: 18 clients on the IPS programme 60 clients on New Horizons 78 in total Inspire: 114		
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)	N/A	N/A
	- Statutory sector	1	0
	- Independent sector	0	0
1.8	This is intentionally blank	X	X
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	6	0
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - -% Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

DATA RETURN 1

No Longer Required

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 31st March?			

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) Mental Health & CAMHS

*Due to the implementation of Encompass these figures are based on a manual count

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?	89	219	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	89	218	N/A
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	18	96	N/A
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – 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 (no longer required)	x	x
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	5	X
	Certified severely sight impaired (Partially sighted)	2	X
	Sight Loss	3	X
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	18	
	Profoundly Deaf Oral / Lip Readers	41	
	Hard of hearing	17	
	Tinnitus (New) <i>(Nil return as not counted separately due to Co-morbidity with other hearing impairments)</i>	0	X
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	X

***In 2.2 the Trust has reported only those service users known to the sensory impairment team who also require Mental Health services. This has led to a reduction in reporting figures from the last reporting period (34).**

***Figures in 2.3 reflect the number of adults with a hearing impairment receiving regional Mental Health support from the Trust as this reflects the only SW involvement. The figures from the previous reporting period reflected services resident in this Trust area.**

DATA RETURN 3 – 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.	
		13
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	53
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

***The Trust notes the significant increase in referrals for social work and social care services within this reporting period is reflected in the increased number of people with a disability accessing Mental Health Services.**

DATA RETURN 4 – Mental Health and CAMHS

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	208
	Total expenditure for the above payments	£10,238
4.2	Number of TRUST FUNDED people in residential care	51
4.3	Number of TRUST FUNDED people in nursing care	162
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	8

DATA RETURN 5 – Mental Health and CAMHS

5 CARERS AND DIRECT PAYMENTS ACT 2002

	*Please see summary 2.4 in regard to issues with Encompass and carers assessment data. Whilst there has been a reduction this year the variance in data from the last reporting period may be reflective of the data issues rather than reduced performance.	16-17	18-64	65+
5.1	<p>Number of adult carers offered individual carers assessments during the period (Source: SPPG PSSID Return)</p> <p>*Figures for CAMHS includes assessments completed for the South Eastern Health and Social Care Trust (SET) as Trust staff undertake these assessments on behalf of SET, including provision of grants.</p> <p>*CAMHS figures also include inpatient carers assessments undertaken for all 5 Trusts in Beechcroft (30).</p>	X	739 MH *100 CAMHS	N/A
5.2	<p>Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return)</p> <p>Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.</p>	X	495 MH 98 CAMHS	N/A
5.2a	<p>Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return)</p> <p>*Declined and reasons why is not available due to Encompass build. Numbers of carers assessment declined is manual count and reasons why is not available for this reporting period.</p> <p><i>*84 Carers Assessment remain outstanding for completion at period end</i></p>	X	*160 MH 2 CAMHS	N/A
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	X	X	X
5.4	<p>Number of adult carers receiving a service @ 31st March</p> <p><i>*This is a reduction in this reporting period and is related to a pilot being undertaken where bank practitioners undertake the carers assessment. The Trust is scoping the impact of this balancing measure and developing improvement plans.</i></p>	X	221	X
5.5	Number of young carers offered individual carers assessments during the period.		19 MH 2 CAMHS	
5.6	Number of young carers assessments completed during the period.		12MH 2 CAMHS	
5.7	Number of young carers receiving a service @ 31 st March		9	

5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	1
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	1
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return)	31
	Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	
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 direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	532 MH 12 MH Young Carers 42 CAMHS 2 CAMHS Young Carers Total 588
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – Mental Health and CAMHS

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection 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	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period	270
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
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 – 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														
9.1	<div>Total Number of Assessments made by ASWs under the MHO</div> <table><tr><th>POC</th><th>2024/2025</th></tr><tr><td>Mental Health</td><td>294</td></tr><tr><td>Intellectual Disability</td><td>7</td></tr><tr><td>Older Persons Services</td><td>11</td></tr><tr><td>PH&D</td><td>1</td></tr><tr><td>CAMHS</td><td>18</td></tr><tr><td>Total</td><td>331</td></tr></table> <div>Note: 258- DETAINED 59-ALTERNATIVE CARE PLAN 14-VOLUNTARY ADMISSION</div>	POC	2024/2025	Mental Health	294	Intellectual Disability	7	Older Persons Services	11	PH&D	1	CAMHS	18	Total	331	331	N/A
POC	2024/2025																
Mental Health	294																
Intellectual Disability	7																
Older Persons Services	11																
PH&D	1																
CAMHS	18																
Total	331																
9.1.a	<div>Of these how many resulted in an application being made by an ASW under (Article 5.1b)</div> <table><tr><th>POC</th><th>2024/2025</th></tr><tr><td>Mental Health</td><td>223</td></tr><tr><td>Intellectual Disability</td><td>7</td></tr><tr><td>Older Persons Services</td><td>10</td></tr><tr><td>PH&D</td><td>1</td></tr><tr><td>CAMHS</td><td>17</td></tr><tr><td>Total</td><td>258</td></tr></table>	POC	2024/2025	Mental Health	223	Intellectual Disability	7	Older Persons Services	10	PH&D	1	CAMHS	17	Total	258	258	N/A
POC	2024/2025																
Mental Health	223																
Intellectual Disability	7																
Older Persons Services	10																
PH&D	1																
CAMHS	17																
Total	258																
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	3	N/A														
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	YES															

	steps to inform the nearest relative at least 7 days prior to discharge.	
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Use of Doctors Holding Powers (Article 7)

9.2	How many times did a hospital doctor use holding powers?	73
9.2a	Of these, how many resulted in an application being made?	59

ASW Applicant reports

9.3	Number of ASW applicant reports completed	331
9.3.a	<p><i>Confirm if these reports were completed within 5 working days</i></p> <p>31 not submitted within 5 working days standard.</p> <p>During this reporting period, the Trust daytime Approved Social Work rota has been supported by three bank staff members. All late reports referenced in this submission are attributable to bank staff.</p> <p>Improvement plans are underway to enhance compliance with reporting timescales. These include ongoing supervision, performance monitoring, and tailored IT support. Additional bespoke Encompass training has been provided to the whole ASW team to address the challenges associated with the new system, particularly in relation to uploading assessments.</p> <p>Initial improvements have been observed, and shift patterns have been adjusted to allow sufficient time for report completion within the expected five-working-day timeframe.</p> <p>Should there be no significant and sustained improvement by September 2025, the continued use of bank staff members will be reviewed.</p>	NO

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>	N/A

Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients CAMHS: 4 applications ADULT MENTAL HEALTH ONLY: 70 patient applications, 16 applications made by solicitor, 3 by the Trust and 3 by the DoJ.	TOTAL 4 92
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Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	3
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)	2
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	
	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	8
9.7.a	Number of Approved Social Workers removed during period	3
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	43

9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training • ASW Supervision and Support 	SEE PAGE 42
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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>YES</p> <p>There were 17 young people under 18 years detained for assessment under the MHO during the reporting period.</p> <p>4 patients under 18yrs were subject to a Mental Health Review Tribunal;</p> <ul style="list-style-type: none"> one was an automatic tribunal due to patient being under 16 years and having been detained for one year one patient withdrew application before hearing one patient was regraded to voluntary status before hearing one patient was regraded to voluntary status as a result of the MHRT hearing 	
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>Delays in assessment of financial capacity by consultant psychiatrist: 6</p> <p>Delays in referral to OCP being processed due to back log: 4</p>	14

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	
	(b) Treatment as an out patient	1
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0

9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	0
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9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	YES
9.20	Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No	YES

	If no, please provide brief explanation of action taken	
9.21	Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	YES

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	YES
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	YES

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will

		source from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	YES
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No If no, please provide brief explanation of action taken	YES
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	YES
Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	YES
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	YES

9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	YES
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	YES

Live Cases (during the year) (to be collected from 2022/23 onwards)		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	YES

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	YES
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No	YES

	If no, please provide brief explanation of action taken	
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Rule 6 reports and participation at hearings when required (to be collected from 2022/23 onwards)		
9.42	<p>Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No</p> <p>If no, please provide brief explanation of action taken</p>	YES
9.43	<p>(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No</p> <p>If no, please provide brief explanation of action taken</p>	YES
9.44	<p>Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No</p> <p>If no, please provide brief explanation of action taken</p>	

Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?
<p>Encompass implementation has brought challenges in respect of the MCA build, with the team not being set up initially as a separate programme of care and use of duplicate forms. Through initial use of ‘draft’ forms, which have only recently developed into ‘final’ forms, where information can be fed into the MCA dashboard. Encompass are addressing this through optimisation which will enable report build.</p>

SF Addendum Approved Social Worker Quality Standards – BHSCT ASW DAYTIME SERVICE

ASW ¹ QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT				Note those areas which have been 'shaded out' will be completed by the			
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
1. Each Trust shall operate an Approved Social Worker (ASW) rota for admissions for assessment under the Mental Health (NI) Order 1986 and, on full implementation of the Mental Capacity Act (2016), for short term detention authorisations that originate in a community setting. The rota	Achieved						Steph Kerr

¹ ASW Quality Standard 2.6 Each Trust must report on compliance with these ASW Quality Standards in the DSF report on an annual basis.

ASW ¹QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT

Note those areas which have been 'shaded out' will be completed by the

Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
should operate Monday – Friday, 9am – 5pm							
2. ASWs should be based in a hub with each other, away from their usual workplace when they are on duty on this rota. Trusts may need to operate a number of hub sites to allow for geographical spread but should ensure that there are at least two ASWs on duty on each hub site	Achieved						Steph Kerr
3. ASWs in practitioner, non-management	Achieved						Steph Kerr

ASW ¹QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT

Note those areas which have been 'shaded out' will be completed by the

Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
roles should spend no more than 10% of their time on ASW specific duties. Specific duties include assessments for admission and recommendations, authorisations and renewals for guardianship under the Mental Health (NI) Order 1986. They also include Short-term Detention Authorisations and Trust Deprivation of Liberty Panel membership		Not achieved					Steph Kerr

ASW ¹QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT

Note those areas which have been 'shaded out' will be completed by the

Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
under the Mental Capacity Act (2016). Time for the ASW Practice Assessor role is also included. Time for ASW professional development and supervision is not included				Practice assessor role is additional to substantive posts and paid as overtime. Also require higher number of practice assessors numbers of ASW's being trained each year has increased to meet demand.	Staff volunteer for the role and payment for same.	In place currently	
4. ASWs at more senior grades should participate in ASW duties at a frequency to be determined locally but sufficient to	Achieved						Steph Kerr

ASW ¹QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT

Note those areas which have been 'shaded out' will be completed by the

Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
allow them to maintain active ASW status and to understand practice issues. As a minimum, ASWs should fulfil an ASW legislative function on two occasions in any twelve month period.							
5.An ASW at Band 8A or above should be on call for advice and support to those on the rota.	Achieved 9-5pm. 5-9pm there are 3 x band 8A on call on 3 weeks out o					In place currently	Steph Kerr
6. Number of ASWs per HSCT	40						Steph Kerr
7. Each Trust must have a live ASW workforce	Achieved						Steph Kerr

ASW ¹QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT

Note those areas which have been 'shaded out' will be completed by the

Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
plan which includes recruitment, training and retention requirements. The plan must be renewed annually and progress against the plan							
8.Trusts should ensure that there are some ASWs working in each programme of care. The numbers in each programme should be based on the proportion of service users likely to require ASW input.	Achieved			Nominations are forwarded to all programmes for consideration and promotion.			Steph Kerr

ASW ¹ QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT				Note those areas which have been 'shaded out' will be completed by the			
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
9.Trusts should also run an ASW rota service during normal working hours for short term detention authorisations originating in acute/general hospital settings. It is recommended that this service is staffed by the hospital social work service	Achieved						Steph Kerr
10.The Regional Emergency Social Work Service shall operate an ASW service outside normal working hours	TO BE COMPLETED BY BHSCT ONLY RESW REPORT						

ASW ¹ QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT				Note those areas which have been 'shaded out' will be completed by the			
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
11.The RESWS Consortium should develop and maintain a protocol which details the collaborative arrangements between daytime and out of hours services for ASW service delivery. This protocol should be based on the premise that where possible, ASW service delivery within normal working hours should be provided by staff contracted to work	TO BE COMPLETED BY BHSCT ONLY RESW REPORT						

ASW ¹QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT

Note those areas which have been
'shaded out' will be completed by the

Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
within those hours and out of hours ASW service delivery should be provided by staff contracted to work outside normal working hours. However, the protocol must also recognise the potential importance of continuity for the service user on some occasions and it must be sufficiently flexible to accommodate this need. The protocol should also include arrangements for							

ASW ¹ QUALITY STANDARD 1 WORKFORCE PLANNING & MANAGEMENT				Note those areas which have been 'shaded out' will be completed by the			
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
information sharing, recording, data collection, ASW training needs, ASW support arrangements and lone working.							
12. There should be a regionally agreed job description for the ASW part of any post.	COMPLETED (DoH)						

ASW QUALITY STANDARD 2 ASW GOVERNANCE							
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
1. The responsibility for the ASW service sits with the	Achieved						Tracy Reid

ASW QUALITY STANDARD 2 ASW GOVERNANCE							
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
Executive Director of Social Work.							
2.This responsibility may be delegated to a practising ASW at Band 8B (or above) level who should lead for the Trust and all programmes of care on the delivery of these quality standards.	Achieved						Steph Kerr
3. This person should be supported by one practising ASW at Band 8A (or above) level in each programme of care where	Achieved						Steph Kerr

ASW QUALITY STANDARD 2 ASW GOVERNANCE							
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
ASWs are required.							
<p>4. The Band 8B (or above) staff member is responsible for ensuring that arrangements are in place to involve service users and carers in all aspects of the Approved Social Work service.</p> <p>This should include methods to hear and learn from service user and carer experience of the ASW service, the use of service user/carers</p>	Achieved		Service user consultant involved in ASW training programme.				Steph Kerr

ASW QUALITY STANDARD 2 ASW GOVERNANCE							
Quality Standard	Achieved	Not Achieved	Achieved In Part	Explanation	Action	Timescale	Lead
expertise in training and development and the inclusion of service user/carer representatives on ASW management fora.							
5. The Band 8B (or above) staff member is responsible for ensuring that arrangements are in place in the Trust to appoint ASWs.	Achieved						Steph Kerr

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
1.A regional ASW training	TO BE COMPLETED						

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
programme should be managed by a Joint Management Group (JMG) on behalf of the five Health and Social Care Trusts. Individual JMG members are nominated by and represent their employing organisation. There must be a representative from each Trust, the HSCB, QUB, the NISCC and the DoH.	BY JMG ONLY						
2. Chairing of the group should be agreed by the members.							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
3.The J.M.G is responsible for: • All policies, procedures and protocols to ensure the smooth running of the programme. • Ensuring that all policies, procedures and protocols comply with legislation and departmental guidance. • Ensuring NISCC (Northern Ireland Social Care Council) regulations are adhered to. • Communicating with Trusts and Queen's							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
University Belfast. • The appointment of an external assessor who will produce an annual report. • Completing an annual quality assurance return to NISCC. • The appointment of an assessment panel. • The appointment of a quality assurance group which must include representatives from all five Trusts, QUB and service user and carer representation. This group							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
<p>should present an annual report to the JMG. • Monitoring of all aspects of the training programme taking into account feedback from candidates, practice assessors and professional supervisors. • Consideration of all appeals, complaints and terminations and the establishment of appropriate panels, as required. • The appointment, supervision and</p>							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
<p>support of a programme coordinator and administrative support staff. • The publication of an annual ASW training programme handbook which details the requirements of the programme. • Health and Social Care Trust representatives on the JMG must fulfil the following additional responsibilities:</p> <p>7 Ensure that appropriate arrangements are in place in</p>							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
the Trust for the selection and nomination of candidates and practice assessors and that these comply with the programme's requirements. Ensure that appropriate and sufficient resources are sought and allocated to support candidates in their participation and completion of the training programme. Ensure that appropriate support is							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
available to practice assessors and assessment panel members in their support of candidates and assessment roles. Inform the Trusts of assessment outcomes							
4.The Northern Ireland Social Care Council is responsible for approving and monitoring the content of the ASW training programme and its accreditation as meeting all nine requirements of the Northern							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
Ireland Specialist Award in the Professional in Practice Framework							
5. Each of the five Trusts must nominate at least one Approved Social Worker to an assessment panel.	Achieved						Steph Kerr
QUB must also nominate academic staff to the panel who have been trained as ASWs or the equivalent in another jurisdiction.	Achieved						QUB
	Achieved						JMG

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
The Assessment Panel must be appointed by and accountable to the Joint Management Group. It must provide an annual report to the JMG. The Panel is responsible for the assessment of all work submitted by candidates. Two members of the Assessment Panel, one agency and one academic member, will jointly assess all work and agree an assessment outcome. Where							

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
agreement between assessors is not achieved, the Chair of the Panel will appoint a moderator.							
6.Each Trust is responsible for the development and delivery of professional development training for qualified ASWs. Each qualified ASW must complete at least twelve hours training in every three year period.	Achieved						Regional ASW programme Angela Donnelly
7.The ASW programme should keep a	TO BE COMPLETED						

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
regional list of all trained ASWs.	BY JMG ONLY						
8.If an ASW, who has not been recently active, is due to return to ASW practice, a plan should be agreed between them and their ASW supervisor to determine what refresher training and support is required. This could include attending taught elements of the regional ASW programme, shadowing opportunities or attendance at ASW	Achieved						Operational Managers/ ASW service (Steph Kerr)

ASW QUALITY STANDARD 3 ASW TRAINING							
Quality Standard	Achieved	Not Achieved	Achieved in Part	Explanation	Action	Timescale	Lead
professional development training. The actions laid out in the plan must be completed before the ASW may resume active practice. This same plan should be agreed for any staff member entering the ASW workforce who has carried out a role similar to that of an ASW in another jurisdiction.							

ASW QUALITY STANDARD 4 ASW SUPERVISION & SUPPORT						
Quality Standard	Achieved	Not Achieved	Explanation	Action	Timescale	Lead
1.Each ASW must have a written work plan which should detail the arrangements for their ASW duties and agree the workload plan necessary to allow them to fulfil this role. The work plan should include any requirements for giving and receiving supervision, being a practice assessor for the ASW course, being a member of the ASW assessment panel or Joint Management Group. This work plan should be	Achieved					Operational leads and ASW supervisors

ASW QUALITY STANDARD 4 ASW SUPERVISION & SUPPORT						
Quality Standard	Achieved	Not Achieved	Explanation	Action	Timescale	Lead
signed and agreed by the ASW, the ASW's line manager and the ASW lead for the programme of care.						
2. Each ASW must have a written supervision agreement which should detail the arrangements for ASW specific supervision. If possible, this should be provided by their line manager where the manager is a practising ASW. If not, a separate ASW supervisor in a management/more	Achieved					ASW supervisors

ASW QUALITY STANDARD 4 ASW SUPERVISION & SUPPORT						
Quality Standard	Achieved	Not Achieved	Explanation	Action	Timescale	Lead
senior post should be appointed.						
3. Each ASW must receive individual ASW supervision every four months and more often at either party's request.	Achieved					ASW supervisors
4. In addition, each ASW must attend either group supervision/peer supervision or a group learning opportunity once every six months.	Achieved					ASW supervisors
5. Each Trust must agree a lone working protocol for its ASWs which addresses their specific needs for support and backup if required.	Achieved					Steph Kerr

ASW QUALITY STANDARD 4 ASW SUPERVISION & SUPPORT						
Quality Standard	Achieved	Not Achieved	Explanation	Action	Timescale	Lead
6. Newly qualified ASWs should have the opportunity to shadow experienced ASWs on a minimum of two occasions before undertaking a legislative function by themselves.	Achieved					Steph Kerr
7. Each Trust should ensure that any excess hours worked by ASWs can be compensated by TOIL, preferably on the next working day but if this is not possible, within five working days. However, as per the Working Time Directive, ASWs	Achieved					Steph Kerr/operational managers

ASW QUALITY STANDARD 4 ASW SUPERVISION & SUPPORT						
Quality Standard	Achieved	Not Achieved	Explanation	Action	Timescale	Lead
must have eleven hours of an uninterrupted break from the end of one shift to the start of another. Trusts should encourage the use of TOIL rather than overtime payments to ensure that ASWs do not work excessive hours without sufficient rest periods.						



**ADULT COMMUNITY & OLDER
PEOPLES SERVICE**

2. PROGRAMME OF CARE SUMMARY

Adult Community Older People Service

2.1 Named Officer responsible for professional Social Work

Mrs Janine Gordon is the Divisional Social Worker and named professional officer for social work and social care in the Division of Adult Social Work Services, Community Nursing and Intermediate Care Services (responsible areas include Community, Acute and Sub-Acute Hospitals)

Mrs Grace Reihill is the Divisional Social Worker and named professional officer for social work and social care in ACOPS Division of Adult Social Care and Community MDT's (Encompassing Community Mental Health Services for Older People, Adult Protection Gateway Service, Physical and Sensory Disability Services, Commissioned Services Care Home Placement Team (formerly CREST), Connected Community Care, Primary MDT Social Work Service and Homecare Services).

Mr Colin McMullan is the Interim Director of Adult Community and Older People's Services. He is supported by the Collective Leadership Teams for each of the divisions and has the responsibility and accountability for the operational delivery of statutory functions by the Directorate. Each collective leadership team is made up of a Co-Director, Divisional Social Worker and Divisional Nurse.

Accountability Arrangements

There remains an unbroken line of professional accountability for social work, from the individual social work practitioner to the Divisional Social Worker and through to the EDSW of Social Work, who reports to the Chief Executive and to the Trust Board.

Please see organisational structure diagram on page 94.

Highlight any vacancies and the action taken to recruit against these.

There has been a stabilising of Community Social Work staff group, in this reporting period, at Band 7 and above, with permanent recruitment and a reduction in the numbers of staff in expression of interest posts.

Current vacancies for Social Work leadership posts:		
SERVICE	Banding X WTE	UPDATE
HSW	8 B SM X 1	EOI (recruitment process underway for permanent appointment)
	8 A ASM X 2	1 X vacancy in recruitment process and 1X EOI.
	Band 7 SP X 2	2 X EOI (covering staff absence and vacant post)
APGT	8 A ASM X1 7 SP X 2	EOI and recruitment process underway Filled on temporary basis and recruitment process underway
<p>There are 27 Band 5/6 social work vacancies across the Division.</p> <p>These are outlined with attendant actions in 2.2.</p>		
2.2	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.</p> <p>The Trust recognises the importance of retaining staff in the provision of timely, safe and effective care. Social Work recruitment issues are a regional challenge. Within the Trust this is being addressed by the Executive Director of Social Work, Social Work recruitment retention strategic group as well as Department of Health work streams. The Trust has implemented a workforce recruitment and retention strategy. This includes three work streams each focused on one of the following areas:</p> <ul style="list-style-type: none"> • Workforce capacity • Staff Experience • Enhancing Leadership <p>During this reporting period The Trust have focused on the retention of social work staff, implementing learning from exit interviews and developing a rolling action plan via the 'Valuing Social Work' work stream. The positive impact of reducing temporary posts and EOIs in creating stability and reducing staff turnover within teams is recognised</p>	

with recruitment to permanent posts at all levels within the structure. The risks in regard to workforce capacity in the Social Care Workforce remain on the Trust's Board Assurance Framework.

The organisational chart indicates the increase in permanent positions filled at Band 7 and above and the stability of this staff group. In collaboration with the Trust Workforce Learning Development and Improvement Team and external providers a bespoke programme of training and workshops has been developed to support, strengthen and enhance the leadership and management skills within this staff group. Further training opportunities focussing on staff health and well-being and strengthening team resilience has been offered to all social work staff with early positive outcomes achieved.

Provision of formal monthly supervision in line with the Regional Staff Supervision Policy is a vital part of ensuring safe and effective practice, staff development and retention. This has been a key focus in the service area with improved compliance recorded.

The Trust continues to implement Work Life balance policies and is developing a Voluntary Transfer Policy to support staff retention.

The development of a strategy for recruitment of international staff is another positive contribution to expanding the workforce.

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

SERVICE AREA	BANDING	WTE VACANCIES	PLANS TO ADDRESS
CSW	5/6	14	Regional recruitment and bespoke recruitment activity
CMHOPT	5/6	1	Requisition raised and post covered on temporary basis
CHPT	6	4.5	Non-designated posts-no SW vacancies
HSW	5/6	3	3 x Requisitions raised April 2025
Palliative care and Oncology	5/6	0.5	Re-configuration of service ongoing.
APGT	6	3	Filled on a temporary basis while recruitment process under way.

	Intermediate Care Service	5/6	1	Recruitment completed and SW commencing April 25
	<p>The overall percentage vacancy rate is 13.6 % There are no vacancy control systems in place.</p>			
2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework</p> <p>YES</p> <p>Compliance with the Regional Supervision Framework has improved significantly in this service area with an annual compliance figure of 92% in this reporting period for Community Social Work and Hospital Social Work.</p>			
2.4	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <p>Data provided is a combination of local manual counts, finance data and electronic sources (drawing from PARIS and ENCOMPASS.) Prior to Go-Live the Trust had reports available on Statutory Functions; which had been validated with assurances available for the accuracy of figures. The robustness of the data for this year's report should be considered with caveats around the accuracy and validation of reports from Encompass. This has been a challenge across the divisions.</p> <p>There is work on-going with Encompass in relation to being able to deliver the operational data required for the Statutory Functions report in the future. Staff continue to adapt and navigate a new system which has impacted on the pace of work undertaken by the teams. Despite challenges there is evident commitment from staff to use the system effectively and there has been progress in the understanding of new pathways and processes. Staff have actively engaged in developing work streams and revised Standard Operating Procedures. The Trust have developed Skills, Learning, Innovation and Knowledge (SLIK) labs to provide bite size sessions and to support end user competence and confidence.</p> <p>The accuracy in reporting of carers assessments offered, completed and declined remains a challenge. A clear pathway for recording and Standard Operational Procedures were operationalised in December 24. There continues to be underreporting concerns. The division continues to validate data to ensure that end-user staff are following procedures to support accuracy of reporting.</p>			

	<p>In respect of Carers assessments Declined this is not reportable currently via the Encompass system. Recording carers assessments declined is complex and time-consuming. There is work ongoing with ENCOMPASS to streamline this process for the end-user. This should impact positively on future reporting.</p> <p>Reporting on Article 15 has posed a challenge as there appears to be an under-report which has yet to be understood and resolved. Development and implementation of the standing operating procedure for the end user to reliably enter the data is ongoing. The issues are similar in the recording of referrals to the Office of care and Protection. Both figures in this report are a manual count.</p> <p>To date Encompass has not provided the anticipated improvement in data around Care Management standards and the reporting of annual review targets. It is hoped that with the implementation of Standard Operating procedures from December 2024 there will be an improvement in the data, in the interim assurances are provided through a manual count.</p> <p>Given the issues outlined in this report regarding Encompass the Trust notes assurance of data is limited and is consequently rated amber.</p>
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2.5	<p>Programme of Care to advise of numbers of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trusts discharge of their statutory functions (please complete table below).</p>																		
	<table border="1" data-bbox="330 573 1335 1025"> <thead> <tr> <th></th><th><i>Number</i></th></tr> </thead> <tbody> <tr> <td>Serious Adverse Incidents</td><td>3</td></tr> <tr> <td>Domestic Homicide Reviews</td><td>0</td></tr> <tr> <td>Case Management Reviews</td><td>1</td></tr> <tr> <td>Mental Health Review Tribunals</td><td>0</td></tr> <tr> <td>Judicial Reviews</td><td>0</td></tr> <tr> <td>Audits</td><td>2</td></tr> <tr> <td>RQIA Inspections</td><td>0</td></tr> <tr> <td>RQIA Enforcement notices – Failure To Comply Notices</td><td>0</td></tr> </tbody> </table> <p><u>Judicial Review – Continuing Health Care:</u></p> <p>There was a well- publicised Judicial Review in 2023 in relation to Continuing Health Care (CHC). The Court of Appeal heard the appeal lodged by Department of Health in November 2024. That judgement was appealed by the Commissioner for Older People who sought an appeal in the Supreme Court, however this application was denied on 25 March 2025. These lengthy court proceedings have meant that the development of revised policy and procedures in respect of Continuing Health care remains on hold.</p> <p>Independent Case Review BHSCT23-956</p> <p>An Independent case review was commissioned by the Division with the final report submitted 24 March 2025. This was an independent review of the services, treatment and care of a service user following discharge from hospital until deceased, to examine if all elements of the package delivered by the Trust were implemented effectively. The review found failings in the management and coordination of services in the community (specifically Community rehabilitation services and community social work) and management and coordination of Treatment and Care. The Division awaits further information about the learning outcomes and recommended actions in respect of communication.</p> <p>BHSCT/SAI/22/017</p>		<i>Number</i>	Serious Adverse Incidents	3	Domestic Homicide Reviews	0	Case Management Reviews	1	Mental Health Review Tribunals	0	Judicial Reviews	0	Audits	2	RQIA Inspections	0	RQIA Enforcement notices – Failure To Comply Notices	0
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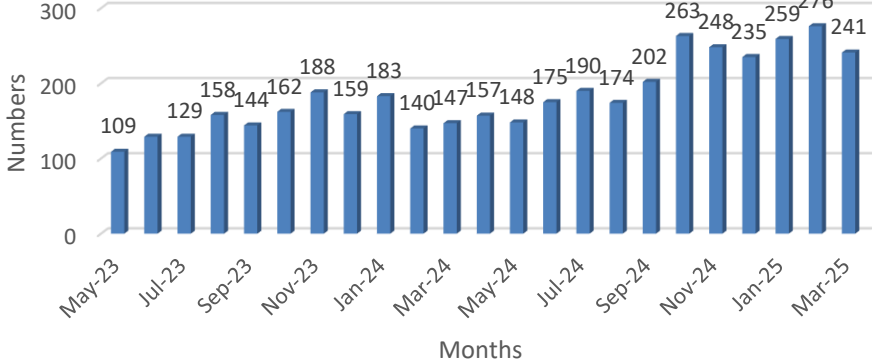
	<p>Failure to identify the trend in a care home resident's increased falls was a missed opportunity for possible intervention. Given the evident deterioration a care review should have been convened. Supervision support to reflect on learning identified has been provided.</p> <p>BHSCT/SAI/23/104 Communication between private care providers and the commissioning Statutory team (key worker) is essential when managing falls and falls risk. A Shared Learning Letter will be developed regarding appropriate timescales for review of placement and the consideration of high risk falls as a priority when determining review timescales.</p> <p>BHSCT/SAI/23/089 An Adult safeguarding referral (APP1 form) should have been raised when concerns were realised that a Care Home failed to recognise a deteriorating resident as it would have provided a framework to ensure the safeguarding of other residents. Supervision support to reflect on learning identified has been provided,</p> <p>Audit of Agency Tracker To ensure that all agency social care staff employed in the Trust have Access NI checks and NISCC registration (where applicable) the Trust have developed an assurance process to track agency social care staff, where they are employed and to seek assurance that all necessary checks have been completed. The Trust undertook an internal audit across all programmes of care where social care agency staff are employed to seek assurance that the process is in place and all necessary checks are completed and recorded.</p> <p>The Trust notes a 97.3% compliance rate, with Older People's services evidencing 100% compliance,</p> <p>Within the next reporting period the Trust will be seeking 100% compliance across all service areas with the following improvement plan in place;</p> <ul style="list-style-type: none"> • System of reminder emails established by the social work and social care governance lead • Attendance of social work and social care governance led at manager's forums as required. <p>Audit of NISCC registration compliance and Fitness to Practice Timescales Within this reporting period the Trust has undertaken an audit of of NISCC registration compliance (fee payment and renewal) across social work and social care. This identified barriers to maintaining</p>
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	<p>registration as per legislative requirements and highlighted supports required for registrants. Actions arising included;</p> <ul style="list-style-type: none"> • Development of training material for line managers in how to support staff to maintain their registration • Tracking of all de-registration where staff are unable to work until they are re-registered • Audit of all staff returning from a long term absence to ensure return to work policy is implemented. <p>The Trust notes that Fitness to Practice investigations can be protracted due to the complexity of multiple systems working together. An audit of Fitness to Practice timescales has been completed to support timely conclusion of Trust investigations to enable NISCC process.</p>
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2.6 Discharge of Statutory Functions

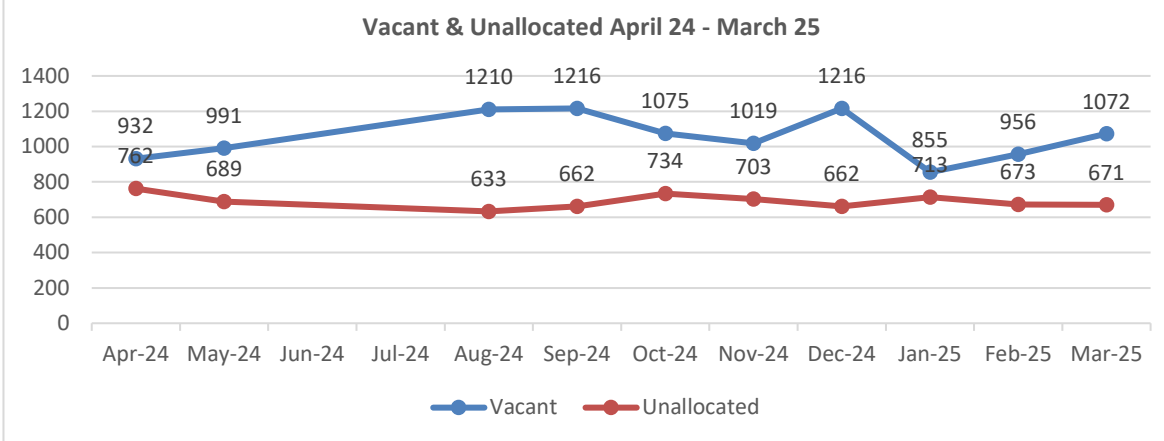
Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Safeguarding Issues	
	<p>Acuity of cases in Adult Protection Gateway Team continues to be high, with severe workforce issues consistent. Work within the Trust to encourage the recognition and awareness of adult abuse in hospital settings together with the increased media coverage, The Muckamore Inquiry and Domestic Homicide Review have all driven additional demand without any associated extra resource to manage the former. Referral rate remains consistently high, 157 April 24 to 276 in Feb 25 and 241 in March 25.</p>	<ul style="list-style-type: none"> • APGT is on the Corporate Risk Register and the risk arising from the lack of staffing resource in some areas and increasing demand for ASG training is monitored through the Trust Board Assurance Framework • SPPG Safeguarding Lead appraised of staffing challenges. • Early alert raised with Dept. of Health and SPPG, highlighting risks associated with increased activity and inadequate commissioning levels for the team. • Implementation of additional, temporary staffing from other service areas has commenced to support with investigation work, duty management and oversight of vacant and unallocated caseloads. • Vacant caseloads reviewed and RAG rated to ensure prioritisation of cases. • Daily Situational Report meeting in situ with CLT, to prioritise cases for allocation and workflow in the team. • Allocations of APP1's outside the APGT team from Community Teams across services - staff

	<div>Number of Adult Protection Referrals - April 2023-March 2025</div> <div><table><thead><tr><th>Months</th><th>Numbers</th></tr></thead><tbody><tr><td>May-23</td><td>109</td></tr><tr><td>Jun-23</td><td>129</td></tr><tr><td>Jul-23</td><td>158</td></tr><tr><td>Aug-23</td><td>144</td></tr><tr><td>Sep-23</td><td>162</td></tr><tr><td>Oct-23</td><td>188</td></tr><tr><td>Nov-23</td><td>159</td></tr><tr><td>Dec-23</td><td>183</td></tr><tr><td>Jan-24</td><td>140</td></tr><tr><td>Feb-24</td><td>147</td></tr><tr><td>Mar-24</td><td>157</td></tr><tr><td>Apr-24</td><td>148</td></tr><tr><td>May-24</td><td>175</td></tr><tr><td>Jun-24</td><td>190</td></tr><tr><td>Jul-24</td><td>174</td></tr><tr><td>Aug-24</td><td>202</td></tr><tr><td>Sep-24</td><td>263</td></tr><tr><td>Oct-24</td><td>248</td></tr><tr><td>Nov-24</td><td>235</td></tr><tr><td>Dec-24</td><td>259</td></tr><tr><td>Jan-25</td><td>276</td></tr><tr><td>Feb-25</td><td>241</td></tr><tr><td>Mar-25</td><td>241</td></tr></tbody></table></div>	Months	Numbers	May-23	109	Jun-23	129	Jul-23	158	Aug-23	144	Sep-23	162	Oct-23	188	Nov-23	159	Dec-23	183	Jan-24	140	Feb-24	147	Mar-24	157	Apr-24	148	May-24	175	Jun-24	190	Jul-24	174	Aug-24	202	Sep-24	263	Oct-24	248	Nov-24	235	Dec-24	259	Jan-25	276	Feb-25	241	Mar-25	241	<p>engagement has been low due to industrial action – these service areas are supported with DAPO consultations to aid communication and discussion re: case complexities</p> <ul style="list-style-type: none">Stabilisation of workforce remains a priority – Interviews for band 6, 7, 8a and 8b post in the team have taken place and band 7 staff recruited have now taken up the positions. Service Manager (8b) post commencing role in April 25.The Trust has approved additional band 7 (3) DAPO posts and band 6 (1.5) IO posts – currently in process with recruitment. These posts are funded ‘at risk’ and a request for funding will be progressed with SPPG in the next reporting period.Action Plan in place to progress vision for the service and improve governance and oversight.
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	<p><u>Compliance with the Care Management Circular HSC (ECCU) 1/2010</u></p> <ul style="list-style-type: none">The number of outstanding reviews demonstrates a chronic position and it remains an area of concern across the service area.In March 2025, there were 1861 outstanding annual reviews in the Older Peoples Community Social Work service. This represents a compliance figure of 44%. <p>This is a continued position over the year taking into account the preparation for and transition to the Encompass system amidst other competing demands. The data comes with the caveat that calculating this figure has been impacted by the transition to</p>	<p><u>Compliance with the Care Management Circular HSC (ECCU) 1/2010</u></p> <p>In order to address compliance with Care Management Circular within Older People’s Service Community Social Work:</p> <ul style="list-style-type: none">Active recruitment into vacant posts and use of Bank SW as an interim measure and a bespoke recruitment event also took																																																

	<p>Encompass and the need for a manual count. We are unable to present full year data due to reporting issues and can only present manual data for three months.</p> <table><tr><th></th><th>SU Requiring Review</th><th>Statutory Review In Date</th><th>% Compliance</th></tr><tr><td>Dec-24</td><td>3157</td><td>1503</td><td>48%</td></tr><tr><td>Feb-25</td><td>3397</td><td>1421</td><td>42%</td></tr><tr><td>Mar-25</td><td>3348</td><td>1487</td><td>44%</td></tr></table>		SU Requiring Review	Statutory Review In Date	% Compliance	Dec-24	3157	1503	48%	Feb-25	3397	1421	42%	Mar-25	3348	1487	44%	<p>place. Maximise potential of graduate recruitment.</p> <ul style="list-style-type: none">• Additional hours and overtime offered across the Directorate to focus on completion of reviews• Weekly Sit-rep in place to enhance oversight and assurance• Ongoing transfer of casework to Care Home Placement Team (CHPT) is expected to improve capacity within community social work to complete reviews and allocation of casework.• Compliance with annual review targets remains on the Division's Risk Register• Recent Department of Health guidance issued on the agreement that Statutory Annual Reviews may be undertaken by unqualified staff in non-complex cases. The implementation of this guidance should impact positively on the review rate as the SW resource has not been adequate to meet the demand. The discussions with Trade Unions is on-going to take this forward.
	SU Requiring Review	Statutory Review In Date	% Compliance															
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	<p>Care Home Placement Team (CHPT)</p> <p>Statutory Annual Review</p> <p>The number of outstanding reviews continues to improve within the CHPT at the end of March 2024 there were 455 outstanding annual reviews in the team. At the end of Sept 24, overall compliance was 81% with 271 outstanding reviews. There continues to be an improvement in the number of outstanding reviews at the end of</p>	<p>Care Home Placement Team (CHPT)</p> <p>Statutory Annual Review</p> <ul style="list-style-type: none">• Compliance with annual review remains on the Division's Risk Register for the Care Home Placement Team. Given the significant and sustained improvement;																

	<p>February 2025, overall compliance 87% (186 outstanding reviews), this figure remains unchanged at the end of March 2025, 87% overall compliance.</p>	<p>consideration is being given to removing this from the Trust Risk Register</p> <ul style="list-style-type: none"> Continued monthly data return reporting to DSWs. Active transfer of cases between Community Social Work and CHPT, as well as implementing a target for minimum number of cases transferred per month to progress flow remains in place
	<p>Unallocated and Vacant caseloads on Older People Services (OPS)</p> <p>1) Community Social Work</p> <ul style="list-style-type: none"> Across Older Peoples Community Social Work service there are a significant number of service users, who either do not have an allocated keyworker (vacant caseloads due to staff leaving or on long term sick/maternity leave) or are unallocated cases new referrals into service and awaiting allocation (waiting list). As a result, those screened to be at highest and medium risk are prioritised. Older Peoples Community Social Work – in March 2025 there were 671 unallocated cases (new referrals awaiting action – a reduction from 762 last year) and 1072 service users on vacant caseloads needing reallocation due to staff absence or vacancies. Total 1743 (March 24 Total: 2023) 	<p>Unallocated and Vacant caseloads.(OPS)</p> <p>The Trust have considered other service models regionally as part of service model review which is currently taking place. The Trust is reviewing existing workforce to maximise capacity and the potential of skills mix. This review has been delayed due to Encompass implementation.</p> <ul style="list-style-type: none"> Progress continues in Community Social Work to stabilise and recruit to posts at all levels in the Division. The focus to recruit at Band 5/6 will impact on allocation of cases. It is anticipated that increased staffing will improve compliance. On-going case transfer from Community Social Work to CHPT creates capacity to reduce waiting lists and allocate vacant cases. An action plan is in place between CSW and



CHPT to ensure active transfer of cases and implementing a target for minimum number of cases transferred per month to progress flow. This plan will lead to greater assurance and oversight. As noted this process has been impeded due to competing pressures but remains an area of focus.

2) Care Home Placement Team

CHPT - Unallocated Cases

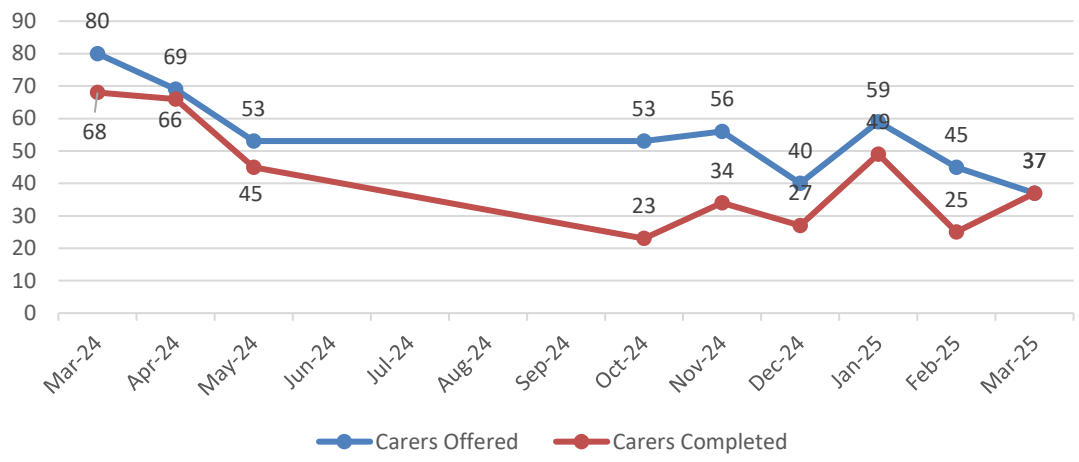
Throughout this reporting period, there has been an improving picture in the reduction of unallocated cases in the Care Home Placement Team (CHPT). At the end of Sept 24, 449 were unallocated equating to 32 % of total caseload (1410). This remained relatively unchanged from March 24 where 459, 34% of total caseload (1339) were unallocated. However, in December 2024 the number of unallocated cases has reduced (275), equating to 18% of total caseload (1508). At the end of February 2025 the total number of unallocated cases was 177 (inclusive of vacant caseloads (122) as per definition guidance), 13% of total caseload unallocated.

However, at the end of March 25, the number of unallocated cases has increased to 329, equating to 23% of total caseload. This is a direct result of sick leave and staff leaving post in the month of March. The Trust is continuing to optimise the new definition for

- Unallocated cases remains a priority in the Care Home Placement.
- The new definition and format for presenting the rationale for unallocated cases provides greater governance and oversight of unallocated cases.
- Action plan in place between Community Social Work for Older People and CHPT – active transfer of cases as well as

	<p>unallocated cases in the service. However, there have been some challenges with the Encompass system the Trust is working to rectify, to enable greater governance and oversight of unallocated cases.</p>	<p>implementing a target for minimum number of cases transferred per month to progress flow. This plan will lead to greater assurance and oversight regarding commissioned services.</p> <ul style="list-style-type: none">• Caseloads are RAG rated to assess risk and focus intervention based on service capacity.																																		
<p>Unmet Need (OPS)</p> <p>The number of packages and hours of unmet need have decreased in this reporting period. It is anticipated this trend will stabilise as cleansing of the unmet need continues and processes are embedded with regards critical criteria.</p> <p>Within Older People’s Community Social Work;</p> <table><tr><th>UNMET NEED</th><th>HOURS</th><th>PACKAGE NUMBERS</th></tr><tr><td>MARCH 2024</td><td>3240</td><td>623</td></tr><tr><td>MARCH 2025</td><td>2673</td><td>530</td></tr></table> <p>There is a geographical influence on the unmet need-with particular care provider shortages in South and East Localities.</p> <p>CSW Unmet Need Hours</p> <table><tr><th>Month</th><th>Hours</th></tr><tr><td>Apr-24</td><td>3212</td></tr><tr><td>May-24</td><td>2666</td></tr><tr><td>Jun-24</td><td>2320</td></tr><tr><td>Jul-24</td><td>2550</td></tr><tr><td>Aug-24</td><td>2618</td></tr><tr><td>Sep-24</td><td>3030</td></tr><tr><td>Oct-24</td><td>3211</td></tr><tr><td>Nov-24</td><td>3126</td></tr><tr><td>Dec-24</td><td>3637</td></tr><tr><td>Jan-25</td><td>2817</td></tr><tr><td>Feb-25</td><td>2816</td></tr><tr><td>Mar-25</td><td>2673</td></tr></table>	UNMET NEED	HOURS	PACKAGE NUMBERS	MARCH 2024	3240	623	MARCH 2025	2673	530	Month	Hours	Apr-24	3212	May-24	2666	Jun-24	2320	Jul-24	2550	Aug-24	2618	Sep-24	3030	Oct-24	3211	Nov-24	3126	Dec-24	3637	Jan-25	2817	Feb-25	2816	Mar-25	2673	<p>Unmet Need (OPS)</p> <ul style="list-style-type: none">• Promotion of alternative methods of meeting need under Self Direct Support i.e. Direct Payments• Arrangements and oversight for meeting identified priority need (including end of life care).• Scrutiny of unmet need and regular review ensuring that critical risk and need are identified and met.• Early Review Pilot ongoing to ensure timely review of care needs and cessation of hours where possible increasing capacity to meet those in critical need.• Review of Home Care provision with proposals for assessment and delivery of services which should address some of the un-met need concerns by increasing capacity and influencing greater equality of provision in all Trust Areas.
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<div><p><u>Carers Assessments (OPS)</u></p><ul style="list-style-type: none">• The demand for Carer’s Assessments continues to outstrip availability of qualified Social Work staff to complete and record this work.• The recording and ability to report on this area of work has been impacted by Encompass and there is concern that data available is not an accurate reflection of the numbers of Carer’s assessments offered and completed.</div>	<div><p><u>Carers Assessments (OPS)</u></p><ul style="list-style-type: none">• Ongoing engagement and prioritisation of carers referred for assessment to ensure resource targeted to those in need of support.• Contribute to the development of the Carer Strategy to advance priority areas which seek to enhance how we work with carers.• Contribution to DoH review of Carer’s Strategy• Use of Bank social work staff to complete Carer’s assessments.• Implementation of Carer’s Conversation Wheel to streamline recording and reduce recording time.</div>																											

	<p style="text-align: center;">Carers Offered & Completed</p>  <table border="1"> <thead> <tr> <th>Month</th> <th>Carers Offered</th> <th>Carers Completed</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>80</td><td>68</td></tr> <tr><td>Apr-24</td><td>69</td><td>66</td></tr> <tr><td>May-24</td><td>53</td><td>45</td></tr> <tr><td>Jun-24</td><td>53</td><td></td></tr> <tr><td>Jul-24</td><td>53</td><td></td></tr> <tr><td>Aug-24</td><td>53</td><td></td></tr> <tr><td>Sep-24</td><td>53</td><td></td></tr> <tr><td>Oct-24</td><td>53</td><td>23</td></tr> <tr><td>Nov-24</td><td>56</td><td>34</td></tr> <tr><td>Dec-24</td><td>40</td><td>27</td></tr> <tr><td>Jan-25</td><td>59</td><td>49</td></tr> <tr><td>Feb-25</td><td>45</td><td>25</td></tr> <tr><td>Mar-25</td><td>37</td><td>37</td></tr> </tbody> </table>	Month	Carers Offered	Carers Completed	Mar-24	80	68	Apr-24	69	66	May-24	53	45	Jun-24	53		Jul-24	53		Aug-24	53		Sep-24	53		Oct-24	53	23	Nov-24	56	34	Dec-24	40	27	Jan-25	59	49	Feb-25	45	25	Mar-25	37	37	<ul style="list-style-type: none"> Community Social Workers have been directed to allocate requests arising from existing cases to themselves. This should both streamline the process and increase the numbers of assessments completed. It will also provide some capacity in Bank social work staff for more urgent referrals and reducing the waiting lists for assessment.
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	<p><u>Hospital Pressures</u></p> <p>Hospital social work continues to experience an increase in the complexity of cases referred and this presents challenges to timely discharge. Increased co-morbidities associated with an ageing demographic impacts on pressure on hospital beds.</p> <p>Complexities associated with a diagnosis of delirium and dementia can delay safe discharge planning and the issue is compounded by the scarcity of care home beds for this particular service user group. The Trust notes delayed discharges can impact on service user well-being and increase carer stress. Reliance on use of interim and Extraordinary funded beds remains a feature of discharge planning.</p>	<p>There is a daily reporting and performance management system to ensure timely discharge of patients from hospital, with partnership working between acute and community services</p> <p>In addition, the Interim Director Adult, Community and Older People's Services and Allied Health Professional Services has established a QI Forum to focus across all areas of discharge and patient experience, to improve communication and information. SCiL improvement projects in this reporting period focussed on the use of 1:1 supervision in care settings and increasing the capacity of Hospital at Home.</p>																																										

Interim Executive Director of Social Work
Tracy Reid

Interim Director
Colin McMullan

Deputy Executive Director of Social Work
x2
Eileen McKay Rhoda McBride**

Divisional Social Worker
Janine Gordon

Co-Director
Catherine Collins

Interim Principal Social Worker (Band 8A)
Jayne Adair

**** Denotes in-year changes.****

Intermediate Care Service Manager
Joanne Black

1 X Band 8A

3 X Band 7**

Interim Hospital Social Work Service Manager
Cara Millen

2 X Band 8A
1 X Band 8A vacancy **

12 X Band 7

Community Social Work Service Manager
Fiona McKinney

4 X Band 8A **
(permanent positions)
1 X Band 8A**
(temporary position)

13 X Band 7
(permanent positions)
2 X Band 7 EOI

DATA RETURN 1 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

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	6960
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	3079
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	N/A	5470
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	N/A	Unable to report due to Encompass implementation
1.4	How many care packages are in place on 31 st March in the following categories:		
	vi. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	N/A	717
	vii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	N/A	1501
	viii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	11 *services users with dementia	3391
	ix. Supported Living	N/A	73
	x. Shared Lives –Adult Family Placements (long term placement) SPPG to complete		
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 and the subsequent update within Circular HSC (ECCU) 1/2021. NO		

	<p>OPS staff work holistically with service users, carers and families. They assess, care plan and review the assessed need. In the following areas limited assurances can be provided;</p> <ul style="list-style-type: none"> • Annual Statutory reviews Annual care reviews within community social work remain on the Divisions Risk Register due to non-compliance. There is weekly monitoring of the current position alongside an action plan in place to improve compliance. Work will now commence following DoH guidance that statutory reviews can be completed in non-complex cases by unqualified staff. This could impact positively on compliance. • Unmet need in Domiciliary Care There has been an overall reduction in the level of unmet need although this remains an area of focus. There continues to be scrutiny and regular review of the unmet need to ensure that critical need is met and risks are mitigated against. • Unallocated and vacant cases This is an ongoing area of focus with weekly reporting to Divisional Social Worker and Co-Director. Action plan in place which includes regular oversight of vacant cases, transfer of casework to Care Home Placement Team, maximising skill-mix where appropriate and recruitment and retention strategies to improve workforce stability. 		
1.4b	<p>Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust</p> <p>YES</p> <p>All reviews are undertaken by professionally qualified staff</p>		
1.5	Number of adults provided with a Short Break during the period.	<i>PSS/D return</i>	<i>PSS/D return</i>
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care	N/A	N/A
	- Statutory sector	N/A	649
	- Independent sector * The Trust notes a variance with the last reporting period. A reporting function on Encompass is not yet available to enable the Trust to provide this figure with greater accuracy (see 1.6a)	N/A	79

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities **These figures are significantly different from the previous reporting period. PARIS enabled reporting on the service users who were open to CSW and who attended day opportunities. A reporting function on Encompass is not yet available to allow the Trust to provide this figure. The figure provided is the total number of attendances at day opportunities and the Trust are unable to disaggregate this data further at this time	N/A	290
1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	N/A	134
	- Independent sector	N/A	Unable to report due to Encompass implementation
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	6
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - -% Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

DATA RETURN 1 Adult Community and Older People's Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

No Longer Required

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 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

DATA RETURN 1 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

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?	43	1956	6200
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	43	1956	6200
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	61	246
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

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 (no longer required)	x	x
2.2	Number of adults known to the Programme of Care who are:	X	See PSD return
	Certified severely sight impaired (Blind)	X	See PSD return
	Certified severely sight impaired (Partially sighted)	X	See PSD return
	Sight Loss	X	See PSD return
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	X	See PSD return
	Profoundly Deaf Oral / Lip Readers	X	See PSD return
	Hard of hearing	X	See PSD return
	Tinnitus (New)	X	See PSD return
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	X	See PSD return

DATA RETURN 3 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

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.	
		See PSD return
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	See PSD return
3.2	Number of assessments of need carried out during period end 31 st March.	See PSD return
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

DATA RETURN 4 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

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	79
	Total expenditure for the above payments	£5,701
4.2	Number of TRUST FUNDED people in residential care	505
4.3	Number of TRUST FUNDED people in nursing care	1008
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	493

DATA RETURN 5 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

5 CARERS AND DIRECT PAYMENTS ACT 2002

	*Please see summary 2.4 in regard to issues with Encompass and carers assessment data. Whilst there has been a reduction this year the variance in data from the last reporting period may be reflective of the data issues rather than reduced performance.	16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	356	261
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	281	215
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	x	x	x
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
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 *Whilst the number of carers assessment recorded has reduced in this reporting period due to data variance with Encompass the Trust notes this has not been reflected in the number of carers recorded as receiving a service.	0	150	105
5.5	Number of young carers offered individual carers assessments during the period.	2		
5.6	Number of young carers assessments completed during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	1		

5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	76
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	76
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	218
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	Unable to report
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	726
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

7 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
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	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period This is the ACOPS Directorate number of cases closed to adults in need of protection.	158
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
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 – Adult Community and Older People’s Services - Adult Social Work Services, Community Nursing and Intermediate Care Services & Adult Social Care and Community MDTs

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	11	N/A
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	10	N/A
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	N/A
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?	MH RETURN
9.2a	Of these, how many resulted in an application being made?	MH RETURN

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	11
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> NO Please see Mental Health Return for full breakdown of status of applicant reports. This figure is not disaggregated across service areas.	


Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed.	0

	<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	0

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	0

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	
	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	MH Return

9.7.a	Number of Approved Social Workers removed during period	MH Return
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	MH RETURN
9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training • ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADC</p> </div>	MH RETURN

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>NO</p> <p>If yes, please provide number and advise on any issues presenting</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> <p>The Trust notes that there continues to be delay in the completion of capacity assessments and all assessments are currently privately funded and facilitated.</p>	91

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		0
		0

	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	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

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	MH Return
9.20	Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No	MH Return

	If no, please provide brief explanation of action taken	
9.21	Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	MH Return

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	MH Return
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	MH Return

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source

		from DoH MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	MH Return
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No If no, please provide brief explanation of action taken	MH Return
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	MH Return

Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	MH Return
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	MH Return

9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	MH Return
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	MH Return

Live Cases (during the year) (to be collected from 2022/23 onwards)		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	MH Return

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	MH Return

9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	MH Return
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Rule 6 reports and participation at hearings when required *(to be collected from 2022/23 onwards)*

9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken	MH Return
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	MH Return
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No If no, please provide brief explanation of action taken	MH Return

Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?

MH Return



**PHYSICAL DISABILITY & SENSORY
SUPPORT SERVICE**

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- ADULT COMMUNITY AND OLDER PEOPLES SERVICE (ACOPS), DIVISION OF ADULT SOCIAL CARE AND COMMUNITY MDTs, PHYSICAL & SENSORY DISABILITY SERVICE

2.1	Named Officer responsible for professional Social Work
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Mrs Grace Reihill is the Divisional Social Worker and named professional officer for social work and social care in ACOPS Adult Social Care and Community MDT's (Encompassing Community Mental Health Services for Older People, Adult Protection Gateway Service, Physical and Sensory Disability Services, Commissioned Services Care Home Placement Team (formerly CREST), Connected Community Care, Primary MDT Social Work Service and Homecare Services).

Mr Colin McMullan is the Interim Director of Adult Community and Older People's Services. The Director of Adult Community and Older People's Services, supported by the Collective Leadership Team which comprises of the division's Co-Director, Divisional Social Worker and Divisional Nurse has the responsibility and accountability for the operational delivery of statutory functions by the Directorate.

Accountability Arrangements

There remains an unbroken line of professional accountability for social work, from the individual social work practitioner to the Divisional Social Worker and through to the EDSW of Social Work, who reports to the Chief Executive and to the Trust Board.

Please see organisational structure on page 124.

Highlight any vacancies and the action taken to recruit against these.

The Division notes 3 vacant band 6 posts at present;

- 1 x 0.8 in employment process following regional recruitment
- 1 x WTE currently in regional recruitment process
- 1 x 0.5 in scrutiny process

In addition to this there are 2 leadership roles at Band 8a currently vacant. These roles are currently fulfilled by 1 expression of interest post and 1 social work bank employee.

2.2 Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.

The recruitment and retention of staff remains a priority. Social Work recruitment issues are a regional challenge. Within the Trust, there is a Social Work Recruitment Retention Strategic Group as well as Department of Health Work streams. The Trust has implemented a workforce recruitment and retention strategy. This includes three work streams each focused on one of the following areas:

- Workforce capacity
- Staff Experience
- Enhancing Leadership

Alongside these work streams, the Trust continues to:

- Work with the regional recruitment system and Health DAQ to reduce employment process delays.
- Support social work retention programme 'valuing social work' and promote the continued momentum to promote health and well-being for social work staff
- Establish a central bank list
- Develop social work voluntary transfer policy (draft)
- Progress International Recruitment

The risks in regard to workforce capacity in the Social Care Workforce remain on the Trust's Board Assurance Framework.

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

The vacancies across the Division are detailed in the table below. There are no vacancy control systems in place.

Band	Number of WTE Vacancies	Cover Arrangements
Band 8a1 PSD	1	Filled by EOI and subject to recruitment process
Band 8a0.5 SDS	0.5	Covered 0.4 bank
Band 6	1.8	0.8 filled from regional recruitment process 1 – currently in regional recruitment process
Band 6 (CABIRT)	0.5	Post going to scrutiny

2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework</p> <p>No</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?</p> <p>The compliance rate of professional social work supervision is 82% as at the end of March 2025 across the Physical and Sensory Disability Service. Compliance rates within Physical and Sensory Disability have been impacted by staff vacancies and long-term sick leave, with an overall annual compliance rate of 76%.</p> <p>A monthly supervision exception reporting system is in place to monitor compliance on the occurrence of supervision for individual social work staff, acting as an early alert and providing assurance of provision and areas where there is non-compliance, improving governance and oversight. This is addressed directly with service managers to action through the 1/4ly DSW Senior Leaders Assurance Group and quarterly with the EDSW Supervision Oversight Group.</p> <p>A monthly early alert process escalated by the Principal Social Workers prior to the end of each month to service managers was implemented in October 2024, to advise of any issues with completion of staff supervision and any need for further support to ensure compliance and implement contingency arrangements.</p> <p>The implementation of the new regional supervision policy is ongoing and will support with increasing compliance. The service is actively engaging with the development of service area plans and individual supervision agreements. The Trust complete a yearly sample audit of the compliance with the new regional supervision policy. This will inform planning on how to support social work supervision in Trust within the next reporting period. A review of training requirements in relation to the new policy has supported improvement ensuring that refresher sessions have been targeted at new and existing staff to upskill in supervision standards.</p>
2.4	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <p>The figures provided in this report are a combination of manual and electronic sources. The robustness of the data should be viewed with caveats around the accuracy of reporting and validation from Encompass. The accuracy of reporting on Statutory Functions has been impacted by the Encompass Go-Live in June 2024 and there is</p>

	<p>a continued dedication to developing accurate reporting systems. Developmental work is ongoing on Encompass in relation to being able to deliver the operational data required for the Statutory Functions reporting from the system. This has been a challenge for the Trust as previous robust structures and mechanisms in place to quality assure and validate the data are no longer available.</p> <p>Further, as staff continue to adapt and navigate a new system, there is an acknowledgment that this has had an impact on the pace of work undertaken. Whilst this has been a challenging time there is a commitment from staff to use the system effectively and it is evident that there is development in their understanding of new pathways and processes. The Trust have developed SLIK (Skills, Learning, Innovation and Knowledge) user labs and these have proved invaluable in providing bite size sessions to support staff to feel more confident in using the system.</p> <p>The accuracy in reporting of carers assessments offered and declined remains a challenge. There were issues with migration of Carers data after Encompass Go Live, with Carers Referrals, Offered and completed not routinely recorded on Encompass until the new guidelines were operationalised in December 24. It is worth commenting that there continues to be underreporting concerns on the numbers offered and completed, which is not a true reflection of what is ongoing in terms of work with carers. The Trust continues to validate data to ensure that staff are maximising the use of Encompass at an end user level to standardise systems and accuracy of reporting.</p> <p>In respect of data set 5.2a (Carers assessments Declined) this is not reportable currently via the Encompass system and figures are not comparable to last year. This is in process of being reconfigured by the Encompass Team to support with ease of reporting and inputting of data into the system.</p> <p>There have been challenges in the accurate reporting of data under the Chronically Sick and Disabled persons (NI) Act 1972. The figures provided in the data set 2.1 to 2.4 have been taken from the Encompass system, but are not comparable to previous years. We have become aware that not everyone registered with a sensory impairment migrated to Encompass. This is being managed operationally, with an action plan in place to manually validate information on approximately 2200 service users.</p> <p>Given the issues outlined in this report the Trust notes assurance is available but limited and is consequently rated amber.</p>
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2.5	<p>Programme of Care to advise of numbers of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trusts discharge of their statutory functions (please complete table below).</p>																		
	<table border="1" data-bbox="328 501 1337 1025"> <thead> <tr> <th></th><th><i>Number</i></th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td>None completed in reporting period. 1 waiting for final approval.</td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td>0</td></tr> <tr> <td><i>Case Management Reviews</i></td><td>0</td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td>0</td></tr> <tr> <td><i>Judicial Reviews</i></td><td>2</td></tr> <tr> <td><i>Audits</i></td><td>3</td></tr> <tr> <td><i>RQIA Inspections</i></td><td>1</td></tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td><td>0</td></tr> </tbody> </table> <p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p><u>RQIA</u></p> <p>An inspection of Woodlands Day Centre highlighted that the wrong category of Access NI checks had been completed; basic rather than enhanced. This resulted in one QIP. The Division has implemented improvement plan to resolve.</p> <p><u>Judicial Reviews</u></p> <p>The Physical and Sensory Disability programme of care has been involved in two judicial reviews during the reporting year. There will be learning from each of these. In one judicial review the Trust was not found to have breached the Human Rights of a resident in a nursing home, regarding termination of a placement. There is wider learning in relation to the related aspects of the regional contract regarding this matter. There is also ongoing exploration of the use of private injunctions and the Trust's role, especially surrounding assessment of need, capacity (MCA) and Human Rights.</p> <p>The second judicial review was concerned with Trust responsibilities under the Health and Personal Social Services Order (1972) in the provision of accommodation for a service user seeking asylum. The Court found that the Trust did not have a legal responsibility and this</p>		<i>Number</i>	<i>Serious Adverse Incidents</i>	None completed in reporting period. 1 waiting for final approval.	<i>Domestic Homicide Reviews</i>	0	<i>Case Management Reviews</i>	0	<i>Mental Health Review Tribunals</i>	0	<i>Judicial Reviews</i>	2	<i>Audits</i>	3	<i>RQIA Inspections</i>	1	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0
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<i>RQIA Inspections</i>	1																		
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0																		

	<p>belonged to the Home Office. The Trust have commissioned a report from senior counsel in relation to the learning from this case, which will then be disseminated as appropriate.</p> <p><u>Audit of Agency Tracker</u></p> <p>To ensure that all agency social care staff employed in the Trust have Access NI checks and NISCC registration (where applicable) the Trust have developed an assurance process to track agency social care staff, where they are employed and to seek assurance that all necessary checks have been completed. The Trust undertook an internal audit across all programmes of care where social care agency staff are employed to seek assurance that the process is in place and all necessary checks are completed and recorded.</p> <p>The Trust notes a 97.3% compliance rate, with PS&D evidencing 100% compliance,</p> <p>Within the next reporting period the Trust will be seeking 100% compliance across all service areas with the following improvement plan in place;</p> <ul style="list-style-type: none"> • System of reminder emails established by the social work and social care governance lead • Attendance of social work and social care governance led at manager's forums as required. <p><u>Audit of NISCC registration compliance and Fitness to Practice Timescales</u></p> <p>Within this reporting period the Trust has undertaken an audit of NISCC registration compliance (fee payment and renewal) across social work and social care. This identified barriers to maintaining registration as per legislative requirements and highlighted supports required for registrants. Actions arising included;</p> <ul style="list-style-type: none"> • Development of training material for line managers in how to support staff to maintain their registration • Tracking of all de-registration where staff are unable to work until they are re-registered • Audit of all staff returning from a long term absence to ensure return to work policy is implemented. <p>The Trust notes that Fitness to Practice investigations can be protracted due to the complexity of multiple systems working together. An audit of Fitness to Practice timescales has been completed to support timely conclusion of Trust investigations to enable NISCC process.</p>
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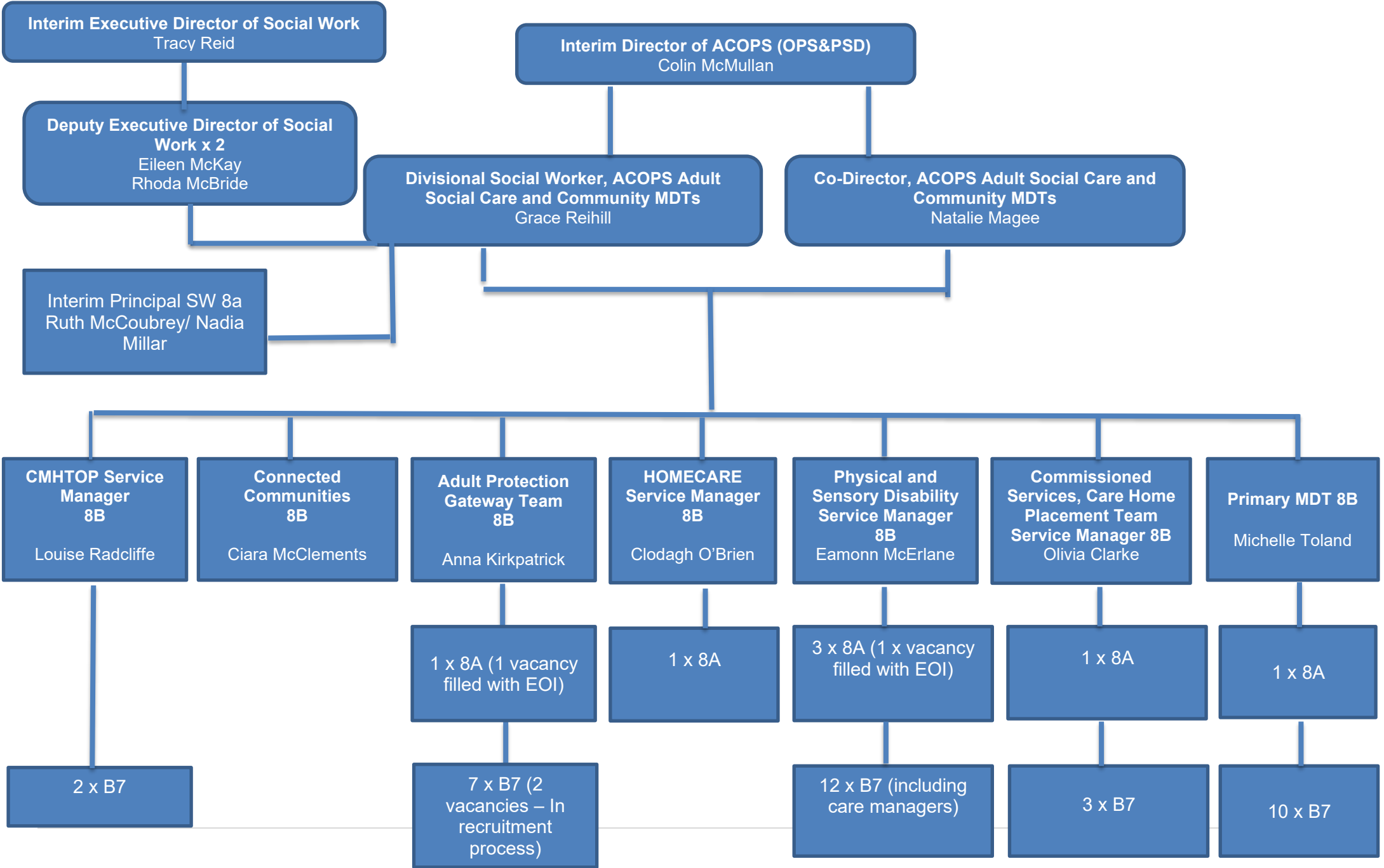
2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Physical Disability and Sensory Impairment Issues	
	<p>Unallocated cases Unallocated cases has remained a challenge within the Physical and Sensory Disability Service, with a direct correlation to workforce shortages. At the end of March 24, 361 were unallocated equating to 25% of total caseload (1430) an increase in the last quarter of the reporting period. There was some improvement noted in the reduction of unallocated cases since March 24, at the end of Sept 24 there were 169 unallocated cases, 12% of the total caseload (1369). However this figure has increased at the end of February 2025 to 366, 27% of total caseload (1337). At the end of March 2025, there were 421 unallocated cases (320 unallocated and 101 vacant) in the service equating to 30% of the total caseload (1379). This is a direct result of high referral rates, workforce vacancies, long-term sick leave and delays in case transfer from Physical and Sensory Disability Service to Community Social Work for Older People.</p>	<p>Unallocated cases</p> <ul style="list-style-type: none"> • Care Management has been in Business Continuity due to workforce shortage. • Casework is managed by the duty system and prioritisation of cases where there are new or emerging risks. • At risk funding secured for band 7 Care Management post x 1 • Transition to CSW Teams continues to prove a challenge due to capacity. Plan in progress with CSW to work on a pathway to support with this process. <p>The new definition and format for presenting the rationale for unallocated cases provides greater governance and oversight of unallocated cases.</p>
	<p>Statutory Annual Review The number of outstanding reviews remains a challenge across the service area. At the end of March 24, the overall compliance with annual review within the Physical and Sensory Disability was 87%. However, at the end of Sept 24</p>	<p>Statutory Annual Review The number of outstanding reviews remains an area of ongoing improvement; action plans are updated on a monthly basis and monitored the Divisional Social Worker. Overtime offered to achieve compliance in area of outstanding annual review.</p>

<p>compliance has reduced, with 241 outstanding reviews, which equates to 72% compliance. In February 2025, there were 286 outstanding reviews in the Physical and Sensory Disability (PSD) service, giving a compliance of 69%, which is a decrease from March 2024, where 126 reviews were outstanding (87% compliance) 18% decrease in compliance. At the end of March 2025, there were 303 outstanding reviews, which equates to 67% compliance. Performance being directly impacted by long-term sick leave in the service, with Care Management being in business continuity for several months due to workforce shortages. This has impacted upon compliance with statutory functions.</p>	<p>Recruitment into vacant posts to stabilise workforce and ensure adequate staffing to meet targets</p>						
<table><tr><td>Care Management Compliance</td><td>SW Services Compliance</td><td>Sensory services compliance</td></tr><tr><td>Domiciliary care 57% Care Homes 66%</td><td>Domiciliary care 92% Care homes 100%</td><td>100%</td></tr></table>	Care Management Compliance	SW Services Compliance	Sensory services compliance	Domiciliary care 57% Care Homes 66%	Domiciliary care 92% Care homes 100%	100%	
Care Management Compliance	SW Services Compliance	Sensory services compliance					
Domiciliary care 57% Care Homes 66%	Domiciliary care 92% Care homes 100%	100%					
<p>Carers Assessments</p> <p>The accuracy in reporting of carers assessments remains a challenge, this is due to several issues with the Encompass system. Migration of carers from the Paris system to Encompass at time of Go Live in June 24 attributed to carers referrals that were unallocated or pending allocation were not transferred, resulting in the process of manual transfer of the data post Go Live. Further, Carers Referrals Offered/Completed/Declined were not routinely recorded on Encompass until the new guidelines became operational in early December 24. This has impacted on the robustness of the data in relation to carers assessments, with the data source being a combination of the legacy Paris system and the Encompass system. In the reporting period there was a</p>	<p>Carers Assessments</p> <ul style="list-style-type: none">• The Trust continue to validate data to ensure that staff are maximising the use of Encompass at an end user level to standardise systems and accuracy of reporting.• Carer’s Conversation Wheel is now implemented across the Division• Monitoring of Carers Assessments is part of the monthly action plan.• Re-establishment of Carers Forum, with a focus on oversight, governance and accountability for the work undertaken with carers.• All staff to review carer assessments during supervision to refocus staff in identifying and completing carers assessment.• The Trust continues to make improvements in this area and is working with the Carers Strategic Steering Group in line with the objectives of the Trust						

<p>total of 183 carers assessments accepted and 78 completed this equates to 43% outstanding carers assessments at the end of March 25. There continues to be the concern that we are under reporting on the numbers offered and completed, which is not a true reflection of what is ongoing in terms of work with carers.</p> <p>The Trust also notes that Workforce pressures and unallocated cases have reduced the number of Carers Assessments offered and completed.</p>	<p>Carers Strategy 2023, which has now re-established - impacted by Encompass Go Live.</p>
<p>Complex Placements Physical and Sensory Disability Services have continued to experience challenges over the last 12 months with the limited provision of community placements, these include Care Homes, Supported Housing and Domiciliary Care to meet the needs of service users under 65 years of age. Physical and Sensory Disability Service continues to experience challenge in meeting the needs of service users with very complex needs; including people living with addiction and mental health issues and people living with Alcohol Related Brain Injury (ARBI)</p> <p>Leonard Cheshire facilitate ARBI rehabilitation with a bespoke ARBI Rehabilitation facility; with 14 beds used by the Trust. They are also the main provider for supported living for PDSI (32 residents). The Trust was advised that Leonard Cheshire plans to withdraw all service delivery from NI March 2025. The Trust have sought to hold organisation to account and there are concern regarding use of the facility going forward/ potential increased costs. A new domiciliary care provider will be required.</p>	<p>Complex Placements</p> <ul style="list-style-type: none"> • Growth monies – Business Case now completed and submitted to SPPG for 7 individuals availing of high cost placements. • Trust has participated in regional PDSI Leads Meeting plan for Jan 2025; scope out the number of service users delayed in hospital and/or inappropriately placed in care homes • RAG rating of cases • Working with current providers re usage of 1:1. Consideration of restrictive practices • Various inter-agency meetings have taken place with Leonard Cheshire. The Trust understands from Leonard Cheshire that they have identified a preferred acquisition partner for both their Supported Living facilities and their ARBI Unit. • Early Alert raised by the Trust regarding this issue re: service users and staff being supported during this process of transition.



**DATA RETURN 1 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	1910	736
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	718	477
1.3	How many adults are in receipt of social work or social care services at 31 st March? <i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i>	1864	113
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)? <i>Note: the number of adults on open caseloads of social workers aged 18+.</i>	N/K	N/K
1.4	How many care packages are in place on 31 st March in the following categories:		
	xi. Residential Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	19	N/A
	xii. Nursing Home Care (Source: DoH return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	135	N/A
	xiii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return) Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.	516	53
	xiv. Supported Living	56	OPS Return
	xv. Shared Lives –Adult Family Placements (long term placement) SPPG to complete		
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 and the subsequent update within Circular HSC (ECCU) 1/2021. NO		

	<p>Limited assurances can be provided in the following areas.</p> <ul style="list-style-type: none"> Care home and domiciliary annual reviews. PSD has developed monthly reporting on annual reviews completed. An action plan is in place and monthly monitoring and reporting is ongoing. Assessed need not being met – unmet need domiciliary care is monitored and reported daily. There is an ongoing action plan to address where possible increased uptake can be managed Unallocated cases – resulting from new referrals unallocated after 20 working days (as per Trust definition) with no allocated worker, vacancies and long term sick leave. Monthly monitoring and reporting is ongoing. 		
1.4b	<p>Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust</p> <p>YES</p> <p>The Trust notes that reviews are completed by non-professional social care staff in PSD, as delegated tasks within the framework. Additionally, there are assistant care manager posts in care management (currently vacant).</p> <p>The Trust notes that all annual reviews are assessed to determine if review support from an assistant care manager/ social care staff (Band 4) is appropriate.</p> <p>All non-professional staff are supervised by professional senior social worker (or in the case of care management – by a senior care manager at B7, who is supervised by a B8A social worker).</p>		
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		

	- Statutory sector	163	OPS Return
	- Independent sector	4	OPS Return
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	262	N/A
1.6b	Shared Lives Day Support SPPG to complete		
	Of those at 1.6 how many are dementia (EMI)		
1.7	- Statutory sector	5	OPS Return
	- Independent sector	0	OPS Return
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	OPS Return
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - -% Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

**DATA RETURN 1 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

No Longer Required

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 31st March?			

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

**DATA RETURN 1 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

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?	OPS Return	OPS Return	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	OPS Return	OPS Return	OPS Return
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	OPS Return	OPS Return	OPS Return
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

**DATA RETURN 2 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

***There is significant variance in data from last year's reporting period. The Trust notes that this is in relation to a migration issue with Encompass and the Trust are working to increase accuracy as per Programme of Care Summary 2.4**

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 (no longer required)	x	x
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	199	264
	Certified severely sight impaired (Partially sighted)	216	323
	Sight Loss	184	609
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	41	15
	Profoundly Deaf Oral / Lip Readers	38	27
	Hard of hearing	445	1533
	Tinnitus (New)	51	28
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	21	116

**DATA RETURN 3 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
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.	2646
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	1977
3.2	Number of assessments of need carried out during period end 31 st March.	1195
3.3	Number of assessments undertaken of disabled children ceasing full time education.	0

**DATA RETURN 4 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

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	48
	Total expenditure for the above payments	£3,309.77
4.2	Number of TRUST FUNDED people in residential care	19
4.3	Number of TRUST FUNDED people in nursing care	129
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	6

**DATA RETURN 5 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

5 CARERS AND DIRECT PAYMENTS ACT 2002

	*Please see summary 2.4 in regard to issues with Encompass and carers assessment data. Whilst there has been a reduction this year the variance in data from the last reporting period may be reflective of the data issues rather than reduced performance.	16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	170	13
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	69	9
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	Not available due to Encompass Implementation		
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
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	1	57	6
5.5	Number of young carers offered individual carers assessments during the period.	13		
5.6	Number of young carers assessments completed during the period.	10		
5.7	Number of young carers receiving a service @ 31 st March	7		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	31		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	26		

	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	161
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 direct payments are being managed by another person acting on behalf of the service user?	0
5.10	Number of carers receiving direct payments @ 31 st March	3
5.11	Number of one off Carers Grants made in-year.	292
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

**DATA RETURN 6 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

8 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
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	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period This is the data for the ACOPS directorate and is therefore reflected in both data return 6	158
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
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 – Adult Community and Older Peoples Service (ACOPS),
Division of Adult Social Care and Community MDTs, Physical & Sensory
Disability Service**

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	1	N/A
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	1	N/A
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	N/A
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	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	MH RETURN
9.2a	Of these, how many resulted in an application being made?	MH RETURN

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	1
9.3.a	<i>Confirm if these reports were completed within 5 working days</i> NO Please see Mental Health Return for full breakdown of status of applicant reports. This figure is not disaggregated across service areas.	


Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed.	0

	<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?	N/A

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	0

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	
	Lapsed	0
	Discharged by MHRT	0
	Discharged by Nearest Relative	0
	Total	0

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	MH Return
9.7.a	Number of Approved Social Workers removed during period	MH Return

9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	MH Return
9.7c	<p>Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on;</p> <ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training • ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADC</p> </div>	MH RETURN

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>NO</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> <p>No issues noted</p>	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	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0
	(a) Treatment as an in-patient	0
	(b) Treatment as an out patient	0
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0

9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	0
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9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.20	Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No	MH RETURN

	If no, please provide brief explanation of action taken	
9.21	Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team

9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Short Term Detention Authorisations <i>(to be collected from 2022/23 onwards)</i>		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Live Cases (during the year) (to be collected from 2022/23 onwards)		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Rule 6 reports and participation at hearings when required <i>(to be collected from 2022/23 onwards)</i>		
9.42	<p>Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No</p> <p>If no, please provide brief explanation of action taken</p>	MH RETURN
9.43	<p>(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No</p> <p>If no, please provide brief explanation of action taken</p>	MH RETURN
9.44	<p>Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No</p> <p>If no, please provide brief explanation of action taken</p>	MH RETURN

<p>Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?</p>
<p>See Mental Health return</p>

ADULT LEARNING DISABILITY SERVICES

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Adult Learning Disability Services

2.1 Named Officer responsible for professional Social Work

Ms Colette Johnston is the Interim Divisional Social Worker for the Adult Learning Disability service and the named professional officer for Social Work and Social Care in Adult Learning Disability Services.

Dr Peter Sloan is the Director of Adult Learning Disability services and is accountable and responsible for the operational delivery of statutory functions by the Directorate.

Accountability Arrangements

There remains an unbroken line of professional accountability for social work, from the individual social work practitioner to the Divisional Social Worker and through to the EDSW of Social Work, who reports to the Chief Executive and to the Trust Board.

Please see organisational structure on page 158

Highlight any vacancies and the action taken to recruit against these.

Within this reporting period staffing at Band 6 has remained stable with vacancies not exceeding 25% of the workforce. At the end of this reporting period the Trust notes a vacancy rate of 14% (4 permanent posts). Recruitment and retention for Band 6 social worker does, however remain a priority. To date a number of posts have been filled through regional recruitment. Additionally, staff have facilitated and promoted the Learning Disability service at recruitment events in June 2024, October 2024 and February 2025 to profile the Learning Disability service. At present, the Learning Disability service is undergoing a bespoke recruitment for band 6 social work staff and it is anticipated that current vacancies will be occupied during this recruitment event. Two vacancies will be progressed through the graduate recruitment process.

The Trust reports one vacancy at B7 team lead post. This post has arisen due to the previous team lead being successfully recruited to the Band 8A Adult Safeguarding Lead. The team leader post has been advertised for permanent recruitment and the Trust is confident this vacancy will be filled in May 2025.

2.2 Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.

Recruitment and retention of social work staff remains a priority for the Trust, to support increased stability in service provision for service users and staff. As noted above, the Trust is actively recruiting to vacant posts and is continuing to develop and implement retention activity to support staff in role. This includes a bespoke Team Together programme throughout the next reporting period, which will strengthen and workforce capacity and improve retention.

Vacancies for B6 posts reflect staff transition via recruitment to B7 posts. The Trust notes this is a positive indication of staff development, retention and progression within the Adult Learning Disability Service. The Trust have an active Recruitment Retention Strategic Group for social work chaired by the Deputy EDSW with 3 associated work streams focused on reducing vacancies and turnover and improved staff experience. In the next reporting period the Trust will progress a strategy for international recruitment.

The risks in regard to workforce capacity in the Social Care Workforce remain on the Trust's Board Assurance Framework.

Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.

Community Learning Disability Teams

Banding	2024	Current 2025	Actions in place
	Vacancies	Vacancies	
B6 Social Work Posts	20%	14%	Progressing with bespoke recruitment & graduate recruitment
B7 Team Leader Posts	25%	25% (One post vacant)	Progressing with recruitment.

ASG Adult Learning Disability

As of the 31st March 2025 ASG staffing is as outlined in the below table. Recruitment to B6 Investigating Officer posts in Muckamore Abbey Hospital remains a challenge and these posts remain vacant over one year. However, as the patient population in MAH decreases the current staffing ratio is considered appropriate.

	Banding	Current 2025	Actions in place
		Vacancies	
	B8B Service Manager perm post	At Risk Funding	Position occupied via EOI on temp basis
	B7 DAPO perm post	17% (1 WTE vacancy)	Perm Part time post has been recruited to and due to commence May 2025
	B6 Investigative Officer perm posts	100% (3 posts vacant)	Posts are out for recruitment via BSO
	The Trust reports there are no vacancy control systems in place.		
2.3	Supervision arrangements for social workers Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No) NO If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance? <p>The Trust reports overall compliance at 83% for B6 social work staff in this reporting period. The Trust however notes a compliance rate of 58% in the supervision of Band 7 social work staff. Compliance has been impacted by workload pressures coupled with the implementation of encompass, which required substantial B7 operational support to effectively navigate the change, implement and stabilise the new system.</p> <p>The services have implemented control mechanisms to ensure compliance going forward; a supervision compliance tracker is monitored monthly by Service Improvement and Principal Social Worker. There are also quarterly meetings scheduled throughout the year with teams to update on level of compliance and supervision is a permanent agenda item on all monthly team and manager meetings.</p> <p>The permanent recruitment of a new team leader and recruitment of two Band 8A's under an expression of interest will ensure that supervision can be delivered via the operational line.</p> <p>The EDSW office continues to monitor compliance via the Supervision Oversight Group chaired by the Deputy Executive Director of Social Work.</p>		
2.4	Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass). <p>The Trust reports significant challenges with the implementation of Encompass in Adult Learning Disability services. At present the Adult Learning Disability Service</p>		

	<p>sits beneath the umbrella of Mental Health within Encompass and requires a separate build. The amalgamation with Mental Health has significantly impacted the ability of the learning disability services to input and extract data for the purpose of this report and evidencing of statutory functions. In addition, there are variances in workarounds and workflows across the division. This has had a direct impact upon the reliability of the data.</p> <p>The accuracy in reporting of carers assessments offered, completed and declined remains a challenge. A clear pathway for recording and Standard Operational Procedures were operationalised in December 24. There continues to be underreporting concerns. The division continues to validate data to ensure that end-user staff are following procedures to support accuracy of reporting.</p> <p>In respect of Carers assessments Declined this is not reportable currently via the Encompass system. Recording carers assessments declined is complex and time-consuming. There is work ongoing with ENCOMPASS to streamline this process for the end-user. This should impact positively on future reporting</p> <p>For the purpose of this report data has been collated via manual returns supported by the services informatics system, Power BI.</p> <p>All data contained in this report is subject to scrutiny and assurance via the Trusts Integrated Governance Assurance Framework, monthly Divisional Governance Meetings, Social Care Steering Group and bi-monthly Social Work Senior Leaders Assurance Group. However, the Trust notes that all data is based on manual collation and has not been subjected to electronic data collection, so assurance is available but limited for this report and is consequently rated amber.</p>																
2.5	<p>Programme of Care to advise of numbers of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trusts discharge of their statutory functions (please complete table below).</p>																
	<table border="1"> <thead> <tr> <th></th><th><i>Number</i></th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td>1</td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td>0</td></tr> <tr> <td><i>Case Management Reviews</i></td><td>0</td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td>0</td></tr> <tr> <td><i>Judicial Reviews</i></td><td>4</td></tr> <tr> <td><i>Audits</i></td><td>5</td></tr> <tr> <td><i>RQIA Inspections</i></td><td> Inpatient Care Muckamore Abbey Hospital - Cranfield 1 - 30/05/24 </td></tr> </tbody> </table>		<i>Number</i>	<i>Serious Adverse Incidents</i>	1	<i>Domestic Homicide Reviews</i>	0	<i>Case Management Reviews</i>	0	<i>Mental Health Review Tribunals</i>	0	<i>Judicial Reviews</i>	4	<i>Audits</i>	5	<i>RQIA Inspections</i>	Inpatient Care Muckamore Abbey Hospital - Cranfield 1 - 30/05/24
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	<p>Muckamore Abbey Hospital - Cranfield 2 – 30/05/24</p> <p>Muckamore Abbey Hospital - Killead - 30.05.24</p> <p>Muckamore Abbey Hospital - Six Mile Ward 30/05/24</p> <p>Muckamore Abbey Hospital – 19/07/24</p> <p>Iveagh – 23/07/24</p> <p>Iveagh – 28/10/24</p>
<i>RQIA Enforcement notices – Failure To Comply Notices</i>	0
<p>Please provide details of any particular recommendations or learning that the Trust would wish to highlight.</p> <p><u>RQIA</u></p> <p>Inspection of Iveagh (July / October 2024)</p> <p>Summary of Recommendations and Associated Responsive Action / Learning</p> <p>RQIA recommended to the Trust that action be taken to improve Iveagh Centre arrangements with regard to;</p> <ul style="list-style-type: none"> • Advocacy for young people • Strengthening of Intellectual Disability oversight systems to ensure patient safety and the therapeutic environment • Clear staffing model to remain under continuous review and with effective escalation arrangements – with effective focus on gaps in staffing / management • Compliance with Restrictive Practices Policy and robust data / information / reporting • Defined service core purpose with Standard Operating Procedures and clear admission / discharge thresholds • Effective quality monitoring • Staff training needs analysis and training provision <p>Iveagh Centre has developed a comprehensive QIP response that will integrate these recommendations within the Iveagh Centre 2025 / 26 Implementation Plan.</p> <p>RQIA Inspection July 2023 – May 2024 Muckamore Abbey Hospital. Report issued 15th September 2024.</p> <p>Report indicated issues in relation to the application of SAI thresholds. Subsequent to this, SPPG requested a review of SAI's. Action taken: 34 incidents were notified and reviews transferred to the SAI process. There is ongoing engagement with SPPG in regards to this issue and</p>	

	<p>the Trust is fully committed to engaging in regional solutions regarding thresholding and application of any learning.</p> <p><u>NIPSO</u></p> <p>Northern Ireland Public Services Ombudsman Review. 31st March 2025. Ref: 202005320</p> <p>Following the outcome of this NIPSO review the Trust will implement a review of direct payments in adult learning disability services in relation to the assessment, application and allocation of Direct Payments. The following actions are scheduled within the next reporting period;</p> <ul style="list-style-type: none"> • Bespoke learning event for staff in relation to assessment of need and appropriate allocation of services / resources. • Audit of direct payment provision. <p><u>Audit Activity</u></p> <p>Datix System Audit – Unapproved Incidents from Commissioned Services.</p> <p>The service commissioned an independent audit of unapproved adverse incidents being reported from commissioned services. The audit concluded in November 2024, with the following,</p> <ul style="list-style-type: none"> • Development of a central point for all incidents across Community Adult Learning Disability • Training on Datix for all staff as appropriate • Clearer cross-referencing between the Adult Safeguarding Team and the Governance Team. <p>In the next reporting period the Trust will implement a central point for all Adverse Incident reporting across Adult Learning Disability Services. This will ensure greater oversight, tracking and thematic analysis of all adverse incident reports. A mechanism is in place to ensure that training in relation to Adverse Incidents and the management of same is recorded and reviewed by the Improvement Lead and Team Leads. In addition, the Trust has introduced the recording of Datix Incident numbers on all relevant Adult Safeguarding documentation and the Adult Safeguarding Master Data set; to ensure clear cross-referencing.</p> <p>Audit of Unallocated cases.</p> <p>An audit and appraisal of all unallocated cases has been taken forward in this reporting period. The service initially reported as of March 2024 that there were 579 cases unallocated. This continues to be reviewed on a monthly basis by Team Leads and an ASM and the ongoing allocation of unallocated cases occurred weekly within the service. The service notes that the roll out of encompass, coupled with vacancies and staff absences, has impacted upon the services ability to allocate cases.</p>
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	<p>However, the service can report that the unallocated figure has reduced 42% in the last reporting period and is currently 339.</p> <p>Audit of Adult Safeguarding documentation.</p> <p>A Trust wide schedule of audit in relation to the completion of the APP1 forms has commenced within this reporting period. This will ensure standardisation, consistency and application of safeguarding documentation across the Trust. The outcome and learning from these audits are disseminated via the Trust, DAPO and IO support groups. Within this reporting period 2 of the audits scheduled were completed.</p> <p>Audit of Agency Tracker</p> <p>To ensure that all agency social care staff employed in the Trust have Access NI checks and NISCC registration (where applicable) the Trust have developed an assurance process to track agency social care staff, where they are employed and to seek assurance that all necessary checks have been completed. The Trust undertook an internal audit across all programmes of care where social care agency staff are employed to seek assurance that the process is in place and all necessary checks are completed and recorded.</p> <p>The Trust notes a 97.3% compliance rate and has identified some additional support for Learning Disability services is required.</p> <p>Within the next reporting period the Trust will be seeking 100% compliance across all service areas with the following improvement plan in place;</p> <ul style="list-style-type: none"> • System of reminder emails established by the social work and social care governance lead • Attendance of social work and social care governance led at manager's forums as required. <p>Audit of NISCC registration compliance and Fitness to Practice Timescales</p> <p>Within this reporting period the Trust has undertaken an audit of of NISCC registration compliance (fee payment and renewal) across social work and social care. This identified barriers to maintaining registration as per legislative requirements and highlighted supports required for registrants. Actions arising included;</p> <ul style="list-style-type: none"> • Development of training material for line managers in how to support staff to maintain their registration • Tracking of all de-registration where staff are unable to work until they are re-registered • Audit of all staff returning from a long term absence to ensure return to work policy is implemented.
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	<p>The Trust notes that Fitness to Practice investigations can be protracted due to the complexity of multiple systems working together. An audit of Fitness to Practice timescales has been completed to support timely conclusion of Trust investigations to enable NISCC process.</p>
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2.6 Discharge of Statutory Functions

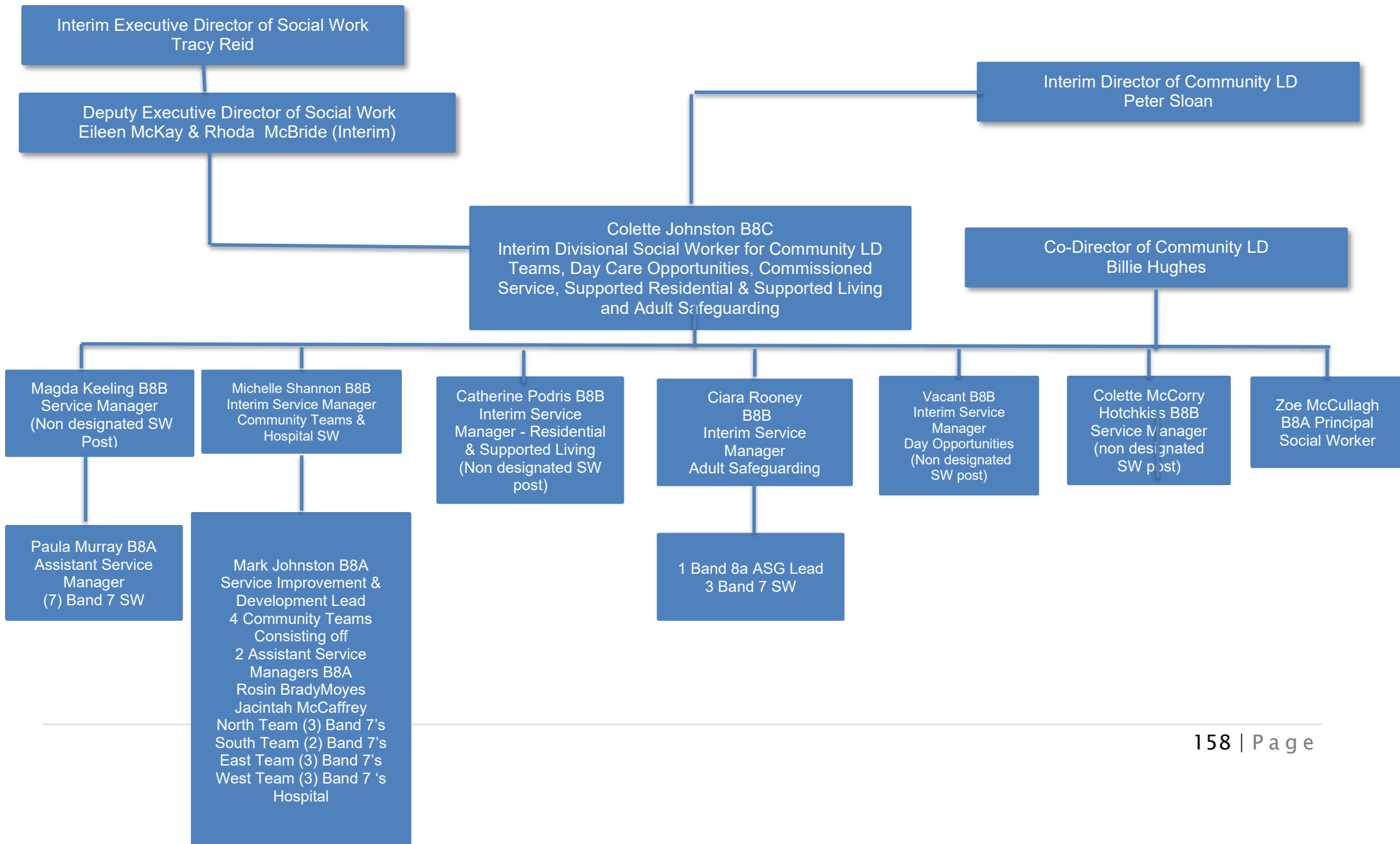
Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Learning Disability Issues	
	<p>1. Issue: Delay of the resettlement of individual patients with Learning Disability from Muckamore Abbey Hospital</p> <p>At 31st March 2025 there are 12 Trust patients in MAH. 9 patients are experiencing a delay to discharge and 2 patients remain under treatment. 2 patients who are experiencing a delay to discharge are undergoing resettlement into the community but remain under the MAH consultant care. It is hoped these 2 patients will fully discharge from MAH in the coming weeks. All Trust patients have resettlement plans in place, including those not currently deemed medically fit to discharge.</p>	<p>1. Issue: Delay of the resettlement of individual patients with Learning Disability from Muckamore Abbey Hospital</p> <p>As of March 2025, 9 Trust patients remain as delayed discharges. One patient has discharged from MAH and a further two are in the transitioning phase.</p> <p>All Trust patients have resettlement plans in place.</p> <p>The Trust reports challenges in securing appropriate placements due to the need for bespoke environments and appropriately qualified, skilled and trained staff.</p> <p>The Trust continues to provide regular updates to SPPG, DOH MDAG and participates in the Regional Resettlement Oversight Board</p>
	2. Issue: Domiciliary Care Packages (Unmet need)	<p>2. Issue: Domiciliary Care Packages (Unmet need)</p> <p>Control mechanisms are in place to ensure professional oversight of the unmet need. These are as follows;</p>

	<p>The Trust reports an increase of 4 service users waiting for domiciliary care service, from 13 to 17 at 31st March 2025.</p>	<ul style="list-style-type: none"> • Weekly meetings between Care Management and Community Learning Disability staff to monitor and review risk. • Care management have ongoing contact with family to update on position of care packages. • Alternatives offered such as direct payments, day care and input from community access workers to support service users/carers to explore other available community options. • Team Leaders during supervision continue to provide professional oversight of service users/ carers most at risk. • Risk management plans in place for any interventions required.
	<p>3. Issue: Unallocated Cases within Community Learning Disability Teams</p> <p>At present, the Trust reports a total of 339 unallocated cases at 31st March 2025. This is a reduction of 240 from the previous return.</p>	<p>3. Issue: Unallocated Cases within Community Learning Disability Teams</p> <p>There is a mechanism for professional oversight of all unallocated cases, including rag rating of all unallocated and vacant cases, including vacant caseloads and the prioritisation for allocation on a weekly basis.</p> <p>Unallocated cases are a standing item of agenda at monthly team meetings and further reviewed at monthly managers meetings. This risk remains recorded on the Directorate risk register.</p>
	<p>4. Issue: Challenges in accessing inpatient beds for individuals with a learning disability.</p> <p>The Trust reports challenges regarding resourcing suitable assessment and treatment beds for adults with a learning disability. The Trust reports 3 applications for detention for adults with a learning disability under the</p>	<p>4. Issue: Challenges in accessing inpatient beds for individuals with a learning disability.</p> <p>Trust continue to work collaboratively with other Trusts to ensure access to inpatient care and treatment, in accordance with assessed need.</p>

	<p>Mental Health NI Order (1986) during this reporting period. Inpatient beds were not immediately available and subsequently there were protracted delays with the admissions to inpatient beds.</p>	<p>The Trust have submitted a business case to SPPG to secure inpatient beds in Innisfree at the Knockbracken Health Care Park. This proposal is for a 4 bedded inpatient Learning Disability ward. In addition to this and to ensure the appropriate support for adults with a learning disability in a community setting the Trust have submitted a further business case to SPPG in regard to the development of an Intensive Support Team. This will support adults in community placements pre and post mental health presentations.</p>
	<p>5. Issue: Failure to complete statutory reviews within expected timeframes.</p> <p>The Trust reports there are 55 outstanding reviews as of 31st March 2025. This is a progressive reduction throughout the year.</p>	<p>5. Issue: Failure to complete statutory reviews within expected timeframes.</p> <p>The ongoing recruitment of social workers has assisted with the reduction of unallocated cases and the completion of annual statutory reviews. The service has implemented a strategy to ensure that all allocated cases have their annual reviews scheduled for the forthcoming year and these will be tracked monthly via the services informatics system, Power BI. Professional oversight of the failure to complete statutory reviews with the expected timescale is applied via team leads and ASM's.</p>
	<p>6. Issue: Muckamore Abbey Hospital historical abuse investigation</p> <p>Historical Adult Safeguarding investigation into the abuse of patients in 2017 at the hospital</p>	<p>6. Issue: Muckamore Abbey Hospital historical abuse investigation</p> <p>The Trust continues to work closely with the PSNI in relation to completing the investigation and there are regional assurance arrangements in place.</p> <p>The Trust contributes to a range of assurance systems that ensure the oversight of the safety and quality of the hospital at MAH including monthly reporting to Trust Board and through attendance and reporting at MDAG</p>
	<p>7. Issue: Seclusion/Restrictive Practice within community</p>	<p>Seclusion/Restrictive Practice within community</p>

<p>There is no legal framework in place in relation to seclusion/restrictive practice within the community and the Division has identified a number of service users presenting as high-risk within the community. 6 service users have been identified in relation to the use of restrictive practice/seclusion within the community. These service users continue to be monitored via regular MDT meetings and safeguarding arrangements are in place.</p>	<ul style="list-style-type: none"> • The service is currently undertaking an audit of restrictive practices which will be completed within the next reporting period. • The service is engaging within consultation in relation to Art 12 under the MCA in relation to restrictive practices. • Risk has been raised to Corporate Risk Register. • DLS available to support community staff in relation to legislation/policy regarding restrictive practice.
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DATA RETURN 1 – Adult Learning Disability Services

1 GENERAL PROVISIONS			
		<65	65+
1.1	<p>How many adults were referred for assessment of social work or social care need during the period?</p> <p>**The service reports a reduction in referrals of 167 from last year. Within the previous reporting period a piece of work was completed scoping potential carer support and in these numbers were included in error in the data return. The referral list has been cleansed and only adults with a disability in need of a service are included in this return.</p>	132	14
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>*This is a manual count only due to the implementation of Encompass</p>	92	5
1.3	<p>How many adults are in receipt of social work or social care services at 31st March?</p> <p><i>Note: the number of adults on open caseloads of social work or social care services and aged 18+.</i></p>	1354	170
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>Note: the number of adults on open caseloads of social workers aged 18+.</i></p> <p>**The service reports a decrease of 500 from the last reporting period, this was due to inaccurate application of criteria last year. The service can report at this time, that there is a total of 217 cases in receipt of "Social Work" only support**</p>	207	10
1.4	How many care packages are in place on 31 st March in the following categories:		
	<p>xvi. Residential Home Care (Source: DoH return)</p> <p>Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.</p>	98	32
	<p>xvii. Nursing Home Care (Source: DoH return)</p> <p>Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.</p>	87	67
	<p>xviii. Domiciliary Care – Include Care and Non-Care Managed Packages. (Source: SPPG PSSID return)</p> <p>Trusts to provide figures as normal, as age breakdown required, however please <u>attach return</u> should further quality assurance be required.</p>	175	36
	<p>xix. Supported Living</p>	257	22
	<p>xx. Shared Lives –Adult Family Placements (long term placement)</p> <p>SPPG to complete</p>		

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 and the subsequent update within Circular HSC (ECCU) 1/2021.</p> <p>NO <i>If no, please explain</i></p> <p>Within this reporting period care management services for learning disability experienced significant workforce resource difficulties. This was due to a combination of long term sick leave and vacant posts. Given the scale of workforce difficulty this issue is currently recorded on the Directorate risk register. The Trust has employed bank staff to address the backlog of care management reviews and whilst staff members continue on long term sick leave, the vacant posts were filled in February. The Trust continues to address the issue of outstanding reviews (49) with an estimated timescale of May 30th.</p>		
1.4b	<p>Annual Reviews – Please provide assurances to the Commissioner that there is professional oversight of the Annual Review process in your Trust</p> <p>YES</p> <p>The Trust reports that statutory reviews are undertaken by professionally qualified social work staff.</p> <p><i>If no, please explain</i></p>		
1.5	Number of adults provided with a Short Break during the period.	<i>PSSID return</i>	<i>PSSID return</i>
1.5b	Shared Lives Short Breaks - Overnights SPPG to complete		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	456	69
	- Independent sector	64	12
1.6a	<p>Number of adults known to the Programme of Care in receipt of Day Opportunities</p> <p>*The Trust notes an increase in reporting of day opportunities in this reporting period. This relates to developing service understanding the criteria of day opportunities, whilst working with partner agencies.</p>	373	18

1.6b	Shared Lives Day Support SPPG to complete		
1.7	Of those at 1.6 how many are dementia (EMI)		
	- Statutory sector	7	6
	- Independent sector	5	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	0
1.10	Annual Reviews - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics for: - Number of Annual Reviews Completed - Number of Annual Reviews Outstanding - -% Compliance	X	X
1.11	Unallocated Cases – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X
1.12	Vacancies (Adults) – continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X

**DATA RETURN 1 – Hospital
Adult Learning Disability Services**

No Longer Required

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 31st March?			

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)
Adult Learning Disability Services

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?	6	0	0
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (assessment is to include screening). Please note it is expected that the response for sections 1.1 & 1.2 will be the same	6	0	0
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	3	11	2
	<i>Age is at date of referral for 1.1 and 1.2 Age at 31st March for 1.3</i>			

DATA RETURN 2 – Adult Learning 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 (no longer required)	x	x
2.2	Number of adults known to the Programme of Care who are:		
	Certified severely sight impaired (Blind)	13	0
	Certified severely sight impaired (Partially sighted)	50	4
	Sight Loss	12	3
2.3	Number of adults known to the Programme of Care who are:		
	Profoundly Deaf sign language users	10	2
	Profoundly Deaf Oral / Lip Readers	8	2
	Hard of hearing	35	8
	Tinnitus (New)	0	0
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	2	0

DATA RETURN 3 – Adult Learning Disability 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.	0
		146
		0
	Number of Disabled people known as at 31 st March. <i>Note: adults with a disability on the caseload of social workers.</i>	1524
3.2	Number of assessments of need carried out during period end 31 st March. **The service reports a reduction in referrals of 167 from last year. This is owing to the service reporting referrals attendant to carers within last year’s return. This has impacted on the number of assessments of need required**	97
3.3	Number of assessments undertaken of disabled children ceasing full time education.	31

DATA RETURN 4 – Adult Learning Disability 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 **The service reports a reduction of 60% from the last reporting period. This is due to improved application of criteria and exploring other ways to meet need creatively**	19
	Total expenditure for the above payments	£2948
4.2	Number of TRUST FUNDED people in residential care	111
4.3	Number of TRUST FUNDED people in nursing care **The service reports that last year's figures were incorrect and should have been 166 not 66**	154
4.4	How many clients are in receipt of £100 free nursing care allowance? (this refers only to self-funding clients and excludes Trust funded places)	6

DATA RETURN 5 – Adult Learning Disability Services

5 CARERS AND DIRECT PAYMENTS ACT 2002				
	*Please see summary 2.4 in regard to issues with Encompass and carers assessment data. Whilst there has been a reduction this year the variance in data from the last reporting period may be reflective of the data issues rather than reduced performance.	16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	133	54
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	122	48
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required. *Declined and reasons why is not available due to Encompass build. Numbers of carers assessment declined is manual count and reasons why is not available for this reporting period.	0	11	6
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - continue to work with Trusts and Encompass in coming year to develop definitions and associated metrics	X	X	X
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 *The Trust notes a reduction in the number of carers receiving a service. During the previous reporting period, the Trust undertook a scoping exercise for the purpose of identifying and promoting engagement with the carer population. The figure provided in last year's return reflected the total population of carers identified. For this year's report, the Trust has only reported on those carers who are currently open to assessment within the learning disability service.	0	122	48
5.5	Number of young carers offered individual carers assessments during the period.	6		
5.6	Number of young carers assessments completed during the period.	3		

5.7	Number of young carers receiving a service @ 31 st March	16
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	44
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	30
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return)	297
	Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required.	
5.9	Number of children receiving direct payments @ 31 st March	0
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user?	297
5.10	Number of carers receiving direct payments @ 31 st March	0
5.11	Number of one off Carers Grants made in-year.	220
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6 – Adult Learning Disability Services

9 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	SPPG to collect from PSSID
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (v) Financial (w) Institutional (x) Neglect (y) Physical (z) Psychological/ Emotional (aa) Sexual (bb) Exploitation	SPPG to collect from PSSID
6.3	Number of investigations commenced within the period	SPPG to collect from PSSID
6.4	Number of cases closed to adults in need of protection within the period	194
6.5	Number of protection plans commenced within the period	SPPG to collect from PSSID
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 – Adult Learning Disability Services

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	7	N/A
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	7	N/A
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	N/A
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?	MH
9.2a	Of these, how many resulted in an application being made?	MH


ASW Applicant reports		
9.3	Number of ASW applicant reports completed	7
9.3.a	<p>Confirm if these reports were completed within 5 working days</p> <p>NO</p> <p>Please see Mental Health Return for full breakdown of status of applicant reports. This figure is not disaggregated across service areas.</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>	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>	N/A

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	3

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

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	MH RETURN
9.7.a	Number of Approved Social Workers removed during period	MH RETURN
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	MH RETURN
9.7.c	Please provide assurance of HSCT progress in relation to implementation of the ASW Quality Standards 2021. Please include progress as per standards on; <ul style="list-style-type: none"> • Workforce Planning and Management • ASW Governance • ASW Training 	MH RETURN

	<ul style="list-style-type: none"> ASW Supervision and Support <p>Please complete relevant sections within the attached report.</p> <div style="text-align: center;">  <p>ASW QUALITY STANDARDS SF ADC</p> </div>	
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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>YES</p> <p>In this reporting period there have been 3 children subject to detention to the Iveagh Centre, one child was discharged in this period and 2 remain as inpatient. Both children are considered Looked After Children under the Children (NI) Order 1995 due to the length of their hospital stay and are recorded on Data 10 in their home Trusts (NHSCT & SEHSCT) No children resident in this Trust area are currently receiving hospital treatment in the Iveagh Centre.</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> <p>The Trust can confirm there are no outstanding issues with the Office of Care and Protection.</p>	26

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	0
	(b) Treatment as an out patient	0
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0

9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period. Please advise of any issues presenting	0
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9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) (to be collected from 2022/23 onwards)		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.20	Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / No	MH RETURN

	If no, please provide brief explanation of action taken	
9.21	Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Trust Panels <i>(to be collected from 2022/23 onwards)</i>		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Extensions <i>(to be collected from 2022/23 onwards)</i>		
9.24	Total number of Extension Authorisations (during the year)	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH

		MCA team
9.28	Do you have sufficient number of staff suitably qualified to make responsible person statements (Form 15)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.29	Do You have Sufficient number of staff to carry out TP Extension Formal Assessments of Capacity (Form 1): Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.30	Do you have sufficient number of staff to make TP Extension Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Short Term Detention Authorisations (to be collected from 2022/23 onwards)		
9.31	Work started but not completed (during the year)	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / No	MH RETURN

	If no, please provide brief explanation of action taken	
9.36	Do you have sufficient number of ASWs and appropriate healthcare professionals to authorise STDs (Form 8)? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Live Cases (during the year) (to be collected from 2022/23 onwards)		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training (to be collected from 2022/23 onwards)		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Trust Panels (to be collected from 2022/23 onwards)		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / No If no, please provide brief explanation of action taken	MH RETURN

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Rule 6 reports and participation at hearings when required (to be collected from 2022/23 onwards)		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / No If no, please provide brief explanation of action taken	MH RETURN
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / No If no, please provide brief explanation of action taken	MH RETURN

Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?

CHILDRENS COMMUNITY SERVICES

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Children's Community Services
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2.1	<p data-bbox="341 353 1203 389">Named Officer responsible for professional Social Work</p> <p data-bbox="341 427 1343 573">Mrs Lisa Hine is the Divisional Social Worker and the named officer for professional social work in children's community services with professional accountability to the Executive Director of Social Work (EDSW) Ms Tracy Reid.</p> <p data-bbox="341 611 1343 792">The Director of Children's Community Services (CCS), Mrs Kerrylee Weatherall, supported by the Co-Directors, Mr Michael Murray (Safeguarding services) and Mr Martin Morgan (Corporate Parenting Services) have responsibility and accountability for the operational delivery of statutory functions by the CCS Directorate.</p> <p data-bbox="341 831 794 866">Accountability Arrangements</p> <p data-bbox="341 904 1343 1122">There remains an unbroken line of professional accountability for social work. Both the EDSW and Director of CCS are social work qualified which ensures an unbroken line of operational and professional accountability from the social work practitioner, through to the Director of CCS and the EDSW of social work who both report to the Chief Executive and to the Trust Board</p> <p data-bbox="341 1160 1241 1196">Please see copy of organisational structure on page 200 - 202.</p> <p data-bbox="341 1234 1305 1305">Highlight any vacancies and the action taken to recruit against these.</p> <p data-bbox="341 1344 1343 1742">At the end of the reporting period the CCS had one social work vacancy at Children Service Manager (CSM Band 8B) level. Four CSM posts are filled on a temporary basis; Regional Emergency Social Work Service (RESWS), Gateway and 2 full time children's service managers for corporate parenting who are jointly holding the post of service manager for LAC and Leaving care services. The safeguarding service manager post is vacant and responsibilities for this role is distributed across other CSMs. The directorate will be progressing the permanent recruitment of 3 CSM posts for gateway, safeguarding and corporate parenting within the next reporting period.</p> <p data-bbox="341 1780 1343 1966">At the end of the reporting period 1 principal practitioner post is vacant and 1 further post is filled on a temporary basis. Recruitment is not in place for these posts at present as vacancies are due to staff secondment. The recruitment process is subject to the outcome of service manager recruitment and will be progressed in the next</p>
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	<p>reporting period. There is 1 Early Years Band 8a Principal Social work Post vacant at the end of the period, with interviews pending.</p> <p>Since the previous reporting period there has been an increase in the number of band 7 vacancies at both senior social work and senior social work practitioner levels. There are 5 senior social worker posts vacant at the end of the period compared to none at the end of the previous reporting period. There are also 11 senior social work practitioner posts vacant which an increase of 3 is since the last report. The senior social work and senior social work practitioner posts are subject to recruitment processes.</p>						
2.2	<p>Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.</p> <p>Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.</p> <p>The social work workforce within Children’s Community Services (CCS) is under significant pressure. The Trust has progressed the following actions to mitigate the risk arising from work force shortages:</p> <p>The Trust have an established Recruitment Retention Strategic group for social work chaired by the Deputy Executive Director of Social Work with associated work streams focused on enhancing leadership staff experience and workforce capacity. The Divisional social worker is a member of the Trust Social Work recruitment and retention strategic group.</p> <p>A Children services workforce recruitment and retention group meets monthly and is chaired by the Divisional social worker supported by HR staff member and temporary Band 7 Social Work Recruitment and Retention Officer, who works closely with the HR colleagues and BSO. The focus of the group to co-ordinate additional recruitment and retention strategies specific to the CCS directorate.</p> <p>Children’s Services have progressed recruitment strategies for social workers during the reporting period through social work graduate and regional campaigns and Trust specific bespoke campaigns. These campaigns have results in the following numbers of social work staff being recruited:</p> <table><tr><td></td><td>Timescale</td><td>No. of Social workers</td></tr><tr><td>Regional Recruitment</td><td>April 24 – March 25</td><td>3</td></tr></table>		Timescale	No. of Social workers	Regional Recruitment	April 24 – March 25	3
	Timescale	No. of Social workers					
Regional Recruitment	April 24 – March 25	3					

	Graduate Recruitment	July 24 - March 25	39
	Bespoke recruitment	June 2024 Fostering and children with Disability	5
		Sept 2024 Family support and LAC	2
		February 2024 all children services	8 (not yet commenced post)
	Total		57
<p>The Trust recognised the need for effective retention strategies to be in place within the service and have implemented several strategies to support the workforce.</p> <ol style="list-style-type: none"> I. Children's service specific induction program - The 2024 evaluation identified 44% of participants strongly agreed and 56% agreed that the induction enabled them to better understand children services. II. A local induction and buddy offered to all new starts III. Practice Advisors – 4 practice advisor roles have been created in children' services since September 2024. Aimed at supporting senior social workers by placing on-site experienced social workers within both Family Support and Looked After Children Services teams IV. Reflective practice – 17 monthly reflective practice groups offered to staffing groups at all levels. These groups are aimed at embedding a supportive culture, improving wellbeing and emotional health within the directorate. A number of sessions are ring-fenced for new AYE staff. V. Psychology services are offered to all staff teams following significant events such as DHR or CMR. VI. An evaluation of caseloads across the directorate was progressed during the reporting period and guidance for staff on safe caseload management was developed with service managers for both LAC and Family support. The aim of the guidance was to promote equity of caseload allocation and promote work life balance. Both service areas continue to be challenged with their capacity to implement such guidance considering the continued demand and reduced workforce capacity to meet statutory obligations. 			

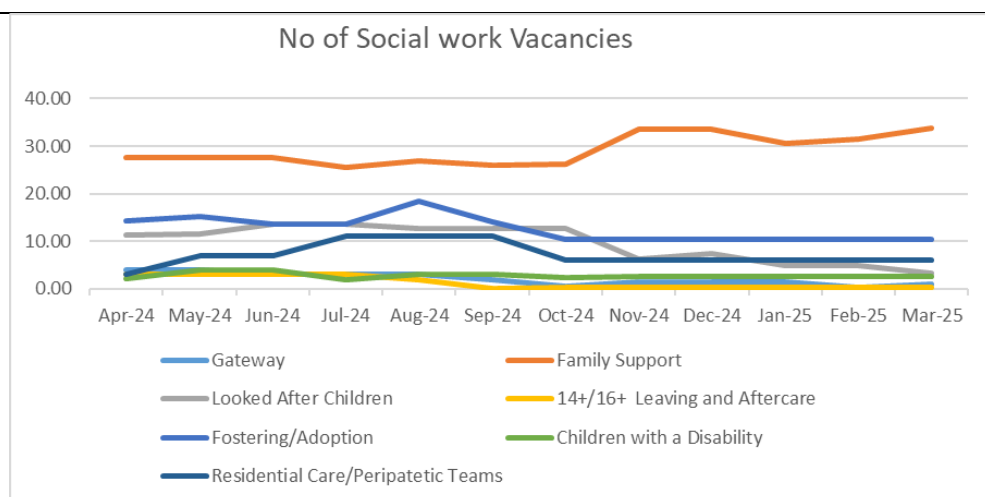
	<p>VII. Flexible working has been actively promoted within the directorate, and over the reporting period 50 applications have been processed for social work staff within children's services, 45 of which are band 5/6 and 7.</p> <p>VIII. The Learning and Development Team continued to provide additional support to newly qualified social workers through monthly mentoring sessions and AYE forums.</p> <ul style="list-style-type: none"> • Following the launch of Phase I of the social work staff staffing report by the DOH, the service has continued to engage in Phase II of this research, with staff from across the children's services teams participating in focus groups to inform the DOH in the development of safe staffing guidance. The draft report is to be shared by the CSWO with the EDSW and Director of Children Services. The Service acknowledges that the guidance on safe staffing and caseload ranges is an aspirational one and will be dependent on workforce supply. The service welcomes the 40 additional funded social work degree places in September 2024 and are hoping this can be supported in 2025. • CCS are encouraged by the number of social care staff applications to Open University during the reporting period. 11 applications were received from children's services staff for Open University places this year, with 8 shortlisted by the service, 2 of these staff were successful at interview and will commence in September 2025. The Trust has 6 DoH funded Open University places. • The Trust has continued to progress a Social Work Workforce Plan across all divisions overseen by the Recruitment and Retention Strategic which is chaired by the Deputy EDSW. The plan has progressed work via 3 work streams. The work streams have progressed learning from the experience of high performing teams, development of the social work bank, progression of a social work Transfer Policy and development of a curriculum for social work leadership development. The latter two products are to be implemented in the next reporting period. Valuing social work events have continued for the 3rd year within the Trust to promote social work wellbeing and connectivity across the social work workforce within the Trust. <p>Despite the considerable effort by the Trust to progress recruitment and retention strategies the CCS continues to experience significant workforce challenges due to the deficit in supply of social workers regionally.</p> <p>Challenges arising from workforce capacity and increased demands have continued to escalate and have been shared on an ongoing basis with the Trust Board, Social Care Committee, SPPG and DoH.</p> <p>At the end of the reporting period:</p>
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Service Area	% workforce capacity band 5-7	Difference since previous report
Gateway	22.0%	Reduced 0.6%
Family Support	49.4%	Reduced 2%
LAC	21.9%	Reduced 16.5%
14+/16+ Leaving and Aftercare	17.5%	Reduced 4%
Fostering/Adoption	36.9%	Increased 2.9%
CWD	21.9%	Reduced 16.9%
Residential Care/Peripatetic Teams	20.4%	Increase 3.7%

The service notes that whilst a comparison of the March end of year data between the last 2 reporting period would give an indication of improvements in staff capacity, an analysis of workforce capacity broken down by vacancies and workforce absence across the past 2 years indicates an increase in the number of vacancies – see below:

Bands 5-7	2023/24	2024/25
Av no. of vacancies	46.53 WTE	64.76 WTE
Av no. of staff off due to workforce absence	37 WTE	33.44 WTE

In terms of the distribution within services of workforce vacancies across the year there has been a decline in the number of vacancies for all service areas except family support which has increased.



In recognition of the challenges in supply of social work staff in Northern Ireland the Trust are progressing the recruitment of internationally qualified social work (IQSW) staff, the first 10 will be ring-fenced to children's community services. This recruitment work will be progressed within the next reporting period.

The Trust has also led, alongside the South Eastern Health and Social Care Trust Assistant Director for workforce and governance, the development of a regional contingency plan. This plan has been developed following ongoing consultation between the Directors of Children's services and the Office of Social Services on practice mitigations to support the current challenges faced by the workforce in children's service. This plan has been shared with the regional Assistant Directors, and it is anticipated this will be agreed within the next reporting period.

The Directorate has continued to implemented vacancy controls by restricting support of EOI to only promotional posts within Children's services.

The risks in regard to workforce capacity in the Social Care Workforce remain on the Trust's Board Assurance Framework.

2.3	<p>Supervision arrangements for social workers</p> <p>Please confirm that the Trust is fully compliant with the Regional Supervision Framework</p> <p>No</p> <p>% service compliance for the last quarter of the year at 31st March 2025 is 73%. The annual average compliance is 62.5%.</p> <p>If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?</p> <p>During the reporting period the directorate has progressed the following actions to improve compliance with the regional supervision framework,</p> <ol style="list-style-type: none"> 1. Staff Training and Engagement – Social work supervisors participated in training and engagement sessions to share lessons learned from the 2023/24 audit. 2. New Service Supervision Plans were agreed upon across all service areas in collaboration with Co-Directors and Senior Managers following the launch of the new supervision policy in April 2024. 3. Quality Improvement Project – This initiative significantly improved supervision compliance reporting from 7% to 77% through: <ul style="list-style-type: none"> • New reporting systems • Targeted training • Leadership accountability <p>The quality improvement initiative improved staff support, aligned with DoH standards, and promoted a culture of transparency and continuous improvement.</p> <ol style="list-style-type: none"> 4. Regular Supervision Compliance Reporting – Supervision compliance is reported on a quarterly basis via the Children Services Directorate governance meeting and to the EDSW supervision oversight group, providing senior management accountability and transparency. 6. Planned Future Audit – A follow-up supervision audit is scheduled for the next reporting period to assess progress in 2024/25. <p>These efforts have led to improvements in compliance reporting across the year. At period end service areas compliance with supervision standards was as follows:</p>
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	<table border="1"> <thead> <tr> <th data-bbox="347 241 842 315">Service Area</th><th data-bbox="842 241 1337 315">Compliance with Supervision standards</th></tr> </thead> <tbody> <tr> <td data-bbox="347 315 842 360">Gateway</td><td data-bbox="842 315 1337 360">75%</td></tr> <tr> <td data-bbox="347 360 842 405">Family support</td><td data-bbox="842 360 1337 405">71%</td></tr> <tr> <td data-bbox="347 405 842 450">LAC</td><td data-bbox="842 405 1337 450">46%</td></tr> <tr> <td data-bbox="347 450 842 495">LCAC</td><td data-bbox="842 450 1337 495">94%</td></tr> <tr> <td data-bbox="347 495 842 539">Children with Disability services</td><td data-bbox="842 495 1337 539">81%</td></tr> <tr> <td data-bbox="347 539 842 607">Early Intervention/Early Years' Service</td><td data-bbox="842 539 1337 607">50%</td></tr> <tr> <td data-bbox="347 607 842 651">Fostering</td><td data-bbox="842 607 1337 651">77%</td></tr> <tr> <td data-bbox="347 651 842 696">Adoption</td><td data-bbox="842 651 1337 696">97%</td></tr> <tr> <td data-bbox="347 696 842 741">Residential</td><td data-bbox="842 696 1337 741">74%</td></tr> </tbody> </table> <p>The annual supervision audit is currently underway to understand further barriers to compliance and to ensure that the DoH Regional Supervision Policy has been operationalised fully. The outcomes of this audit will support senior social workers in their supervisor role.</p>	Service Area	Compliance with Supervision standards	Gateway	75%	Family support	71%	LAC	46%	LCAC	94%	Children with Disability services	81%	Early Intervention/Early Years' Service	50%	Fostering	77%	Adoption	97%	Residential	74%
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2.4	<p>Please provide an update on the robustness of the data provided in this report and any data assurances processes in relation to it. (This may include reference to electronic or manual data sources and any data gaps and work with Encompass).</p> <p>Children's community service has implemented a range of data assurance systems to ensure the robustness of data provided in this report:</p> <ul style="list-style-type: none"> • The Directorate information team has established a range of monthly controlled data quality processes, whereby a number of data quality reports are run from Paris, manually checked and errors or queries resolved on the system on an individual basis. This ongoing quality assurance process gives confidence that the Trust can accurately report on a range of key data at any stage and at any point in time. • Monthly supervision return, (as noted in point 2.3) has been implemented and overseen by the Divisional Social Worker throughout this reporting period. • The staffing capacity return is updated by all frontline managers on a weekly basis to ensure accuracy of monthly reporting to SPPG on workforce capacity and this informs the Business Continuity Plan. <p>Since Action Short of Strike commenced on 25th April 2024 when NIPSA Social Work members across Gateway, Family and LAC were instructed not to complete any statistical or corporate parenting</p>																				

	<p>returns, the Trust has been unable to progress a number of data assurance points regarding statutory function compliance:</p> <ol style="list-style-type: none"> 1. Monthly return from teams which was assured for quality by the directorate information team with line managers, including CSMs, to track unallocated, statutory visits and review compliance of Child Protection and LAC. The Divisional Social Worker had provided second line assurance over this accountability. 2. The Directorate information team had also provided all teams with a client list for return and completion of any manual information required for the completion of the Data 10 report on a six monthly basis. This has impacted on the returns completed for Data 10 in both September 2024 and for this reporting period.
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2.5	<p>Programme of Care to advise of numbers of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews, Audits or RQIA Inspection and/or Review activity <i>completed</i> during the reporting period, that directly relates to the Trusts discharge of their statutory functions (please complete table below).</p>																		
	<table border="1" data-bbox="328 573 1339 987"> <thead> <tr> <th></th><th>Number</th></tr> </thead> <tbody> <tr> <td><i>Serious Adverse Incidents</i></td><td>43 completed</td></tr> <tr> <td><i>Domestic Homicide Reviews</i></td><td>1</td></tr> <tr> <td><i>Case Management Reviews</i></td><td>2 reports completed</td></tr> <tr> <td><i>Mental Health Review Tribunals</i></td><td>0</td></tr> <tr> <td><i>Judicial Reviews</i></td><td>0</td></tr> <tr> <td><i>Audits</i></td><td>6</td></tr> <tr> <td><i>RQIA Inspections</i></td><td>14</td></tr> <tr> <td><i>RQIA Enforcement notices – Failure To Comply Notices</i></td><td>2</td></tr> </tbody> </table> <p>Serious Adverse incidents</p> <p>There have been 43 Serious Adverse Incidents completed and submitted to SPPG in 2024/2025. This reflects the significant work undertaken by the service to investigate and learn from outstanding SAI. Of the 43 incidents reported only 2 of these incidents occurred within the reporting period ending on 31st March 2025. There were 5 circumstances within the completed reports that identified breaches of statutory function, 2 related to the timely completion of reports and visits, one in LAC and one in Family Support. There were 3 in relation to the allocation of a Personal Advisor (PA) in line with statutory timescales. Demand for PA's have escalated in line with the increased number of Looked after Children and significant work has been undertaken to manage service pressures across the whole directorate. These breaches are reflective of the current service pressures.</p> <p>Inter-agency working emerged as a recurring theme in particular with the PSNI and probation services. Work has been undertaken by the LCAC and Family Support service to increase communication, information sharing and partnership working. Information sharing within the Trust has also at times been an issue, particularly across community and hospital services when a young person has been admitted to hospital. This is due to Children's Services information currently being recorded on the Paris IT system and hospital staff using Epic. The issues particularly related to leaving and after care services and the</p>		Number	<i>Serious Adverse Incidents</i>	43 completed	<i>Domestic Homicide Reviews</i>	1	<i>Case Management Reviews</i>	2 reports completed	<i>Mental Health Review Tribunals</i>	0	<i>Judicial Reviews</i>	0	<i>Audits</i>	6	<i>RQIA Inspections</i>	14	<i>RQIA Enforcement notices – Failure To Comply Notices</i>	2
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	<p>service manager has now established an interface meeting with ED management to improve communication.</p> <p>The review of the SAI's completed highlights the difficulties engaging with young people who had experienced trauma in their lives and how this creates a heightened risk of alcohol and drug abuse, accidental overdose and in particular Child Sexual Exploitation. The Children's Residential Team have made progression in 2024/25 in the implementation of on the Northern Ireland Framework for Integrated Therapeutic Care, which has involved embedding the Therapeutic crisis Intervention Training and Reflective Governance. Staff were responsive and reflective of the needs of young people which led to a significant reduction in Adverse Incident reports of 36% within this service area this year.</p> <p><u>Domestic Homicide reviews</u></p> <p>During this reporting period the Department of Justice (DoJ) has published 1 DHR (Marcella) which identified learning for CCS. The key learning points related to:</p> <ul style="list-style-type: none"> ○ Awareness of the qualifying criteria for referral to PPANI; ○ The impact of coercive and controlling behaviour and Marcella role as a mother; ○ Understanding the impact of domestic violence of a child's right for safety and security to ensure appropriate responses to children; ○ The perpetrators manipulations of professionals and ○ The increased need to call out abusive behaviours within society <p>CCS has implemented and continues to progress the ILR recommendations within the directorate. Learning events have been held to reflect on this DHR, and a Domestic violence flowchart has been developed to support practitioners; PPANI and adult safeguarding training has also taken place. The 2023/24 supervision audit indicated a high level of compliance with supervision provision in teams such as Gateway/ Family Support and LAC where domestic violence is more often reported.</p> <p><u>Case Management Reviews</u></p> <p>The Trust has received reports with recommendations relating to the Belfast HSCT for the following CMRs:</p> <ul style="list-style-type: none"> ○ Grace – Learning identified within this CMR related to the Trust's mental health services. ○ Naomi – Learning identified within this CMR highlighted the importance of cross Trust information sharing to inform effective
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decision making; to ensure services involved have a comprehensive and strategic grasp of the complicated relationships and roles within families and not merely the current presentation. The review also highlighted the lack of access to children's social services information for clinicians involved in Naomi's ASD assessment which led to clinicians ruling out developmental trauma as a potential factor. Recommendations included SPPG leading on the development of a framework for information sharing and Trust workforce learning and development teams progressing the development of enhanced professional curiosity and appreciative training. The latter has been achieved.

Audits

1. **Gateway repeat referral audit** - The audit was undertaken by the Service manager for Gateway services following the submission of the Gary CMR notification. The audit reviewed Gateway Service responses to repeat referrals between April 2023 and March 2024. Findings showed most referrals were correctly thresholded, assessments were appropriate, and procedural guidelines were followed, though delays were noted. Two of five transfer cases had recurrent concerns. Limitations to this audit included the small sample size (68 referrals) and single-auditor analysis, which may have limited the findings. The auditor took account of the findings from referral audits conducted in LA in England which identified high repeat referrals rates stem from inadequate initial responses, high caseload and poor referral quality.
2. **BSO internal safeguarding audit** - Following BSO Internal audit (February 2024) which concluded an overall rating of limited level of assurance a further Child Protection audit was conducted in Feb 2025. Auditors selected a sample of 20 children who had been added to the Child Protection Register during the period April to October 2024. The Internal Audit concluded continued limited assurance in relation to Children's Safeguarding 2024/25 on the basis that although there has been an improvement in the recording of 4 weekly child protection visits, there are gaps in the monitoring of compliance of Statutory Functions. As a result of Action Short of Strike (ASOS) directions Compliance with statutory visits, case conferences and core groups cannot be currently effectively monitored by the Trust. First line assurance is provided through Social Work Supervisions and the Case Conference processes. Management is unable to monitor if all statutory functions in relation to child protection have taken place and reporting to SPPG has not occurred. Reduction in staff capacity has impacted on delays with absence/vacancy in the family support service averaging between 40% and 50%. All necessary actions that could be implemented had been achieved since the previous audit. The actions in relations to second- and

	<p>third-line assurance were partially achieved, as systems of accountability and governance have been established. However again due to ASOS these systems could not be implemented within the service.</p> <p>3. Recording of Complaint audit - Following a recommendation from a NIPSO Complaint, the service conducted an audit of records made and obtained during a complaint's investigation, to identify any learning for the service with the application of guidance BHSCT Policy & Procedure on Management of Complaints, Concerns and Compliments (2020). A sample of 14% of closed complaints across CCS from April 23 – Mar 24. were selected for audit. Whilst 100% of investigators did make records from the investigation and 86% retained these, 71% did not share the investigation records with the complaints department. Learning was shared across the directorate and via ongoing training, highlighting the need for all Staff to ensure they forward investigation notes to complaints department when a complaint is completed.</p> <p>4. Kinship audit - Following a recommendation from a NIPSO Complaint, the service conducted an audit of kinship. The audit identified:</p> <p>What is working well:</p> <ul style="list-style-type: none"> • Clear evidence at the point of care admission that family and relatives were considered • Clear evidence of liaison with PSNI in regard to the suitability of perspective kinship carers. • Clear evidence of records associated with PSNI engagement • Evidence of FSW engaging directly with perspective kinship carers. • Evidence of outcome of relevant checks completed and any disputes relating to the accuracy of the information. <p>Areas for improvement</p> <ul style="list-style-type: none"> • Field Social Work engage directly with perspective kinship carer when put forward by a birth parent to seek their consent to be considered as a perspective carer, consent to a PSNI check and the outcome of checks discussed and recorded. • Improve recording when an enhanced check has not been offered to a perspective kinship carer after being deemed unsuitable by PSNI and the rationale for this decision. <p>5. Agency Tracker Audit – To ensure that all agency social care staff employed in the Trust have Access NI checks and NISCC registration (where applicable). The Trust notes a 97.3%</p>
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	<p>compliance rate, with Children's Community Services requiring support to improve in one service area.</p> <p>Within the next reporting period the Trust will be seeking 100% compliance across all service areas with the following improvement plan in place;</p> <ul style="list-style-type: none"> • System of reminder emails established by the social work and social care governance lead • Attendance of social work and social care governance led at managers forums as required, where additional support is required. <p>6. NISCC registration and Fitness to practice audit - Within this reporting period the Trust has undertaken an audit of NISCC registration compliance (fee payment and renewal) across social work and social care. This identified barriers to maintaining registration as per legislative requirements and highlighted supports required for registrants. Actions arising included;</p> <ul style="list-style-type: none"> • Development of training material for line managers in how to support staff to maintain their registration • Tracking of all de-registration where staff are unable to work until they are re-registered • Audit of all staff returning from a long term absence to ensure return to work policy is implemented. <p>The Trust notes that Fitness to Practice investigations can be protracted due to the complexity of multiple systems working together. An audit of Fitness to Practice timescales has been completed to support timely conclusion of Trust investigations to enable NISCC process.</p> <p>RQIA Inspections and Serious concerns</p> <p>Serious concerns</p> <p>Children's homes serious concerns - as outlined in the previous reporting period the Trust received notification from RQIA in March 2024 of an intention to serve an improvement notice resulting from concerns relating to patterns of activity across the residential sector, in relation to using unregistered services and making applications to vary the registration of services. It was noted that between Jan 2023 and March 2024 the Trust had made application to vary the registration of eight of the nine Children's Homes. During the directorate submitted an action plan on 7th May, setting out short, medium and long terms actions over an 18-month period. The Action plan involved Children with Disabilities, Fostering and residential services. Following this</p>
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	<p>submission and engagement with RQIA the Trust did not receive an Improvement notice. RQIA advised they would maintain a watching brief to the application of this plan and the impact on issues they have raised.</p> <p>Children with disabilities serious concerns – The Trust have continued to engage with RQIA regarding Somerton Road children's home for children with learning disabilities and complex needs. RQIA concerns related to the prolonged absence of a registered manager and the cumulative impact of a lack of effective leadership, quality assurance and governance arrangements and improvements in the premises. Progress has been achieved within the service area and a final Action Plan was submitted 11/07/2024 – This plan set out actions relating to 3 recommendations to improve staffing and 4 recommendations to improve premises. The failure to comply notification was subsequently lifted following 2 further inspections in July and August 2024</p> <p><u>Inspections</u></p> <p>There was a total of 14 RQIA Inspections within the reporting period, including 4 in children with disabilities services.</p> <p>Residential care provision</p> <p>There were 10 RQIA inspections during the reporting period, (9 care inspections and 1 pharmacy inspection). 8 Quality improvement plans (QIPs) were submitted during the reporting period</p> <p>Areas of improvement within these QIP included:</p> <ul style="list-style-type: none"> • Estates/Environmental refurbishment and repair • Safety planning/risk assessments • Staffing: Induction/recruitment/training of all staff, core/agency/bank • Restrictive practice, proportionate and monitoring arrangements. • Young people's participation within the home. • Governance processes i.e. incident notifications, recording and analysis of incidents. <p>The Trust continues to progress QIPs in response to inspection recommendations from RQIA.</p> <p>Children with Disability services</p> <p>Somerton, care home for children with learning disability had 2 care inspections, and 2 serious concerns meetings convened by RQIA as highlighted above. Learning themes from the improvement plans included:</p>
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	<ul style="list-style-type: none"> • Safe staffing • Governance processes i.e. incident notification and record management • Health and safety/Estates issues • Consistency of leadership <p>Somerton returned to compliance with RQIA standards in August 2024.</p>
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2.6 Discharge of Statutory Functions

Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

2.6	Summary of areas where the Trust has not adequately discharged their 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 Disabilities</p> <p>Provision of services to for Children with Disabilities</p> <p>The Trust continues to experience challenges with provision of residential and short break provision for children with disabilities. Additional in year and recurrent investment has been achieved in 2024/25 to progress actions to meet these needs.</p>	<p>Provision of services for Children with Disabilities</p> <ul style="list-style-type: none"> • The Trust has re-profiled Willow Lodge to provide medium to long term care for with children with complex disabilities. • Increase provision of short breaks provided by Barnardos Whistle-stop, the service is currently registered to provide short breaks from 2 to 3 children at any one time, up to 30 overnights across a 4- week period, which is 50% of the service commissioned. • Progress dual registration to provide short break (1 bed/2 nights) within Forest Lodge until Lindsay House reopens • Engagement with SET to progress the resumption of short-breaks offered in Lindsay House by Sept 2025 • Increase short break provision via development of Fostering Short-break and exploration of additional provision in community/voluntary/independent sector • Expand the Children's In-reach Support Service (CISS) to two waking nights per week at weekends and delivered in family homes
	Leaving and Aftercare services Personal Advisors	Personal Advisors

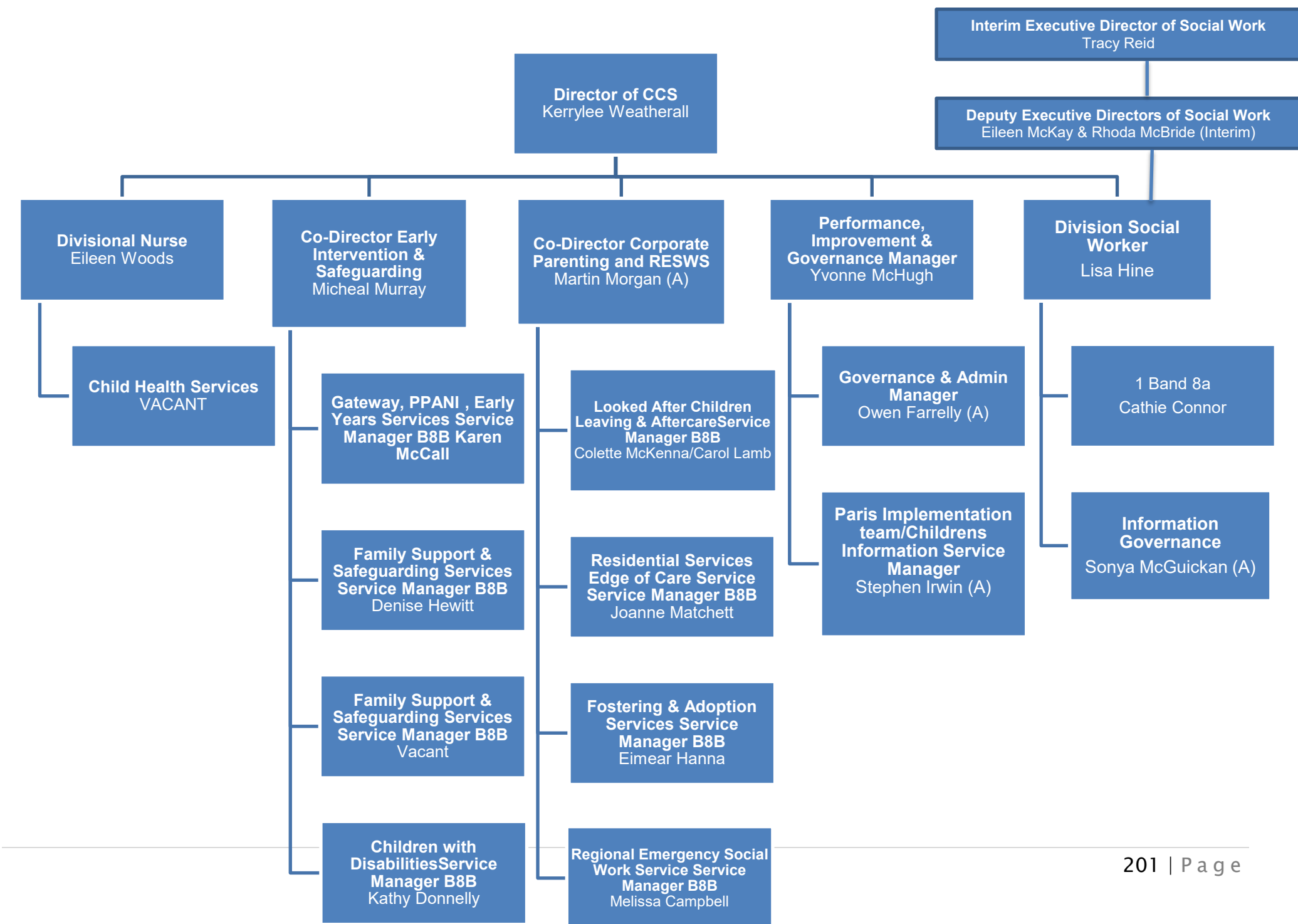
	<p>The Trust continues to experience challenges with the allocation of Personal Advisors. 92 young people were not allocated a PA at the end of reporting period. There is a vacancy of 3.0 PA (including 1 for service for unaccompanied asylum seeking children (sUASC PA) at end of period and 3 further are absent from work.</p>	<ul style="list-style-type: none"> • The recruitment of the 3 PA will be achieved in the next reporting period. • The regional review of Leaving and Aftercare Services will inform the structure of the service within the Trust. This will support the integration of personal advisors into teams managing Looked After Children from the age of 16+ who are eligible for PA allocation.
	<p>Unallocated Cases</p> <p>At end of this reporting period The Trust notes the continued increasing trajectory of unallocated cases across children's services with the exception of CwD. All children's service areas continue to be impacted by reduced workforce capacity.</p> <p>Unallocated Gateway – 175 cases with workforce capacity reduced by 22%.</p> <p>Unallocated Family Support – 66 cases with workforce capacity reduced by 49.4%%.</p> <p>Unallocated LAC – 77 cases with workforce capacity reduced by 21.9%</p>	<p>Unallocated Cases</p> <ul style="list-style-type: none"> • Unallocated cases are tracked on a monthly basis and reported to SPPG. • The Trust manages unallocated cases in line with Business continuity arrangements. • The Trust is continuing to operationalise the reconfiguring of Looked After Children's Teams to enable a dedicated team to manage the unallocated LAC cases, which are triaged as more stable cases with lower risk. Whilst not all of these cases are deemed as allocated to a specific, assigned social worker, their statutory visits and LAC review are undertaken by the social work team. • The Trust awaits the regional unallocated cases paper from SPPG. • Implementation on social work recruitment and retention strategies in CCS. • Development of Family Support team within family support services. • Safe Staffing research phase 2 - Timescale for publication is during the next reporting period, to inform the service workforce planning.

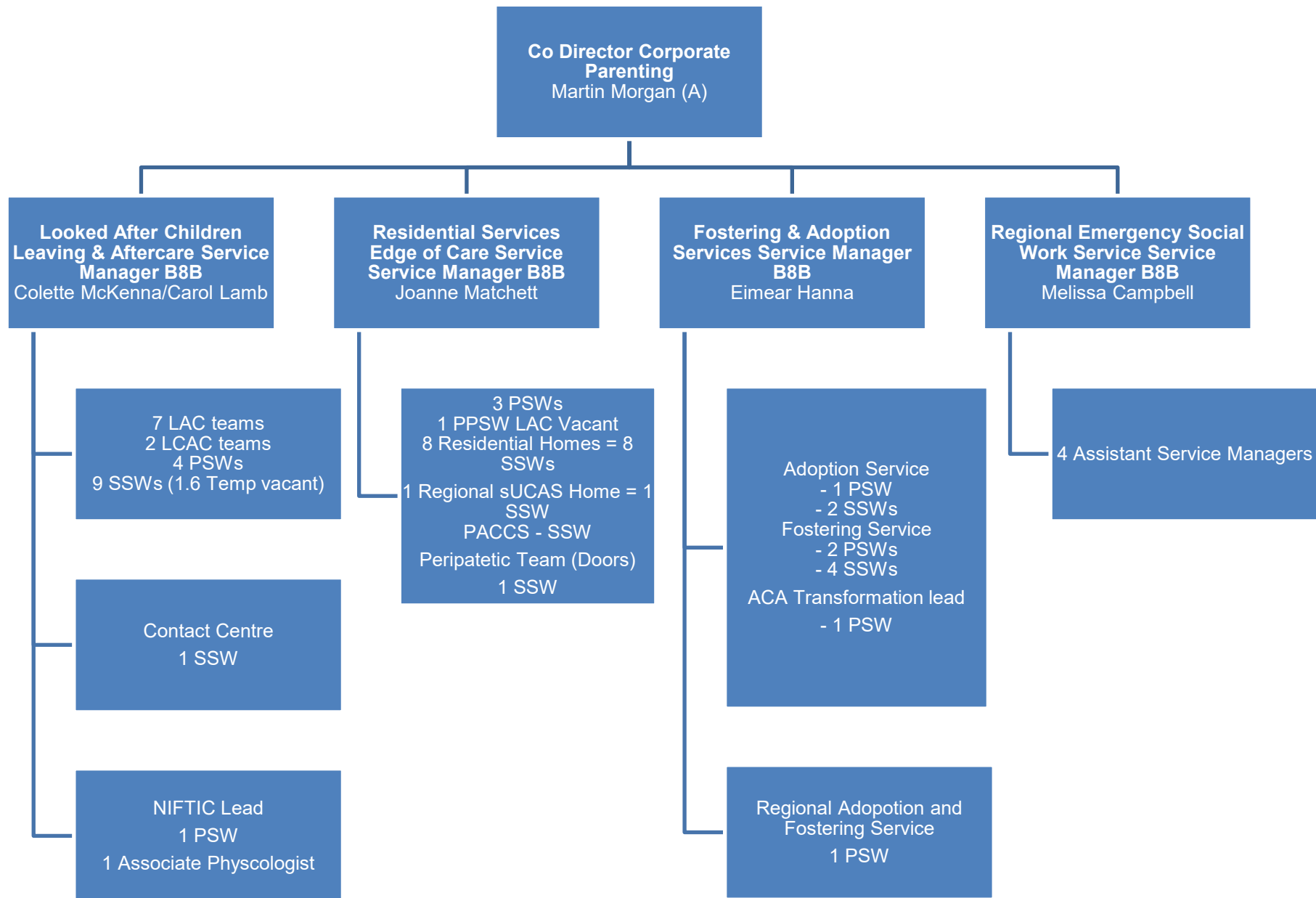
<p>Unallocated Fostering - 151 unallocated cases and 112 unallocated assessment with workforce capacity reduced by 36.9%</p> <p>Unallocated CwD cases – A further 41% reduction to 44 unallocated cases, from 107 at the end of the last reporting period with workforce capacity reduced by 21.9%.</p>	<ul style="list-style-type: none"> • Trust specific Children's Services Reform Board activity • Progression of regional contingency plan.
<p>Statutory visits/ statutory reviews</p> <p>The service is impacted by ASOS in its capacity to report on the level of statutory visits and reviews out of timescale.</p>	<p>Statutory visits/ statutory reviews</p> <ul style="list-style-type: none"> • Cases are prioritised via a risk triage system. • Embed and review the reconfiguration of the LAC services with 1 team holding case holding responsibility for 243 LAC at the end of the reporting period. Cases are allocated on a rotational basis for the purpose of completing LAC reviews and have contributed to the reduction in unallocated LAC from 106. Statutory visits are completed on six weekly basis, which the Trust acknowledges is out of timescale. • Out of hours LAC team continues to manage 89 LAC cases to ensure compliance of statutory function to LAC • Progression of regional contingency plan.
<p>Placement moves for children</p> <p>This continues to remain high at 172 however has reduced by 7 within this reporting period despite the continued increase of children requiring a care placement (14).</p>	<p>Placement moves for children</p> <ul style="list-style-type: none"> • The Trust continues to lead on the regional recruitment strategy for foster carers and implementing recruitment and retention plans at a local level. • The fostering service tracks placement moves on a monthly basis

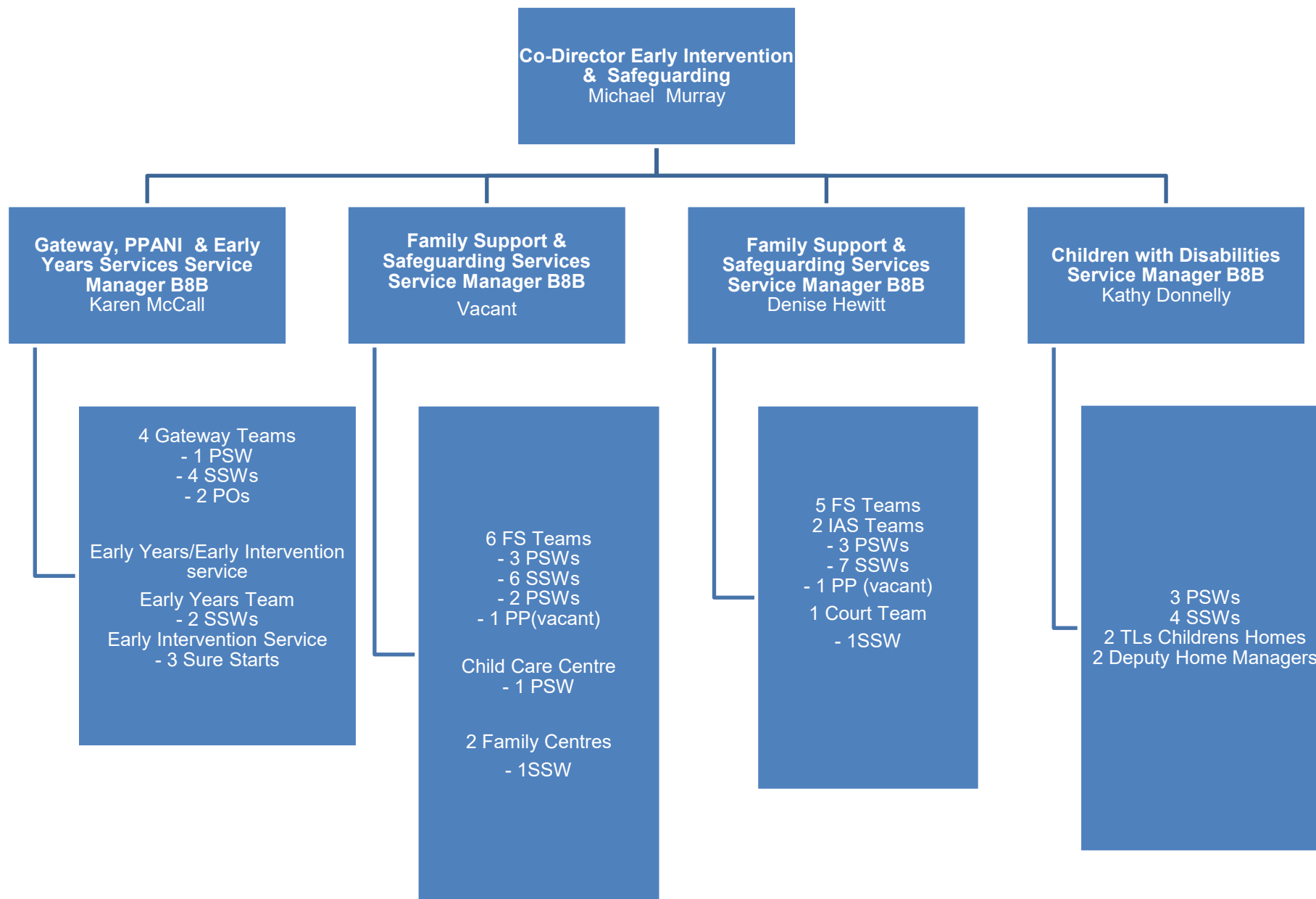
		<ul style="list-style-type: none"> Trust reviews placements under pressure across teams on an ongoing basis, to consider supports to enhance placement stability.
	<p>Increased numbers of Looked After Children</p> <p>Continued increase in number of LAC> 14 LAC over the 12 month reporting period (total at 31st March 25 1172).</p>	<p>Increased numbers of Looked After Children</p> <ul style="list-style-type: none"> The Trust to embed the senior management oversight group with 3 areas of focus <ol style="list-style-type: none"> LAC admission and Discharges – review all admissions to care and review progression of work to support permanence planning/discharge i.e. permanence panel, residence order and Care Orders at home work streams Unstable placements – review children whose placements are unstable to identify supports to mitigate placement breakdown were possible. Edge of care – to identify support to prevent care admissions. The Trust to identify via audit and embed practice learning from the progress achieved over the last year with discharging 21 care orders to Residence Order. The service co-director has engaged with SPPG to highlight the commissioning deficits in staffing with the fostering service based on the increasing LAC populations has on fostering demands
	<p>Fostering</p> <p>There has been an increase of 29 households providing support to LAC within this reporting period. This is</p>	<p>Fostering</p> <ul style="list-style-type: none"> The Trust has an action plan in place to manage outstanding annual reviews.

<p>mainly in relation to kinship placements. However, it is of note that there are 22 household pending de-registration.</p> <p>There has been a significant increase in the number of unregulated placements with 101 unregulated households at the end of the reporting period; an increase of 30 over the past six months (an increase of 57 across the year)</p> <p>The fostering service has a total of 112 unallocated assessments as at 31st March 2025.</p> <p>49 foster carers have annual reviews outstanding- this is a reduction of 77 from 31st March 24- 31st March 25.</p> <p>The vacancy rates in Fostering currently sits at 32.9% at the end of the period an improvement of 9.4% across the year.</p>	<ul style="list-style-type: none"> • Assessments offered to Trust Social Work staff who are part of a fostering bank. • The service co-director has engaged with SPPG to highlight the commissioning deficits in staffing with the fostering service based on the increasing LAC populations has on fostering demands
<p>Children's Services Workforce Capacity</p> <p>Children's services continue to experience significant workforce challenges with social work practitioner band 5 – 7 workforce capacity reduced by:</p> <ul style="list-style-type: none"> • Gateway 22% • Family Support 49.4% • LAC 21.9% 	<p>Children's Service Workforce Capacity</p> <ul style="list-style-type: none"> • Development of CCS specific workforce plan aligned to the Trust social work recruitment and retention strategy including International Recruitment • Progression of CCS workforce recruitment and retention initiatives • Engagement with SPPG regarding deficits in staffing capacity arising from increased demand on services.

	<ul style="list-style-type: none"> • Leaving and Aftercare services 17.5% • Fostering and Adoption 36.9% • Children with Disabilities 21.9% • Residential 20.4% <p>Reduced workforce capacity and increase demand on service provision impacts capacity to delivery statutory function</p>	<ul style="list-style-type: none"> • Service capacity to deliver on statutory functions continues to be escalated to the Board Assurance Framework
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DATA RETURN

Children's Community Services

DATA RETURN 1- NIL RETURN

DATA RETURN 2- NIL RETURN

DATA RETURN 3- NIL RETURN

DATA RETURN 4- NIL RETURN

DATA RETURN 5 – CHILDREN 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 (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	304	0
5.2	Number of adult individual carers assessments completed during the period (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	304	0
5.2a	Number of adult individual carers assessments declined during the period and the reasons why (Source: SPPG PSSID Return) Trusts to provide figures as normal, however please <u>attach returns</u> for the 4 quarters should further quality assurance be required.	0	0	0
	To note with moving to a single source of reporting via SPPG PSSID return for Carers Assessments, carers reassessments offered, accepted and declined will also be available – this will be sourced from existing returns.	X	X	X
5.2b	Number of Adults waiting on a Carers assessment at 31 st March - work to commence in 2024/25 to develop regionally agreed definitions and minimum dataset.	X	X	X
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	304	0
5.4	Number of adult carers receiving a service @ 31 st March	0	304	0
5.5	Number of young carers offered individual carers assessments during the period.	56		
5.6	Number of young carers assessments completed during the period.	56		
5.7	Number of young carers receiving a service @ 31 st March	56		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	67		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	58		
	(c) Number of adults receiving direct payments @ 31 st March (Source: SPPG PSSID Return)	0		

	Trusts to provide figures as normal, however please <u>attach return</u> should further quality assurance be required. *56 DP packages currently suspended leaving a total of 230 active DP packages	
5.9	Number of children receiving direct payments @ 31 st March	338
5.9.a	Of those at 5.8 how many of these direct payments are being managed by another person acting on behalf of the service user in respect of another person?	338
5.10	Number of carers receiving direct payments @ 31 st March	4
5.11	Number of one off Carers Grants made in-year.	300
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

DATA RETURN 6- NIL RETURN

DATA RETURN 9- NIL RETURN

STRATEGIC PLANNING AND PERFORMANCE GROUP

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 DSF spreadsheets or DoH is indicated by colour coding.

Key to Data Items:-

	This data item is completed in the SF 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
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)							DSF - Children In Need Spreads heet	
	Children in need	2019	2020	2021	2022	2023	2024		2025
	As at: 31 March	4088	3546	3681	3888	4192	4033		4056
	As at: 30 Sept	3844	3528	3619	3963	4310	3691		
	<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> In this reporting period the Trust has seen an increase (365) in the numbers of children in need of support across Children’s Community Services. The Trust notes that whilst the rate of referral has continued to remain relatively consistent during this period as outlined in 10.1.14 , there has been an increase in the number of unallocated cases held within gateway services at the end of the reporting period with the number of unallocated families having increased to 256 (175 waiting over 20 days). This increase is reflective of the increasing number of children in need as at 31st March 2025.							Data Return 10	
10.1.2	Ethnic Origin of Children in Need							DSF - Children In Need Spreads heet	
	Ethnicity				Total				
	White				2753				
	Chinese				16				
	Irish Traveller				28				
	Roma Traveller				6				
	Indian				10				
	Pakistani				6				

	<table><tr><td>Bangladeshi</td><td>8</td></tr><tr><td>Black Caribbean</td><td>0</td></tr><tr><td>Black African</td><td>96</td></tr><tr><td>Black Other</td><td>13</td></tr><tr><td>Mixed Ethnic Group</td><td>126</td></tr><tr><td>Any Other Ethnic Group</td><td>69</td></tr><tr><td>Not Stated</td><td>925</td></tr><tr><td>TOTAL</td><td>4056</td></tr></table>	Bangladeshi	8	Black Caribbean	0	Black African	96	Black Other	13	Mixed Ethnic Group	126	Any Other Ethnic Group	69	Not Stated	925	TOTAL	4056															
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Any Other Ethnic Group	69																															
Not Stated	925																															
TOTAL	4056																															
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>1122</td></tr><tr><td>Presbyterian</td><td>404</td></tr><tr><td>Church of Ireland</td><td>75</td></tr><tr><td>Church of England</td><td>16</td></tr><tr><td>Methodist</td><td>14</td></tr><tr><td>Other Christian</td><td>303</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>118</td></tr><tr><td>Other</td><td>138</td></tr><tr><td>Not Known</td><td>882</td></tr><tr><td>Not Completed</td><td>903</td></tr><tr><td>None</td><td>80</td></tr><tr><td>Refused</td><td>1</td></tr><tr><td>TOTAL</td><td>4056</td></tr></table>	Religion	Total	Roman Catholic	1122	Presbyterian	404	Church of Ireland	75	Church of England	16	Methodist	14	Other Christian	303	Jewish	0	Muslim	118	Other	138	Not Known	882	Not Completed	903	None	80	Refused	1	TOTAL	4056	DSF - Children In Need Spreads heet
Religion	Total																															
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Other	138																															
Not Known	882																															
Not Completed	903																															
None	80																															
Refused	1																															
TOTAL	4056																															
10.1.4	<div>(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st October – 31st March</div> <div>3530 children have been referred for an assessment of need within this reporting period. This is an increase of 55 from the previous reporting period</div> <div>(b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st October – 31st March</div> <div>See CIN spreadsheet 10.1.4 for referral details</div>	DSF - Children In Need Spreads heet																														
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>Source PMSI data on Unallocated cases – comes with child protection data.</div>	SPPG (PMSI)																														
10.1.6	<div>How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 31st March?</div> <div><i>Ensure any specific issues are raised in the Service level summary</i></div>	DSF - Children In Need Spreads heet																														

	The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and Looked After Children (LAC) to no longer complete Corporate Parenting returns, a team return is required for information to be provided.																						
10.1.7	<p>Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.</p>	DSF - Children In Need Spreads heet																					
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?	SPPG (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	<p>How many of the Children in Need are Young Carers</p> <table border="1"> <thead> <tr> <th>Teams</th><th>Number of Young Carers</th><th>Number of Young Carer Payments</th></tr> </thead> <tbody> <tr> <td>Children with Disabilities Team</td><td>56</td><td>113</td></tr> <tr> <td>Mental Health Services</td><td>21</td><td>14</td></tr> <tr> <td>Learning Disability Services</td><td>16</td><td>4</td></tr> <tr> <td>Physical & Sensory Services</td><td>13</td><td>30</td></tr> <tr> <td>Older Peoples Services</td><td>2</td><td>2</td></tr> <tr> <td>Total</td><td>108</td><td>163</td></tr> </tbody> </table> <p>The Trust continues to provide support for young carers across all service areas where children and young people in need of this support are identified and where support is agreed as required by the young carer. The Trust continues to implement 'Caring Together in Belfast 2023 Onwards' with social work representation from all service areas at the Carers Strategy Committee.</p>	Teams	Number of Young Carers	Number of Young Carer Payments	Children with Disabilities Team	56	113	Mental Health Services	21	14	Learning Disability Services	16	4	Physical & Sensory Services	13	30	Older Peoples Services	2	2	Total	108	163	Data Return 10
Teams	Number of Young Carers	Number of Young Carer Payments																					
Children with Disabilities Team	56	113																					
Mental Health Services	21	14																					
Learning Disability Services	16	4																					
Physical & Sensory Services	13	30																					
Older Peoples Services	2	2																					
Total	108	163																					

	<p>The Trust continues to work in partnership with Action for Children to support young carers and the activity for this reporting period is as follows;</p> <ul style="list-style-type: none"> • Number of referrals from 1st October 2024 – 31st March 2025- 35 • Number of young carers receiving a service 1st October 2024 – 31st March 2025 (including those who ceased using this service during the reporting period) – 96 • Young Carers receiving a service at 31st March 2025 - 73 																									
10.1.1 1	<p>How many young people aged 16 and 17 years presented to the Trust as homeless?</p> <p><i>This is sourced from Homeless Social Work Services within Trust. The detailed quarterly homeless young people's data collection template has been stood down.</i></p> <p><i>The excel data return should be completed to provide the number of young people who presented as homeless</i></p> <p>A total of 3 young people presented to the Trust as homeless during the reporting period.</p> <p>This is an increase of 1 young person who presented as homeless in the last reporting period. For the purposes of this report the Trust has counted referrals where the source was the Northern Ireland Housing Executive, including number of young people who availed of NIHE young homeless accommodation aged 16/17 who presented to the Trust as homeless. This information has been manually verified via PARIS.</p>	DSF-Children In Need Spreads heet																								
10.1.1 2	<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>(A) Day care</th><th colspan="2">Number of Purchased Places by Age</th></tr> <tr> <th></th><th>0-4</th><th>5-12</th></tr> </thead> <tbody> <tr> <td>Day Nursery</td><td>173</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>90</td></tr> <tr> <td>Total</td><td>173</td><td>90</td></tr> <tr> <td>(B) No of these children who have a disability?</td><td>11</td><td>28</td></tr> </tbody> </table>	(A) Day care	Number of Purchased Places by Age			0-4	5-12	Day Nursery	173	0	Playgroup	0	0	Childminder	0	0	Out of School hours club	0	90	Total	173	90	(B) No of these children who have a disability?	11	28	DSF-Children In Need Spreads heet
(A) Day care	Number of Purchased Places by Age																									
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Day Nursery	173	0																								
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Total	173	90																								
(B) No of these children who have a disability?	11	28																								
10.1.1 3	<p>Trust usage of Family Centre Places for interventions</p> <p>See spreadsheet 10.3.13 for details</p> <p>A total of 71 referrals have been made to Family Centre Places during the reporting period. This is an increase of 15 referrals from the</p>	DSF-Children In Need Spreads heet																								

	previous reporting period, with 46 on the waiting list at the end of the period which is an increase of 19 since the previous report.					
10.1.1 4	This is intentionally blank					
10.1.1 5	<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>See spreadsheet 10.1.15 for details</p> <p>A total of 35 children are subject to a Supervision Order Art. 50 (1) (b) and Interim supervision Order Art. 57 (1) as per reporting requirements. However, the Trust also notes that a further 3 children are subject to a Supervision order by virtue of Art. 58 (4) Supervision Order replacing Care Order. All 3 orders were granted during the reporting period. This would bring the total to 38 children subject to supervision orders. The Trust notes there is no requirement report on this legislative provision as part of this statutory function return.</p> <table><tr><th>Legislative provision</th><th>Number of Children</th></tr><tr><td>Art. 58 (4) Supervision Order replacing Care Oder</td><td>3</td></tr></table>	Legislative provision	Number of Children	Art. 58 (4) Supervision Order replacing Care Oder	3	DSF - Children In Need Spreads heet
Legislative provision	Number of Children					
Art. 58 (4) Supervision Order replacing Care Oder	3					
10.1.1 6	<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>See spreadsheet 10.1.16 for details</p> <p>12 children became subject of a Supervision/ Interim Supervision Order within this reporting period. This is a reduction of 1. As noted above a further 3 children became subject to a Supervision order by virtue of Art. 58 (4) Supervision Order replacing Care Order during the reporting period.</p>	DSF - Children In Need Spreads heet				

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		
<i>No data is required for items (10.2.1-10.2.8)– data sourced from SPPG quarterly Child protection Report.</i>		
10.2.1	How many children are on the Child Protection Register as 31 st March?	Quarterly CP return to SPPG
10.2.2	How many of these children have a learning disability?	Quarterly CP return to SPPG
10.2.3	How many of these children have a physical disability?	Quarterly CP return to SPPG
10.2.4	Religion of children on the Child Protection Register	Quarterly CP return to SPPG
10.2.5	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template)	Quarterly CP return to SPPG
10.2.6	How many registrations have there been during the period?	Quarterly CP return to SPPG/Sosc are Reports
10.2.7	How many de-registrations have there been during the period?	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
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> <table><tr><td>Looked After Children</td><td>2017</td><td>2018</td><td>2019</td><td>2020</td><td>2021</td><td>2022</td><td>2023</td><td>2024</td><td>2025</td></tr><tr><td>As at: 31 March</td><td>743</td><td>766</td><td>824</td><td>866</td><td>875</td><td>945</td><td>1029</td><td>1095</td><td>1172</td></tr><tr><td>As at: 30 Sept</td><td>757</td><td>765</td><td>826</td><td>881</td><td>905</td><td>991</td><td>1060</td><td>1158</td><td></td></tr></table>	Looked After Children	2017	2018	2019	2020	2021	2022	2023	2024	2025	As at: 31 March	743	766	824	866	875	945	1029	1095	1172	As at: 30 Sept	757	765	826	881	905	991	1060	1158		DSF – LAC Spreadsheet																										
Looked After Children	2017	2018	2019	2020	2021	2022	2023	2024	2025																																																	
As at: 31 March	743	766	824	866	875	945	1029	1095	1172																																																	
As at: 30 Sept	757	765	826	881	905	991	1060	1158																																																		
10.3.2	<div>Religion and 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>977</td></tr><tr><td>Chinese</td><td>3</td></tr><tr><td>Irish Traveller</td><td>17</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>1</td></tr><tr><td>Black Caribbean</td><td>0</td></tr><tr><td>Black African</td><td>31</td></tr><tr><td>Black Other</td><td>6</td></tr><tr><td>Mixed Ethnic Group</td><td>48</td></tr><tr><td>Any Other Ethnic Group</td><td>23</td></tr><tr><td>Not Stated</td><td>63</td></tr><tr><td>TOTAL</td><td>1172</td></tr></table> <table><tr><td>Religion</td><td>Total</td></tr><tr><td>Roman Catholic</td><td>476</td></tr><tr><td>Presbyterian</td><td>199</td></tr><tr><td>Church of Ireland</td><td>29</td></tr><tr><td>Church of England</td><td>5</td></tr><tr><td>Methodist</td><td>7</td></tr><tr><td>Other Christian</td><td>120</td></tr><tr><td>Jewish</td><td>0</td></tr><tr><td>Muslim</td><td>45</td></tr><tr><td>Other</td><td>34</td></tr><tr><td>Not Known</td><td>205</td></tr><tr><td>Not Completed</td><td>16</td></tr><tr><td>None</td><td>35</td></tr></table>	Ethnicity	Total	White	977	Chinese	3	Irish Traveller	17	Roma Traveller	3	Indian	0	Pakistani	0	Bangladeshi	1	Black Caribbean	0	Black African	31	Black Other	6	Mixed Ethnic Group	48	Any Other Ethnic Group	23	Not Stated	63	TOTAL	1172	Religion	Total	Roman Catholic	476	Presbyterian	199	Church of Ireland	29	Church of England	5	Methodist	7	Other Christian	120	Jewish	0	Muslim	45	Other	34	Not Known	205	Not Completed	16	None	35	DSF – LAC Spreadsheet
Ethnicity	Total																																																									
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	<table><tr><td>Refused</td><td>1</td></tr><tr><td>TOTAL</td><td>1172</td></tr></table>	Refused	1	TOTAL	1172																									
Refused	1																													
TOTAL	1172																													
10.3.3	<div>Number of Looked After Children (as at 10.3.1) by type of placement at 31st March?</div> <table><tr><th>Type of placement</th><th>Totals</th></tr><tr><td>Residential</td><td>60</td></tr><tr><td>Fostering – (stranger)</td><td>208</td></tr><tr><td>Fostering (Kinship)</td><td>43</td></tr><tr><td>Fostering (Independent)</td><td>152</td></tr><tr><td>Placed at home with parents</td><td>68</td></tr><tr><td>Placed for adoption</td><td>7</td></tr><tr><td>Jointly Supported Accommodation Projects</td><td>7</td></tr><tr><td>Juvenile Justice Centre</td><td>0</td></tr><tr><td>Supported Lodgings</td><td>7</td></tr><tr><td>Tenancy Arrangement</td><td>22</td></tr><tr><td>Unregulated Be-Spoke Arrangement</td><td>0</td></tr><tr><td>Other</td><td>1</td></tr><tr><td>Total</td><td>1172</td></tr></table> <p>The Trust continues to see the majority of Looked After Children, (1000) 85% placed with foster families (kinship and non-kinship). Foster placements have increased by a further 23 with the continued rise in the LAC population during the reporting period. Care Orders at home have reduced by 2. The Trust notes a continued increased trajectory in the number of kinship placement not yet approved (173) which is a further increase of 18.</p>	Type of placement	Totals	Residential	60	Fostering – (stranger)	208	Fostering (Kinship)	43	Fostering (Independent)	152	Placed at home with parents	68	Placed for adoption	7	Jointly Supported Accommodation Projects	7	Juvenile Justice Centre	0	Supported Lodgings	7	Tenancy Arrangement	22	Unregulated Be-Spoke Arrangement	0	Other	1	Total	1172	DSF – LAC Spreadsheet
Type of placement	Totals																													
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Unregulated Be-Spoke Arrangement	0																													
Other	1																													
Total	1172																													
10.3.4	<div>Age bands and length of time looked after for all Looked After Children at period end</div> <p>See spreadsheet 10.3.4 for details</p>	DSF – LAC Spreadsheet																												
10.3.5	<div>Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement</div> <p>The number of young people provided with overnight support through short break arrangement is 21 See spreadsheet 10.3.5 for details The Trust notes that this is a reduction of 5 young people receiving short break within this reporting period. There is, however, an increase of 22 overnights provided within the reporting period. The Trust continues to offer alternative supports to children and families who are unable to avail of overnight short breaks through the provision of Direct Payments, working in partnership with community and voluntary organisations and the ongoing development of the Children’s In-Reach Support Service.</p>	DSF – LAC Spreadsheet																												

	<p>From June 2024 the Trust contract with Barnardos Homelinks short break service ceased and Barnardos Whistle-stop short break provision commenced in July 2024. This service has the capacity to offer 60 nights short break per 4-week period. From July until February 2025 Whistle-Stop was operating at a reduced capacity of 20 overnights per 4-week period, due to staffing availability. Since 28.2.25 the RQIA registration was reviewed and updated with the service registered to provide short breaks from 2 to 3 children at any one time. The number of short breaks is not to exceed 30 short breaks across a 4- week period. This has enabled the provider to offer a maximum of 50% of the commissioned service. The provider makes considerable effort to recruit staff to progress towards the provision of the service commissioned by the Trust.</p> <p>Lindsay House (SET provision) continues to not be available for short break provision, due to current reconfiguration of Statement of Purpose to support children in the longer term. This reduces the Trust capacity to provide short breaks to families by a total of 120 nights per month. In the absence of this provision the Trust has been progressing a temporary plan to utilise Forest Lodge under a RQIA dual registration to provide short break for 1 bed for 2 nights per week (when the home is not in use for children with complex medial needs) until Lindsay House re-opens in next report period. This dual registration is anticipated to be achieved early within the next reporting period.</p> <p>During the reporting period the Children's In-reach Support Service (CISS) achieved Domiciliary Care registration with RQIA on 18/11/24. CISS became fully operational therefore able to complete personal care, administration of medication and extend respite support to families. From the 1st December 2024 the service commenced weekend day support to families. The service plans to expand further to provide two waking nights per week at weekends, delivered in family homes. This will allow parents/families to get a break from their caring role and uninterrupted sleep. It will enhance service delivery and provide more support to more families to prevent family breakdown and children needing foster placement/residential care/short break outside the home. The children with disability service is currently exploring further short break provision in partnership with community/voluntary/independent sector, which is also anticipated to be progressed within the next reporting period.</p>	
10.3.6	<p>Number of children accommodated for 3 months or more in a hospital</p> <p>There is currently 1 young person resident in this Trust area who has been subject to accommodation for 3 months or more in a hospital setting (Beechcroft).</p> <p>See spreadsheet 10.3.6 for further detail</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>There were no children accommodated for three months or more in an adult facility.</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> <p>See spreadsheet 10.3.8 for details</p> <p>During the reporting period the Trust has re-purposed Willow Lodge into a 2 bedded, medium to long term, residential children’s home, this service will not be available until the next reporting period.</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> <table><tr><td>Number of Foster Carers</td><td>656</td></tr><tr><td>Number of Approved Places Offered</td><td>933</td></tr></table>	Number of Foster Carers	656	Number of Approved Places Offered	933	DSF – LAC Spreadsheet																																
Number of Foster Carers	656																																					
Number of Approved Places Offered	933																																					
10.3.9	<table><tr><td>Placement changes</td><td>0-4</td><td>5-11</td><td>12-15</td><td>16+</td><td>Total</td></tr><tr><td>Number who moved once</td><td>24</td><td>30</td><td>23</td><td>36</td><td>113</td></tr><tr><td>Number who moved twice</td><td>5</td><td>6</td><td>12</td><td>8</td><td>31</td></tr><tr><td>Number who moved 3 times</td><td>0</td><td>4</td><td>4</td><td>6</td><td>14</td></tr><tr><td>Number who moved 4 times or more</td><td>1</td><td>6</td><td>4</td><td>3</td><td>14</td></tr><tr><td>Total</td><td>30</td><td>46</td><td>43</td><td>53</td><td>172</td></tr></table> <p>How many Looked After Children have had placement moves throughout the period?</p> <p>Trust must provide an explanation of actions taken to reduce placement moves during the period.</p> <p>The number of placement moves has reduced by 7 children over the reporting period, however the number of children who have moved 3 or more times has increased by 6 (to 28), due to the ongoing challenges experienced with placement availability, which is reflective of the increase in the Looked After Children population.</p>	Placement changes	0-4	5-11	12-15	16+	Total	Number who moved once	24	30	23	36	113	Number who moved twice	5	6	12	8	31	Number who moved 3 times	0	4	4	6	14	Number who moved 4 times or more	1	6	4	3	14	Total	30	46	43	53	172	DSF – LAC Spreadsheet
Placement changes	0-4	5-11	12-15	16+	Total																																	
Number who moved once	24	30	23	36	113																																	
Number who moved twice	5	6	12	8	31																																	
Number who moved 3 times	0	4	4	6	14																																	
Number who moved 4 times or more	1	6	4	3	14																																	
Total	30	46	43	53	172																																	

	<p>The service continues to take proactive and collaborative actions across our placements and field social work services aimed at reducing the need for placement moves.</p> <p>Actions to mitigate against moves include:</p> <ul style="list-style-type: none"> • The fostering leadership group convenes twice weekly (minimum) placement meetings, monthly duty meetings and long-term match reviews to ensure appropriate placements are made to meet the individual needs of Looked after Children; matched with the skill base of foster carers, to avoid and minimise placement moves. Review meetings also take cognisance of Looked after Children placed within independent fostering agencies to avoid “drift” in care planning for children placed outside of Trust placements. • Fostering and Adoption Principal Social Work staff meet regularly to review children aged 0-5 years in foster care, to again prevent drift where possible and promote timely moves for children who should ideally not be in a foster placement, to achieve permanence as quickly as possible. • Bi-monthly review meetings are also held with independent fostering agencies to ensure the needs of children placed with these agencies are being met appropriately within these placements; that disruptions are managed well and in a timely fashion, to ensure contingency planning and endeavor to mitigate unnecessary placement moves for children. • ‘Placement under Pressure’ and Placement Support meetings are convened across fostering and field social work teams to support children and carers, to try and prevent placement disruption where possible. There is established escalation processes to Children Service Manager’s via the monthly placement oversight group, which focus on unstable placements. This oversight group reviews and identifies supports to mitigate placement breakdown were possible. Outside of these forums emergency escalations meetings are convened when necessary. • The Fostering service has increased the use of evening and weekend childminding services within fostering services to improve placement stability. • The Fostering service has also made use of vacancy funding to temporary recruit band 4 social work assistants to provide support to placements in the absence of an allocated social worker, to support placement stability. 	
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<p>10.3.10</p>	<p>(a) How many Looked After Children are awaiting assessment or Treatment with child and adolescent mental health services at 31st March?</p> <p>34</p> <p>(b) How many Looked After Children have been referred for therapeutic services and their waiting time.</p> <p>See spreadsheet 10.3.10(b) for details</p> <p>There have been 25 referrals for looked after children to TSS within this reporting period, which is an increase of 3 referrals in the past six months. There has been a reduction of 91 children engaged with the service at period end (290).</p> <p>The average wait time in this reporting period is 10 weeks, a reduction of 2 weeks from the previous reporting period.</p>	<p>DSF – LAC Spreadsheet</p>
	<p>(c) Please provide actions taken to reduce waiting time.</p> <p>TSS aims to provide an Initial Professional Network Meetings (IPNMs), within 13 weeks of receipt of referral. At the end of the reporting period, there is no waiting list for IPNMs with most IPNMs taking place prior to the 13 weeks from receipt of referral.</p> <p>TSS facilitates individual therapy with children and young people where this is clinically indicated and the system around the child is robust enough to support this. This work varies in intensity and children and young people can be seen monthly for sessions, or where there is an assessed need, more intensively up to three sessions per week with a therapist. In some cases, a young person or child is seen with their carer(s) for sessions. This work is not captured elsewhere in the return.</p> <p>There is currently a waiting list of 5 young people requiring the provision of individual therapy. This waiting list is impacted by staffing capacity and also due to cases not having an allocated social worker; having an allocated SW is a requirement for a child or YP being seen by the service. There continues to be two practitioner psychologist posts vacant and the Trust have been unsuccessful in recruiting to these posts in this reporting period. Further recruitment will take place during the next reporting period. Successful recruitment to these posts will enable the Trust to reduce the current waiting time.</p>	<p>Data Return 10</p>

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> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.</p>	DSF – LAC Spreadsheet												
10.3.13	<p>How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.</p>	DSF – LAC Spreadsheet												
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>At period end the Trust confirms that 77 Looked After Children do not have an allocated social worker. This is a reduction from the previous reporting period when this applied to 189 Looked After Children. A breakdown of placements for the 77 Looked After Children is as follows:</p> <table><tr><td>PLACEMENT TYPE</td><td></td></tr><tr><td>CARE ORDER AT HOME</td><td>6</td></tr><tr><td>FOSTER CARE</td><td>26</td></tr><tr><td>FOSTERING BY RELATIVES</td><td>43</td></tr><tr><td>LODGING (Student accommodation)</td><td>1</td></tr><tr><td>MISSING FROM PLACEMENT with Parents</td><td>1</td></tr></table> <p>As outlined in 10.3.15 and 10.3.16 prior to industrial action commencing in April 2024 social work teams across the Trust provided a monthly return on the number of LAC statutory visits/reviews completed, which included the statutory compliance for visits and reviews for unallocated LAC cases. Since April when NIPSA Social Work members across Gateway, Family and LAC were instructed not to complete any statistical returns, these monthly returns have not been completed during this reporting period. This</p>	PLACEMENT TYPE		CARE ORDER AT HOME	6	FOSTER CARE	26	FOSTERING BY RELATIVES	43	LODGING (Student accommodation)	1	MISSING FROM PLACEMENT with Parents	1	DSF – LAC Spreadsheet
PLACEMENT TYPE														
CARE ORDER AT HOME	6													
FOSTER CARE	26													
FOSTERING BY RELATIVES	43													
LODGING (Student accommodation)	1													
MISSING FROM PLACEMENT with Parents	1													

	<p>has impacted on senior leadership oversight and reporting in this return on the Trust statutory requirements for both allocated and unallocated cases. The Trust has however within this reporting period reconfigured the remits of 2 of LAC teams to establish:</p> <ul style="list-style-type: none"> • One team of senior practitioner/ experienced social work staff, who will assume case responsibility to higher level need cases. Statutory visits and reviews are held within timescales. • One team focusing on statutory visits and reviews for LAC cases deemed to have a lower-level need. This team has been operational since October 2024 and has contributed to the reduction in the number of unallocated cases and significantly increased compliance with statutory visits and reviews. At the end of the reporting period this team held responsibility for 243 LAC. Cases are allocated on a rotational basis for the purpose of completing LAC reviews which were out of statutory timescale at point of transfer to the team. Statutory visits are completed for all cases on a duty system, whilst they are outside of the statutory monthly timescale, they are taking place on average every six weeks. <p>The service continues to work with the team to improve the accuracy of reporting of unallocated cases given the rotational nature of work being allocated to a social worker.</p>	
10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period? 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>The Trust is unable to provide data for this reporting period due to the impact of industrial action.</p> <p>Industrial action commenced in April 2024, prior to this social work teams across the Trust provided a monthly return on the number of LAC statutory visits/reviews completed, in addition to the reasons for non-compliance with these statutory requirements. Since April 2024 when NIPSA Social Work members across Gateway, Family Support and LAC were instructed not to complete any statistical returns, these monthly returns have not been completed. This has impacted on senior leadership oversight and reporting in this SPPG return on the Trust statutory requirements.</p> <p>The Trust also notes that because of industrial action NIPSA Social Work members in all grades in Family Support and LAC are</p>	DSF – LAC Spreadsheet

	<p>instructed to cease all activity in relation to cases that are unallocated or that are associated with a vacant caseload and the unallocated work is in the name of the appropriate corporate manager. Through the derogation process the Trust agreed with staff side that social work staff could provide an emergency response via a duty system to all unallocated cases including LAC. The Trust has prioritised the highest level of need for allocation and has re-prioritised case allocation in response to issues which emerge on duty. Additionally, the Trust continues to operationalise an out-of-hours LAC team to support the management of the number of LAC cases, this team was allocated a total of 89 LAC cases at the end of the period. A further 14 LAC cases are held by other teams across the service. These teams are completing LAC visits and reviews in line with statutory function.</p> <p>As outlined in 10.3.14 the Trust has reconfigured the LAC teams with one team focusing on statutory visits and reviews for LAC cases deemed to have a lower level need. This team has been operational since October 2024 and has contributed to the reduction in the number of unallocated cases and significantly increased compliance with statutory visits and reviews. At the end of the reporting period this team held responsibility for 243 LAC. Cases are allocated on a rotational basis for the purpose of completing LAC reviews which were out of statutory timescale at point of transfer to the team. Statutory visits are completed for all cases on a duty system, whilst they are outside of the statutory monthly timescale, they are taking place on average every six weeks. The service continues to work with the team to improve the accuracy of reporting of unallocated cases given the rotational nature of work being allocated to a social worker and monitoring of statutory function.</p> <p>Whilst significant progress has been achieved within the reporting period. The Trust notes that there continues to be unallocated LAC case held by other teams for whom statutory function is not completed. In the absence of the monthly team return the Trust is unable to identify with any level of assurance the number of LAC who have not received a statutory visit during this reporting period.</p>	
10.3.16	<p>No. of Looked After Children Reviews held during the period</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Gateway, Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.</p>	DSF – LAC Spreadsheet
10.3.17	Was the case of each Looked After Child reviewed in line with	Data Return 10

	<p>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> <p>As noted in 10.3.15 prior to industrial action commencing in April 2024 social work teams across the Trust provided a monthly return on the number of LAC statutory visits/reviews completed, in addition to the number and reason for non-compliance with these statutory requirements. Since April when NIPSA Social Work members across Gateway, Family and LAC are instructed not to complete any statistical returns, these monthly returns have not been completed. This has impacted on senior leadership oversight and reporting in this statutory function return on the Trust statutory requirements.</p> <p>As outlined in 10.3.14 and 10.3.15 the Trust has reconfigured the LAC teams with one team focusing on statutory visits and reviews for LAC cases deemed to have a lower-level need. This team has been operational since October 2024 and has contributed to the reduction in the number of unallocated cases and significantly increased compliance with statutory visits and reviews. At the end of the reporting period this team held responsibility for 243 LAC. Cases are allocated on a rotational basis for the purpose of completing LAC reviews which were out of statutory timescale at point of transfer to the team. Statutory reviews have been progressed for all cases transferred to the team which are scheduled to take place on a six-monthly timescale in line with statutory requirements. The service continues to work with the team to improve the accuracy of reporting of unallocated cases given the rotational nature of work being allocated to a social worker and monitoring of statutory function.</p> <p>Whilst significant progress has been achieved within the reporting period. The Trust notes that there continues to be unallocated LAC case held by other teams for whom statutory reviews have not been completed. In the absence of the monthly team return the Trust is unable to identify with any level of assurance the number of LAC who have not received a statutory visit during this reporting period.</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</p> <p><i>(If no, Please explain)</i></p> <p>The Trust has continued to experience an increase (14) in the number of children in care in this reporting period, however this also highlights that this is the lowest rate of increase since 2021. The LAC population has increased by an average of 2.3 per month per month during this reporting period; comparative to an increase of 10.5 per month in the previous reporting period. An analysis of this trend identifies that whilst the number of admissions 153 has only increased slightly (4) this period, compared to the last reporting period, there has also been a significant increase (45) in the number children 140 discharged from care. The Trust has seen an increase in the number of children returned to parent/sibling or relative/friends, with the number of Residence Orders (21) being achieved having doubled in the last six months, which follows a Residence Order project being progressed. Despite these achievements the number of children in care remains significantly high and places pressures on placement availability. The fostering service continues to experience the most pressure for placement availability. Whilst there has been an increase (12) in the number of children in non-kinship placements, there is a continued increased trajectory in the number of kinship placement not yet approved (173) with 130 children placed in 101 unregulated household. This a further increase of 18 children and 30 households since the previous report. Fostering services have 112 assessments on the waiting list for the fostering assessments at the end of the period.</p> <p>The Trust continues to require the use of 152 independent placements and has agreed an escalation plan with SPPG to reduce the number of Independent Fostering Providers, actions include:</p> <ul style="list-style-type: none"> • Review of all Independent Fostering Providers with Field and Fostering Social Worker to identify an exit strategy, if deemed to be in a child's best interests • Continuation of the ongoing recruitment strategy as outlined in section 10.5.5. • Exploration of kinship carers to explore capacity for non-kinship placements <p>Within this reporting period the service has reviewed the options panel. Since January 2025 the panel has been reconfigured and the service is operationalising 3 panels per month with the areas of focus rotating as followings:</p> <p>i) LAC admission and Discharges – review of all admissions to care and review progression of work to support permanence</p>	Data Return 10
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	<p>planning/discharge i.e. permanence panel, residence order and Care Orders at home work streams</p> <p>ii) Unstable placements – review children for whom placements are unstable to identify supports to mitigate placement breakdown were possible.</p> <p>iii) Edge of care – to identify support to prevent care admissions.</p> <p>The service aims to ensure through the provision of these panels a clearer oversight of the LAC population, which supports the development and sharing of practice learning within the directorate to support placement stability.</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>There was 1 exception to the normal fostering limit made within the reporting period.</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>There are 68 children deemed to be in inappropriate placements, this is an increase of one since the previous reporting period. The overview of LAC in inappropriate placements is broken down as follows:</p> <ul style="list-style-type: none"> • 2 Children remain at home due to no appropriate placement availability, 1 of whom is a child with a disability • 7 Children placed in Bridge/emergency foster placement/ moving between emergency placements • 29 Children placed in a short-term placement but require a long term placement • 9 Children in kin-ship placements requiring longer term fostering placement • 8 Children placed in Independent Fostering Agency placements requiring a long-term placement • 6 Children with a care plan of adoption, who are not in a dual approved placement • 1 Child in placement where the carers have given notice to end the placement • 6 young people placed in residential care who require alternative placements. All six young people require high-cost placements, as the Trust current residential provision is unable to progress their long-term therapeutic care plans. Three of young people's placements are outside to the Statement of Purpose of the Trust residential homes and Short term variation have been agreed with RQIA for the placements. 	DSF – LAC Spreadsheet

	<p>Four out of the six above have potential placements identified.</p> <ul style="list-style-type: none"> i) An independent provider was identified to provide placements for two young people. However, following a placement breakdown for one young person within a short period time, the Trust reviewed the provider's capacity to meet the needs and risks of both young people on a long term basis. Subsequently, the second placement has not been progressed by the Trust. ii) One placement was identified for a further young person however due to the Trust lack of assurance around the contractual issues, this placement did not proceed. iii) A potential supported living option was identified for the fourth child. There is currently ongoing engagement with RQIA regarding regulatory compliance of this proposed placement. iv) There continues to be no alternative placement options identified for the other two children. However SPPG are non-recurrently funding the placement of the fifth child, placed within a Trust provision, which is temporarily registered for one child with RQIA. 	
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 details.</p> <p>Over the reporting period Osbourne House use of restraints remains consistently high to the previous reporting period, and has been required to support dysregulated children to stay safe and prevent injury to themselves or others.</p> <p>Over the reporting period Glandore has seen an increase the number of restraints required, to support dysregulated children to stay safe and prevent injury to themselves or others; from 1 incident involving 1 child to 8 incidents involving 2 children.</p> <p>Residential services have made significant progress during the reporting period with the implementation of the NIFITC. The Service has utilised reflective governance to review significant events, review trends and interventions with children and young people to inform planning and mitigate harm.</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>	Data Return 10

	The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.	
10.3.26	<p>Permanency Planning for Looked After Children at period end</p> <p>i) How many Looked After Children who previously had a care plan of adoption agreed at a Looked After Child Review, had this care plan changed to</p> <p>ii) Of this number at 10.3.26 (b), how many care plans were changed to Long term fostering due to no suitable adoptive placement being identified.</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.</p>	DSF – LAC Spreadsheet
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 behavior (are formally cautioned or convicted)</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for information to be provided.</p> <p>and</p> <p>(b) How many Looked After Children are suspected to use drugs —and/or alcohol? NO LONGER RERQUIRED</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 2022 (this will be collected in September Data Return only)	DOH
10.3.33	Looked After Children, School Attendance – School Year Ended 30 th June 2022	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 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) for details.	DSF – LAC Spreadsheet
10.3.35	Number of children accommodated by ELB for 3 months or more by category There are no children accommodated by ELB for 3 or more months.	DSF – LAC Spreadsheet
10.3.36	(a) Number of Sibling groups accommodated: <ul style="list-style-type: none"> • Together 106 • Not accommodation together at period end 84 The Trust notes a reduction of 26 children not accommodated with their siblings; from 132 to 106 during this reporting period.	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 SPPG</i>	Lakewood/ Regional Panel
10.3.38	Please provide report into the operation of the Trusts Restriction of Liberty Panel <i>The data will be sourced from the Regional Secure Panel going forward – panel began on 1.9.19.</i>	Lakewood/ Regional Panel

<p>10.3.39</p>	<p>(a) During the period how many children or young people became a Looked After Child by age, gender and first placement</p> <p>157 Children were admitted to Care during the reporting period – this is an increase of 4 from the last reporting period.</p> <p>(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order</p> <p>No children admitted to care during the period have been reported as being 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>79 children admitted to care were on the Child Protection register within the last 2 years</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>58 children and young people who became looked after during the period had a CLA 1 form completed.</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>	<p>DSF – LAC Spreadsheet</p>
<p>10.3.40</p>	<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>See spreadsheet 10.3.40 (a) for details.</p> <p>(b) (i) Were these admissions planned, unplanned or emergency;</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p>	<p>DSF – LAC Spreadsheet</p>

	<p>(ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p> <p>(iii) Of those unplanned or emergency admissions how many were admitted by RESWS?</p> <p>The Trust is unable to provide this data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p>																											
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> <p>140 Children or young people ceased to be Looked After during the reporting period. See spreadsheet 10.3.41 for details</p>	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>54</td></tr><tr><td>Returned to Relatives/friends</td><td>29</td></tr><tr><td>Adopted</td><td>8</td></tr><tr><td>Independent living/Tenancy (NIHE/HAsoc./Private etc)</td><td>13</td></tr><tr><td>Foster Carers (GEM)</td><td>19</td></tr><tr><td>Jointly Commissioned Supported Accommodation Projects</td><td>4</td></tr><tr><td>Bed + Breakfast</td><td>0</td></tr><tr><td>Hostel. Foyer</td><td>1</td></tr><tr><td>Supported Board and Lodgings</td><td>7</td></tr><tr><td>Prison, Hospital</td><td>0</td></tr><tr><td>Other</td><td>5</td></tr><tr><td>Total</td><td>140</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 (see above).</p>	Destination	Total	Returned to Parents/Siblings	54	Returned to Relatives/friends	29	Adopted	8	Independent living/Tenancy (NIHE/HAsoc./Private etc)	13	Foster Carers (GEM)	19	Jointly Commissioned Supported Accommodation Projects	4	Bed + Breakfast	0	Hostel. Foyer	1	Supported Board and Lodgings	7	Prison, Hospital	0	Other	5	Total	140	DSF – LAC Spreadsheet
Destination	Total																											
Returned to Parents/Siblings	54																											
Returned to Relatives/friends	29																											
Adopted	8																											
Independent living/Tenancy (NIHE/HAsoc./Private etc)	13																											
Foster Carers (GEM)	19																											
Jointly Commissioned Supported Accommodation Projects	4																											
Bed + Breakfast	0																											
Hostel. Foyer	1																											
Supported Board and Lodgings	7																											
Prison, Hospital	0																											
Other	5																											
Total	140																											

	<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>1</td><td>4</td><td>32</td><td>25</td><td>33</td><td>29</td><td>62</td></tr><tr><td>Number not entitled to access Leaving Care Services</td><td>1</td><td>0</td><td>2</td><td>1</td><td>3</td><td>1</td><td>4</td></tr><tr><td>Total</td><td>2</td><td>4</td><td>34</td><td>26</td><td>36</td><td>30</td><td>66</td></tr></table>	Category	16		17		Count		Total		M	F	M	F	M	F		Number entitled to access Leaving Care Services	1	4	32	25	33	29	62	Number not entitled to access Leaving Care Services	1	0	2	1	3	1	4	Total	2	4	34	26	36	30	66	
Category	16		17		Count		Total																																			
	M	F	M	F	M	F																																				
Number entitled to access Leaving Care Services	1	4	32	25	33	29	62																																			
Number not entitled to access Leaving Care Services	1	0	2	1	3	1	4																																			
Total	2	4	34	26	36	30	66																																			
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>21 children 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> <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>21</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>21</td></tr></table> <p>(c) How many Residence Orders are in place at period end?</p> <p>228</p>							Placement	No. of Children	Stranger (Foster Carers)	0	Kinship (Foster Carers)	21	Residential Care	0	Other Placement	0	Total	21	DSF – LAC Spreadsheet																						
Placement	No. of Children																																									
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Kinship (Foster Carers)	21																																									
Residential Care	0																																									
Other Placement	0																																									
Total	21																																									
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>Nil</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 914 This is an increase of 7 from the previous reporting period. See 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><tr><th>Legal Status</th><th>16</th><th>17</th><th colspan="2">Total</th></tr><tr><td>Accommodated (Article 21)</td><td>7</td><td>20</td><td colspan="2">27</td></tr><tr><td>Care order (Art 50 or 59)</td><td>62</td><td>68</td><td colspan="2">130</td></tr><tr><td>Interim Care Order (Art 57)</td><td>3</td><td>0</td><td colspan="2">3</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>3</td><td colspan="2">3</td></tr><tr><td>Total</td><td>72</td><td>91</td><td colspan="2">163</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>72</td><td>91</td><td>0</td><td>0</td><td>0</td><td>0</td><td>163</td></tr><tr><td>Relevant</td><td>3</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td><td>7</td></tr><tr><td>Fmr Relevant</td><td>0</td><td>0</td><td>86</td><td>74</td><td>68</td><td>58</td><td>286</td></tr><tr><td>Qualifying</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>Total</td><td>75</td><td>95</td><td>86</td><td>74</td><td>69</td><td>58</td><td>457</td></tr></table>						Legal Status	16	17	Total		Accommodated (Article 21)	7	20	27		Care order (Art 50 or 59)	62	68	130		Interim Care Order (Art 57)	3	0	3		Deemed Care Order	0	0	0		Other	0	3	3		Total	72	91	163		Category	16	17	18	19	20	21+	Total	Eligible	72	91	0	0	0	0	163	Relevant	3	4	0	0	0	0	7	Fmr Relevant	0	0	86	74	68	58	286	Qualifying	0	0	0	0	1	0	1	Total	75	95	86	74	69	58	457	DSF-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																																																																																									
10.4.6							DSF-16+ Spreadsheet																																																																																			

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	90	10	62	11	91
Relevant	6	0	1	0	1
Former Relevant	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Qualifying	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable

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?

The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.

- (b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser?

The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.

- (c) How many do not have an up to date Pathway Plan at period end?

The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.

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>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</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>There are currently 92 young people awaiting allocation of a personal advisor (PA) at the end of the reporting period. This is an increase of 8 from the previous reporting period. Overall within this reporting period there has been an increase of 18 young people entitled to be allocated a Personal advisor.</p> <p>During the reporting period the Trust has progressed the following initiatives:</p> <ul style="list-style-type: none"> • The recruitment of a service for unaccompanied asylum seeking children (sUASC) team with one SSW and 3 PA's. However due to PA turnover, the service has only retained 2 PA's with 1 vacant at period end. These staff were appointed via agency and the service is currently progressing permanent recruitment for these PA posts. The service has to date transferred a total of 70 sUASC to this team. • A monthly dedicated PA allocation meeting to address the waiting list. • A system for administrative review of young people who are not using the PA service thus reducing the need for PA allocations. <p>Whilst it was anticipated that the implementation of these measures would significantly reduce the PA waiting list, the service has continued to face challenges with the allocation of PA because of workforce vacancies and absence. At the end of the reporting period the leaving and aftercare service PA workforce has a reduced capacity of 5.3 WTE, 2.0 resulting from vacancies and the remainder due to workforce absence. These 2 vacancies have been recruited, and the service anticipates they will assume their roles within the next reporting period. 1 further PA caseload capacity has also been reduced as the service supports this staff member to complete the OU social work course.</p> <p>The Trust acknowledged that should the service be fully staffed, with the additionally of the sUASC team, there would be sufficient capacity to manage the demand. However, the service has continually experienced pressure with staff turnover in addition to workforce absence resulting from staff sickness/maternity.</p>	Data Return 10

	Trust continues to await SPPG issuing the regional review of Leaving and After Care services, which will inform the structures within the Trust and any resultant impact on waiting lists/caseload expectations.																																																																																																	
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>20</td><td>21</td><td>41</td></tr><tr><td>Foster Placement (Kinship)</td><td>21</td><td>30</td><td>51</td></tr><tr><td>At Home In Care</td><td>11</td><td>9</td><td>20</td></tr><tr><td>Residential Children's Home</td><td>12</td><td>3</td><td>15</td></tr><tr><td>Secure Care</td><td>1</td><td>3</td><td>4</td></tr><tr><td>Specialist Residential Placement (NI/UK)</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Supported Lodgings/STAY</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>1</td><td>7</td><td>8</td></tr><tr><td>Unregulated Placement</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Other</td><td>6*</td><td>18*</td><td>24</td></tr><tr><td>Total</td><td>72</td><td>91</td><td>163</td></tr></table> <p>*these yp are accommodated in private rental accommodation</p> <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>3</td><td>4</td><td>7</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>3</td><td>4</td><td>7</td></tr></table> <p>(c) Former Relevant; and</p> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across</p>	Placement Type	16	17	Total	Foster Placement (Stranger)	20	21	41	Foster Placement (Kinship)	21	30	51	At Home In Care	11	9	20	Residential Children's Home	12	3	15	Secure Care	1	3	4	Specialist Residential Placement (NI/UK)	0	0	0	Supported Lodgings/STAY	0	0	0	Hospital	0	0	0	Jointly Commissioned Supported Accommodation Projects	1	7	8	Unregulated Placement	0	0	0	Other	6*	18*	24	Total	72	91	163	Living Arrangements	16	17	Total	Tenancy (NIHE/H Assoc./Private)	0	0	0	At Home with Parents/Siblings	3	4	7	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	3	4	7	DSF-16+ Spreadsheet
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	<p>Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p> <p>(d) Qualifying young people</p> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p>	
10.4.10	<p>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</p> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p> <p>(a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people</p>	DSF-16+ Spreadsheet
10.4.11	<p>Of the young people reported at 10.4.1 how many were convicted during this reporting period?</p> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</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> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p>	DSF-16+ S/Sheet
10.4.13	<p>Of the young people reported at 10.4.1 what is their parental status at period end?' </p> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate</p>	DSF-16+ S/Sheet

	Parenting returns, a team return is required for following information to be provided.																																																	
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> <p>The Trust is unable to provide the following data for this reporting period due to the impact of industrial action and Action Short of Strike instruction to social work staff across Family Support and LAC to no longer complete Corporate Parenting returns, a team return is required for following information to be provided.</p>	DSF-16+ S/Sheet																																																
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> <table><tr><th rowspan="2">Cause</th><th colspan="2">16-17</th><th colspan="2">18+</th><th colspan="2">Total</th></tr><tr><th>M</th><th>F</th><th>M</th><th>F</th><th>M</th><th>F</th></tr><tr><td>Natural Causes</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Accident</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Suicide</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></tr><tr><td>Total</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	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	0	0	0	Total	0	0	0	0	0	0	DSF-16+ S/Sheet
Cause	16-17		18+		Total																																													
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Accident	0	0	0	0	0	0																																												
Suicide	0	0	0	0	0	0																																												
Other	0	0	0	0	0	0																																												
Total	0	0	0	0	0	0																																												

10.5 FOSTERING

10.5.1

(a) How many foster carers are registered with the Trust at period end?

656 - Inclusive of 140 kinship carers who are not yet approved i.e. who are on waiting list for assessment/being assessed/are unregulated. **101** placements are unregulated, which is an increase of **30** since the previous reporting period.

How many of the carers above also provide a GEM placement?
24

Of the carers above how many are Prospective adopters dually approved as foster carers? **7**

Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers? **3**

Overall there is an increase of **25** foster carers within the reporting period. The Trust continues to see an increase in the number of kinship carer by **27** (including unapproved carers) and a decline in the number of non-kinship foster carers 3.

(b) Please give the number of other foster carers;

107

(c) Please give a breakdown of the number of foster carers de-registered during the period and the reason;

Reason for Foster Carer De-registered	Number
Carer has adopted or been granted a residence order	15
No longer wishing to foster	4
Retired	12
Deregistered following concerns re: care of child/ren	0
Opted to be GEM Carer Only	0

DSF-Foster care Spreadsheet

(d) Please advise of the recruitment process activity during the period;

Recruitment Process Activity During the period*		No. Of Carers
Number receiving information packs. 0 as regional agreement is referral to HSCNI Foster Care website for information	Kinship	0
	Non-Kinship	0
Number of Initial Home Visits	Kinship	132
	Non-Kinship	18
Numbers of Households attending Skills to Foster course	Kinship	33
	Non-Kinship	15
Number of Completed Assessments during the period	Kinship	34
	Non-Kinship	10
Of the number of completed assessments (above), number approved at Fostering Panel	Kinship	31
	Non-Kinship	10
Number of these assessments that were already approved as Adopters	Kinship	0
	Non-Kinship	2

(a) Please give the number of regional enquirers received by the Trust

32

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.

Type of Approval	Total Places	Vacant at Period End	Fostering Households with no Child placed at the period end
Foster Care (Kinship) <12 weeks not yet approved by panel	62	0	0
Foster Care (Kinship) >12 wks but not panel approved by 16 wks	152	0	0
Kinship Foster Carers not approved within 12 wks, but within 16 wks during the period	0	0	0
Panel Approved Kinship carer	396	16	8
Panel Approved Foster Carer (Non-Kinship)	100	50	38
Specialist Foster Carers (Fee Paid Carers)	223	30	7
Total	933	96	53

- There are 16 vacant Kinship placements, with 8 households needing deregistered

There are 80 non kin vacant placements in 45 non-kin Households. The breakdown is as follows

- 14 Households with 20 places pending de-registration
- 15 Household with 18 places on a break from fostering
- 8 Households with 10 places who are registered as short break carers and no child in placement
- 4 Households with 6 places who are currently subject to complaint investigation
- The 26 remaining vacant places are due to 23 fostering households have less child in placements comparative to their registration status

DSF-Foster care Spreadsheet

<p>10.5.3</p>	<p>How many foster carers have annual reviews outstanding?</p> <p>At the end of this reporting period 49 foster carers have annual reviews outstanding. This is an increase of 13 outstanding reviews from the previous reporting period.</p> <p>Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)</p> <p>There have been 132 viability visits undertaken during this reporting period, all of these visits were joint, in line with kinship standards.</p>	<p>Data return 10</p> <p>DSF-Foster care Spreadsheet</p>
<p>10.5.4</p>	<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 is due to a number of factors</p> <ul style="list-style-type: none"> • Workforce capacity was reduced 36.9% at the end of the reporting period (10.3 vacancies and 5 workforce absence). • Unallocated cases - the number of unallocated cases and assessments has continued to increase within the service alongside the increase in number of kinship carers. <p>Whilst 49 annual reviews remain outstanding, support workers have been visiting foster carers who are without an allocated social worker and facilitating statutory checks i.e. medicals and access NI checks to maintain as high a level of governance as possible, despite unallocated cases due to workforce pressures.</p>	<p>Data return 10</p>
<p>10.5.5</p>	<p>What action is being taken to maintain and increase the range, diversity and supply of foster care places</p> <p>The Trust continues to lead on and manage the HSCNI Adoption and Fostering Service and the Head of Service leads on the Recruitment Work stream.</p> <p>This Central Service promotes a collaborative experience working across all Trusts to develop collectively beneficial recruitment activity. The two marketing leads operate a system</p>	<p>Data return 10</p>

	<p>to partner with a locality Trust. This ensures that messaging, branding and recruitment activities are in line with the regional recruitment planner and that improvement ideas can be shared regionally.</p> <p>There has been increased use of marketing tools such as radio interviews, Instagram, face book, 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 region. In this reporting period the Central team has continued to seek to diversify into other media forums and collaborate with influencers to promote the fostering message, however this method of social media engagement is in its infancy and the Trust needs to be assured of marketing and messaging governance.</p> <p>The Central Team has also led on regional recruitment activity such as adverts on the back of buses across the region. The team also produce and circulate a quarterly 'Keeping In Touch' newsletter, which is sent to recruitment partners as well as those who had expressed an interest in fostering but who may not be ready to make an application and other relevant stakeholders; to provide updates on HSC Fostering and keep fostering on the agenda.</p> <p>In this reporting period, the Central Team has also been working on updating and redesigning the HSC Fostering Website with the objective of enhancing user experience and the accessibility of information. A service level agreement and payment to BSO has been progressed due to the requirement to comply with regional standards in respect of website production. The objective is to make accessing information about Fostering for HSC Foster Care more accessible and impactful and leading to increased rates of enquires to foster and ultimately fostering applications and approvals.</p> <p>In November 2024 the Trust, along with Western and Northern Trusts collaborated with education providers at the University of Ulster to carry out a coordinated recruitment campaign across the three university campuses in Coleraine, Derry and Belfast. This was targeted at recruiting Foster Carers and Supported Lodging Hosts.</p> <p>The Trust also collaborates with the other locality Trusts to facilitate twice-monthly virtual information sessions for anyone who wishes to 'drop in' virtually to find out more about fostering for HSCNI Fostering and the process involved. These are promoted via the regional website and via local recruitment activity.</p>	
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	<p>In addition to participation at the three weekly regional recruitment work stream, the Trust operates a monthly internal recruitment meeting, chaired by the PSW and attended by the Central marketing rep. With this oversight, the Trust continues to maximise opportunity to recruit throughout the year in local events. During the reporting period the Trust has promoted and led on the fostering recruitment opportunities such as; information sessions and recruitment stands in various locations across Belfast e.g. Tesco, Victoria Square, Castlecourt), INTO teacher's conference, Lyric and Waterfront Theatres, community Hubs and venues, Islamic Centre, regional retirement seminar. Fostering and Supported Lodgings information has also been circulated electronically and physically in the form of leaflets and posters to Wellbeing Centres, schools and football clubs.</p> <p>The Trust continues to work with corporate communication colleagues and in October 2024 Fostering was promoted via Trust corporate messaging with the aim of sharing information with as many of the 21,000 Trust employees as possible.</p> <p>By virtue of the regional approach to recruitment, the Trust also progresses enquiries from other Trust areas and will forward these to the relevant social work teams in other Trusts – thus highlighting the benefits of the regional approach to recruitment and retention.</p> <p>The Trust has in place an annual recruitment and retention activity calendar. This enables planned, targeted activity. Alongside this the Trust has organised several retention events, monthly support groups (kin, non-kin and a newly established group for Supported Lodgings hosts), monthly carer and tots groups, the annual Carer Christmas coffee morning, children's parties at Dundonald Ice bowl events and Care Day family fun day. Alongside this the Trust continues with a hybrid of face/face and online training and development opportunities to support carers.</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 emergency, short-break and short, medium and long-term carers, carers for sibling groups, children with learning or physical disabilities and carers who can provide permanent care.</p> <p>Activity to ensure diversity of foster placement supply also includes:</p> <ul style="list-style-type: none"> • Efforts to recruitment Intensive foster carers who foster children with significant and complex disabilities and young people who are on the higher threshold of risk presenting behaviors and recruitment of parent and child 	
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	<p>foster carers who assess a parent's capacity to parent their child through a 12-week assessment period.</p> <ul style="list-style-type: none"> • Ongoing efforts to recruit foster carers and Supported Lodgings Hosts for young refugees. This has included making links with the local Islamic Centre. By February 2025 the Trust had achieved the annual target of increasing Supported lodgings hosts by 100%; from the number in place at the point this service transferred from Leaving Care service to fostering in June 2024. • Development of a short-break fostering scheme for children with disabilities; the fostering service has identified and supported 6 households to make the move to undertake provision of short break placements for children with a disability. • Efforts to recruit additional PACSS carers to support children who are on the edge of care and provide short-breaks for children and young people to aim to prevent an admission to fulltime foster care. <p>During this reporting period the service has progressed plans to undertake a two-year intensive recruitment campaign targeting the 60 electoral Wards in Belfast. The emphasis of this campaign is on fostering for the community and is therefore named 'Fostering Comes to Belfast/[...insert district]'. To facilitate there is a temporary realignment of a Band 7 post to progress, along with admin and Band 4 support. This initiative is being progressed through a community development approach by making strong localised connections in each district and reaching out to the community. The campaign commenced in the Old Park area and has involved intensive networking and presence in the area; facilitating information sessions in established local groups and venues and widely circulating fostering material etc. The campaign launched in February 2025 and already one direct enquiry has been received.</p> <p>In March the local Trust team, with the support of the Central Team, organised a child specific campaign for a child who is in pressing need of a long-term foster placement. This involved creation of a child specific profile and video and circulation of these across mediums and platforms and organisation of an information session.</p>	
10.6	<p>Please provide the number of Allegations made against Foster carers during 1/10/24- 31/3/25</p> <p>6</p> <p>10.6 (b) Please provide the number of Complaints made against Foster carers during the period 1/10/24-31/3/25</p> <p>10</p>	

10.5 PRIVATE FOSTERING

The Children Order (NI) 1995 - Part X

NB Advice from DLS is that the 28day period should be continuous.

10.5.6	What steps has the Trust taken to encourage notifications? NIL return	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? NIL return	DSF-Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period? NIL return	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 NIL return	DSF-Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted? NIL return	DSF-Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust NIL return	DSF-Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113 NIL return	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. Not applicable NIL return	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 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> <ul style="list-style-type: none">10 Central Regional Team (Website)1 Newspaper advertisement18 Enquiry prompted by Word of Mouth4 Enquiries prompted by Trust Web site7 Enquiry promoted by specific local campaign <p>(b) Please provide the waiting time from initial inquiry to commencement of training</p> <ul style="list-style-type: none">7 waiting more than 1 month less than 3 months0 waiting more than 3 months less than 6 months1 waiting more than 6 months and less than 12 months1 waiting 1 year or more, at the request of the enquirers	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>1</td></tr><tr><td>Cohabiting heterosexual couple (where this is a joint application)</td><td>2</td></tr><tr><td>Cohabiting same sex couple (where this is a joint application)</td><td>1</td></tr><tr><td>Married</td><td>12</td></tr><tr><td>Total</td><td>16</td></tr></table>	Household type	No	Single carer	1	Cohabiting heterosexual couple (where this is a joint application)	2	Cohabiting same sex couple (where this is a joint application)	1	Married	12	Total	16	DSF- Adoption Spreadsheet
Household type	No													
Single carer	1													
Cohabiting heterosexual couple (where this is a joint application)	2													
Cohabiting same sex couple (where this is a joint application)	1													
Married	12													
Total	16													
10.6.3	<p>Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting</p> <ul style="list-style-type: none">5 waiting less than 1 month9 waiting more than 1 month less than 3 months2 waiting more than 3 months less than 6 months0 waiting more than 6 months less than 12 months0 waiting 1 year or more	DSF- Adoption Spreadsheet												

	There is a total of 16 perspective domestic adopters awaiting assessment which is an increase of 1 from the previous reporting period. The Trust note significant progress with timescales as there was no perspective domestic adopter's awaiting assessment over 6 months, compared to a total of 7 waiting over 6 months as more reported previously.															
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)	DSF-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)	DSF-Adoption Spreadsheet														
10.6.6	<div>Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes</div> <table><tr><th>Outcome of assessment</th><th>No. of Domestic Assessments</th></tr><tr><td>Counselled out in Assessment Process</td><td>0</td></tr><tr><td>Went to Panel and Refused</td><td>1</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>1</td></tr><tr><td>Households where previous Foster Carers have been approved as Adoptive carers for their LAC</td><td>1</td></tr><tr><td>Total</td><td>6</td></tr></table>	Outcome of assessment	No. of Domestic Assessments	Counselled out in Assessment Process	0	Went to Panel and Refused	1	Households approved as Adoptive carers	3	Households approved as Dual carers/Concurrent Carers	1	Households where previous Foster Carers have been approved as Adoptive carers for their LAC	1	Total	6	DSF-Adoption Spreadsheet
Outcome of assessment	No. of Domestic Assessments															
Counselled out in Assessment Process	0															
Went to Panel and Refused	1															
Households approved as Adoptive carers	3															
Households approved as Dual carers/Concurrent Carers	1															
Households where previous Foster Carers have been approved as Adoptive carers for their LAC	1															
Total	6															
10.6.7	<div>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</div> <div>2 male children are freed for adoption and not yet placed with prospective adopters.</div> <div><ul style="list-style-type: none">1 child (3 years 7 months is waiting 1 year or more)1 child (4 years and 1 month is waiting more than 3 months less than 6 months)</div>	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>3 Freeing Orders made</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>There was a total of 8 children adopted during the period, of which</p> <ul style="list-style-type: none"> • 1 was adopted at 0-6 months • 5 waited more than 12 months, less than 2 years • 2 waited more than 2 years, less than 3 years. 	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" data-bbox="368 1211 1129 1722"> <tr> <th data-bbox="368 1211 842 1361">Children who have received a best interest decision and have not been placed with approved adopter.</th><th data-bbox="842 1211 995 1361">M</th><th data-bbox="995 1211 1129 1361">F</th></tr> <tr> <td data-bbox="368 1361 842 1424">Less than 1 month</td><td data-bbox="842 1361 995 1424">1</td><td data-bbox="995 1361 1129 1424">0</td></tr> <tr> <td data-bbox="368 1424 842 1496">More than 1 month less than 3 months</td><td data-bbox="842 1424 995 1496">0</td><td data-bbox="995 1424 1129 1496">0</td></tr> <tr> <td data-bbox="368 1496 842 1568">More than 3 months less than 6 months</td><td data-bbox="842 1496 995 1568">1</td><td data-bbox="995 1496 1129 1568">0</td></tr> <tr> <td data-bbox="368 1568 842 1639">More than 6 month less than 12 months</td><td data-bbox="842 1568 995 1639">1</td><td data-bbox="995 1568 1129 1639">1</td></tr> <tr> <td data-bbox="368 1639 842 1688">1 year or more</td><td data-bbox="842 1639 995 1688">1</td><td data-bbox="995 1639 1129 1688">1</td></tr> <tr> <td data-bbox="368 1688 842 1722">Total</td><td data-bbox="842 1688 995 1722">4</td><td data-bbox="995 1688 1129 1722">2</td></tr> </table>	Children who have received a best interest decision and have not been placed with approved adopter.	M	F	Less than 1 month	1	0	More than 1 month less than 3 months	0	0	More than 3 months less than 6 months	1	0	More than 6 month less than 12 months	1	1	1 year or more	1	1	Total	4	2	DSF-Adoption Spreadsheet
Children who have received a best interest decision and have not been placed with approved adopter.	M	F																					
Less than 1 month	1	0																					
More than 1 month less than 3 months	0	0																					
More than 3 months less than 6 months	1	0																					
More than 6 month less than 12 months	1	1																					
1 year or more	1	1																					
Total	4	2																					
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>88 children are in receipt of an Adoption Allowance. This is 85 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>1 child commenced Adoption Allowance in the reporting period. This relates to 1 household.</p>	DSF-Adoption Spreadsheet
10.6.12	<p>Details of recruitment, assessment, training, support for prospective adopters</p> <p>In January 25 the Adoption team delivered a Preparation to Adopt Course attended by 9 couples and 1 single person. Following completion of the course, 7 of the couples and 1 single carer have expressed a wish to proceed to stage 1 statutory checks. 2 other couples at this stage have not expressed a wish to proceed. All approved prospective adopters have an allocated social worker for support and to encourage ongoing development of skills and knowledge. This is provided through opportunities to attend bespoke training delivered by the Service for prospective and approved adopters. The Adoption Service has developed a yearly training programme that is emailed to all prospective and approved adopters and is forwarded to service users on a 6 monthly basis with the Service's Newsletter.</p> <p>The annual training programme offered is influenced by patterns and trends emerging from analysis of the support needs arising post an adoption order being granted. The Trust wishes to ensure that prospective and approved adopters are provided with opportunities at the earliest stage to develop their knowledge and skills to meet the demands of parenting through adoption. The Trust also takes cognisance of training provided by Adoption UK to ensure there is a wide selection of training available to adopters.</p> <p>Over the reporting period the Adoption Service has delivered</p> <ul style="list-style-type: none"> • 2 day ACE's Training, • Therapy play workshop, • Bespoke preparation to adopt course for foster carers • Training on the UEA Model for transitioning children from foster care to adoptive placements. 	Data Return 10
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> <p>There has been 0 place breakdown pre an Adoption Order being granted during the reporting period</p> <p>The Trust Post Adoption Team provide a high-quality post adoption service to ensure stability and positive wellbeing for adopted</p>	Data Return 10

	<p>children and their families. The Post Adoption Team provides a continuum of support that extends to adult adoptees and their birth relatives.</p> <p>441 post adoption service users are currently availing of post adoption support services. This can be broken down to the following areas of support:</p> <p>Indirect contact</p> <p>125 children are supported with indirect contact arrangements. These 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>Direct Contact</p> <p>130 families are receiving support with direct contact arrangements. Contact whilst beneficial for children, can also be challenging for all those involved. A high level of support is required to ensure contact is a positive and purposeful experience for all those involved.</p> <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>Family Support Service</p> <p>A family support services has been provided to 61 families. The service provides a skill mix within the team to provide both practical and therapeutic support to families. Services vary in support offered and intensity dependent upon the presenting need and fragility of the family situation at point of referral. Provisions provided during the reporting period range from one-to-one direct work to more specialised assessments and work with other partner agencies.</p> <p>Adult Work</p> <p>The Post Adoption Team continues to complete Article 54 interviews with adult adoptees, providing support to 125 adults during the reporting period, who wished to learn more about their origin. This provides an intermediary service to those that wish to trace birth families after they have obtained information from their adoption records.</p> <p>The team offers support to adult adoptees and offers individuals a synopsis in the form of a narrative of their file (letter of information). Individual's copies of adoption files which are minimally redacted can also be offered. These files are provided under Regulation 15 (2) (a) of the Adoption Agencies (Northern Ireland) 1989, and in line with Departmental guidance issued November 2023. During this reporting period 25 minimally redacted files were provided to adopted adults.</p>	
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	The Post Adoption Team continue to offer a service to Birth Relatives regarding adoption related issues and make approaches and offer a trace service.	
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>100</td><td>4566</td></tr><tr><td>Out of School within Day Nursery</td><td>57</td><td>1494</td></tr><tr><td>Total Day Nursery Places</td><td></td><td>6060</td></tr><tr><td>Creche</td><td>12</td><td>235</td></tr><tr><td>Playgroup</td><td>39</td><td>1187</td></tr><tr><td>Stand-Alone Out of School</td><td>55</td><td>1867</td></tr><tr><td>Childminder</td><td>196</td><td>1207</td></tr><tr><td>Approved Home Childcarers</td><td>74</td><td>0</td></tr><tr><td>Holiday Scheme</td><td>8</td><td>308</td></tr><tr><td>Two Year old Prog.</td><td>26</td><td>360</td></tr><tr><td>Total</td><td>567</td><td>11224</td></tr></table>	Sector	Total number of services	Total number of placements	Day Nursery	100	4566	Out of School within Day Nursery	57	1494	Total Day Nursery Places		6060	Creche	12	235	Playgroup	39	1187	Stand-Alone Out of School	55	1867	Childminder	196	1207	Approved Home Childcarers	74	0	Holiday Scheme	8	308	Two Year old Prog.	26	360	Total	567	11224	DSF-Early Years Spreadsheet
Sector	Total number of services	Total number of placements																																				
Day Nursery	100	4566																																				
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Approved Home Childcarers	74	0																																				
Holiday Scheme	8	308																																				
Two Year old Prog.	26	360																																				
Total	567	11224																																				
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>During this reporting period the Trust continues to prioritise registration to ensure there is no undue delay for business' service provision. There has been an increase of 490 Day Nursey/Out of school within Day Nursery places and also an increase of 104 placement availability across other service providers.</p> <p>12 new registrations occurred during the period there has been no provided deregistered, in comparison to voluntary deregistration (11).</p> <p>The Trust has reduced its' Inspection backlog to 9 within this reporting period and continues to prioritize increased compliance with timescales.</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>43</td><td>41</td><td>2</td></tr><tr><td>Crèche</td><td>4</td><td>4</td><td>0</td></tr><tr><td>Playgroup</td><td>14</td><td>13</td><td>1</td></tr><tr><td>Out of School</td><td>35</td><td>35</td><td>0</td></tr><tr><td>Childminder</td><td>98</td><td>94</td><td>4</td></tr></table>	Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out	Day Nursery	43	41	2	Crèche	4	4	0	Playgroup	14	13	1	Out of School	35	35	0	Childminder	98	94	4	DSF-Early Years Spreadsheet												
Sector	No Requiring Inspections	No Inspections carried out	Inspections still to be carried out																																			
Day Nursery	43	41	2																																			
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Playgroup	14	13	1																																			
Out of School	35	35	0																																			
Childminder	98	94	4																																			

	<table><tr><td>Holiday Scheme</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Two year old Programme</td><td>13</td><td>11</td><td>2</td></tr><tr><td>Total</td><td>207</td><td>198</td><td>9</td></tr></table>	Holiday Scheme	0	0	0	Two year old Programme	13	11	2	Total	207	198	9																																											
Holiday Scheme	0	0	0																																																					
Two year old Programme	13	11	2																																																					
Total	207	198	9																																																					
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><th>10-12mths</th><th>12mths+</th></tr><tr><td>Day Nursery</td><td>1</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>12</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>13</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	1	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	12	0	0	0	0	Two year old Programme	0	0	0	0	0	Total	13	0	0	0	0	DSF-Early Years Spreadsheet
Sector	0-3mths	4-6mths	7-9mths	10-12mths	12mths+																																																			
Day Nursery	1	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	12	0	0	0	0																																																			
Two year old Programme	0	0	0	0	0																																																			
Total	13	0	0	0	0																																																			
10.7.5	<p>Number of current applications being assessed at period end and duration of assessment</p> <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>1</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>3</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>4</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	1	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	3	0	0	0	0	Holiday Scheme	0	0	0	0	0	Two year old Programme	0	0	0	0	0	Total	4	0	0	0	0	DSF-Early Years Spreadsheet
Sector	0-3mths	4-6mths	7-9mths	10-12mths	12mths+																																																			
Day Nursery	1	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	3	0	0	0	0																																																			
Holiday Scheme	0	0	0	0	0																																																			
Two year old Programme	0	0	0	0	0																																																			
Total	4	0	0	0	0																																																			

	10.8 Complaints & Representation		
10.8.1	Does the Trust have an appropriately authorised and experienced children's complaints officer? Yes/No Yes		Data Return 10
10.8.2	Does the Trust have an independent advocacy service for children and their families? Yes/No Yes		Data Return 10
10.8.3	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? I can confirm that the complaints team works closely with staff to ensure that complaints are dealt with according to policy and that there is close communication between staff and complainants are kept updated.		Data Return 10
10.8.4	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? There is a separate team dedicated to Whistleblowing within the Trust separate from Complaints.		Data Return 10
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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