Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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STRATEGIC PLANNING AND PERFORMANCE GROUP

REGIONAL REPORTING TEMPLATE FOR COMMUNITY CARE DIRECTORATE STATUTORY FUNCTIONS

PERFORMANCE MANAGEMENT AND ASSURANCE REPORT

For Year end 31 March 2026

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 2025 to 31st March 2026. 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

Leadership and Professional Accountability

At the outset of the reporting period, the role of Executive Director of Social Work (Interim) was held by Ms Tracy Reid, a qualified and registered social worker with the Northern Ireland Social Care Council (NISCC) on Part 1 of the register. From August 2025, this role has been undertaken by Ms Kerry-Lee Weatherall, Interim Director for Children's Community Services and the Trust's named Executive Director of Social Work. Ms Weatherall is also a qualified and registered social worker with NISCC on Part 1 of the register.

The Executive Director of Social Work (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. The role provides executive leadership and oversight of organisational assurance and governance arrangements underpinning the Trust's statutory social care functions. There is an unbroken line of professional accountability from individual practitioners, through professional and managerial lines, to the Executive Director of Social Work and onward to the Trust Board.

Executive and Divisional Governance Structures

The EDSW is supported in the discharge of governance and assurance responsibilities by the Deputy Executive Director of Social Work, Ms Eileen McKay, who leads on Trust-wide Social Care governance, workforce regulation and development, and assurance of statutory functions. A second Deputy EDSW post, with a specific focus on strengthening Adult Safeguarding arrangements and the coordination of Domestic Homicide Reviews, has been filled on an interim basis during the reporting period by Ms Rhoda McBride.

Each Directorate delivering Social Work and Social Care services operates through established Collective Leadership Teams, which hold accountability for

divisional performance, quality and governance. Each Directorate has a Divisional Social Worker as an integral member of the Collective Leadership Team who is responsible for implementing professional social work standards, and social care governance arrangements within their service areas. Divisional Social Workers provide a second line assurance regarding governance arrangements and are professionally accountable to the EDSW.

Governance, Compliance and Assurance Mechanism

The Trust's Integrated Governance Assurance Framework sets out the overarching corporate arrangements supporting safe and effective practice. A key component of this framework is the Social Care Steering Group, which is authorised by Trust Board to scrutinise and review statutory functions reporting. This includes the annual Statutory Functions Report, six-monthly Corporate Parenting Reports and other relevant submissions prior to Trust Board consideration. The Social Care Steering Group, working in partnership with the EDSW, convenes quarterly to provide assurance on statutory compliance, progress against agreed action plans, and the mitigation of identified risks. Following the publication of the Dr Jennifer Hill & Mr Peter McBride report (DoH 2025) the Trust has reviewed its governance reporting structures, and a new assurance framework will be introduced in the next reporting period to further strengthen the overarching corporate arrangements supporting safe and effective practice.

In addition, the Social Work Senior Leaders Assurance Group, chaired by the EDSW and reporting to the Social Care Steering Group, provides a quarterly forum to assure the effectiveness and consistency of Social Care governance arrangements across all service areas. This is supported by an annual EDSW audit plan, providing targeted assurance in relation to registration, supervision and governance standards across Social Work and Social Care.

Regulatory Oversight and Professional Standards

The Trust continues to co-operate fully with the Regulation and Quality Improvement Authority (RQIA) and has addressed all concerns raised through inspection activity; further detail is contained within the main body of this report.

The Trust adheres to the Northern Ireland Social Care Council (NISCC) Standards of Conduct for Employers and has robust processes in place to monitor and assure compliance with professional registration requirements. Compliance with the Department of Health Social Work Supervision Policy is monitored on a quarterly basis through established governance and audit arrangements.

Overall Assurance

Collectively, these leadership, governance and assurance arrangements provide the Trust with a strong framework for the effective oversight of Social Work and Social Care services, supporting professional accountability, statutory compliance, safeguarding and continuous improvement in practice quality.

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

Data Quality and Reporting Confidence

Data quality remains a significant caveat within this report due to ongoing challenges associated with the implementation of Encompass. As a result, report information is drawn from a combination of manual local returns, finance datasets, PARIS and Encompass. These challenges are Trust-wide and affect assurance confidence across several reporting areas. Considerable work has been undertaken to validate data and improve accuracy, and confidence in Encompass continues to increase; however, full reliance on Encompass as the primary reporting system has not yet been achieved.

Service Delivery Pressures and Statutory Compliance

The Trust continues to discharge its statutory social work and social care responsibilities within a highly constrained operating context. Demand pressures, persistent workforce vacancies, industrial action within children's services, and the continued impact of supporting the Encompass rollout (particularly within Adult Services) have reduced operational capacity. The Trust is maximising all available local mitigations, including prioritisation of statutory activity, strengthened governance and business continuity arrangements, and targeted recruitment and retention measures. However, the scale and persistence of the capacity gap is driven primarily by regional workforce supply constraints and cannot be fully resolved by local action alone. Sustainable improvement will require coordinated system-level action, including implementation of the Department of Health workforce strategy (and associated investment) to increase supply, stabilise the workforce, and support consistent statutory compliance across HSC Trusts.

Workforce Capacity, Recruitment and Sustainability Risks

Workforce capacity remains insufficient to meet current levels of demand. The Trust has maintained a coordinated recruitment and retention programme through the Recruitment and Retention Strategic Group, supported by leadership development, staff wellbeing and retention initiatives, structured induction for new starters, and the establishment of a Band 6 social work bank. Notwithstanding these mitigations, vacancy levels—particularly within Children's Community Services—remain high. International recruitment has progressed as part of the Trust's contribution to addressing the regional supply deficit, with additional staff expected to join the workforce later in 2026. However, evidence within this report indicates that demand continues to outstrip available capacity; therefore, in addition to filling vacancies, further system-level action is required, including review of service delivery models, skills mix and role redesign. Workforce risks continue to be monitored and escalated through the Trust's Board Assurance Framework and to the Commissioner SPPG.

Timely Access to Services

High levels of unallocated cases remain a key risk. Across children's services, unallocated cases continue to increase, particularly in Gateway, Family Support and Children with Disabilities services, reflecting recruitment challenges, sustained demand, increasing complexity and the Trust performance in relation to unallocated cases is currently monitored under the SPPG Support Intervention framework at level 3. Within Adult Services, unallocated cases have risen most notably within Community Learning Disability Teams due to workforce capacity pressures, while mixed performance is evident across Older People's and Physical and Sensory Disability services, with some recent improvements. Assurance is provided that many unallocated cases continue to receive oversight or services; however, the scale and persistence of unallocated work highlight a systemic capacity gap.

Limited availability of appropriate provision for individuals with complex needs across both children's and adult's services remains a significant concern.

Statutory Reviews and Assurance Arrangements

Compliance with statutory review timescales remains variable. While the Care Home Placement Team performance remains stable with high compliance, significant backlogs persist within Older People's Community Social Work services. Competing pressures from caseload demands and staffing capacity continue to limit sustained improvement. The Trust welcomes updated Department of Health guidance, which provides greater flexibility in review completion and plans are being progressed to utilise skills mix with appropriate professional oversight alongside a review of funded staffing level within older people's community social work services.

Domiciliary Care and Unmet Need

The Trust continues to experience delays in domiciliary care provision, resulting in unmet need and impacting on hospital discharge delays. These pressures reflect workforce shortages both within the Trust and the independent sector and are most acute in specific geographical areas. While there has been some reduction in unmet need, demand continues to exceed supply. Revised processes, data cleansing and implementation of Homecare Review recommendations are expected to support further improvement.

Carers Assessment and Support

The Trust remains committed to supporting carers through the ongoing implementation of the *Caring Together in Belfast 2023 onwards* carers strategy. Progress is overseen by the Carers Strategy Committee, with representation across all social work service areas. Co-produced carers assessment standards have been developed to support consistent, high-quality practice and strengthen staff capability. However, data assurance regarding carers assessments remains challenging following Encompass implementation, limiting confidence in reported activity. Work is underway with regional colleagues and Encompass to develop standard operating procedures and pathways, with improvements anticipated in the next reporting period.

Children's Community Services

Children's Community Services continue to operate within sustained demand and workforce constraints, which impacts the Trust's ability to consistently meet statutory timescales. Pressures include increasing complexity, workforce instability, service provision gaps for children with complex needs, and the ongoing impact of industrial action. Business continuity arrangements remain in place, with enhanced oversight and prioritisation of statutory activity, and the service continues to be monitored through the SPPG Support and Intervention Framework at Level 2 (workforce capacity). Notwithstanding these constraints, the Trust remains focused on safeguarding and risk management and recognises the continued professionalism and commitment of staff in supporting children and young people.

Adult Safeguarding and Protection Arrangements

Adult safeguarding services continue to operate within sustained demand due to high case acuity and workforce capacity challenges, particularly within the Adult Protection Gateway Team. Unallocated and vacant caseloads remain a concern, though mitigated through strengthened oversight, RAG-rating of cases, business continuity arrangements and targeted recruitment at Bands 6 and 7. Adult safeguarding governance is overseen by the Adult Safeguarding Committee and aligned to the Integrated Governance Assurance Framework, with enhanced assurance reporting developed during the period. Preparatory work is underway for the introduction of the Adult Protection Bill; however, the Trust's ability to implement the new requirements at pace will be dependent on the availability of additional capacity and funding.,

Regional Pressures, Mental Health and Specialist Services

The lack of timely access to regional psychiatric bed care continues to impact Mental Health Order processes and Approved Social Work services. A standardised operating procedure has been developed to support reduction of protracted waits; this along with the introduction of the Psychiatric Assessment Treatment Hub (PATH) and enhanced governance arrangements has provided some improvement to operational flow and patient and workforce experience.

New service developments, including Innishfree and resettlement from Muckamore Abbey Hospital, remain constrained by funding and commissioning arrangements, though individual plans and robust oversight are in place to manage risk and ensure safeguarding including SPPG monitoring via the Support and Intervention framework (level 3)

Overall Assurance Position

The Trust remains compliant with professional regulatory and employer standards and continues to prioritise staff support, professional development and wellbeing. This report identifies areas of full compliance alongside areas where statutory delivery has been partially achieved within the reporting period. Where partial compliance is reported, this is primarily attributable to sustained workforce, demand and system pressures rather than any deficit in governance or professional oversight. The Trust recognises the ongoing level of challenge and places on record its gratitude to the social care workforce for its continued commitment, adaptability and professionalism in safeguarding and supporting.

those at risk and in vulnerable circumstances.

Signature

Date 8th May 2026

MENTAL HEALTH & CAMHS SERVICES

2. PROGRAMME OF CARE SUMMARY

Adult Mental Health and CAMHS	
2.1	**Named Officer responsible for professional Social Work** 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 until June 2025. From September 2025 Ms Kerry McVeigh has been the Interim Divisional Social Worker and the named officer for professional social work for adult mental health services and CAMHS. 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. **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 26-27. **Highlight any vacancies and the action taken to recruit against these.** There is currently one Band 6 Social Work vacancy within the Mental Health service. A requisition has been raised, and this is currently within a recruitment process.
2.2	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.** **Designated Adult Protection Officer (DAPO)** The DAPO role is predominantly undertaken by Senior Social Work Practitioner posts, with the responsibility incorporated as a standard element of the job description. In addition, other Band 7 social work trained staff can undertake the DAPO role as part of their safeguarding responsibilities. DAPO responsibilities are incorporated into individual work plans and are subject to existing supervision arrangements. However, no designated funding is allocated to the DAPO role. At present, the division has 37 Band 7 social workers undertaking a DAPO role, alongside their substantive posts. The Trust is developing an Adult Safeguarding Assurance Framework to provide the Trust Board with clear oversight and 1st and 2nd line assurance through robust governance processes consistent across the Divisions.

	Workforce capacity and planning will be considered as part of the assurance framework with consideration of business case if required. **Approved Social Work (ASW)** The ASW cohort has increased during the period by 7 staff due to increased ASW's being trained each year. There are now 3 full time ASWs on the ASW daytime rota. **Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.** DoH (QUB 2021) estimated that 41 ASW's would be required to fulfil the necessary functions of MHO and MCA within the Trust. There are currently 50 registered ASWs within the Trust, 28 of which are active members on the daytime rota (5 are currently off the rota due personal and health reasons). There are 11 ASWs who provide management cover on a rolling rota to cover 9am-9pm as per regional ASW Quality Standards (2021). 13 new ASWs have been appointed during the reporting period. 10 new ASWs candidates were funded to commence the course in September 2025 with 1 person withdrawing. There are no issues with vacancies and 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
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).** The Trust went live with the implementation of Encompass in June 2024. Work with Encompass to report on statutory functions has been ongoing but this year again identifies significant limitations in Mental Health data reporting. Statutory functions report build remains incomplete however work is ongoing regionally to address this. Consequently, reporting relies heavily on manual data collection from multiple sources. This is labour intensive and provides minimal assurance in data accuracy. The Division can confirm that data is validated prior to inclusion in the statutory function report however this relies heavily on manual systems and multiple data sources.

	Staff continue to experience difficulties in adherence to workflow and time taken to record on Encompass. Targeted report build and workflow standardisation are required to achieve reliable, auditable Mental Health data. This work is ongoing on a regional basis in respect of statutory functions reporting systems to achieve consistency and compliance.

2.5	**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 *completed* during the reporting period, that directly relates to the Trusts discharge of their statutory functions** (please complete table below)**.**

	Number
Serious Adverse Incidents	**0**
Domestic Homicide Reviews	**0**
Case Management Reviews	**0**
Mental Health Review Tribunals	**0**
Judicial Reviews	**1**
Audits BSO audit (KPIs developed) ASG audits ASW audit NISCC registration audit Agency Tracker audit Supervision audit	 **2** **3** **1** **1** **1** **1**
RQIA Inspections	**2**
RQIA Enforcement notices – Failure To Comply Notices	**1**

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

Judicial Review – Mental Capacity Act (2016)

On **05/04/2023**, a Deprivation of Liberty (DoL) Trust Panel Authorisation was revoked by the Review Tribunal in respect of an individual with a severe learning disability and mental illness, who was non-verbal, mobile, and residing in a bespoke placement with 24-hour support provided by two staff members. The Tribunal concluded that the statutory criteria for appropriate care and treatment were not met, with particular concern regarding multiple medication errors.

On the same date, Judicial Review proceedings were initiated by the Trust challenging the Tribunal's decision.

On **31/03/2025**, the Court ruled in favour of the Tribunal. The Court directed the Trust to:

- Provide evidence detailing the appropriateness of the care and treatment currently being delivered to the individual;
- Submit further information outlining how the identified medication errors were managed and addressed; and

- Make a new application for a Deprivation of Liberty Trust Panel Authorisation

A formal direction to this effect was issued to the Trust on **23/06/2025**.

Learning and Practice Implications
Regional learning arising from this case highlights the requirement for the applicant and assessor to be satisfied that appropriate care and treatment arrangements are in place when seeking a DoL authorisation, and to be able to provide robust and evidenced assurance of this. This is particularly critical where care or practice concerns are identified during the assessment process.

The Trust further notes that the revocation of a DoL authorisation by a Review Tribunal does not preclude the submission of a subsequent application, including to the same placement, where circumstances justify this and statutory criteria can be evidenced as being met.

Audits

BSO Internal Audit September 2025 The Mental Capacity Act Service BHSCT

Mental Capacity Act (MCA) – BSO Internal Audit Update
In line with the 2025/26 Internal Audit Plan, Business Services Organisation (BSO) Internal Audit undertook a review of the Mental Capacity Act (MCA) Service within Belfast Health and Social Care Trust in September 2025.

The audit examined governance arrangements, operational processes relating to Deprivation of Liberty Safeguards (DoLS), and staff training compliance. A sample of 40 MCA cases (including Trust Panel Authorisations, Extensions and Short-Term Detention Authorisations) was reviewed to assess legal compliance and effectiveness of controls. Overall, the audit found that there is a satisfactory system of governance, risk management and control in place. However, limited assurance was provided in relation to MCA training, primarily due to the absence of reliable and complete training records, particularly for medical staff.

A comprehensive action plan was developed in response to the audit findings. The majority of actions have now been implemented and evidenced as complete, including:

- Delivery of targeted MCA Level 2 and Level 3 training across key service areas
- Establishment of a structured training plan across Directorates
- Ongoing governance reporting via Divisional Governance meetings

- Implementation of peer audit cycles and strengthened supervision arrangements
- Reinforcement of statutory compliance processes (e.g. Form 6 timeliness, Trust Panel timeframes, and documentation accuracy)
- Resolution of the Encompass system duplication issue through implementation of a single-form “Note Writer” solution with EPIC
- Continued internal audit activity aligned to the MCA Service Annual Audit Plan
- The remaining focus is on strengthening training assurance, with particular emphasis on resolving systemic limitations in training record visibility
- A dedicated improvement plan is actively underway, supported by operational, governance and leadership actions

BSO Internal Audit – (*Mental Health Patient Services – Continuity of Care in the Community*) 2024/2025 (with action plan 25–26)

A BSO Internal Audit which took place in 2024 had engaged key staff at AMHIC involved in the discharge process for patients from inpatient wards, as well as the Care Management Team. One of the major obstacles identified was the insufficient bed availability offered by care providers such as nursing homes and supported housing facilities. Although the Care Management Team monitors and updates community bed availability weekly, there are ongoing difficulties in finding enough beds to meet discharge needs. Demand and funding pressures also make it challenging to place clients with independent sector providers, which only adds to delays and complicates the discharge process.

In response to the findings of the audit the Division developed key performance indicators in relation to discharge and patient flow that have been implemented in this reporting period.

Key KPIs

- Timeliness of discharge vs EDD
- Waiting list management
- Discharge letters within 24 hours
- Key worker allocation within 7 days
- Discharge planning meeting held before discharge (min 24 hours where applicable)
- Risk assessments updated prior to discharge

Key actions taken

- Daily Charles Vincent monitoring/escalation template/meetings
- Weekly Complex Discharge meetings with actions and escalation to Service Manager/CLT

- Daily bed state updates and Trust sit-rep attendance
- Twice-daily bed flow huddles
- Estimated Date of Discharge (EDD) recording on EPIC/Encompass and monthly audits of compliance and monitoring (ASM/Regional Bed Capacity Network Coordinator; discharge coordinator noted)
- Monthly reporting to the regional bed management forum regarding delayed discharges.
- Length of Stay (LOS) strategy meeting triggers at 6 weeks/8 weeks
- Discharge documentation controls (EPIC recording; discharge letter monitoring tool)
- Supported accommodation Referral/placement streamlining (20/03/2026 workshop; draft single referral format)
- Operational policy updates (AMHIC, Shannon, Clare Ward policies all updated).

Second Line ASG Assurance

A programme of 2nd line assurance audits of Adult Safeguarding/Adult Protection practice has been undertaken across Intellectual Disability, Mental Health and ACOPs, using random case sampling and independent auditing. These reviews are overseen by the Executive Director of Social Work's office using agreed templates and a Standard Operating Procedure (reviewed January 2026). Four audits have been completed during the financial year which included: an audit of APP1 and APP2 screening audit in June 2025 (10 files); an audit of APP3 risk assessment/protection planning in Jan 25 (24 cases); an audit of closure documentation (APP6 and APP7) during January–February 2026 (21 closure cases) and an audit March/ April 2026 covering APP2, APSR, APP4 and APP5.

Overall findings showed improved compliance with: APP1 completion; improved APP2 completion (over 60% compliance); good APP3 recording of background information and the adult's needs, with examples of clear, detailed, service-user focused APP3s; improved APP6 documentation in many cases (including investigation team detail, pen picture of the adult, protective measures and service-user involvement, with some excellent examples of detailed investigation summaries and analysis); and APP7s being regularly completed at the conclusion of investigations.

Key Mental Health (MH) Findings

MH services demonstrated good compliance with forwarding APP2 documentation to referral agents and completing this action within 2 working days. APP3 audits identified examples of strong MH practice, including:

Detailed risk assessments using service user language and direct quotes.

Evidence of person-centred, holistic assessment.

Clear links between identified MH risks and proportionate protection planning.

Key areas for improvement included the need for: consistent recording of rationale for delays and completion of body charts (APP1); documenting that the adult was informed of screening outcomes and sending APP2 within two days: clearer recording of capacity, wishes and risk analysis within APP3; ensuring APP6 is completed in all cases with conclusions aligned to actions taken and the balance of probability; APP7 also requires closer alignment with APP6 conclusions and clearer written communication to the adult including rationale for decision making.

Actions arising focused on strengthening recording quality, timeliness and risk analysis: bespoke encompass/quality recording training for DAPO/IO staff was delivered in February 2026; targeted risk assessment/risk analysis and FREDA training was delivered at the DAPO/IO forum in March 2026 with local reinforcement by ASG leads; further feedback and re-emphasis on APP7 completion is scheduled for the June 2026 DAPO/IO forum.

Governance oversight (via Divisional ASG leads and the ASG Governance Reform Board) supports ongoing monitoring of the actions arising.

Audit of ASW Qualification and Reapproval Requirements

In December 2025 and annual audit with regard to the assurance of Approved Social Worker (ASW) qualifications and re-approval status within Mental Health services. This evaluated compliance with relevant standards and provided findings and recommendations.

Audit Methodology and Standards: The audit covered 100% of ASWs employed in the Trust's Mental Health, Learning Disability, Older People's, and Children's Community Services, excluding RESWS which is reported separately. It assessed compliance with three standards: maintaining a database of ASWs, evidence of qualification, and evidence of re-approval authorized by the Executive Director of Social Work. A traffic light system was used to score compliance.

Findings and Recommendations: The audit found 100% compliance with all three standards, with strong evidence supporting the existence of a comprehensive ASW database, proof of qualifications, and documented re-approval authorizations. All re-approval authorizations

	included clear timescales and temporary authorizations where applicable. No recommendations for improvement were noted.
	
	Compliance with NISCC Registration – Social Work and Social Care
	
	January–December 2025
	
	• Across the Trust's social work and social care workforce overall registration compliance remains high and stable, with:
	  ○ 98.7% compliance for social workers
	  ○ 98.3% compliance for social care staff, reflecting year-on-year improvement.
	• Registration status is kept under continuous review, with strengthened processes introduced to support legislative compliance and assurance.
	• The audit confirms that while compliance is strong, the expected standard remains 100%, and further improvement is required to address residual gaps.
	
	Outcomes
	
	• Reduction in removals while in work for non-payment of fees compared to previous years, particularly within social care.
	• Improved systems and controls, including:
	• Updated "return to work" processes incorporating registration checks.
	• Delivery of training for first-line managers and establishment of registrant roadshows.
	• Improved partnership working with operational colleagues has supported timely resolution of registration issues.
	
	Actions Arising
	
	• Embed the Social Care Supervision Policy to strengthen professional accountability and ongoing registration awareness.
	• Continue registrant roadshows and line-manager workshops to reinforce shared responsibility for compliance.
	• Improve consistency of Staff in Post returns and ensure all registrants list the Trust as employer on the NISCC system to strengthen assurance mechanisms.
	
	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.

- Overall compliance with recording against the agency recruitment and assurance process was 100%, representing a 2.7% increase from the previous audit period.
- Analysis of the audit findings confirms that services are fully engaged in providing information and assurance in relation to the recording and oversight of agency social care staff.
- Compliance with the off-contract process was also 100%, providing assurance that appropriate checks are completed for staff engaged outside standard contractual arrangements.
- All service areas actively engaged with the social care agency tracker, supporting the timely provision of information required for audit and assurance purposes.

The audit provides assurance that robust arrangements are in place to support compliance with Access NI and NISCC requirements for agency social care staff. Engagement across services is high, assurance processes are consistently applied, and recording of required checks is comprehensive.

Supervision Audit

A supervision audit was undertaken across all Divisions in this reporting period. Audit comprised of 35% of all supervisors across all social work bandings in the Trust. Mental Health services provided 100% of requested files for audit. The audit indicated that Mental Health service was compliant with policy standards, with some areas for improvement noted.

Overall, this demonstrated strong compliance with core supervision functions (case management, risk discussion, wellbeing support, evidence of NISCC registration). Assurance was however weakened by inconsistent recording quality—particularly missing signatures, and less consistent explicit evidence of feedback and EDI/anti-oppressive reflection within the supervision minutes.

The Division will be working with supervisors in the next reporting period to strengthen the quality of recording and to build on the good practice identified.

RQIA Inspections

There were 2 RQIA inspections during the reporting period. One in Home Treatment House (HTH) and one in Psychiatric Assessment & Treatment Hub (PATH). The Division Trust is awaiting feedback and the reports from these inspections.

Summary of RQIA Improvement Notice – AMHIC (Belfast Trust)

The Regulation and Quality Improvement Authority (RQIA) issued an Improvement Notice to the Trust in relation to safety concerns at the Acute Mental Health Inpatient Centre (AMHIC) on **16th August 2024.** The RQIA granted an extension to **24th November 2025** of this notice.

Reason for the notice RQIA found that the service did not fully meet required quality and governance standards for safe and effective care, particularly around:

- Risk assessment and risk management
- Patient safety
- Learning from adverse incidents and near misses

A key concern is the safety risk posed by doors and door handles at AMHIC, which could place patients at risk.

Progress made

- The Division has reviewed and updated its Directorate Risk Register.
- The door/door handle risk has been escalated to the Corporate Risk Register, showing improved recognition and governance of the issue.
- RQIA recognises that progress has been slowed by wider estates issues, including plumbing problems that must be resolved before doors can be replaced.

Outstanding issues

- The unsafe doors and door handles have not yet been fully replaced, meaning the risk remains.
- The service must continue to document risks, controls, mitigations, and timescales.
- The service needs to provide RQIA with assurances about patient arrangements (including decanting patients elsewhere) while works are ongoing.
- Governance oversight of the works must remain strong.

The Division updates are:

- The service action plan is progressing.
- The business case for Mahee ward (decant ward) has been approved for funding and should commence in **May 2026.**

	• Full compliance with the Improvement Notice cannot yet be achieved, as it depends on resolving wider estates-related issues. The estimated timeframe for completing the works is approximately **three and a half years.**

2.6 Discharge of Statutory Functions

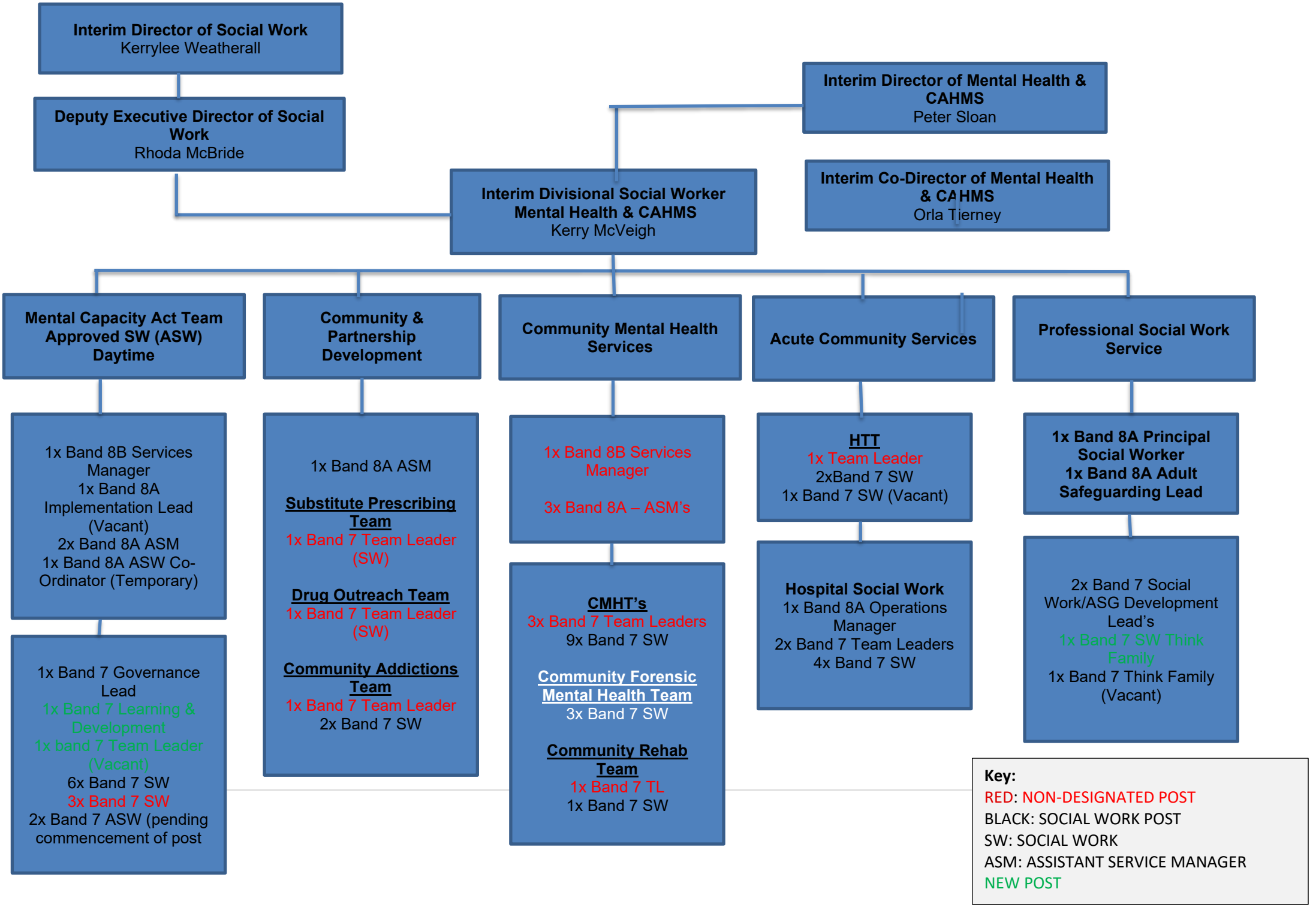
Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care. Please outline remedial action taken to address this situation and any proposed future action.

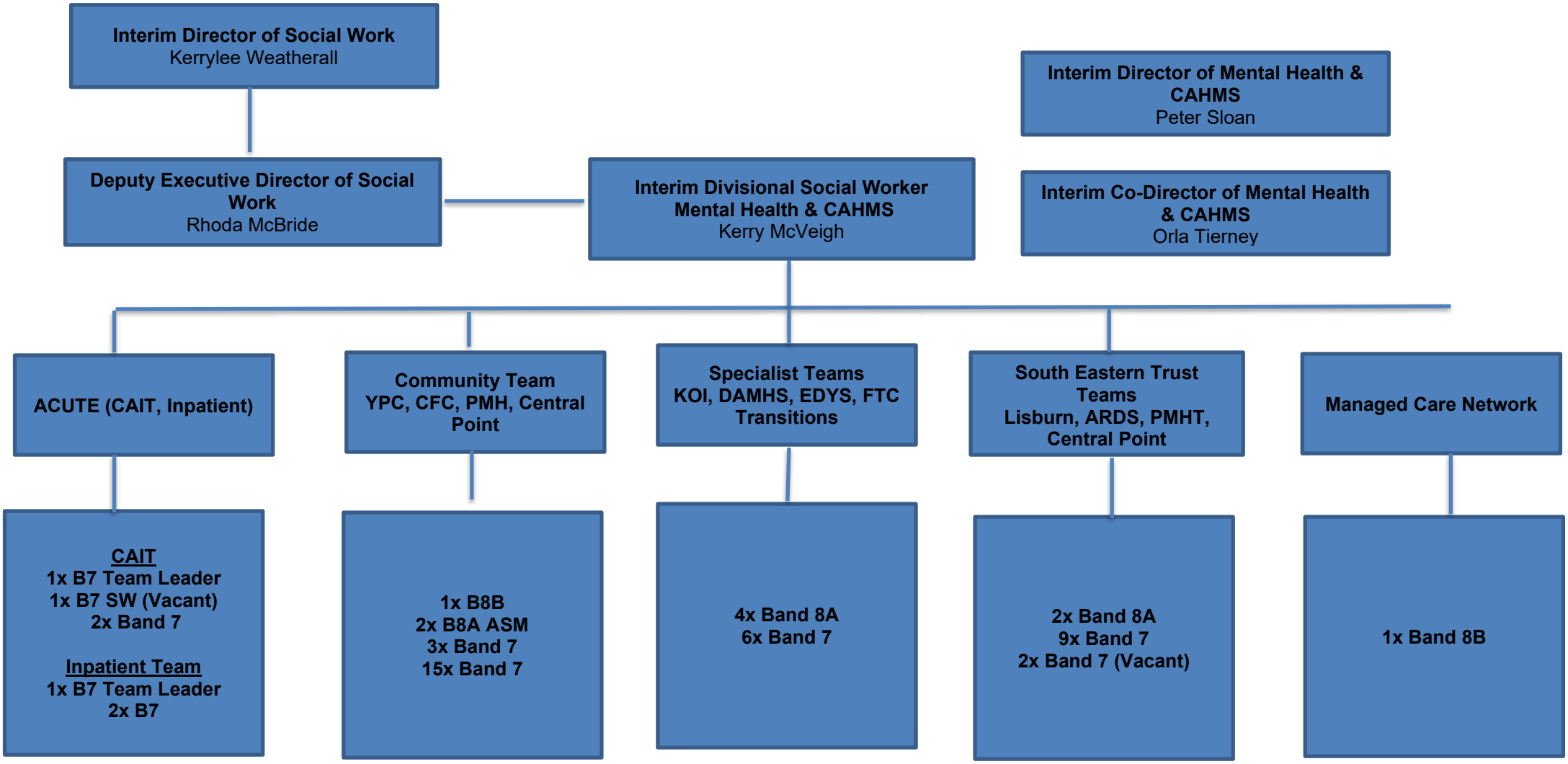
2.6	Summary of areas where the Trust has not adequately discharged their Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Mental Health Issues	
Issue 1	**Workforce Update – Approved Social Work (ASW) Daytime Service** AMHIC Bed capacity and demand can impact on waits for admission, which have impacted on Approved Social Workers (ASWs), who have completed an application for assessment under the Mental Health (Northern Ireland) Order 1986. This has led to waits with patients to complete conveyance requirements for prolonged and indeterminate periods while awaiting admission This created sustained workforce, safety and operational challenges. NIPSA issued Action Short of Strike has been suspended since 19 March 2025, in consideration of Health and Safety at Work (Northern Ireland) Order 1978 supported by Trust actions to mitigate risks (see remedial actions) including implementation of the Belfast Trust Mental Health Order (MHO) Protracted Waits Standard Operating Procedure (SOP). This has led to a	• The Mental Health Order (MHO) Protracted Waits Standard Operating Procedure (SOP) remains embedded across services and continues to provide a clear governance framework. This includes: • A robust delegation pathway, ensuring appropriate allocation of responsibility following detention (SOP). • A Trust commitment to maintain contingency capacity for detained patients within both PATH and the Acute Mental Health Inpatient Centre (AMHIC). • Long term plans to increase bed capacity reflected in the recent business case in relation to Mahee Ward; this will initially be used as a de-cant ward for estate works but will eventually create an extra 14 beds for Ward 1 in AMHIC. • Ongoing consultation with key stakeholders on risk mitigation processes in place. • Operational flow has improved significantly, supported by: - Twice daily bed management huddles, reviewing bed acuity, availability, and allocation

	significant and demonstrable improvement in operational flow, governance, and workforce experience. Overall summary of ASW activity and delays which have reduced significantly since previous period; • Extended delays (up to 15.5 hours) for admission: **2 occasions since 1/4/25 – 31/3/26** • ASW's working significantly beyond contracted hours (over 2 hrs): **71 occasions** • ASWs remaining with patients and unable to respond to new MHO referral request: **25 occasions** • Number of protracted waits: **9 (7/9 due to bed capacity)**	- Data submissions to SPPG, strengthening regional oversight and accountability - Low levels of handover to the Regional Emergency Social Work Service (RESWS), reflecting improved internal capacity and processes - Enhanced support arrangements for ASWs, aligned with the MHO Protracted Waits SOP. - PATH Psychiatric Assessment and Treatment Hub).
Issue 2	**Protracted waits for access to acute mental health beds. This includes timely availability of beds for patients who require admission under the Mental Health (NI) Order (1986).** Bed pressures are multi-factorial and are contained within the Divisional risk register and escalated via the daily Charles Vincent Safety Huddle. Bed occupancy continues to be between 97 and 100% occupancy daily. Bed waits can range from 2-10 daily.	1. The Mental Health Order (MHO) Protracted Waits for detained patients Standard Operating Procedure (SOP) remains embedded across services and continues to provide a clear governance framework (see above). 2. Planned increase in bed capacity - this will be facilitated by a de-cant ward in KHCP site (Mahee ward). However, there are significant estate works now required in AMHIC site therefore Mahee ward will have to be used to allow for wards to be decanted to while

		building work is undertaken ward by ward. This work expected to be completed by 2029 (see section 2.5). 3. A pre-admission waiting area (PATH – Psychiatric Assessment & Treatment Hub) that provides space for 5 service users waiting on admission continues to be successful. Since commencing, there have been between 40-60% of patients do not require onward admission to AMHIC (53% as of the 17/4/26). To note, PATH is an un-commissioned service and is funded at risk. 4. Daily data submission to SPPG and twice daily bed huddles to review bed acuity and allocation. 5. Facilitated early discharge by HTT who attend twice daily meetings and representation from CMHT's for preadmission and discharge planning. There is a permanent Band 7, HTT in-reach practitioner situated in AMHIC to facilitate early discharges. 6. Robust KPI framework is in place to monitor and facilitate timely discharge and discharge follow up (see section 2.5).

Issue 3	**Vacant Care Management Cases** There are currently 203 vacant care management cases, comprising 141 service users aged under 65 and 62 service users aged 65 and over. All service users continue to receive their annual review, ensuring statutory review requirements are met despite the vacancies.	• Weekly review of priority cases for review discussed at care management governance meeting. • Admin process to flag annual review and short-term allocation to Care Managers to complete review within timescale. • Any outstanding reviews escalated to Co-Director monthly via ISP governance. • Duty system to deal with all incidents reported from commissioned services.


Interim Director of Social Work
Kerrylee Weatherall
Deputy Executive Director of Social Work
Rhoda McBride
Interim Director of Mental Health & CAHMS
Peter Sloan
Interim Co-Director of Mental Health & CAHMS
Orla Tierney
Interim Divisional Social Worker Mental Health & CAHMS
Kerry McVeigh
Mental Capacity Act Team Approved SW (ASW) Daytime
Community & Partnership Development
Community Mental Health Services
Acute Community Services
Professional Social Work Service
1x Band 8B Services Manager
1x Band 8A Implementation Lead (Vacant)
2x Band 8A ASM
1x Band 8A ASW Co-Ordinator (Temporary)
1x Band 7 Governance Lead
1x Band 7 Learning & Development
1x band 7 Team Leader (Vacant)
6x Band 7 SW
3x Band 7 SW
2x Band 7 ASW (pending commencement of post
1x Band 8A ASM
Substitute Prescribing Team
1x Band 7 Team Leader (SW)
Drug Outreach Team
1x Band 7 Team Leader (SW)
Community Addictions Team
1x Band 7 Team Leader
2x Band 7 SW
1x Band 8B Services Manager
3x Band 8A – ASM's
CMHT's
3x Band 7 Team Leaders
9x Band 7 SW
Community Forensic Mental Health Team
3x Band 7 SW
Community Rehab Team
1x Band 7 TL
1x Band 7 SW
HTT
1x Team Leader
2xBand 7 SW
1x Band 7 SW (Vacant)
Hospital Social Work
1x Band 8A Operations Manager
2x Band 7 Team Leaders
4x Band 7 SW
1x Band 8A Principal Social Worker
1x Band 8A Adult Safeguarding Lead
2x Band 7 Social Work/ASG Development Lead's
1x Band 7 SW Think Family
1x Band 7 Think Family (Vacant)
Key:
RED: NON-DESIGNATED POST
BLACK: SOCIAL WORK POST
SW: SOCIAL WORK
ASM: ASSISTANT SERVICE MANAGER
NEW POST



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

ADULT COMMUNITY & OLDER PEOPLES SERVICE

PROGRAMME OF CARE SUMMARY

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

2.1 Named Officer responsible for professional Social Work.

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 including SW for palliative care and Hospital at Home)

Colin McMullan is the Interim Director of Adult Community and Older People's Services and is accountable 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 46.

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

The Division is pleased to report it has decreased the number of vacant posts for social work posts at Band 7 and Band 8a, with successful recruitment to Hospital Social Work in this reporting period of two assistant service managers and a service manager. The stabilisation of the leadership within the Adult Protection Gateway Team has also progressed with the appointment of a permanent assistant service manager. There are no vacant posts at service manager (8b) level. Current vacant posts are as follows.

Service Area	Funded staffing level	Vacancies
Community Social Work	Assistant Service manager (4) Band 7 Senior Practitioner (15)	1 vacant ASM post temporarily filled on an EOI basis 2 band 7 vacant filled on a temp basis by EOI
Hospital Social Work	Band 7 - Senior Practitioner (X14)	6 vacant although 4 are temporarily filled by an EOI Recruitment is in process

	Adult Protection Gateway Team	DAPO's Band 7 (9)	3 vacancies Recruitment process underway
	Care Home Placement Team	Band 7 (3)	1 vacancy Covered by EOI & permanent recruitment in process

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

The Trust continues to prioritise Social Work workforce planning to support timely, safe and effective care. Recruitment remains challenging regionally. Locally this is being driven through the Executive Director of Social Work Recruitment Retention Strategic Group. The recruitment and retention approach is delivered through three linked workstreams:

- Workforce capacity
- Staff experience
- Enhancing Leadership

A detailed workforce analysis has been undertaken with Older People's Community Social Work to assess the relationship between current demand, staffing capacity and statutory delivery. This analysis confirms that even at full establishment, Older People's Community Social Work services do not have sufficient capacity to meet current demand, with modelling identifying a required uplift of 23.7 WTE social work staff in line with Department of Health safe staffing guidance. These findings will inform the work of the Department of Health in relation to regional workforce planning and implementation of safe staffing standards.

To strengthen professional roles the Trust's Workforce Learning, Development Service have developed a tailored programme of training and workshops for senior practitioners and social workers. This included opportunities to attend sessions to promote health and wellbeing and enhanced team resilience.

Formal monthly supervision, in line with the Regional Social Work Supervision Policy, remains central to safe practice and staff development, and compliance remains consistently high during the reporting period. Staff Development Review compliance for community social work has been a focus in the Division with improved compliance rate of 83% **(**Reporting Period 1st April 2025 - 31st March 2026) compared with 21% for the previous year and contributes to the culture of valuing staff and recognition of the importance of supporting career progression.

The Trust continues to promote work–life balance and is progressing a Voluntary Transfer Policy to support retention. This will be implemented in the next reporting period. Additionally, temporary arrangements and Expressions of Interest (EOIs)

continue to reduce, increasing stability in teams and supporting safe and effective care.

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

Community Social Work is reporting a vacancy rate of 17% (10 vacancies against 56.43 WTE). While five vacancies have been matched and are in the process of being filled, the current level of vacancies presents a heightened risk to service resilience and further reduction in compliance, particularly in relation to statutory functions. As such, the position is recorded on the Divisional Risk Register, with mitigation actions in place including targeted action plans for teams with lower compliance and active recruitment to stabilise capacity. In recognition of the limited operational headroom and potential for rapid deterioration should additional pressures arise, discussions are ongoing at Director level regarding the implementation of Business Continuity arrangements in community social work. At the end of this reporting period business continuity arrangements in Community Social Work have not yet been agreed, however, are in place in the Adult Protection Gateway Team, and this remains under review.

It is anticipated that all band 6 social work vacancies will be filled through graduate or international recruitment. The funded staffing level for community social work is under review to identity the resource required to meet demand.

Risks associated with social work workforce vacancies are reported on the Board Assurance Framework.

Service Area	Band	Total WTE	Vacant WTE	% Vacant	Plans to Address
Community Social Work	6	56.43	10	17%	Regional and bespoke recruitment activity (5 matched awaiting start date).
Hospital Social Work	6	68.33	2	2.9%	Requisitions have been raised. Regional and bespoke recruitment activity.
Palliative Care	6	2.3	0.7	30%	Ongoing service reconfiguration, recruitment paused
Intermediate Care	6	8	2	25%	Regional recruitment
Adult Protection Gateway Team	6	7	3	43%	Recruitment ongoing.

	CHPT	6	19	4.5	24%	Recruitment process ongoing. 3.6 WTE covered by bank and temp EOI

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

If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance

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)

The data presented within this report has been drawn from a combination of locally held manual data collections, including information from Finance, alongside figures extracted from Encompass reporting. As such, the dataset reflects a blended approach to reporting during an ongoing period of system transition and data maturity.

During the reporting period there has been progress in data cleansing activity, report validation, and increased confidence in Encompass outputs. This work has strengthened the overall reliability of Encompass reporting; however, it remains a work in progress. Accordingly, the robustness of the data contained within this year's report should be considered with appropriate caveats, particularly in relation to the accuracy and full validation of Encompass reports. Ongoing work continues with Encompass to enable the system to reliably deliver the full range of operational data required for Statutory Functions reporting in future years.

The accuracy of reporting in relation to carers' assessments offered, completed and declined remains a challenge. A streamlined recording pathway and Standard Operating Procedures (SOPs) for assessments declined were operationalised in November 2025 and have not yet been fully embedded into practice. As a result, Encompass reports do not currently provide a complete or accurate reflection of the activity undertaken. Similar recording challenges impact the reporting of re-assessments offered, completed and declined.

Reporting in relation to Article 15 also remains challenging. The development and implementation of SOPs to support reliable data entry by end users is ongoing.

	Comparable issues affect reporting regarding referrals to the Office of Care and Protection. For these areas, figures contained within this report continue to be derived from manual data collection processes. To date, Encompass has not delivered the anticipated improvement in data quality in relation to Care Management standards, including the accurate identification and counting of outstanding annual reviews. Consequently, figures within this reporting period have again been produced through a combination of Encompass reports and manual data collection. While incremental improvements in data quality and assurance have been achieved during 2025/26, the service recognises that continued system development, data validation activity, and embedding of revised operational procedures are required to further strengthen the accuracy, completeness and assurance of Statutory Functions reporting.

2.5	**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 *completed* during the reporting period, that directly relates to the Trusts discharge of their statutory functions** (please complete table below)**.**

	Number
Serious Adverse Incidents	**1**
Domestic Homicide Reviews	**0**
Case Management Reviews	**0**
Mental Health Review Tribunals	**0**
Judicial Reviews	**0**
Audits	**5**
RQIA Inspections	**Statutory Care Home – 4 inspections** **Day Care - 1**
RQIA Enforcement notices – Failure To Comply Notices	

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

Judicial Review – Continuing Health Care:(update)

The Trust awaits direction from Department of Health now that legal proceedings have drawn to a close. This direction will inform the development of revised policy and procedures in respect of Continuing Health Care.

BHSCT SAI/25/010 Following a significant adverse incident in 2025 the following learning was highlighted in the subsequent report in relation to adhering to the Adult Safeguarding Policy and Procedure (2016):

- The screening of referrals.
- The use of body maps when completing APP1s, and
- The appropriate process for the use of digital photography.

This learning has been implemented through the dissemination of a Trust wide learning letter and inclusion in mandatory IO and DAPO training. The next APPI audit will include a focus on the appropriate use of body maps where required. This is planned to commence within the next reporting period.

Internal Learning Review

During the reporting period the Trust has submitted an internal learning review for a Domestic Homicide Review related to adult safeguarding processes.

Where concerns arise regarding an individual, staff must take a holistic approach to assessing risk, including the potential safeguarding risks to household or family members, partners, their children, and any others with whom they maintain close personal contact. All safeguarding analysis, decisions, and actions must be clearly recorded on encompass using the appropriate APP1 or ASA documentation to ensure statutory assurance. A learning letter has been developed and is in draft form subject to approval from the Adult Safeguarding Committee and the SAI Group. This will be disseminated in the next reporting period.

Audits

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.

- Overall compliance with recording against the agency recruitment and assurance process was 100%, representing a 2.7% increase from the previous audit period.
- Analysis of the audit findings confirms that services are fully engaged in providing information and assurance in relation to the recording and oversight of agency social care staff.
- Compliance with the off-contract process was also 100%, providing assurance that appropriate checks are completed for staff engaged outside standard contractual arrangements.
- All service areas actively engaged with the social care agency tracker, supporting the timely provision of information required for audit and assurance purposes.

The audit provides assurance that robust arrangements are in place to support compliance with Access NI and NISCC requirements for agency social care staff. Engagement across services is high, assurance processes are consistently applied, and recording of required checks is comprehensive.

Audit of Fitness to Practise (FTP) Activity – NISCC Registration

January–December 2025

The Trust has robust processes in place to ensure that all staff registered with the Northern Ireland Social Care Council (NISCC) who meet the threshold for concern are appropriately referred and managed through the Fitness to Practise process.

Across the Trust 37 FTP cases (1.1% of registrants) and 22 referrals (0.7%) indicate proportionate use of FTP mechanisms, consistent with expected regulatory activity.

Regular liaison with NISCC (quarterly meetings) and the introduction of a new assurance dashboard strengthen compliance oversight.

The main factors influencing prolonged timescales are external to Trust control, notably Police Service of Northern Ireland (PSNI) investigations, court proceedings, and engagement challenges.

Actions Arising

- Continue implementation and refinement of the FTP assurance dashboard to improve visibility of case status and timescales.
- Strengthen early internal investigation processes to reduce avoidable delays.
- Maintain close partnership working with NISCC FTP teams and external agencies to support timely progression and closure where appropriate.
- Use audit learning to support staff wellbeing by improving understanding of referral rationale and process transparency.

Compliance with NISCC Registration – Social Work and Social Care

January–December 2025

- Across the Trust social work and social care workforce overall registration compliance remains high and stable, with:
  - 98.7% compliance for social workers
  - 98.3% compliance for social care staff, reflecting year-on-year improvement.
- Registration status is kept under continuous review, with strengthened processes introduced to support legislative compliance and assurance.
- The audit confirms that while compliance is strong, the expected standard remains 100%, and further improvement is required to address residual gaps.

Outcomes

- Reduction in removals due to non payment of fees, while in work compared to previous years, particularly within social care.
- Improved systems and controls, including:
- Updated “return to work” processes incorporating registration checks.
- Delivery of training for first-line managers and establishment of registrant roadshows.
- Improved partnership working with operational colleagues has supported timely resolution of registration issues.

Actions Arising

- Embed the Social Care Supervision Policy to strengthen professional accountability and ongoing registration awareness.
- Continue registrant roadshows and line-manager workshops to reinforce shared responsibility for compliance.
- Improve consistency of Staff in Post returns and ensure all registrants list the Trust as employer on the NISCC system to strengthen assurance mechanisms.

Supervision Audit

A supervision audit was undertaken across all Divisions in this reporting period. Audit comprised of 35% of all supervisors across all social work bandings in the Trust. ACOPS CSW/HSW services provided 100% of requested files for audit. The audit indicated that this service area was compliant with policy standards, with some areas for improvement noted

This area demonstrates strong overall assurance: supervision rates demonstrate strong compliance with the supervision policy and quality standards are consistently evidenced, especially around case management, wellbeing, evidence of NISCC registration and signed records. Key improvement area is ensuring the service-level supervision plan is always present and signed.

The Division will be working with supervisors in the next reporting period to strengthen the inclusion of service area plans in the supervision file and to build on the good practice identified.

Second Line ASG Assurance

A programme of 2nd line assurance audits of Adult Safeguarding/Adult Protection practice has been undertaken across Intellectual Disability, Mental Health and ACOPs, using random case sampling and independent auditing. These reviews are overseen by the Executive Director of Social Work's office using agreed templates and a Standard Operating Procedure (reviewed January 2026). Four audits have been completed during the financial year which included: an audit of APP1 and APP2 screening audit in June 2025 (10 files); an audit of APP3 risk assessment/protection planning in Jan 25 (24 cases); an audit of closure documentation (APP6 and APP7) during January–February 2026 (21 closure cases) and an audit March/ April 2026 covering APP2, APSR, APP4 and APP5.

Overall findings showed improved compliance with: APP1 completion; improved APP2 completion (over 60% compliance); good APP3 recording of background information and the adult's needs, with examples of clear, detailed, service-user focused APP3s; improved APP6 documentation in many cases (including investigation team detail, pen picture of the adult, protective measures and service-user involvement, with some excellent examples of detailed investigation summaries and analysis); and APP7s being regularly completed at the conclusion of investigations.

Key areas for improvement included the need for: consistent recording of rationale for delays and completion of body charts (APP1); documenting that the adult was informed of screening outcomes and sending APP2 within two days: clearer recording of capacity, wishes and risk analysis within APP3; ensuring APP6 is completed in all cases with conclusions aligned to actions taken and the balance of probability; APP7 also requires closer alignment with APP6 conclusions and clearer written communication to the adult including rationale for decision making.

Actions arising focused on strengthening recording quality, timeliness and risk analysis: bespoke encompass/quality recording training for DAPO/IO staff was delivered in

February 2026; targeted risk assessment/risk analysis and FREDA training was delivered at the DAPO/IO forum in March 2026 with local reinforcement by ASG leads; further feedback and re-emphasis on APP7 completion is scheduled for the June 2026 DAPO/IO forum.

Governance oversight (via Divisional ASG leads and the ASG Governance Reform Board) supports ongoing monitoring of the actions arising.

RQIA

Day Care
Following an unannounced inspection at Carlisle Day Centre, a Quality Improvement Plan (QIP) identified the need to strengthen oversight of day care staff training. In response, governance arrangements have been implemented, including a monthly training audit to identify training nearing expiry, a day-centre-specific traffic-light training matrix, and strengthened supervision and governance review. Training compliance is reviewed regularly through supervision and monthly governance meetings with the assistant service manager and clear escalation routes are in place to the service manager to ensure ongoing oversight and assurance.

Statutory Care Homes – Summary of Quality Improvement Plans (QIPs) related to Statutory Function

Across the statutory care homes, recent announced and unannounced inspections identified a range of Quality Improvement Plans (QIPs). These primarily relate to care planning quality, information governance and staff supervision. In all cases, action plans are in place, with evidence of management oversight, training, auditing and regular review.

Brae Valley

- Four QIPs identified.
- Key issues include:
    - Requirement for all residents to have individualised care plans.
    - Enhanced detail in care plans for residents receiving one-to-one supervision.
- Actions include:
- Review and updating of care plans.
    - Revision of the monthly care plan audit tool to specifically address one-to-one supervision.

Bruce House

- Five areas for improvement identified during an unannounced inspection.

	• Key themes include:
	  ○ Information governance and secure storage of confidential records.
	  ○ Staff induction and supervision, including agency staff.
	  ○ Care planning, including documentation of Deprivation of Liberty Safeguards.
	• Actions include:
	  ○ Strengthened induction, supervision arrangements and training.
	  ○ Improved care plan documentation.
	  ○ Enhanced auditing and monitoring arrangements.
	
	Orchardville House
	• Four QIPs identified during an unannounced inspection.
	• Issues relate to:
	  ○ Use of covert administration of medicines.
	• Actions include:
	  ○ Clear controls to ensure covert medication is only used following a best interests meeting, risk assessment and documented care plan

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	
	<u>Adult Protection Gateway Team (APGT)</u> Unallocated cases remain a challenge in APGT. At the end of January 26 there were a total of 147 unallocated cases and 47 vacant, overall total of unallocated cases 194. At the end of March 26 there were 158 unallocated and 36 vacant cases, overall total of unallocated 194. **Unallocated cases –**: 158 **Rag rating**: Green - 51 Amber – 45 Red - 62	• Vacant caseloads are being reviewed and RAG rated to ensure prioritisation of cases. • Criteria for RAG rating cases under review. • APGT remains on the Corporate Risk Register and under business continuity measures. There is an action plan in place to progress issues to ensure sustained improvement in the service, this is reviewed on a regular basis.

		• Additional 2 DAPO posts are to be a dedicated resource for the unallocated cases. • Recruitment for posts where there are identified vacancies in the team are being progressed at both band 6 and band 7.
	Older People & Adults Issues:	
	<u>Care Home Placement Team (CHPT)</u> **Statutory Annual Reviews** The number of outstanding reviews continues to improve within the CHPT. Compliance remains stable with 91% compliance at the end of November 2025 and 92% compliance at the end of March 2026. **Unallocated cases (CHPT)** The number of unallocated cases has increased in the CHPT. At the end of November 2025, there were 172 unallocated cases. At the end of March 2026, the total caseload in the Care Home Placement Team was 1784, inclusive of 270 unallocated cases, equating to 15% of the total caseload.	• Cases are reviewed and RAG rated to ensure prioritisation of cases, Risk management action plan in place to monitor compliance with statutory functions. • Recruitment to vacant posts in CHPT. • Attendance Management monthly reporting and oversight of sickness absence

	Unallocated and Vacant caseloads (OPS) Across the Older People's Community Social Work service, a number of service users remain without an allocated key worker, arising from vacant caseloads linked to staff turnover or long-term absence, and from new referrals awaiting allocation. Cases assessed as presenting the lowest level of risk are prioritised accordingly, which may result in longer timescales to assessment or re-assessment. As at 31 March 2026, there were 239 unallocated new referrals and 1,417 service users on vacant caseloads requiring re-allocation, giving a total of 1,656 cases. This represents an overall improvement when compared to March 2025 (total 1,743, 5% improvement), with data indicating a reduction in unallocated casework over the year. While some fluctuations reflect redesignation through Encompass pathways, the overall trend remains positive. The reduction in unallocated work is also attributable to targeted actions to address unallocated carer casework. Further assurance is provided through a dip audit of the assessment waiting list, which identified that approximately 85% of individuals awaiting social care assessment are already open to other Trust services, ensuring an additional layer of oversight and support. .	**Unallocated and Vacant caseloads (OPS)** The Trust has considered alternative service delivery models regionally as part of the current service model review. The Trust continues to maximise existing workforce capacity while progressing work on a skills-mix approach, including development of a new Band 5 role within Community Social Work. Recruitment and stabilisation across Community Social Work remains a priority, with ongoing progress at all levels. While increased recruitment at Band 5/6 is expected to improve allocation and compliance, newly appointed and newly qualified staff require time and support to safely assume full caseloads. Risks associated with workforce vacancies are reported on the Board Assurance Framework and the funded staffing level for community social work is under review to identity the resource required to meet demand Ongoing transfer of cases to the Care Home Placement Team continues to create capacity, reduce waiting lists, and support allocation of vacant cases. A review of the transfer process and updated standard operating procedures will strengthen consistency, assurance, and oversight, recognising that service users in care homes are best supported within a dedicated service.

	Compliance with the Care Management Circular HSC (ECCU) 1/2010 The level of outstanding statutory reviews continues to present a significant challenge across the service. As at March 2026, there were 1,864 outstanding annual reviews within the Older People's Community Social Work service, compared with 1,861 in March 2025. This equates to an overall compliance rate of 44%, unchanged from the previous year. Ongoing pressures arising from competing caseload demands, the allocation of new work, and staffing capacity continue to impact review activity across teams. To date, a sustained improvement in review compliance has not been achieved. During the 2025/26 reporting period, 648 cases were transferred from Community Social Work to the Care Home Placement Team. A statutory review is completed prior to transfer; however, this activity is not fully reflected in the above figures, as responsibility for the case transfers to another service. Significant work has been undertaken during the reporting period to strengthen the accuracy of review data. This has involved a combination of manual data collection and validated data extracted from Encompass. Confidence in the quality of Encompass data has increased, and as a result, the service will transition to the use of Encompass Targets for review reporting in the next reporting year.	**Compliance with the Care Management Circular HSC (ECCU) 1/2010** Actions to improve compliance with the Care Management Circular include: • Active recruitment to vacant posts, with Bank Social Workers used as an interim measure. • Robust absence management processes to mitigate the impact of sickness absence and maintain workforce capacity. • Directorate-wide additional hours and overtime to prioritise completion of statutory reviews. • Regular situation reports (Sit-reps) to strengthen operational oversight and assurance. • Ongoing transfer of casework to the Care Home Placement Team, improving community social work capacity for reviews and case allocation. • Development of Community Care Officer roles, that will support completion of Statutory Annual Reviews as part of their work. • Continued monitoring of annual review compliance through the Divisional Risk Register. • Implementation of Department of Health guidance enabling Statutory Annual Reviews to be undertaken by unqualified staff in non-complex cases; this is expected to improve review rates, with Trade Union discussions ongoing. • The Early Review Team is contributing positively to review performance.

Unmet Need (OPS)

Demand for domiciliary care continues to exceed available supply, and meeting this demand remains a region-wide challenge. Within the Belfast Trust, demand is not uniform, with South and East Belfast localities experiencing particularly heightened pressures.

Throughout the reporting period, both the number of care packages and the level of unmet hours have fluctuated, with a notable increase during the Christmas period. Overall, however, the position indicates a reduction in unmet need. It is anticipated that this improving trend will continue as data cleansing progresses and as revised processes are embedded, including the application of critical criteria and implementation of recommendations arising from the Homecare Review.

Older People's Community Social Work

UNMET NEED	HOURS	PACKAGE NUMBERS
MARCH 2025	2673	530
MARCH 2026	2654	481

Unmet Need (OPS)

Promotion of alternative approaches to meeting care needs through Self-Directed Support, including the increased use of Direct Payments.

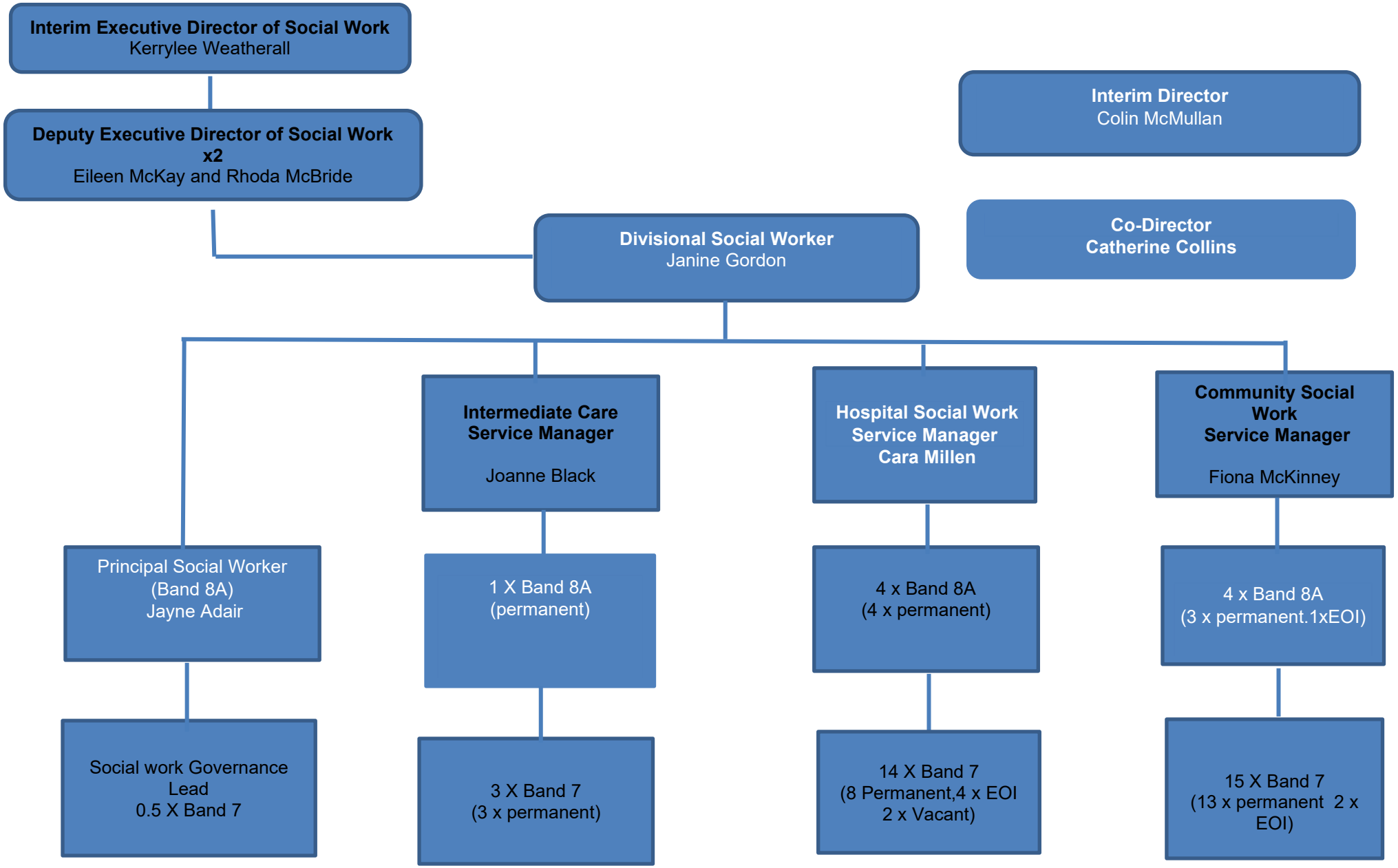
Robust arrangements and oversight to ensure identified priority needs are met, including timely responses for individuals requiring end-of-life care.

Ongoing scrutiny of unmet need, with regular review processes in place to ensure critical risks and urgent needs are identified and addressed promptly.

Ongoing implementation with scale and spread of an Early Review Pilot to support more timely reviews of care packages, enabling cessation or reduction of hours where appropriate and increasing capacity to meet those in critical need.

A targeted review of Home Care provision has addressed areas of highest unmet need by limiting new provider allocations to defined postcodes. In addition, monthly engagement meetings with Independent Sector Providers focus on areas experiencing the greatest pressures, and the introduction of a block contract in localities bordering the South Eastern HSC Trust aims to improve capacity and address prolonged waiting times for care

	Carers Assessments (OPS) Demand for Carer's Assessments continues to place pressure on the capacity of qualified Social Work staff to undertake and record this work. The recording of, and ability to routinely report on, Carer's Assessments has been affected by the implementation of Encompass. However, data quality has improved in relation to assessments completed, and the introduction of a revised process is expected to further improve reporting on Carer's Assessments declined going forward.	**Carers Assessments (OPS)** Additional paid hours offered to existing staff were introduced in June 2025 to address the Carer's Assessment waiting list, resulting in a positive and sustained impact, particularly for carers waiting the longest. A Divisional Carers Strategy Implementation Group has been established, involving staff from all services and carers, to develop a co-produced action plan to enhance service delivery. Bank Social Work staff continue to support completion of Carer's Assessments, with ongoing prioritisation to ensure this resource is focused on carers with the greatest level of need. Clear SOPs are in place to support consistent recording of assessments, alongside promotion of the Carer's Conversation Wheel to streamline practice. A Quality Improvement project within one Community Social Work Team is improving early screening of carers to promote access to supports that do not require a full assessment, enabling a timelier response for carers under pressure.


Interim Executive Director of Social Work
Kerrylee Weatherall
Deputy Executive Director of Social Work x2
Eileen McKay and Rhoda McBride
Interim Director
Colin McMullan
Co-Director
Catherine Collins
Divisional Social Worker
Janine Gordon
Principal Social Worker
(Band 8A)
Jayne Adair
Social work Governance Lead
0.5 X Band 7
Intermediate Care Service Manager
Joanne Black
1 X Band 8A
(permanent)
3 X Band 7
(3 x permanent)
Hospital Social Work Service Manager
Cara Millen
4 x Band 8A
(4 x permanent)
14 X Band 7
(8 Permanent,4 x EOI
2 x Vacant)
Community Social Work Service Manager
Fiona McKinney
4 x Band 8A
(3 x permanent.1xEOI)
15 X Band 7
(13 x permanent 2 x EOI)

PHYSCIAL 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** Grace Reihill was 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, Connected Community Care, Primary MDT Social Work Service and Homecare Services) until June 2025. Charlene Wright has now been appointed as the Divisional Social Worker (permanent appointment 1st March 2026). In the intervening period Grace Reihill retained the professional officer for social work role in her new post as co-director for this Division. Colin McMullan is the Interim Director of Adult Community and Older People's Services and 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 diagram on page 59. **Highlight any vacancies and the action taken to recruit against these.** The Division reports one vacant Band 8b post in the Community Mental Health Team the end of this reporting period. This is not a designated social work post. Recruitment commenced in March 2026 and at the time of reporting this post has been recruited to. 1 Band 7 vacancy (covered by an EOI) in Commissioned Services. This is not a designated social work post. Recruitment for all vacant posts is in progress.

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

Recruitment and retention of staff is a divisional priority. Social Work recruitment issues are a regional challenge. The Trust has implemented – a Social Work Recruitment Retention Strategic Group. This is overseen by the Office of the Executive Director of Social work, in partnership with social work operational Divisions, and has progressed with three work streams, focused on the following areas:

- Workforce capacity
- Staff Experience
- Enhancing Leadership

Alongside these work streams there is :

- Ongoing work across all recruitment pathways to reduce employment process delays.
- Established calendar events to promote health and well-being for social work and social care staff
- A central bank for social work has been established
- Development of social work voluntary transfer policy to be launched in next reporting year
- Progression of International Recruitment
- Launch of the Leadership Academy

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

The vacancies across the Physical and Sensory Disability Service are detailed in the table below. There are no vacancy control systems in place.

Band	Number of WTE Vacancies	Cover Arrangements
Band 8a SDS	0.5	Covered 0.5 bank
Band 6 (CABIRT)	0.5	There are no cover arrangements in place and this post and this post will be subject to regional/ graduate recruitment processes.

2.3	**Supervision arrangements for social workers** **Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No) –** **YES** **If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?**
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).** The figures provided in this report are a combination of manual and electronic sources. Despite continued dedication to develop accurate reporting systems on Statutory Functions, cleansing data and validating reports to provide assurances that Encompass reports are reliable, this remains a work in progress. This has been a challenge for the service as previously there were robust structures and mechanisms in place to quality assure and validate the data. Therefore, for this reporting period 25/26 the robustness of the data should be viewed with caveats around the accuracy of reporting and validation from Encompass. It has not been possible to disaggregate data through Encompass pathways for service users in receipt of social work support only in Data 1 (General Provisions). The Division is reporting service users receiving social work support only in section 1.3a by conducting a manual count of those who are not subject to care management procedures or additional service provision. As this figure is derived from manual counting, assurance regarding its accuracy remains limited. There have been significant changes made to the Encompass carer's workflow over the last 6 months to improve data quality and reporting of this activity. These changes will have an impact on the quality of the data in the 2026-27 reporting period. Dataset 5.1(i) and 5.2 (i) should be viewed with caveats around accuracy of reporting. The figures documented are directly reported from Encompass. However, the figures detailed in the narrative are a combination of manual and electronic due to the service only commencing full use of Encompass reporting of carers data from December 2025.

2.5	**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 *completed* during the reporting period, that directly relates to the Trusts discharge of their statutory functions** (please complete table below)**.**

	Number
Serious Adverse Incidents	**1 (BHSCT/SAI/25/007)**
Domestic Homicide Reviews	**0**
Case Management Reviews	**0**
Mental Health Review Tribunals	**0**
Judicial Reviews	**0**
Audits	**5**
RQIA Inspections	**<u>Homecare</u> – 1 inspection took place with 10 QIPs.**
RQIA Enforcement notices – Failure To Comply Notices	**0**

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

<u>SAIs</u>

BHSCT/SAI/25/007
This serious adverse incident review relates to a service user with a domiciliary care package where were highlighted by the domiciliary provider regarding self-neglect and home conditions. The service user was on a vacant caseload and an internal request to transfer the service user to a managed caseload was not actioned, nor the BHSCT policy on non-compliance policy utilised. Following a deterioration in the service user's health, GP and NIAS were involved. NIAS did not implement Emergency Provisions under MCA as authorised by the GP.

Actions for PSD include development of standard operating procedure re. role of duty desk and management of vacant caseloads; prioritisation of reviews where these have been requested by domiciliary care provider; use of Managing Non-Compliance with Care and Treatment Policy must be considered when service users refuse treatment. Implementation of actions is underway.

Audits

Audit of Agency Tracker

To ensure that all agency social care staff employed in the Trust has Access NI checks and NISCC registration (where applicable) the Trust has 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.

- Overall compliance with recording against the agency recruitment and assurance process was 100%, representing a 2.7% increase from the previous audit period.
- Analysis of the audit findings confirms that services are fully engaged in providing information and assurance in relation to the recording and oversight of agency social care staff.
- Compliance with the off-contract process was also 100%, providing assurance that appropriate checks are completed for staff engaged outside standard contractual arrangements.
- All service areas actively engaged with the social care agency tracker, supporting the timely provision of information required for audit and assurance purposes.

The audit provides assurance that robust arrangements are in place to support compliance with Access NI and NISCC requirements for agency social care staff. Engagement across services is high, assurance processes are consistently applied, and recording of required checks is comprehensive.

Audit of Fitness to Practise (FTP) Activity – NISCC Registration

January–December 2025

The Trust has robust processes in place to ensure that all staff registered with the Northern Ireland Social Care Council (NISCC) who meet the threshold for concern are appropriately referred and managed through the Fitness to Practise process.

Across the Trust there are currently 37 FTP cases (1.1% of registrants) and 22 referrals (0.7%) indicate proportionate use of FTP mechanisms, consistent with expected regulatory activity.

Regular liaison with NISCC (quarterly meetings) and the introduction of a new assurance dashboard strengthen compliance oversight.

The main factors influencing prolonged timescales are external to Trust control, notably Police Service of Northern Ireland (PSNI) investigations, court proceedings, and engagement challenges.

Actions Arising

- Continue implementation and refinement of the FTP assurance dashboard to improve visibility of case status and timescales.
- Strengthen early internal investigation processes to reduce avoidable delays.
- Maintain close partnership working with NISCC FTP teams and external agencies to support timely progression and closure where appropriate.
- Use audit learning to support staff wellbeing by improving understanding of referral rationale and process transparency.

Compliance with NISCC Registration – Social Work and Social Care

January–December 2025

- Across the Trust social work and social care workforce overall registration compliance remains high and stable, with:
    - 98.7% compliance for social workers
    - 98.3% compliance for social care staff, reflecting year-on-year improvement.
- Registration status is kept under continuous review, with strengthened processes introduced to support legislative compliance and assurance.
- The audit confirms that while compliance is strong, the expected standard remains 100%, and further improvement is required to address residual gaps.

Outcomes

- Reduction in removals due to nonpayment of fees while in work compared to previous years, particularly within social care.
- Improved systems and controls, including:
- Updated “return to work” processes incorporating registration checks.
- Delivery of training for first-line managers and establishment of registrant roadshows.
- Improved partnership working with operational colleagues has supported timely resolution of registration issues.

Actions Arising

- Embed the Social Care Supervision Policy to strengthen professional accountability and ongoing registration awareness.
- Continue registrant roadshows and line-manager workshops to reinforce shared responsibility for compliance.
- Improve consistency of Staff in Post returns and ensure all registrants list the Trust as employer on the NISCC system to strengthen assurance mechanisms.

Supervision Audit

A supervision audit was undertaken across all Divisions in this reporting period. Audit comprised of 35% of all supervisors across all social work bandings in the Trust. ACOPS PSD/MDT services provided 100% of requested files for audit. The audit indicated that this service area was compliant with policy standards, with some areas for improvement noted.

The supervision audit indicates that supervision is regular and consistent and compliant with standards in the Supervision Policy. Supervision agreements, NISCC registration evidence, and core supervision functions (case management, risk/MDT analysis, wellbeing, professional development) are consistently evidenced and supervision is frequently described as detailed/reflective with clear actions. There are limited improvement actions around ensuring the service area plan is consistently present/signed and SDR evidence is filed where applicable.

The Division will be working with supervisors in the next reporting period to strengthen the inclusion of service area plans in the supervision file and to build on the good practice identified.

Second Line ASG Assurance

A programme of 2nd line assurance audits of Adult Safeguarding/Adult Protection practice has been undertaken across Intellectual Disability, Mental Health and ACOPs, using random case sampling and independent auditing. These reviews are overseen by the Executive Director of Social Work's office using agreed templates and a Standard Operating Procedure (reviewed January 2026). Four audits have been completed during the financial year which included: an audit of APP1 and APP2 screening audit in June 2025 (10 files); an audit of APP3 risk assessment/protection planning in Jan 25 (24 cases); an audit of closure documentation (APP6 and APP7) during January–February 2026 (21 closure cases) and an audit March/ April 2026 covering APP2, APSR, APP4 and APP5.

	Overall findings showed improved compliance with: APP1 completion; improved APP2 completion (over 60% compliance); good APP3 recording of background information and the adult's needs, with examples of clear, detailed, service-user focused APP3s; improved APP6 documentation in many cases (including investigation team detail, pen picture of the adult, protective measures and service-user involvement, with some excellent examples of detailed investigation summaries and analysis); and APP7s being regularly completed at the conclusion of investigations. Key areas for improvement included the need for: consistent recording of rationale for delays and completion of body charts (APP1); documenting that the adult was informed of screening outcomes and sending APP2 within two days: clearer recording of capacity, wishes and risk analysis within APP3; ensuring APP6 is completed in all cases with conclusions aligned to actions taken and the balance of probability; APP7 also requires closer alignment with APP6 conclusions and clearer written communication to the adult including rationale for decision making. Actions arising focused on strengthening recording quality, timeliness and risk analysis: bespoke encompass/quality recording training for DAPO/IO staff was delivered in February 2026; targeted risk assessment/risk analysis and FREDA training was delivered at the DAPO/IO forum in March 2026 with local reinforcement by ASG leads; further feedback and re-emphasis on APP7 completion is scheduled for the June 2026 DAPO/IO forum. Governance oversight (via Divisional ASG leads and the ASG Governance Reform Board) supports ongoing monitoring of the actions arising. **RQIA** **Homecare** RQIA unannounced inspection identified ten areas of improvement (7 in relation to regulations and 3 in relation to standards) in N&W Homecare Team, though the inspector said that there was no evidence to suggest that service users were not receiving care in keeping with their care plans. Service users told RQIA that they were very happy with the care and spoke positively about the care workers. The main areas for improvement are summarised as follows: Recruitment governance – Obtain and verify full employment histories, identifying and resolving any gaps before appointment. Staff support, supervision and appraisal – Strengthening staff health and safety processes, including return-to-work interviews and follow-up of wellbeing/self-assessments. Leadership capability and organisational culture - Strengthen leadership through targeted training. Ensure monthly Regulation 23 monitoring includes culture and tracks delivery of actions from the culture review.

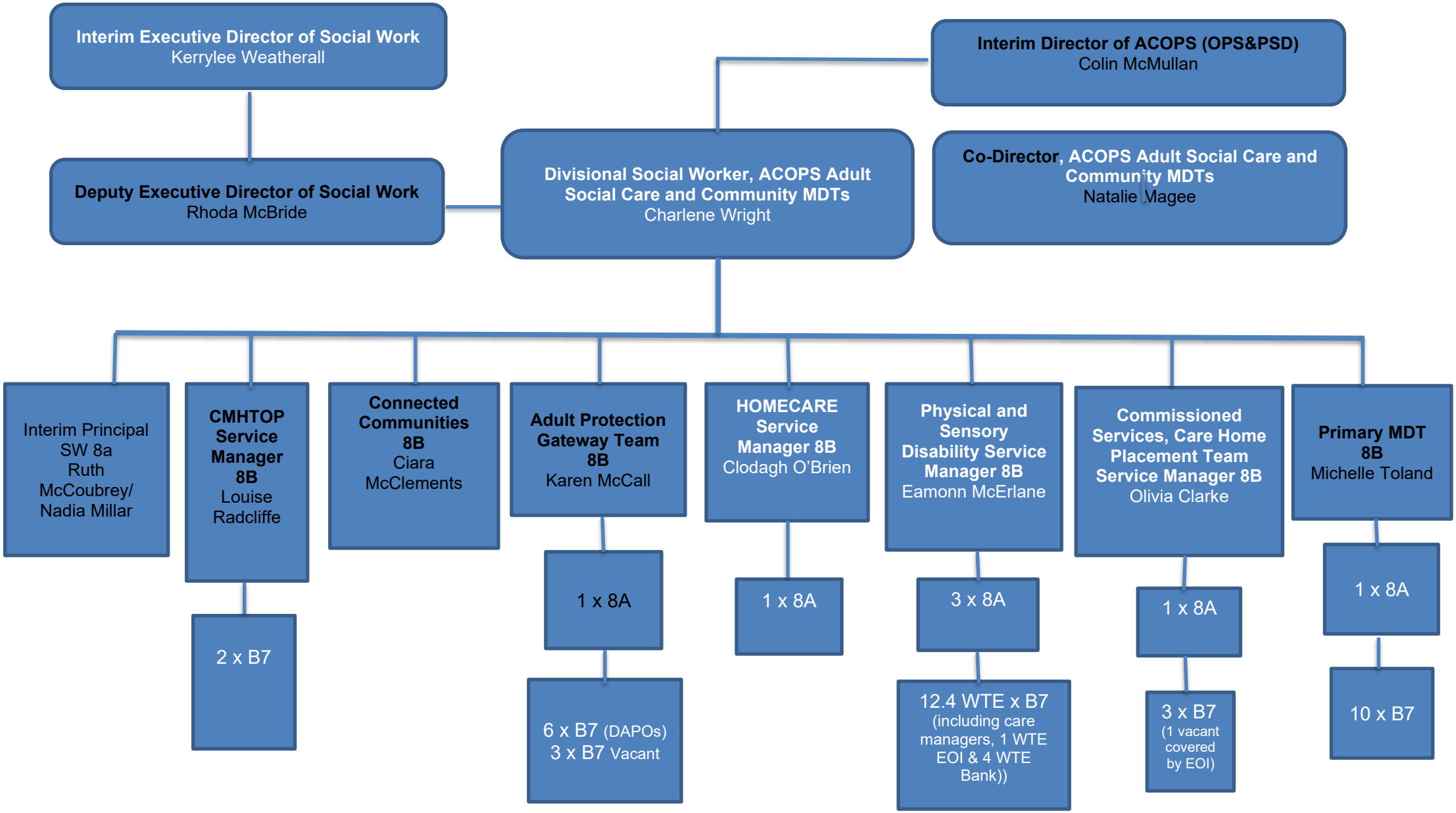
	Feedback, complaints handling, and quality reporting - Review negative feedback from annual monitoring and route relevant issues through the complaints process. Forward planning to ensure completion of annual quality report within timescales. Care Line Live – ensuring service users' care plans are uploaded in a timely way. The registered manager has implemented actions to address the areas of improvement required. This is reviewed and overseen by the operational line management within the Homecare Service and by the Trust Homecare Oversight Group. There is an action plan in place to ensure sustained change and progress. In addition, the implementation of the new policies regarding the supervision of social care staff and absence management will bring development and strengthening in these areas.

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.

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	
Unallocated Cases There has been a reduction in the number of unallocated cases within the Physical and Sensory Disability service. At the end of September 25 there were 388 unallocated cases, equating to 29% of the total caseload. There has been continued improvement, with another decrease in Nov 25, with 228 unallocated cases equating to 16% of total caseload unallocated. At the end of March 26 there were 378 unallocated cases, equating to 26% of total caseload.	• The service has an action plan in place to address unallocated cases • Tracker system and review of RAG rating to prioritise cases where there are new or emerging risks. • PSD unallocated cases are on the corporate risk register and status is reviewed regularly. • There has been a temporary uplift in funding from another service within PSD to accommodate an increase in B7 Care Management practitioners • Attendance Management monthly reporting and oversight of sickness absence
Carers Assessments The service notes an improvement in carers support through completion of carers assessment in this reporting period. This is evident in the % increase of carers accepting the offer of a carers assessment. In the previous reporting period 43% accepted the offer of a carers assessment on comparison to 86% in this reporting period. This has led to an increase in carers assessment completed of 36 even with a reduction of offers of 51. The service however notes this could be further improved and will be implementing the newly developed carers assessment standards within this reporting period.	• PSD have an action plan in place to progress completion of carers assessments in a timely manner. • Carers assessments are triaged and allocated in line with standard operating procedures in the management of referrals. • Focused staffing in this area who are completing carers assessment presently for the service area. • Implementation of new carers assessment standards across the service

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)	• Threshold have now taken over what was previously Leonard Cheshire supported living and placements for those with ARBI. Trust expressing some early concerns that the landlord for ARBI is using the change in ownership as an opportunity to increase rates. BT monitoring this at present. • Cases continue to be more complex; incidents of staff being assaulted. Some individuals require a 2-1 or 3-1


Interim Executive Director of Social Work
Kerrylee Weatherall
Interim Director of ACOPS (OPS&PSD)
Colin McMullan
Deputy Executive Director of Social Work
Rhoda McBride
Divisional Social Worker, ACOPS Adult Social Care and Community MDTs
Charlene Wright
Co-Director, ACOPS Adult Social Care and Community MDTs
Natalie Magee
Interim Principal SW 8a
Ruth McCoubrey/ Nadia Millar
CMHTOP Service Manager 8B
Louise Radcliffe
2 x B7
Connected Communities 8B
Ciara McClements
Adult Protection Gateway Team 8B
Karen McCall
1 x 8A
6 x B7 (DAPOs)
3 x B7 Vacant
HOMECARE Service Manager 8B
Clodagh O'Brien
1 x 8A
Physical and Sensory Disability Service Manager 8B
Eamonn McErlane
3 x 8A
12.4 WTE x B7
(including care managers, 1 WTE EOI & 4 WTE Bank))
Commissioned Services, Care Home Placement Team Service Manager 8B
Olivia Clarke
1 x 8A
3 x B7
(1 vacant covered by EOI)
Primary MDT 8B
Michelle Toland
1 x 8A
10 x B7

ADULT LEARNING DISABILITY SERVICES

2. PROGRAMME OF CARE SUMMARY

Learning Disability Services

2.1	**Named Officer responsible for professional Social Work** Colette Johnston is the Divisional Social Worker for Adult Learning Disability Services and the named professional officer for social work and social care. Peter Sloan is the Director of Adult Learning Disability Services and holds accountability and responsibility for the operational delivery of the Directorate's statutory functions. **Accountability Arrangements** There is a clear and continuous line of professional accountability for social work, extending from individual social work practitioners through the Divisional Social Worker and onward to the Executive Director of Social Work, who reports to the Chief Executive and the Trust Board. Please see organisational structure on page 72. **Highlight any vacancies and the action taken to recruit against these.** The Division reports no substantive vacancies for Band 7 team leader positions. However, an additional 8 Band 7 senior practitioner posts have been developed and are currently occupied by expression of interest. The service plans to recruit permanently to these posts within the next reporting period. Within the adult safeguarding service one Band 8b post is vacant and is temporarily covered with an EOI. This has been funded at risk. There is 1 vacant DAPO post which equates to 33% of the DAPO workforce with ASG.
2.2	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.** Recruitment and retention of Band 6 Social Work staff remains a key priority for the Adult Learning Disability Service to support workforce stability, sustainable service delivery, and effective future planning. The service has responded proactively to vacancy pressures through active promotion and engagement across regional, bespoke, and international recruitment events. As a result, three AYE social workers and one Band 6 social worker have been successfully recruited during the year. The implementation of the Business Continuity plan has highlighted significant levels of workforce pressures within the Community LD teams. There are 17 vacant posts currently within the community teams, this is out of a potential whole time equivalent of 42 Social Work posts in the Community LD teams.

The service is addressing these workforce capacity issues through bank staff and overtime, however there are significant limitations to this resource to redress. The service is actively endeavouring to recruit permanent Band 6 staff to stabilize Band 7 roles and develop peripatetic posts.

The Trust remains firmly committed to staff retention and continues to implement its retention programme. This includes the 'Leadership in Action' programme, which aims to strengthen leadership across the service through the delivery of bespoke learning and development opportunities for all staff. There have been no staff leavers during this reporting period.

Risks associated with workforce vacancies are reported on the Board Assurance Framework

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

During this reporting period Band 6 social work vacancies have fluctuated. While the established permanent vacancy rate at Band 6 is reported as 10% (4), additional pressures arising from long-term sickness, maternity leave, and staff progression to Band 7 roles have increased vacancies by 31%. As of 31 March 2026, there are 13 temporary vacant Band 6 posts in addition to the 4 substantive Band 6 positions. The service is addressing these vacancies through the use of bank staff and overtime.

Banding	**2025**	**Current 2026**	**Control Mechanisms in place**
	Vacancies		
B6 Social Work Posts (42)	14%	10% (17) (4 permanent posts)	Progressing with graduate, regional and international recruitment.
B7 Team Leader Posts	25%	0%	NA
B7 Senior Practitioner Posts	0%	0%	NA
Temporary B6 Vacancies			
Temporary B6 Social Work Posts.	NA	13	Cover provided from social work bank and overtime.

Band 7 posts currently filled on a temporary EOI basis by Band 6 social workers require permanent recruitment to release substantive Band 6 vacancies for permanent appointment, primarily through graduate recruitment. This approach strengthens workforce capacity, recognising that permanent roles are more attractive and more

likely to be successfully filled, with additional resilience provided through peripatetic Band 6 arrangements where required.

Adult Safeguarding (ASG) Vacancies.

As of 31 March 2026, ASG staffing levels are reported as outlined below. Recruitment challenges continue for Band 6 investigative officer (IO) posts (3 WTE), which have remained vacant for over 12 months. As a result of these ongoing vacancies, funding allocated for the Band 6 IO roles has been redirected to enhance DAPO provision, enabling the temporary appointment of an additional 2.0 whole-time equivalent Band 7 DAPO's, who have undertaken the duties of the Band 6 investigative officer role. In addition, the adult safeguarding role is incorporated into the social work role in community settings.

With the patient population at Muckamore Abbey Hospital continuing to decline, current staffing levels are assessed as more than sufficient to meet emerging service needs

Banding	**Current 2026**	**Control Mechanisms in place**
	Vacancies	
B8B Service Manager (1)	At Risk Funding WTE	Position occupied via EOI
B8A ASG Lead	0%	Occupied
B7 DAPO (3)	33% (equates to 1 DAPO).	2 additional temporary B7 positions are currently occupied via EOI's. Therefore, current B7 funded provision is covered with additionality of 1 staff member
B6 IO (3)	100%	Band 6 IO posts have been vacant for 12+months. Temp restructuring of funding to secure additional DAPO support.

There are currently no vacancy controls in place.

2.3 **Supervision arrangements for social workers**

Please confirm that the Trust is fully compliant with the Regional Supervision Framework

Yes

If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?

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).

The Trust continues to face significant challenges with Encompass in its ability to produce accurate and reliable data for statutory reporting. These issues are partly due to the integration of the Adult Learning Disabilities service with Mental Health services, which has led to variations in workflows and the continued use of local workarounds. In addition, ongoing regional optimisation of Encompass has introduced further changes, which have also impacted its current reliability as a reporting system.

In response, the service has undertaken extensive engagement across the Directorate to identify and scope these variations in data input and workflows. It has also proactively participated in regional Encompass pathway councils to support the standardisation of documentation, workflows, and reporting mechanisms, with the aim of improving consistency, accuracy, and data reliability.

For the purposes of this report, data has been collated through manual returns, supported by service informatics systems, including Power BI. The service is moderately assured, in the absence of Encompass data, of the data provided, given these external validation systems.

2.5 **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 *completed* during the reporting period, that directly relates to the Trusts discharge of their statutory functions** (please complete table below)**.**

	Number
Serious Adverse Incidents	0
Domestic Homicide Reviews	0
Case Management Reviews	0
Mental Health Review Tribunals	8
Judicial Reviews	0
Audits	6
RQIA Inspections	15
RQIA Enforcement notices – Failure To Comply Notices	0

Please provide details of any recommendations or learning that the Trust would wish to highlight.

Regulation and Quality Improvement Authority (RQIA) Inspections.

As of 31 March 2026, the Division reports that the Regulation and Quality Improvement Authority (RQIA) has conducted a total of 15 inspections. Nine of these inspections led to the issuing of Quality Improvement Plans (QIPs), five of which are directly associated with statutory function activity. The service confirms that all actions

required as a result of these inspections have been completed by 31 March 2026. These are detailed below;

(i) Falls Water Day Centre

An unannounced inspection was conducted on 5 August 2025 at the Falls Water Day Centre. Following this inspection, it was stipulated that the registered person must ensure all individuals working in the centre undergo a comprehensive induction process, complete Access NI checks, and are registered with the Northern Ireland Social Care Council (NISCC).

As of 31 March 2026, the service reports the Registered Manager has implemented a checklist for each staff member's file, confirming completion of induction, Access NI checks, and NISCC registration. These records are signed by both the manager and staff members. Additionally, a database has been established to monitor NISCC registration and provide alerts when renewal is required.

(ii) Trench Park Residential Care Home

An unannounced inspection took place at Trench Park Residential Care Home on 11 August 2025. The registered person is required to establish a system that provides the manager with oversight of the recruitment process, ensuring that all pre-employment checks for staff are carried out prior to employment. The pre-employment checklist must be fully completed to provide evidence of all checks conducted before a staff member commences work at the home.

At the end of this reporting period the service can advise that a pre-employment checklist has been implemented, recorded in each staff member's file, and is available for inspection.

(iii) Rigby Close Supported Living Service

An unannounced inspection took place on 11 December 2025 at Rigby Close Supported Living Service. QIPS were related to

- Ensuring the regular supervision of staff
- Completion of assessment of need for service users when they first begin receiving care and support, with updates made as their needs change.
- Service user agreements to be developed and implemented.
- Establishment of a robust system to centrally record safeguarding incidents.

The service confirms that all actions outlined have been implemented; a supervision schedule has been developed and implemented; an Assessment of Need document has also been introduced, with completion required when service users start receiving care and support, and with subsequent reviews as needed; service user agreements have been developed and implemented. In addition, a safeguarding incident register has been established to ensure all safeguarding incidents are appropriately recorded.

Annadale Avenue

An unannounced inspection was held on 27 November 2025 at Annadale Avenue. Areas for improvement included ensuring complaints are fully investigated and recorded and induction for newly appointed staff should be structured in line with organisational policy.

	The service advises they have adopted the NIPSO complaints model and operate accordingly. A checklist has been implemented to ensure all staff have received induction and orientation, including completion of mandatory training. Induction records are signed by both the staff member and manager and are stored in the staff file. **Muckamore Abbey Hospital** An unannounced inspection occurred between 1 December 2025 and 8 December 2025 at Muckamore Abbey Hospital. RQIA noted the Trust is required to collaborate with other Trusts and key stakeholders to ensure formal contingency arrangements are in place for all patients. When the number of patients remaining at the hospital is reduced to five, these contingency arrangements must be implemented promptly for the remaining patients. As of 31 March 2026, the Service reports ongoing collaboration with relevant Trusts and stakeholders concerning the resettlement of patients from Muckamore Abbey Hospital. Regular updates are provided to SPPG and the Department of Health MDAG, and the Trust actively participates in the Regional Resettlement Oversight Board. **Support and Intervention Framework** The Trust remains on SIF level 3 attendant to safeguarding within Muckamore Abbey Hospital. There are weekly meetings with the department, SPPG and the Trust to address the SIF. There has been no change to the status of the SIF. **<u>Audit activity.</u>** **Audit of Financial Support Plans.** The Service completed an audit of 190 service users' financial support plans within a commissioned service. The audit concluded with an action plan setting out the following actions and recommendations: all service users must have a financial support plan in place, recorded using Trust-approved templates; Social workers must evidence consideration of mental capacity, best-interest decision-making, and, where appropriate, referral to the Office of Care and Protection. Compliance will be audited quarterly by senior management, and an additional audit is scheduled to take place by the Principal Social Worker in September 2026. **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 Service has developed an assurance process to track agency social care staff, to seek assurance that all necessary checks have been completed. • Overall compliance with recording against the agency recruitment and assurance process was 100%, representing a 2.7% increase from the previous audit period.

- Analysis of the audit findings confirms that services are fully engaged in providing information and assurance in relation to the recording and oversight of agency social care staff.
- Compliance with the off-contract process was also 100%, providing assurance that appropriate checks are completed for staff engaged outside standard contractual arrangements.
- All service areas actively engaged with the social care agency tracker, supporting the timely provision of information required for audit and assurance purposes.

The audit provides assurance that robust arrangements are in place to support compliance with Access NI and NISCC requirements for agency social care staff. Engagement across services is high, assurance processes are consistently applied, and recording of required checks is comprehensive.

Audit of Fitness to Practise (FTP) Activity – NISCC Registration

January–December 2025

The Trust has robust processes in place to ensure that all staff registered with the Northern Ireland Social Care Council (NISCC) who meet the threshold for concern are appropriately referred and managed through the Fitness to Practise process.

Across the Trust 37 FTP cases (1.1% of registrants) and 22 referrals (0.7%) indicate proportionate use of FTP mechanisms, consistent with expected regulatory activity.

Regular liaison with NISCC (quarterly meetings) and the introduction of a new assurance dashboard strengthen compliance oversight.

The main factors influencing prolonged timescales are external to Trust control, notably Police Service of Northern Ireland (PSNI) investigations, court proceedings, and engagement challenges.

Actions Arising

- Continue implementation and refinement of the FTP assurance dashboard to improve visibility of case status and timescales.
- Strengthen early internal investigation processes to reduce avoidable delays.
- Maintain close partnership working with NISCC FTP teams and external agencies to support timely progression and closure where appropriate.
- Use audit learning to support staff wellbeing by improving understanding of referral rationale and process transparency.

Compliance with NISCC Registration – Social Work and Social Care

January–December 2025

- With the Trust's social work and social care workforce overall registration compliance remains high and stable, with:
    - 98.7% compliance for social workers
    - 98.3% compliance for social care staff, reflecting year-on-year improvement.
- Registration status is kept under continuous review, with strengthened processes introduced to support legislative compliance and assurance.
- The audit confirms that while compliance is strong, the expected standard remains 100%, and further improvement is required to address residual gaps.

Outcomes

- Reduction in removals due to non-payment of fees while in work compared to previous years, particularly within social care.
- Improved systems and controls, including:
- Updated "return to work" processes incorporating registration checks.
- Delivery of training for first-line managers and establishment of registrant roadshows.
- Improved partnership working with operational colleagues has supported timely resolution of registration issues.

Actions Arising

- Embed the Social Care Supervision Policy to strengthen professional accountability and ongoing registration awareness.
- Continue registrant roadshows and line-manager workshops to reinforce shared responsibility for compliance.
- Improve consistency of Staff in Post returns and ensure all registrants list the Trust as employer on the NISCC system to strengthen assurance mechanisms.

Supervision Audit

A supervision audit was undertaken across all Divisions in this reporting period. Audit comprised of 35% of all supervisors across all social work bandings in the Trust. Learning Disability services provided 86% of requested files for audit. The audit indicated that this service area was compliant with policy standards, with some areas for improvement noted.

The supervision audit indicates that supervision is regular and consistent and compliant with standards in the Supervision Policy. Learning Disability shows high overall compliance and quality, with strong evidence of reflective supervision and core functions. Key improvements relate to tightening document currency/signatures, ensuring NISCC evidence is consistently filed

	The Division will be working with supervisors in the next reporting period to strengthen the inclusion of service area plans in the supervision file and to build on the good practice identified. **Second Line ASG Assurance** A programme of 2nd line assurance audits of Adult Safeguarding/Adult Protection practice has been undertaken across Intellectual Disability, Mental Health and ACOPs, using random case sampling and independent auditing. These reviews are overseen by the Executive Director of Social Work's office using agreed templates and a Standard Operating Procedure (reviewed January 2026). Four audits have been completed during the financial year which included: an audit of APP1 and APP2 screening audit in June 2025 (10 files); an audit of APP3 risk assessment/protection planning in Jan 25 (24 cases); an audit of closure documentation (APP6 and APP7) during January–February 2026 (21 closure cases) and an audit March/ April 2026 covering APP2, APSR, APP4 and APP5. Overall findings showed improved compliance with: APP1 completion; improved APP2 completion (over 60% compliance); good APP3 recording of background information and the adult's needs, with examples of clear, detailed, service-user focused APP3s; improved APP6 documentation in many cases (including investigation team detail, pen picture of the adult, protective measures and service-user involvement, with some excellent examples of detailed investigation summaries and analysis); and APP7s being regularly completed at the conclusion of investigations. Key areas for improvement included the need for: consistent recording of rationale for delays and completion of body charts (APP1); documenting that the adult was informed of screening outcomes and sending APP2 within two days: clearer recording of capacity, wishes and risk analysis within APP3; ensuring APP6 is completed in all cases with conclusions aligned to actions taken and the balance of probability; APP7 also requires closer alignment with APP6 conclusions and clearer written communication to the adult including rationale for decision making. Actions arising focused on strengthening recording quality, timeliness and risk analysis: bespoke encompass/quality recording training for DAPO/IO staff was delivered in February 2026; targeted risk assessment/risk analysis and FREDA training was delivered at the DAPO/IO forum in March 2026 with local reinforcement by ASG leads; further feedback and re-emphasis on APP7 completion is scheduled for the June 2026 DAPO/IO forum. Governance oversight (via Divisional ASG leads and the ASG Governance Reform Board) supports ongoing monitoring of the actions arising.

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	
	Issue: Delay of the resettlement of individual patients with Learning Disability from MAH. The Trust reports that, as of the 31 March 2026, there are three Trust patients at MAH. Two patients are scheduled for discharge in April 2026, while the remaining patient is awaiting confirmation of an appropriate placement. All Trust patients have resettlement plans in place. In addition, as of 31 March 2026, there are three other inpatients at MAH who are known to other Trusts.	All Trust patients have individual resettlement plans in place, with a designated resettlement lead identified to support and oversee the transition process. The service continues to work collaboratively with relevant Trusts and partner stakeholders to ensure the safe and timely discharge of patients. In addition, the Division provides regular updates to SPPG and the Department of Health MDAG and actively participates in the Regional Resettlement Oversight Board. The service reports that as of the 17th April 2026 there is one Trust patient in MAH and three patients remaining from other Trusts. The Trust remains on SIF level 3 attendant to safeguarding within Muckamore Abbey Hospital. There are weekly meetings with the department, SPPG and the Trust to address the SIF, there has been no change to the status of the SIF.
	Issue: Unallocated Cases within Community Learning Disability Teams As of the 31 March 2026, the service reports a total of 557 unallocated cases, representing an increase of 218 cases (64%) compared to the previous year. This increase is primarily attributable to workforce capacity at Band 6 level, arising from maternity leave and staff progression into Band 7 roles within the service. The service provides assurance that	Team Leaders have undertaken RAG (Red, Amber, Green) ratings of all unallocated cases. These cases are subject to monthly review by Assistant Service Managers (ASMs) as part of established oversight arrangements. The implementation of the Business Continuity plan has highlighted significant levels of workforce pressures within the Community LD teams. The service is addressing these workforce capacity issues through bank staff and overtime, however there are significant limitations to this resource to redress. The service is actively endeavouring to recruit permanent Band 6 staff to stabilize Band 7 roles and develop peripatetic posts.

<table>
<tr>
<td></td>
<td>a significant proportion of unallocated cases are currently in receipt of services and therefore continue to have professional intervention and oversight. A breakdown of the unallocated cases and their distribution across the service is provided below.

<table><tr><td>Care Management</td><td>45%</td></tr><tr><td>Statutory Supported living</td><td>7%</td></tr><tr><td>Day Care</td><td>26%</td></tr><tr><td>Short Breaks</td><td>25%</td></tr><tr><td>No services</td><td>10%</td></tr></table></td>
<td>. A consistent system is in place to review case activity across all four teams.

In addition, a Standards Framework is currently under development to support practice and service delivery.

There is assurance that 90% of the unallocated cases are in receipt of a service.</td>
</tr>
<tr>
<td></td>
<td>Issue: Challenges in accessing inpatient beds for individuals with a learning disability.

The Division reports that Innisfree opened in September 2025 to provide acute inpatient treatment and assessment. As of 31 March 2026, there were two inpatients admitted to the unit.
Innisfree is not a commissioned service and is currently operating on an at ‘risk-funded’ basis. This has had an adverse impact on the Trust’s ability to recruit and retain permanent BHSCT staff to resource the hospital.</td>
<td>Staffing at Innisfree is presently maintained via a Service Level Agreement for agency staff. MAH staff are delivering nursing support under the Organisational Change Policy, alongside in-reach support from community services. The Trust is actively collaborating with SPPG to secure long-term funding arrangements for Innisfree.</td>
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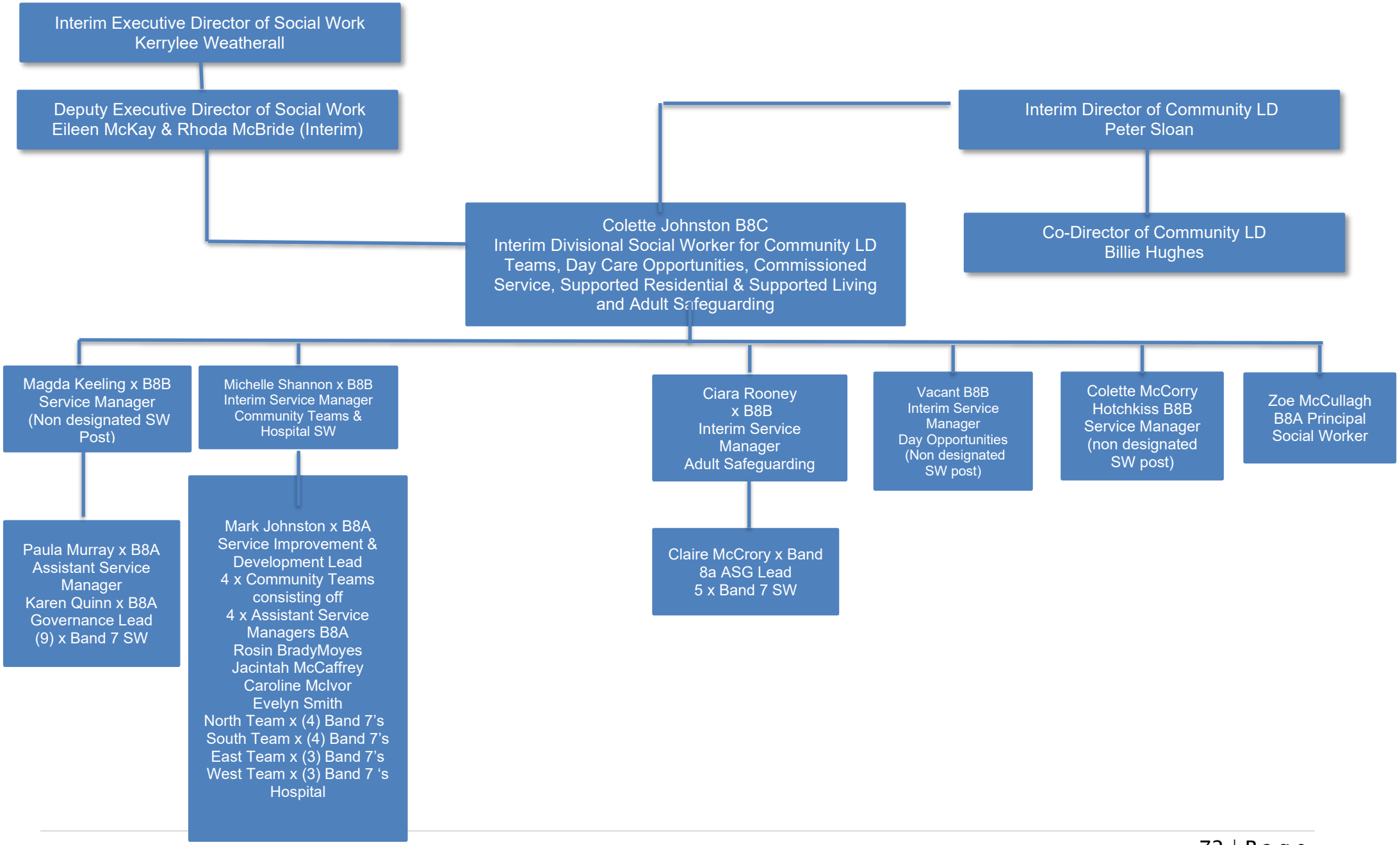

Interim Executive Director of Social Work
Kerrylee Weatherall
Deputy Executive Director of Social Work
Eileen McKay & Rhoda McBride (Interim)
Interim Director of Community LD
Peter Sloan
Co-Director of Community LD
Billie Hughes
Colette Johnston B8C
Interim Divisional Social Worker for Community LD Teams, Day Care Opportunities, Commissioned Service, Supported Residential & Supported Living and Adult Safeguarding
Magda Keeling x B8B
Service Manager
(Non designated SW Post)
Michelle Shannon x B8B
Interim Service Manager
Community Teams &
Hospital SW
Ciara Rooney
x B8B
Interim Service
Manager
Adult Safeguarding
Vacant B8B
Interim Service
Manager
Day Opportunities
(Non designated
SW post)
Colette McCorry
Hotchkiss B8B
Service Manager
(non designated
SW post)
Zoe McCullagh
B8A Principal
Social Worker
Paula Murray x B8A
Assistant Service
Manager
Karen Quinn x B8A
Governance Lead
(9) x Band 7 SW
Mark Johnston x B8A
Service Improvement &
Development Lead
4 x Community Teams
consisting off
4 x Assistant Service
Managers B8A
Rosin BradyMoyes
Jacintah McCaffrey
Caroline McIvor
Evelyn Smith
North Team x (4) Band 7's
South Team x (4) Band 7's
East Team x (3) Band 7's
West Team x (3) Band 7 's
Hospital
Claire McCrory x Band
8a ASG Lead
5 x Band 7 SW

CHILDRENS COMMUNITY SERVICES

PROGRAMME OF CARE SUMMARY

Children Community Services

2.1	**Named Officer responsible for professional Social Work** 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 Kerrylee Weatherall. Ms Kerrylee Weatherall also holds accountability as Director of Children's Community Services (CCS). The Director is supported by the Co-Directors, Mr Michael Murray (Safeguarding Services) and Mr Martin Morgan (Corporate Parenting Services), and is accountable for the operational delivery of the CCS Directorate's statutory functions. **Accountability Arrangements** There remains an unbroken line of professional accountability for social work. The EDSW / Director of CCS is social work qualified which ensures an unbroken line of operational and professional accountability from the social work practitioner, through the EDSW of social work who report to the Chief Executive and to the Trust Board Please see copy of organisational structure on page 96-98. **Highlight any vacancies and the action taken to recruit against these.** At the end of the reporting period, the Children's Community Services (CCS) Directorate had no Social Work vacancy at Children's Services Manager (CSM, Band 8B) level. Successful recruitment to all CSM posts was achieved within the reporting period. At the end of the reporting period 1 principal practitioner post (8a) is vacant and 1 further 8a post is filled on a temporary basis. Recruitment is currently being progressed to these permanent vacancies. There are no further vacancies across the principal social work line, with six permanent staff recruited in the period. Since the previous reporting period, there has been a further increase in Band 7 vacancies across both Senior Social Worker and Senior Social Work Practitioner grades. At the end of the reporting period, there were six Senior Social Worker posts vacant, reflecting a net

	increase of one post; however, three of these vacancies have now been successfully recruited to and are currently progressing through the required pre-employment and appointment processes. At the end of the reporting period there were 17 Senior Social Work Practitioner vacancies an increase of six posts compared to the previous report. Recruitment activity progressed during the year; however, the Directorate has not yet been able to stabilise and fill all vacancies. As a result, the Directorate manages the vacancy position as a priority workforce risk and is progressing further recruitment actions. These actions include recruitment to both Senior Social Worker and Senior Social Work Practitioner posts through a UK-wide recruitment campaign scheduled to commence in May 2026.
2.2	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles.** Children's Community Services (CCS) have an improved staffing position during the year; however, ongoing workforce pressures continued to affect delivery of statutory functions. Recruitment progress was achieved through a 40% increase in newly qualified social workers joining the service this year, helping to reduce vacancies overall, although gaps remain in specific service areas. The increased proportion of newly qualified staff has had implications for professional roles and service capacity, as they require enhanced induction, supervision and practice development support, alongside reduced caseloads to ensure safe practice and workforce retention. Risks associated with workforce vacancies are reported on the Board Assurance Framework From July 2025 the Trust's performance in relations to children's workforce deficit is aligned to the new SPPG Support and Intervention Framework (SIF) Due to the heightened mitigations and strategies (governance, supervision, well-being, peer support) and the Directorates investments to improve staffing and the sustained improvements SPPG have agreed to a de-escalation from level 3 to Level 1 on the SIF framework. This position will be monitored over a 12-week period and, subject to sustained or further improvement, will transfer to the watching brief log. The service has continued to implement the following actions this year which have been reported through the SiF review process:

The Trust has maintained the 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.

A children services workforce recruitment and retention group meets monthly and is chaired by the Divisional social worker supported by HR staff member and 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.

During this reporting period the service has also actively progressed the recruitment of staff from outside of the Northern Ireland, with 28 graduates joining the workforce from universities outside of NI. Barriers to taking up post have been mitigated by the introduction of a non-car driver scheme and support of Non-EEA through the provision of sponsorship. These initiatives have seen 21 join the workforce in children's community services.

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 band 5/6 social work staff being recruited:

	Timescale	**No. of Social workers**
Regional Recruitment	Sept/Oct 25	3
Graduate Recruitment (AYE)	July 25 – Feb 2026	56
Bespoke recruitment	June 2025 – January 2026	17 (6 to commence post)
Total		**76**

Through Trust and CCS respective recruitment and retention strategic groups retention strategies have continued to be implemented to support the workforce.

I. Children's service specific induction program

	II. A local induction and buddy offered to all new starts III. Practice Advisors – 3 practice advisor roles continued in their roles in supporting senior social workers by placing on-site experienced social workers within both Family Support and Looked After Children Services teams to support newly qualified staff develop their practice. IV. Reflective practice – 17 monthly reflective practice groups continue to be offered to staffing groups at all levels. These groups are aimed at embedding a supportive culture, improving wellbeing and emotional health within the directorate. Several 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. Flexible working has been actively promoted within the directorate and there is an increase in arrangements approved. VII. Oversight of staff supervision compliance remains ongoing with improvements noted this year with both the frequency and quality of supervision. VIII. The Workforce, Learning and Development Team continued to provide additional support to newly qualified social workers through monthly mentoring sessions and AYE forums. IX. A specific team leader development programme has been developed within the Trust with newly appointed senior social workers from children's services supported to engage in this programme. X. An across service Principal social work forum has been established within the reporting period to support the development of a culture of engagement and learning. XI. A Trust calendar of well-being events have been delivered across the year specifically for social work and social care and within the directorate service specific wellbeing events have also taken place throughout the year. XII. Learning from exit and stay interviews is shared to promote understanding of factors supporting retention. **Provide a summary regarding the detail and level of vacancies and any vacancy control systems in place.** When workforce trends are disaggregated, an improving position is evident in respect of vacancies, with total number of vacancies reducing from 62.76 WTE (18.6%) in March 2025 to 46.74 WTE (14.8%) in March 2026. This reflects the sustained recruitment efforts and provides a positive indicator of progress towards stabilising establishment levels. However, this improvement is partially offset by

	an increase in workforce absence, which has risen from 40.70 WTE (12.2%) to 44.22 WTE (14.1%) over the same period. The rise in absence is predominantly attributable to pressures within the residential sector, while other service areas have either improved or remained broadly static. Taken together, these trends indicate that while vacancy levels are reducing, workforce absence—particularly in residential services which has experienced a number or assaults on staff (attributable in part to the lack of secure accommodation) remains a key risk factor impacting overall operational capacity. The residential sector has in place wellbeing plans for each staff team and the service to support retention. The Trust will continue to implement the recruitment and retention initiatives outlined and within the next reporting period will continue with the following initiatives: • Recruitment of internationally qualified social workers has commenced in this reporting period with staff due to join the workforce within the next reporting period. • Children's services have funded an additional 10 places on the Open University degree with a total of 17 social care staff in the Trust commencing in September 2026, 12 of which are from children's services. The Trust has also continued to lead, alongside the Southeastern 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 further engagement to achieve regional agreement is scheduled to take place within the next reporting period. The Directorate has continued to implement vacancy controls by restricting support of EOI to only promotional posts within Children's services. In terms of workforce planning the CCS directorate has undertaken a review of capacity and projected demand. This review work will support the DoH safer staffing gap analysis with the next reporting period to inform the development of a regional social work workforce strategy

2.3 **Supervision arrangements for social workers**

Please confirm that the Trust is fully compliant with the Regional Supervision Framework (Yes/No)
If no, how are the supervision needs of staff being met and how is the Trust intending to meet compliance?

Yes

Service Area	Compliance with Supervision standards
Gateway	84%
Family support	88%
LAC	75%
LCAC	91%
Contact Service	100%
Children with Disability services	85%
Early Intervention/Early Years' Service	92%
Fostering	83%
Adoption	92%
Residential	90%

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)**

Children's community service has implemented a range of data assurance systems to ensure the robustness of data provided in this report:

- 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 service 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. 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 returns, the Directorate has been unable to progress several data assurance points regarding statutory function compliance: 1. Monthly return from teams which was assured for quality by the directorate information team with line managers, including CSMs, to track statutory visits and review compliance of Child Protection and LAC. The Divisional Social Worker had within this previous assurance framework 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, March and September 2025 and for this reporting period.

2.5	**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 *completed* during the reporting period, that directly relates to the Trusts discharge of their statutory functions** (please complete table below)**.**

	Number
Serious Adverse Incidents	7
Domestic Homicide Reviews	0
Case Management Reviews	2
Mental Health Review Tribunals	0
Judicial Reviews	0
Audits	9
RQIA Inspections	23
RQIA Enforcement notices – Failure To Comply Notices	2

Please provide details of any particular recommendations or learning that the Trust would wish to highlight.

Serious Adverse incidents

The analysis of the 7 SAI's identified safeguarding decision-making was appropriate and proportionate, though reliance on timely information from families and community networks remains a recognised limitation, underlining the value of reflective supervision and risk assessment.

Thematic analysis reflects consistent themes relating to the complexity of safeguarding highly vulnerable young people, particularly those experiencing entrenched poly substance misuse, and reinforces the need for specialist, relationship-based practice, timely transitions to Leaving Care, and continuity of trusted professional relationships. It highlights the critical importance of effective inter agency communication and escalation—especially with PSNI during safeguarding incidents—while acknowledging the practical constraints of crisis responses.

Systemic pressures, including residential staffing capacity, substance misuse strategies, and gaps in health assessment and transfer processes, point to the need for service redesign, workforce planning, and strengthened handover arrangements. The learning also reinforces the impact of serious incidents on other young people in residential homes, emphasising the importance of embedded trauma-informed responses alongside sustained governance oversight and multi-agency

collaboration. The service is continuing to progress the following actions in response to these themes:

- CCS are currently progressing a reform of the service structure to include the development of a 14 plus service
- Implementation of safety planning utilising sign of safety and joint safety planning training with mental health services
- Continued implementation of the NIFITC in residential services
- Workforce recruitment and retention plan as detailed in section 2.2

Domestic Homicide reviews

During this reporting period the Department of Justice (DoJ) has not published any DHR which identified learning for CCS in BHSCT. However, during the reporting period the Trust has submitted two internal learning reviews involving teams from across children's services for consideration by Domestic Homicide panels, following the tragic death of a parent and a young person known to the Trust. Learning as part of the ILR has been implemented with PPANI and adult safeguarding training being rolled out across the directorate.

Case Management Reviews

The Trust has received reports with recommendations relating to the Belfast HSCT for the following CMRs:

Gary – Learning identified in this CMR highlights that, while agencies identified learning through their Individual Agency Reviews, further system-wide improvements are required to strengthen safeguarding practice. Key learning includes the need for timely, consistent and high-quality information sharing by PSNI with HSCTs, particularly through effective use of Form 0s; clearer regional guidance on the purpose, use and professional attendance at strategy meetings; and improved clarity for practitioners on information governance to support lawful access to systems that inform risk assessment. The review also emphasises the importance of robust screening of referrals using historical information, clearer recognition and application of child protection thresholds in the context of cumulative risk and non-engagement and ensuring child safeguarding considerations are embedded in policing decisions when individuals of concern are released on bail or from custody into households where children reside.

Freddie – Learning from this CMR review examines professional involvement in the case of Freddie, a 3-year-old who died after an accident at home, highlighting concerns about family environment, mental health, and neglect. It identifies strengths such as sensitive professional actions and family engagement, but also gaps including

poor interagency communication, missed risk reassessments, and systemic issues such as service pressures and normalised cannabis use. Recommendations focus on improving multi-agency communication, standardising cannabis risk assessments, enhancing professional curiosity, ensuring staffing continuity, and adopting dynamic risk assessments to better safeguard vulnerable children.

Audits

1. Royal Belfast Sick Children's Hospital

The audit at Royal Belfast Hospital for Sick Children followed Domestic Homicide Review (DHR7/22) ILR, focusing on family and child engagement, assessments, and onward referrals. The audit reviewed a purposive 20% sample of 485 RBHSC referrals between April 1 and September 30, 2024, including Liaison, Assessment, and Support.

Findings demonstrated strong multidisciplinary collaboration and appropriate onward referrals, each with 96% compliance. Managerial oversight and recording before case closure 96%. However, only 64% of eligible children were seen during assessment, highlighting areas of development in this area of practice. Actions agreed include implementing a standard operating procedure and guidance on recording of assessment, ensuring face-to-face engagement for all referred children where possible, and demonstrating every effort to engage with families.

2. Royal Jubilee Maternity Hospital

This audit examined maternity social work referrals to the Royal Victoria Maternity Unit between 1 April and 30 September 2024 in response to learning from the Ava Case Management Review (CMR), assessing compliance with standards for assessment quality, risk management, multi-disciplinary working, and managerial oversight. A random 20% sample (92 of 458 referrals) was reviewed and found 65% compliance with social work assessment completion, 71.3% compliance with assessment quality and clarity of risk formulation, and compliance with timely and appropriate risk recording. Multi-disciplinary working demonstrated strong assurance at 86% compliance, reflecting effective collaboration with maternity, mental health, and community social work services, while managerial oversight and supervision achieved 89% compliance, with clear evidence of recorded professional decision-making. Areas with lower compliance centred on consistency in pre-birth planning, documentation standards, and alignment with emerging regional expectations for cross-jurisdictional transfers, confirming the need for strengthened protocols and continued quality improvement in line with Department of Health accountability arising from the Ava CMR. Across CCS the service is rolling out Joint safety planning training in collaboration with Mental Health Services.

3. Protecting Looked After Children Audit

The PLAC audit was completed in March 2026 to review progress since the 2023 audit. The audit provides strong assurance that PLAC guidance is now well embedded into routine LAC practice, with all eight standards achieving Amber or Green ratings and notable improvements since the 2023 baseline audit. Compliance is particularly strong in multi-agency working and consideration of children's health needs (both 100%), alongside significant improvement in care planning (from 62% in 2023 to 90.4% in 2026), child-centred practice (72.8% to 87%) and legal status/permanency planning (89% to 92.3%). Safeguarding and Child Protection arrangements remain robust, with clearer application of PLAC thresholds and the introduction of an additional PLAC-specific sub-theme in 2026 strengthening assurance. While practice discussions and decision-making are generally sound, the main areas requiring further improvement remain the quality and consistency of formal documentation—particularly translating agreed actions into care plans with clear timescales, monitoring arrangements and responsibilities, strengthening recording of advocacy consideration and parental report sharing, and improving the consistency of Personal Education Plan documentation. Overall, the audit demonstrates clear progression against the 2023 recommendations, with remaining gaps primarily relating to recording quality rather than underlying practice.

4. Domestic Violence Practice Pathway Learning Audit

This audit reviewed how consistently and effectively the Domestic Violence (DV) flowchart is understood and applied within Children's Services, using a case file audit of child protection cases where domestic violence was a key factor (January 2025–March 2026).

The Domestic Violence Flowchart provides a robust and appropriate safeguarding framework that provides practice guidelines for staff. Overall, the audit found that the DV Flowchart is recognised and staff are aware of most but not all the component parts. There are examples of committed risk aware practice and confident direct work with children to understand their lived experience. However, inconsistencies in risk assessment evidence, safety planning, adult safeguarding referrals, and analysis of protective capacity reduce the effectiveness of the pathway application in practice. Strengthening standards, recording clarity, referral pathways, and child-centred analysis is required to improve consistency, assurance, and outcomes, particularly in specialist risk assessment evidence, safety planning and the consistent focus on the impact of intervention on the reduction of risk on the child's lived experience. This audit was completed in March

2026 and learning will be shared across the directorate within the next reporting period.

5. Care Order at Home

This audit reviewed compliance with the Placement of Children under a Care Order with Parents Guidance (2021) and found 80 children subject to Care Orders at Home (15 Family Support; 65 CLA). Trust-wide numbers have reduced from 120 (14.6% of LAC) in 2019 to 68 (5.8%) in 2025. Discharge potential was identified in most Family Support cases (up to 14/15 by Dec 2026) and in 30 CLA cases (6 actively progressing; 24 requiring monitoring). The audit provided assurance that Care Planning practice was aligned to guidance and focused in the necessary steps to be progressed to discharge the care Order when safe to do so. Key barriers to discharging included ongoing safeguarding risk, parental acrimony, and social work capacity. Recommendations focus on targeted assessment capacity, improved contingency planning when young people return home contrary to care planning and establishing structured oversight of monitoring those young people where discharge potential was identified.

6. Residence Order Audit

The Residence Order audit was undertaken to identify learning for practice following implementation of development work on residence Orders. The audit highlighted longstanding delays in progressing permanence via Residence Orders, with no cases in the sample considering this option at the 3-month LAC stage and only one case by 9 months, reflecting limited evidence of structured options analysis in care planning. Only 36% of cases were referred to Permanence Panel, although where this occurred, Residence Orders were actively considered. Children experienced prolonged periods in care prior to achieving a Residence Order, ranging from just over two years to more than eleven years. Key barriers included family time arrangements, safeguarding concerns, parental assessments, financial uncertainty, and, in several cases, delay due solely to the option not being actively considered. Encouragingly, learning is not team-specific and has informed significant service developments, including strengthened Permanence Panel processes, improved financial clarity through support plans, centralised tracking of Residence Orders, and the development of a Residence Order Support Service to sustain permanence outcomes going forward. The implementation of improvements has shown impact on the number of residence orders progressed over past year, demonstrating that learning been embedded.

7. Agency Tracker Audit

The agency tracker audit completed in October 2025 showed CCS had 70 social care agency staff, a 19% decrease from February. Off-contract agencies accounted for 30% of CCS's agency hires, but all were compliant with off-contract procedures. Recording compliance for agency recruitment reached 100%, up 2.7%. The Trust has held multiple recruitment events in 2026 to hire permanent and bank social care staff, aiming to reduce reliance on agency workers. The audit has taken account of the recommendations from a previous RQIA inspection to have clear record of reasons for any gaps in employments. This recommendation has now been achieved and integrated into the agency tracker.

8. NISCC registration and Fitness to practice audit

Two Trust wide audits took place in January 2026 and noted compliance with registration has remained stable for social work with 98.7% compliance across social work and 98.3% compliance with social care registrations. The time taken to reregister has improved with 60% of staff removed returned to the register within 2 weeks. A new Trust management system has been put in place to support managers, and the return-to-work form has been amended to ensure staff returning to work have a current registration. Future actions to gain 100% compliance include a series of roadshows, roll out of the social care supervision process, manager workshops and embedding the new Trust IT system that supports staff with registration requirements.

Across the Trust 37 FTP cases (1.1% of registrants) and 22 referrals (0.7%) indicate proportionate use of FTP mechanisms, consistent with expected regulatory activity. Regular liaison with NISCC (quarterly meetings) and the introduction of a new assurance dashboard strengthen compliance oversight. The main factors influencing prolonged timescales are external to Trust control, notably Police Service of Northern Ireland (PSNI) investigations, court proceedings, and engagement challenges. Future actions are the continued implementation and refinement of the FTP assurance dashboard to improve visibility of case status and timescales; strengthen early internal investigation processes to reduce avoidable delays; maintain close partnership working with NISCC FTP teams and external agencies.

9. Supervision Audit

A supervision audit was undertaken across all Divisions in this reporting period. Audit comprised of 35% of all supervisors across all social work bandings in the Trust. Children's Community Services provided 88% of requested files for audit.

Overall, this demonstrated strong compliance with core supervision functions. Supervision is consistent and compliant with the supervision policy. There is strong evidence of risk/MDT analysis, wellbeing, and

reflective supervision. Assurance could be improved by including service area plans and evidence of staff development reviews.

The directorate will be working with supervisors in the next reporting period to strengthen the inclusion of service areas in the files being submitted for audit and to continue to build on the good practice identified.

RQIA Inspections and Serious concerns

Inspections

During the reporting period, a total of 23 inspections were carried out by the Regulation and Quality Improvement Authority (RQIA). These inspections encompassed a range of services and settings.

- Two of the inspections were pre-registration inspections. One related to the Directorate's application for Foster Lodge short breaks, while the other involved Willow Lodge, where the aim was to increase registration capacity to two beds.
- Four inspections were carried out within children with disabilities residential services.
- One inspection focused on the children with disabilities Community In reach Support Service. (CISS). This inspection identified serious concerns, with a comprehensive quality improvement plan being fully implemented within the period to achieve compliance.
- Nine inspections were specifically related to medication and pharmacy practices, ensuring compliance and safety in the administration and management of medicines.
- Twelve unannounced care inspections took place, providing an additional layer of assurance regarding the quality of care and safeguarding standards. One care inspection resulted in a Serious concern meeting taking place

A total of 13 QIPs were progressed during the period. These inspections collectively demonstrate the ongoing efforts of the service to uphold regulatory standards and address areas requiring improvement across its services.

Across the reporting period inspection activity highlighted a consistent set of quality improvement priorities focused on strengthening oversight, ensuring safe and stable staffing, and improving the reliability of day-to-day practice. The recurring issues were most often linked to embedding and evidencing governance arrangements through records, supervision, training and audit—particularly in areas with direct safety impact such as safeguarding, restrictive practice and medicines management.

- Governance and management oversight: clearer accountability, effective audit/assurance, and management visibility of risks and quality.
- Workforce sustainability and capability: safe staffing levels, safer recruitment, and workforce development.
- Training and supervision: consistent induction, mandatory/specialist training, ongoing competency checks, and regular supervision.
- Care planning, review and record keeping, person-centred plans, timely reviews, and completion of accurate records to evidence decisions and outcomes.
- Safeguarding, welfare and restrictive practice: consistent application of safeguarding procedures and lawful, proportionate use (and monitoring) of restrictive interventions.
- Medicines management: reliable medication governance, safe administration/recording, and learning from errors and near misses.

At the end of the reporting period all quality improvement plans had been progressed and implemented across residential services.

Serious Concerns

Two serious concerns were raised with the Trust following inspections during the reporting period.

CISS (CWD In-Reach Team) – An unannounced RQIA inspection was undertaken on 07 August 2025 and identified serious concerns requiring assurance and service improvement. These issues were escalated and reviewed with RQIA at a Serious Concerns Meeting on 09 September 2025. The required improvements related to strengthening governance and operational controls, including: workforce assurance arrangements (structured induction with retained records; agency staff fitness/registration checks; oversight of mandatory and role-specific training); care planning and risk management (completeness, review and authorisation of care plans and risk assessments); safeguarding and incident reporting (maintenance of comprehensive written safeguarding records and consistent reporting of notifiable incidents to relevant organisations); and quality monitoring and management oversight (completion and review of monthly monitoring reports to evidence ongoing scrutiny and continuous improvement). A comprehensive action plan was agreed with RQIA and all actions implemented by the service during the reporting period with arrangements embedded to ensure effective service delivery.

North Road –An unannounced care inspection of North Road took place on 23 October 2025 and resulted in RQIA issuing a Serious Concerns letter, primarily focused on Regulation 11 (Promotion of Welfare) and Regulation 24 (Staffing of Children's Homes). Key concerns included timely safety plans, safeguarding and risk-

	management practice that evidenced gaps in oversight. RQIA also identified staffing pressures, including vacancies and reliance on agency staff (particularly waking nights), which reduced continuity of care and required managers to cover rota gaps, impacting leadership and governance. Initial assurance regarding agency recruitment checks was also highlighted. A quality improvement plan has been agreed and has been implemented by the service in response to the concerns raised. Actions progressed include completion of enhanced management oversight via daily audits of safety plans and recordings, additional monitoring checks, confirmation of agency employment-history information, and a programme of first aid training, with staffing recruitment actions ongoing alongside interim redeployment and temporary rota arrangements. **Update on previous RQIA intention to serve an improvement notice -** RQIA issued a notice on 12th March 2024 due to concerns about patterns of practice within residential services, including the use of unregistered services and the frequency of applications to vary service registrations, noting that eight of the nine Children's Homes had submitted variation applications between January 2023 and March 2024. In response, the Directorate submitted an 18-month action plan in May 2024 covering Children with Disabilities, Fostering and Residential Services. On 23 March 2026, RQIA has confirmed improved communication and timely, well-planned variation requests aligned to children's needs and is satisfied that no further action is required.

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	
	Children with Disabilities **Provision of services to for Children with Disabilities** The service continues to experience challenges with provision of residential and short break provision for children with disabilities. Recurrent investment has been achieved in 2025/26 to progress actions to meet these needs.	**Provision of services for Children with Disabilities** • Progress the provision of Barnardos Whistle-stop to increase the number of short breaks it offers, with the ability to provide a fully commissioned total of 60 nights of short breaks every four weeks. • Ongoing collaboration with SET to facilitate the reinstatement of short-break services at Lindsay House. • Enhance short break availability through the continued advancement of the Fostering Short-break initiative. • Assess the feasibility of establishing short break residential facilities within the service. • Extension of interim short break arrangements at Forest Lodge as a temporary children's home for short breaks. • Provision of day and family support services offered by CISS, community & voluntary sector services.
	Leaving and Aftercare services Personal Advisors The Directorate continues to experience challenges with the allocation of Personal Advisors. 167 young people	**Personal Advisors** • Permanently recruited 4.0 WTE PAs to take up post in next reporting period. To support PA safe caseloads

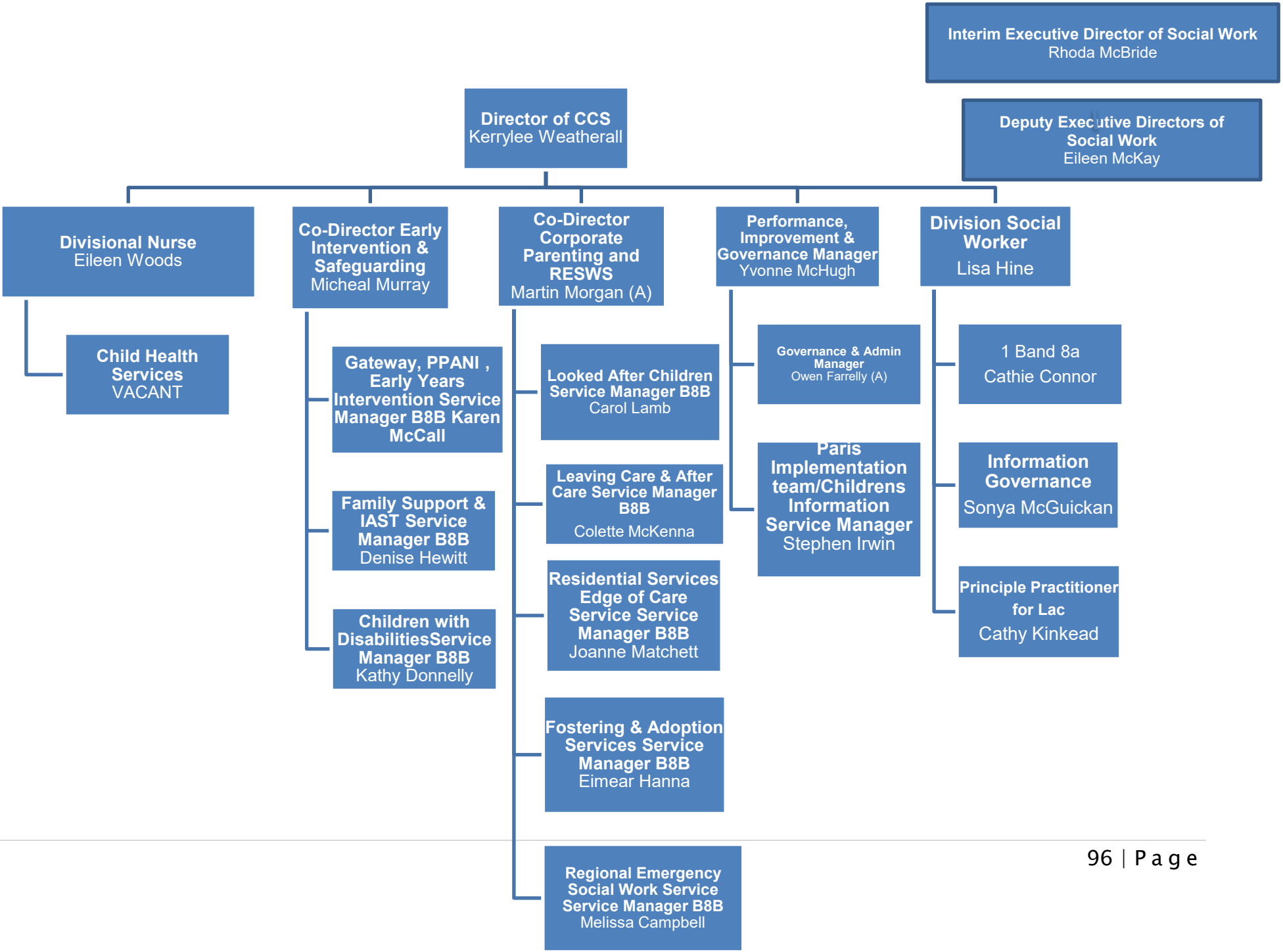
	were not allocated a PA at the end of reporting period. The current mitigations in place are; - UASC team details, monthly PA allocation meeting, and admin review process for non-engaging young people. There is a vacancy of 4.0 WTE PA (including 2 for service for unaccompanied asylum-seeking children sUASC PA) at end of period and 3 further 4.5 WTE workforce absence are absent from work.	• The service to continue to progress recruit to temporary 4.5 WTE posts (to date this has not been successful. • Service to review viability of increasing funded Band 4 posts to meet statutory requirements. • The Directorate to progress development of 14 plus Leaving and Aftercare Services.
	Unallocated Cases As at the end of the reporting period, the Directorate notes 718 unallocated cases, an increase of 97 since the previous report. This includes**:** • 40 Child Protection cases (32 children from 14 families unallocated over 20 days; • 270 Looked After Children cases (240 managed via the rotational LAC team); • 288 Family Support cases unallocated over 20 days (+14), of which 219 awaiting initial assessment by Gateway services • 120 Children with Disability cases **(**+53**).** Unallocated pressures are most acute within Gateway, Family Support and Children with Disability services,	**Unallocated Cases** • Unallocated cases are tracked on a monthly basis and reported to SPPG. • The Trust remains within Support and Intervention Framework Level 3, with SPPG assurance that rotational LAC arrangements remain an effective continuity measure. • Unallocated Child Protection cases subject to ongoing review. The Directorate is currently projecting the allocation of all Child protection cases by mid-May 2026, supported by staff returning to post and increased AYE experience. • Ringfence 4.0 WTE Band 6 staff for a 3-month period from 1 May 2026 to focus on unallocated Gateway cases. • Gateway to implement a prioritisation framework and centralised tracker (from 1 May 2026) to stratify risk and strengthen triage of unallocated cases awaiting initial assessment. • Development of a BHSCT Single Point of Entry model, progressing through formal management of change, with proposals due mid-May 2026.

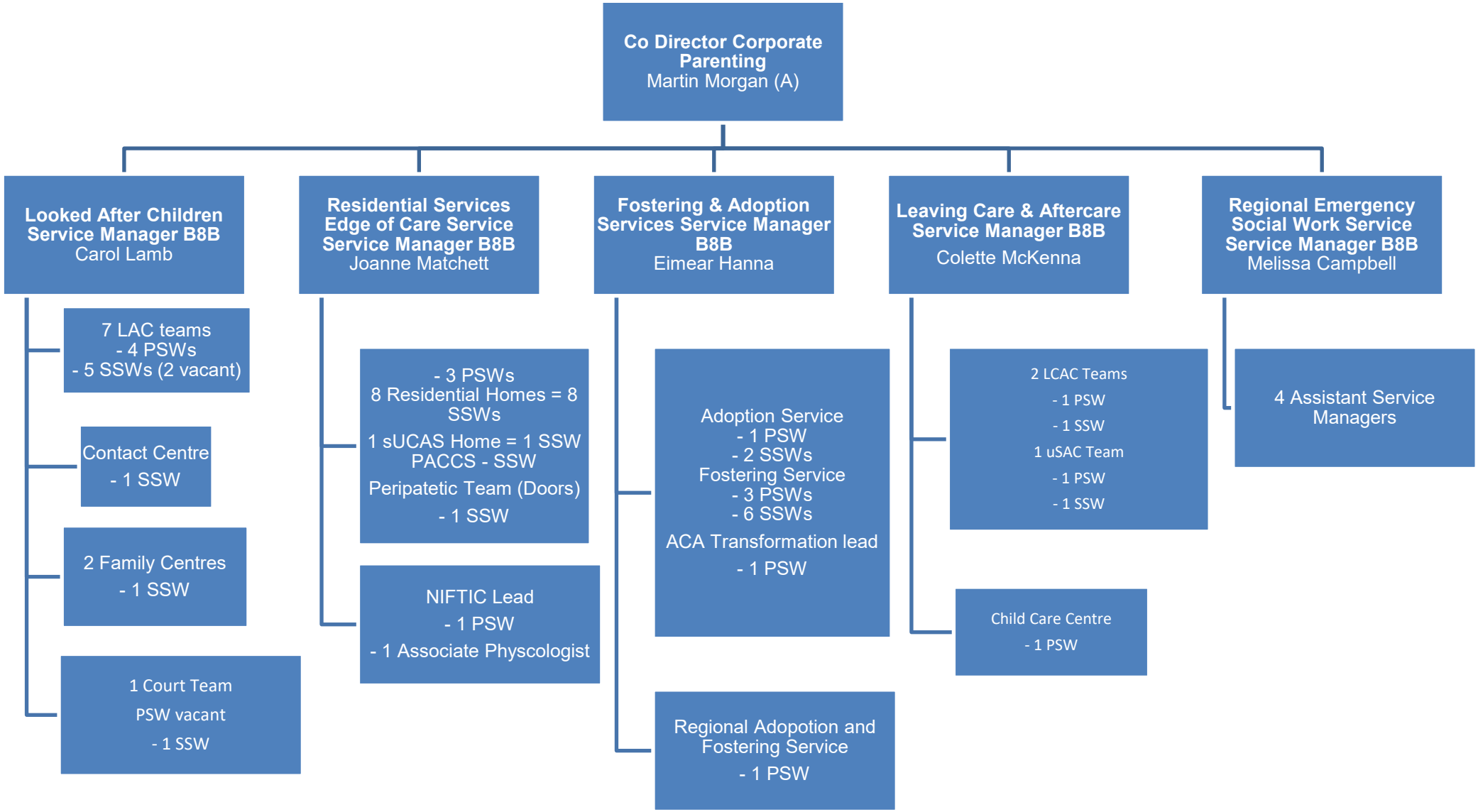
	reflecting workforce capacity constraints, delayed case transfers, and increased referral demand.	• Regional 'Together for Families' implementation, led by DoH, to further strengthen early intervention and Gateway service capacity over the longer term. • Recruitment of 2.0 WTE domestic violence workers and Realignment of underutilised Early Years funding to strengthen early intervention and maximise community and voluntary sector capacity for families below statutory threshold. • The Directorate is continuing to operationalise the rotational Looked After Children's. • CwD - Over-recruitment via graduate intake and bespoke campaigns to address absence levels • Implementation of regional unallocated cases guidance. • Implementation on social work recruitment and retention strategies in CCS. • Trust specific Children's Services Reform Board activity including team realignment • Progression of regional contingency plan.
	Statutory visits/ statutory reviews The service is impacted by ASOS in its capacity to report on the level of statutory visits and reviews out of timescale.	**Statutory visits/ statutory reviews** • Cases are prioritised via a risk triage system. • The Directorate is continuing to operationalise the rotational Looked After Children's • Out of hours LAC team continues to manage 90 LAC cases to ensure compliance of statutory function to LAC • Development of systems reporting for statutory visits and reviews

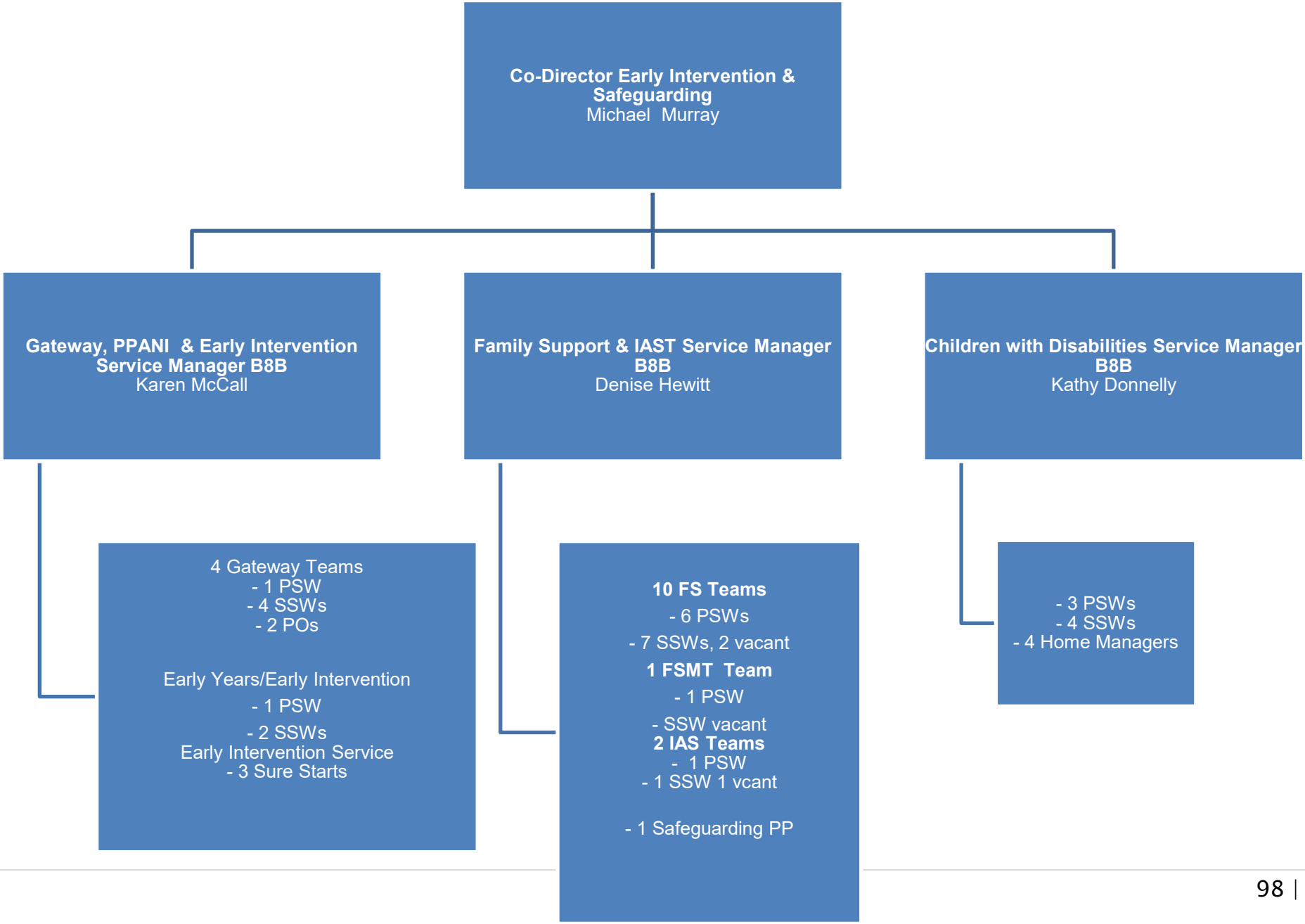
	Placement moves for children This continues to remain high at 145 however has reduced by 27 within this reporting period despite the continued increase of children requiring a care placement (77 across 2025/26).	**Placement moves for children** • The Trust continues to lead on the regional recruitment strategy for foster carers and implementing recruitment and retention plans at a local level. • The fostering service tracks placement moves on a monthly basis • The service reviews placements under pressure across teams on an ongoing basis, to consider support to enhance placement stability.
	Increased numbers of Looked After Children Continued increase in number of LAC> 77 LAC over the 12-month reporting period (total at 31st March 25, 1249).	**Increased numbers of Looked After Children** • The Directorate to embed the senior management oversight group with 3 areas of focus 1. 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 homework streams 2. Unstable placements – review children whose placements are unstable to identify supports to mitigate placement breakdown were possible. 3. Edge of care – to identify support to prevent care admissions. • The Trust has shared and embed practice learning via audit completed of Residence Orders practice.

		• The Trust to review and highlight with SPPG the commissioning deficits in staffing with the fostering service based on the increasing LAC populations has on fostering demands
	Fostering The Directorate notes a continuing upward trajectory and associated risk in unapproved kinship placements (**322**), representing an increase of **75,** including 182 unregulated placements. The fostering service has a total of 97 unallocated assessments as at 31st March 2026 a reduction of 15 since the end of March 2025. 39 foster carers have annual reviews outstanding- this is a reduction of 10 from 31st March 25.	**Fostering** • The implementation of a shortened kinship assessment, as agreed through the regional Heads of Service forum, is applicable to cases where children have been in placement for more than six months and no identifiable risk has been determined via the Kinship Placement Risk Assessment (KPRA). • A fee increase has been introduced for staff completing kinship assessments. • An internal Trust appeal was made regarding the allocation of assessments; by the end of the period, **35** of the longest standing assessments had been allocated. • The service is currently examining options to utilise staff from independent providers and other Trusts to undertake kinship assessments.
	Staffing The social work staffing levels in CCS has been reviewed via the Support and intervention Framework	The Trust will continue to advance recruitment and retention initiatives for the social work workforce.

	during the reporting period and is currently subject to review level 1.	The Trust will engage in the Department of Health safe staffing gap analysis. The CCS Directorate have undertaken an of workforce capacity and projected demand to inform workforce planning and address deficit., which will support the safe staffing gap analysis being progressed by the Dept of Health The Directorate will implement a skills mix by introducing Band 5 Senior Support Workers in the upcoming reporting period.


Interim Executive Director of Social Work
Rhoda McBride
Director of CCS
Kerrylee Weatherall
Deputy Executive Directors of Social Work
Eileen McKay
Divisional Nurse
Eileen Woods
Child Health Services
VACANT
Co-Director Early Intervention & Safeguarding
Micheal Murray
Gateway, PPANI , Early Years Intervention Service Manager B8B Karen McCall
Family Support & IAST Service Manager B8B
Denise Hewitt
Children with DisabilitiesService Manager B8B
Kathy Donnelly
Co-Director Corporate Parenting and RESWS
Martin Morgan (A)
Looked After Children Service Manager B8B
Carol Lamb
Leaving Care & After Care Service Manager B8B
Colette McKenna
Residential Services Edge of Care Service Service Manager B8B
Joanne Matchett
Fostering & Adoption Services Service Manager B8B
Eimear Hanna
Regional Emergency Social Work Service Service Manager B8B
Melissa Campbell
Performance, Improvement & Governance Manager
Yvonne McHugh
Governance & Admin Manager
Owen Farrelly (A)
Paris Implementation team/Childrens Information Service Manager
Stephen Irwin
Division Social Worker
Lisa Hine
1 Band 8a
Cathie Connor
Information Governance
Sonya McGuickan
Principle Practitioner for Lac
Cathy Kinkead


Co Director Corporate Parenting
Martin Morgan (A)
Looked After Children Service Manager B8B
Carol Lamb
7 LAC teams
- 4 PSWs
- 5 SSWs (2 vacant)
Contact Centre
- 1 SSW
2 Family Centres
- 1 SSW
1 Court Team
PSW vacant
- 1 SSW
Residential Services Edge of Care Service Manager B8B
Joanne Matchett
- 3 PSWs
8 Residential Homes = 8 SSWs
1 sUCAS Home = 1 SSW
PACCS - SSW
Peripatetic Team (Doors)
- 1 SSW
NIFTIC Lead
- 1 PSW
- 1 Associate Physcologist
Fostering & Adoption Services Service Manager B8B
Eimear Hanna
Adoption Service
- 1 PSW
- 2 SSWs
Fostering Service
- 3 PSWs
- 6 SSWs
ACA Transformation lead
- 1 PSW
Regional Adopotion and Fostering Service
- 1 PSW
Leaving Care & Aftercare Service Manager B8B
Colette McKenna
2 LCAC Teams
- 1 PSW
- 1 SSW
1 uSAC Team
- 1 PSW
- 1 SSW
Child Care Centre
- 1 PSW
Regional Emergency Social Work Service Service Manager B8B
Melissa Campbell
4 Assistant Service Managers


Co-Director Early Intervention & Safeguarding
Michael Murray
Gateway, PPANI & Early Intervention Service Manager B8B
Karen McCall
Family Support & IAST Service Manager B8B
Denise Hewitt
Children with Disabilities Service Manager B8B
Kathy Donnelly
4 Gateway Teams
- 1 PSW
- 4 SSWs
- 2 POs
Early Years/Early Intervention
- 1 PSW
- 2 SSWs
Early Intervention Service
- 3 Sure Starts
10 FS Teams
- 6 PSWs
- 7 SSWs, 2 vacant
1 FSMT Team
- 1 PSW
- SSW vacant
2 IAS Teams
- 1 PSW
- 1 SSW 1 vcant
- 1 Safeguarding PP
- 3 PSWs
- 4 SSWs
- 4 Home Managers

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 SF 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

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 30th September? (exclude children on the caseloads of statutory mental health services)

SF - Children In Need Spreadsheet

Children in need	2020	2021	2022	2023	2024	2025	**2026**
As at: 31 March	3546	3681	3888	4192	4033	4056	4206
As at: 30 Sept	3528	3619	3963	4310	3691	3980	

Trend analysis and commentary (Trusts must clarify how they arrive at this total figure, and reference any likelihood of double or under representation)

Data Return 10

In this reporting period there is an increase (226) in the numbers of children in need of support across Children's Community Services. The Directorate notes several factors have contributed to this increase within reporting period.

- Gateway services have seen an increase in referrals, as outlined in 10.1.14. which notes an increase of 374 referral from the previous reporting period, with a significant spike in referrals in Oct 2025, 21 % above the average rate of children in need referrals for the 2025/26 and the highest rate since April 2023.
- Gateway service has experienced a rise in the number of unallocated cases. Over the course of 2025/26 there has been an upward trajectory in unallocated cases held by gateway services, resulting from lack of case transfers from gateway services to family support and the service area temporarily re-deploying 4 staff in July to support business continuity arrangements in family support services.

The Directorate has a total of 718 unallocated child in need cases at the end of the period, a total increase of 97 since the previous report.

- 40 Child protection, 32 children from 14 families have been unallocated for over 20 days, an increase of 29.
- 270 Looked After Children - 240 of which are held by the rotational LAC team (see 10.3.15 & 10.3.16 for details of

	statutory function compliance for cases managed by this team). A reduction of 26. • 288 family support cases (unallocated over 20 days), an increase of 14 • 120 Children with Disability cases, an increase of 53. During the reporting period, the directorate's unallocated status was managed through the SPPG Support and Intervention Framework (Level 2). As part of this process, SPPG reviewed the business continuity arrangements for managing unallocated LAC cases via the rotational team and noted that these arrangements provide assurance as an effective continuity measure. However, the number of unallocated child protection and family support cases and children with disability unallocated cases has increased. The directorate has been operationalising plans to manage the risk associated with this increase. • Increase in child protection unallocated is due to unsafe staffing levels and vacancy rates within family support services with recently recruited staff being newly qualified. This has delayed transferring child protection cases to Family Support teams over the reporting period. All cases are receiving their statutory visits, and a risk framework is in place to support prioritisation of cases when there is capacity to allocate. At the end of the reporting period the service had projected the cases to be allocated by 15th May 2026, based on staff returning to post and AYE staff increasing in experience. • The delay in transferring cases to Family Support teams has compounded allocation pressures in gateway services, which has experienced an increasing trajectory of unallocated family support cases with 225 held in Gateway without an initial assessment at the end of the period. The directorate has implemented a family support model team providing support from Band 4 social work assistant staff, overseen by SSWP and Social workers, which has been effective in ensuring timely allocation of such cases when the initial assessment is completed. However, the reduction in gateway capacity for initial assessments has resulted in an increasing trajectory over the period of a year. Alongside the plans to allocate child protection cases the directorate has been progressing plans to manage the initial assessment process in a timelier manner with the following initiatives in place in the short and longer term: I. Daily huddles with PSNI were established in September 2025 to support timely information sharing and improve data quality; to strengthen efficiencies in the triaging of referrals from PSNI. II. The service is currently ringfencing 4.0 WTE band 6 staff to focus on unallocated cases. This 3-month initiative will commence on 1st May 2026. III. Prioritisations framework and centralised tracker is currently being developed with implementation planned for 1st May 2026. This framework will enable central stratification of need and risks across unallocated cases awaiting initial assessment and strengthens the current triaging processes.	

IV. The service has reviewed the domestic violence model within Southern Trust and are currently progressing the recruitment of 2.0 WTE domestic violence workers to support earlier intervention with families where lower-level domestic violence is a feature.

V. As part of service reform gateway are scoping a model for BHSCT Single Point Of Entry. This change will be progressed via a management of change process with timeline for implementation to be confirmed. The working group for this change is seeking to develop proposals by Mid-May 2026.

VI. Underutilised Early Years funding is being realigned to early intervention services to strengthen the interface with community and voluntary sector provision (e.g. Hub, Gateway and the Early Intervention Team) and to maximise utilisation of existing commissioned contracts to promote early intervention provision for families assessed as not meeting threshold for gateway assessment.

VII. In the longer term the gateway service model will be enhanced by the regional together for family's implementation being progressed by the DoH in collaboration with Assistant Directors for safeguarding services. This plan will further develop the initiative outlined in vi.

Children with Disability unallocated cases

As at 31st March 2026, the Children with a Disability (CWD) service had 120 unallocated cases. These are all family support cases and there are no unallocated child protection cases. The primary driver for unallocated cases is workforce capacity: 9.7 Social Worker/Social Work Practitioner (SW/ vacancies/absences (46.5% of the establishment), comprising 2.3 permanent SP) vacancies, 3 staff on maternity leave and 4 staff on sick leave. Actions being taken by the service to manage the unallocated in children with disability services:

I. Over-recruitment to mitigate staff turnover/maternity leave, via the next graduate intake, and bespoke recruitment.

II. Attendance management measures to support staff return and stabilise capacity for allocation.

III. Regular scrutiny and weekly review of the unallocated list by Senior Social Workers and Principal Social Workers to prioritise allocation based on risk, time unallocated and the effectiveness of interim supports.

IV. Early contact at point of referral to obtain an update, screen need/risk, and provide advice and guidance where appropriate.

V. Access to interim support while awaiting allocation, including engagement with other specialist services within CWD (e.g., Children's Nursing Learning Disability) and

	the CWD carers service (including 'Time For Me' support groups and family activity days). VI. Signposting and referral to commissioned community and voluntary sector services to provide additional support to families. VII. Duty arrangements: all families are issued with a duty phone number (9am–5pm, Monday–Friday) to ensure access to a social worker where circumstances change or advice is required.	
10.1.2	Ethnic Origin of Children in Need	SF - Children In Need Spreadsheet
10.1.3	Religion of Children in Need	SF - Children In Need Spreadsheet
10.1.4	(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st April – 30th September	SF - Children In Need Spreadsheet

Ethnicity	**Total**
White	2817
Chinese	12
Irish Traveller	29
Roma Traveller	4
Indian	9
Pakistani	3
Bangladeshi	8
Black Caribbean	1
Black African	96
Black Other	11
Mixed Ethnic Group	95
Any Other Ethnic Group	73
Not Stated	1048
TOTAL	**4206**

Religion	**Total**
Roman Catholic	1138
Presbyterian	366
Church of Ireland	73
Church of England	9
Methodist	14
Other Christian	294
Jewish	0
Muslim	91
Other	123
Not Known	1687
Not Completed	329
None	81
Refused	1
TOTAL	**4206**

	3887 children have been referred for an assessment of need within this reporting period. This is an increase of 374 from the previous reporting period. The Directorate notes a significant spike in referrals in Oct 2025 which was 21 % above the average rate of children in need referrals for the year and the highest rate since April 2023. (b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st April – 30th September **See CIN spreadsheet 10.1.4 for referral details**	
10.1.5	How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 30th September). Source PMSI data on Unallocated cases – comes with child protection data.	SPPG (PMSI)
10.1.6	How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 30th September? *Ensure any specific issues are raised in the Service level summary* **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**.	SF - Children In Need Spreadsheet
10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place. **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**.	SF - Children In Need Spreadsheet
10.1.8	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 31st March?	SPPG (PMSI)
	Trend analysis and commentary (Refers to ALL i.e. tiers 2-4 children awaiting CAMHS regardless of the pathway to the waiting list)	
10.1.9	This is intentionally blank	
10.1.10	How many of the Children in Need are Young Carers	Data Return 10

Service Areas	Number of Young Carers receiving support at 31st March 2026
Children's Services	172
Mental Health Services	54
Learning Disability Services	5
Physical & Sensory Services	4
Older Peoples Services	0
Total	**235**

The service notes a significant increase of **77** young carers receiving support in this reporting period. This is due to an increase in support in Children with Disabilities service and Mental Health services. Learning Disability services have experienced a reduction in the number young carers requiring on-going support following a specialised project through the implementation of the Trust 'Caring Together' strategy.
Within this reporting period the Trust carers service has identified **54** young carers requiring support through the provision of young carer grants. This is an increase of **16** from the previous reporting period.

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;

- **12** referrals from 1st October 2025 – 31st March 2026
- **78** young carers received a service 1st October 2025 – 31st March 2026 (including those who ceased using this service during the reporting period)
- **54** young carers were receiving a service at 31st March 2026.

10.1.11 How many young people aged 16 and 17 years presented to the Trust as homeless ?

This is sourced from Homeless Social Work Services within Trust.
The detailed quarterly homeless young people's data collection template has been stood down.

The excel data return should be completed to provide the number of young people who presented as homeless

SF - Children In Need Spreadsheet

A total of **5** young people presented as homeless during the reporting period.
This is an increase of **3** on the young people who presented as homeless in the last reporting period**.** For the purposes of this report the service 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, which is cross referenced with the number of young people placed in the Simon Community homeless beds during the reporting period. This information has been manually verified via PARIS.
This data does not include the number of separated unaccompanied asylum-seeking young people accommodated

<table>
<tr><td></td><td>by the children's community services, which is included in the Looked After Children 10.3 return.</td><td></td></tr>
<tr><td>10.1
.12</td><td>(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end
(b) How many of these children have a disability

<table>
<tr><td>(A) Day care</td><td colspan="2">Number of Purchased Places by Age</td></tr>
<tr><td></td><td>0-4</td><td>5-12</td></tr>
<tr><td>Day Nursery</td><td>184</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>88</td></tr>
<tr><td>Total</td><td>184</td><td>88</td></tr>
<tr><td>(B) No of these children who have a disability?</td><td>13</td><td>26</td></tr>
</table></td><td>SF - Children In Need Spreadsheet</td></tr>
<tr><td>10.1
.13</td><td>Trust usage of Family Centre Places for interventions

See spreadsheet 10.3.13 for details
A total of 69 referrals have been made to Family Centre Places during the reporting period.

This is a reduction of 37 referrals from the previous reporting period, and in line with previous reporting periods. There has also been a reduction in the number of families on the waiting list with 12 at the end of the period. This is a reduction of 6 on the waiting list since the previous report.</td><td>SF - Children In Need Spreadsheet</td></tr>
<tr><td>10.1
.14</td><td>This is intentionally blank</td><td></td></tr>
<tr><td>10.1
.15</td><td>Please provide the number of children (if any) subject to a Supervision / Interim Supervision Order at period end (moved from Child Protection section)

See spreadsheet 10.1.15 for details
A total of 30 children are subject to a Supervision Order Art. 50 (1) (b) and Interim Supervision Order Art. 57 (1) as per reporting requirements, this is a decrease of 24 since the previous reporting period. Whilst there was an increase in the last reporting period the above data is in line with previous reports. However, the Directorate also notes that a further 1 child was subject to a Supervision order by virtue of Art. 58 (4) Supervision Order replacing Care Order. This brings the total to 31 children subject to Supervision Orders. The service notes there is no requirement to report on this legislative provision as part of this statutory function return.
<table>
<tr><th>Legislative provision</th><th>Number of Children</th></tr>
<tr><td>Art. 58 (4) Supervision Order replacing Care Oder</td><td>1</td></tr>
</table></td><td>SF - Children In Need Spreadsheet</td></tr>
</table>

10.1.16	During the period, please provide the number of children (if any) that became subject of a Supervision / Interim Supervision Order (moved from Child Protection section) **See spreadsheet 10.1.16 for details** **9** children became subject of a Supervision/ Interim Supervision Order within this reporting period. This is a decrease of **15** from the previous reporting period. As noted above a further 1 child became subject to a Supervision order by virtue of Art. 58 (4) Supervision Order replacing Care Order during the reporting period.	SF - Children In Need Spreadsheet

10.2 Children (NI) Order 1995
Article 18 (2) Schedule 2 Para 1, Article 18 (2)Schedule 2 Para 5(2), Article 18 (2) Schedule 2 Para 9, Article 27 (1)(2), Article 27 (1)(2), Article 27 (8), Article 35, Article 36 (1) Article 44, Article 45 (1)(2), Article 45 (3)(5)(6)(7)(8), Article 108 (1), Article 118, Article 130, Article 174, Article 175, Article 177

CHILD PROTECTION *No data is required for items (10.2.1-10.2.8)– data sourced from SPPG quarterly Child protection Report.*		
10.2.1	How many children are on the Child Protection Register as at 30th September?	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

Children Looked After

10.3.1 Provide the current legal status for all Children Looked After at 30th September (excluding any who are CLA on that day only by virtue of a short break arrangement)

SF – CLA Spreadsheet

Looked After Children	2019	2020	2021	2022	2023	2024	2025	2026
As at: 31 March	824	866	875	945	1029	1095	1172	1249
As at: 30 Sept	826	881	905	991	1060	1158	1229	

10.3.2 Religion and Ethnic origin of Children Looked After (please provide by new list of ethnic minorities)

SF – CLA Spreadsheet

Ethnicity	Total
White	1045
Chinese	3
Irish Traveller	21
Roma Traveller	1
Indian	0
Pakistani	0
Bangladeshi	0
Black Caribbean	0
Black African	25
Black Other	5
Mixed Ethnic Group	49
Any Other Ethnic Group	26
Not Stated	74
TOTAL	**1249**

Religion	Total
Roman Catholic	512
Presbyterian	192
Church of Ireland	28
Church of England	2
Methodist	7
Other Christian	133
Jewish	0
Muslim	41
Other	26
Not Known	239

Not Completed	34	
None	34	
Refused	1	
TOTAL	**1249**	

10.3.3 Number of Children Looked After (as at 10.3.1) by type of placement at 31st March

SF – CLA Spreadsheet

Type of placement	**Totals**
Residential	62
Fostering – (stranger)	205
Fostering (Kinship)	715
Fostering (Independent)	140
Placed at home with parents	83
Placed for adoption	7
Jointly Supported Accommodation Projects	10
Juvenile Justice Centre	0
Supported Lodgings	3
Tenancy Arrangement	21
Unregulated Be-Spoke Arrangement	0
Other	3
Total	**1249**

During the reporting period, the number of children placed in residential care reduced by three, placements with independent fostering providers reduced by eleven, and 'other' placements remained stable, while adoption placements increased by three. Overall, the Directorate continues to place the majority of Looked After Children (**1,060; 85%)** with foster families (kinship and non-kinship). Foster care placements increased by a further **19**, reflecting the continued growth in the LAC population. Placements at home with parents increased by one. This cohort was reviewed during the period, providing assurance that practice remained aligned with regional guidance.

The service notes a continuing upward trajectory and associated risk in unapproved kinship placements (**322**), representing an increase of **75,** including 182 unregulated placements, an increase of **17** since the previous reporting period. An action plan is being progressed to address this trend, which includes:

- A shorten kinship assessment, agreed via regional HOS forum which is appliable to assessments where children have been in placement for over 6 months and there is no identifiable risk via the KPRA (Kinship Placement Risk Assessment)
- An Increase in the fee paid to staff to completed kinships assessments.
- An in-Trust Staff appeal for the allocation of assessments resulting in **35** longest standing assessments being allocated at the end of the period.

	• The service is currently exploring the availability of staff from independent providers and other Trusts to undertake Kinship assessments • All outstanding assessments are reviewed monthly via the Directorate Kinship assurance committee which also oversees that all unregulated notifications are proceeded to SPPG in a timely fashion and • Monthly unregulated kinship reporting to the Co-director and Director.	
10.3.4	Age bands and length of time looked after for all Children Looked After at period end **See spreadsheet 10.3.4 for details**	SF – CLA Spreadsheet
10.3.5	Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement **See spreadsheet 10.3.5 for details** The number of young people provided with overnight support through short break arrangement is **33**. This is an increase of **4** children within this reporting period. A total of **439** overnights was provided. The Trust notes an error in the accounting in the interim report in relation to Forest lodge nursing short break provisions, this was reported at 519 instead of 231, which has remained a consistent figure over the reporting periods. The Whistle Stop service has maintained a short break service provision to families over the reporting period at reduced capacity. The number of overnight breaks provided remains consistent at 182. This service has the capacity to offer 60 nights' short break per 4-week period. Since 28.2.25 the RQIA registration has been 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. This situation is reviewed closely within the service. Lindsay House (Southeastern Trust (SET) provision) continues to remain unavailable for short break provision, due to current reconfiguration of the Statement of Purpose to support children in the longer term. This reduces the capacity to provide short breaks for families by a total of 120 nights per month. In the absence of this provision during the reporting period the service has progressed a plan to utilise a section of Forest Lodge as a temporary children's home for short breaks. Dual registration for the use of Forest Lodge was achieved with RQIA (9th June 2025) enabling short break provision of 1 bed for 2 nights per week (when the home is not in use for children with complex medical needs). SET has confirmed	SF – CLA Spreadsheet

	there is currently no plan or timeline to reopen Lindsay House for short breaks; Belfast Trust has therefore applied to RQIA to extend Forest Lodge for a further year; this application is currently under assessment. The Service has developed a Fostering short breaks service, (Children with Disabilities Short Break Service), utilising funding announced by the Minister. This team became operational in June 2025. To date, 2 short breaks carers have engaged with and completed their assessment, and two children have begun fostering short breaks with these carers from January 2026. One further carer has been assessed and is in the matching process; additional carers are progressing through assessment/panel. The. The Service also continues to offer a range of alternative supports to children and families who are unable to avail themselves of overnight short breaks. Children's In-reach Support Service (CISS) have been registered as a domiciliary care provider with RQIA since 18th November 2024. The service currently supports 23 families on a 7-day basis. Recruitment of additional staff is currently near completion. The Service keeps the DoH, SPPG, and Short Break oversight board updated to ensure the Health committee is fully aware of all activity funded by the ministerial investment for children with disabilities. In addition to short break provision the service has continued 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 through services offered by the community teams. The day and family support services offered by CISS, community & voluntary sector and provision offered during term time by the community social work teams, this reporting period include: • **50** young people availed of an additional **3,333** hours of daytime short breaks (an increase of 10 children and 1,133 hours) • **204** families availed of an additional **1,279** hours of family support (an increase of 13 families and 241 hours)	
10.3.6	Number of children accommodated for 3 months or more in a hospital There were 4 children accommodated for 3 months or more in a hospital during this reporting period. **See spreadsheet 10.3.6 for further detail**	SF – CLA Spreadsheet
10.3.7	Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital	SF – CLA Spreadsheet

	There were **no** children accommodated for three months or more in an adult facility.	
10.3.8	(a) What facilities – statutory, voluntary and private are available to care for these Children Looked After i.e. how many places in residential homes, foster care placements **See spreadsheet 10.3.8 for details** **Children with disability** Willow Lodge has been converted into a two-bed, medium- to long-term residential home for children with disabilities. On December 1, RQIA registered the home, enabling a second placement that has now been completed successfully. **Children's Homes** The capacity of Children's Homes has been impacted by the requirement to decant three out of nine homes within the current estate. Overall, this has resulted in a total reduction of six beds. **Osborne House** was required to decant for 12 weeks due to significant remedial works required on the roof and flooring. A decant facility was identified and all the young people and staff team moved on 26.01.2026. Capacity in Osborne House was not impacted. Slemish House and Aran House (both located on the Glenmona site) are required to decant over the next reporting period, as the Contractor has given the Trust notice to vacate the site and the proposed new builds are not ready. This has resulted in capacity being impacted as follows within the two homes. **Slemish House**: Capacity has been reduced in by 2 beds as the identified decant facility can only accommodate 4 young people. A capacity reduction plan had been agreed in October 2025 to reduce from 6 to 4 young people. Two young people turning 18 in December and February enabled this capacity reduction to be achieved without impacting on any young person's care plan or causing unnecessary disruption. A temporary decant facility has been identified pending the new build progressing, and Slemish is due to move on 22.04.2026 **Aran House:** Aran House previously operated as the regional Children's Home for unaccompanied asylum-seeking young people. Following notice in May 2025 to vacate the site by December 2025, a regionally agreed closure/decant strategy was implemented. Admissions from all Trusts except BHSCT and NHSCT ceased in September 2025, with a time-limited assessment model piloted by NHSCT until December 2025. Pending a decision on the future of Aran House and business case approval, Trusts remain responsible for provision via the rota. A temporary decant facility for BHSCT young people was secured, with relocation completed on 17 April 2026, resulting in a reduction in capacity of four places. (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)	SF – CLA Spreadsheet

	Number of Foster Carers	**674**	
	Number of Approved Places Offered	**943**	

10.3.9 How many Children Looked After have had placement moves throughout the period?

SF – CLA Spreadsheet

Placement Changes	**0-4**	**5-11**	**12-15**	**16+**	**Total**
Number who moved once	19	21	28	32	**100**
Number who moved twice	9	3	6	10	**28**
Number who moved 3 times	1	2	3	0	**6**
Number who moved 4 times or more	2	3	1	5	**11**
Total	**31**	**29**	**38**	**47**	**145**

Trust must provide an explanation of actions taken to reduce placement moves during the period.

The number of children who moved placements has reduced by a further **8** over the reporting period. However, the number of children **(17)** who have moved 3 or more times has increased by **7**, during the reporting period. The reasons for moves (3 or more times) have been identified as below:

1. A child moved 3 times, initially placed in Kinship placement, prior to a move to a non-kin carer. This non-kinship placement broke down, due to impact of a child's trauma related behavior on children already in the home. A further move to a viable kinship placement was achieved, where the child currently remains.
2. A child with 3 moves was initially placed in kinship placement but moved due to placement breakdown. Child was placed in non-kin placement prior to breakdown, due to child's trauma related behavior, prior to move to the current placement. TSS referrals to support the child's network were made as appropriate.
3. A 13-year-old with 3 moves was initially in non-kin fostering placement as the period started, with the placement ending due to carers being unable to continue to provide care. An interim placement for 2 weeks was put in place with a further placement, prior to non-kin foster placement where the young person remained at period end.
4. A child with three moves initially placed in kinship placement which broke down due to issues relating to the carers needs.

	Two further planned short-term moves took place during this period. 5. A child with 3 moves arose due to placement breakdown due to threatening behaviors being displayed towards carers. 2 further additional placement moves were required due to placement availability. 6. A 15-year-old child with 3 moves had moved from Residential to Beechcroft Hospital, back to residential, before moving back to hospital again. 7. A child with 4 moves during the period was initially placed in Kinship care prior to a move to a short-term non-kin carer placement. This placement broke down, due to the impact on children already in the home. A further move on short stay placement was achieved until a placement with kinship care, which ended in a further breakdown. This child is currently in non-kin foster placement. 8. A child with 4 moves, moved between non-kin foster placements on 3 occasions due to placement breakdown as a result of trauma associated behaviors. Short stays were planned moves due to difficulty sourcing longer-term placement. Current placement is a non-kin foster placement. 9. A young person with 4 moves entered care with 3 short term placements ending prior to transfer out of the LAC placement back to the care of family. 10. A young person with 4 moves was placed in care by RESWS. The young person had 1 short-term placement, followed by a longer-term placement. During this period the young person displayed dysregulated presentation which was a challenge for carers to manage. With the placement breaking down there was a short stay in lodgings prior to a transfer to secure accommodation where the young person is currently placed. 11. A 3-year-old child had five moves; The first move related to a placement breakdown. There were 2 further short term moves as a result of the breakdown of placement, seeing the child placed by RESWS. A further short-term move to facilitate a longer-term foster placement was found, however this placement also broke down due to level of need, and the child was placed again with a familiar carer who had provided respite for the child in the past. 12. A child with 5 moves was initially in a kinship arrangement at the start of the period, however, was moved due to allegations against the kinship carer. Child was transferred to another kinship placement with a total of 5 short term kinship placements having been experienced. 13. A young person with 5 moves was in a kinship placement at the start of the period and was moved following breakdown of relationship with carer. A new kinship placement was sought; however this also broke down due to what was noted to be normal teenage boundary challenges. Short term placement was found. A non-kinship placement was identified which also broke down due to tensions in the relationship. A further 2	

short term placements were accessed before a longer-term non-kin placement was identified.

14. A 17-year-old with 5 moves was resident in a group home at the start of the period. This young person transferred between Beechcroft and the group home on 4 occasions prior to transferring to secure accommodation. The young person remains placed in secure accommodation at the end of the period.
15. A young person with 5 moves was supported in a Kinship placement which unfortunately broke down. Further Kinship placement was identified which also broke down due to trauma related behaviours. Three short term placements took place prior to transfer to supported living where young person remains.
16. A young person was supported in a non-kin placement (at start of reporting period) and this unfortunately broke down. Planned move for 3 days with previous respite carer. Following the respite placement there were 4 short term kinship placements prior to transfer to non-kin foster care placement where young person remained at the end of the period.
17. A child with 7 moves was in a kinship placement at the start of the period, and unfortunately experienced several bridging placements prior to a longer-term kinship placement on 16/03/2026 where the young person remains currently.

The service continues to take proactive and collaborative actions across placements and field social work services, aimed at reducing the need for placement moves.
Actions to mitigate against moves include:

- 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. This ensures timely planning, reduces drift, and supports timely progression to permanence for children who should not remain in foster placements long term.
- Bi-monthly review meetings are convened with independent fostering agencies to ensure children’s needs are fully met within placements. These meetings strengthen contingency planning, ensure timely support responses and reduce unnecessary placement moves. Fostering services also offer targeted support to promote placement stability and avoid placement breakdowns.
- ‘Placement under Pressure’ and Placement Support meetings bring together fostering and field social work teams to identify risks early and support carers to maintain placements. A clear escalation pathway to Children’s Services managers is in place via a monthly placement oversight group, which monitors unstable placements

	and identifies supports to reduce disruption. Emergency escalation meetings are convened as needed outside these forums. • The Fostering service has expanded evening and weekend child minding provisions helping to strengthen placement stability and provide flexible respite support. • The Fostering service has temporarily recruited 6 band 4 social work assistants, to provide support to placements where a dedicated social worker is not available and also to unregulated placements awaiting allocation for assessment, thus improving continuity of support and placement stability.	
10.3.10	(a) How many Children Looked After are awaiting assessment or treatment with child and adolescent mental health services at 30th September? **28** (b) How many Children Looked After have been referred for therapeutic services and their waiting time. **This table has been stood down from the Statutory Functions monitoring for Children Looked After**	SF – CLA Spreadsheet
	(c) Please provide actions taken to reduce waiting time. TSS aims to provide an Initial Professional Network Meeting (IPNM), within 13 weeks of receipt of referral. At the end of the reporting period, all IPNM were able to take place within agreed timescales, and no waiting list was required. 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. At the end of this reporting period TSS was able to facilitate all children and young people requiring individual therapy support with all cases allocated.	Data Return 10
10.3.11	How many Children Looked After are also on Child Protection Register at 30th September?	Quarterly CP return to SPPG
10.3.12	How many Children Looked After are Disabled by major category at period end? **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.**	SF – CLA Spreadsheet

10.3.13	How many Children Looked After have a Statement of Educational Needs (SEN) by school status at period end? **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.**	SF – CLA Spreadsheet
10.3.14	(a) Has each child looked after an allocated a named social worker at period end? Yes/No **No** (b) If no, give number of children and provide an update in the service summary on current position and actions taken At period end, the Directorate confirms that **270** Looked After Children did not have an allocated-name social worker. This is a decrease of **26** from the previous reporting period and reflects the agreement with SPPG (June 2025) to record, as unallocated, the Looked After Children managed through the rotational LAC team. This accounts for **240** of the unallocated cases. During the reporting period, SPPG engaged with the rotational team through the Support and Intervention Framework; this provided assurance regarding the service provided to Looked After Children within this model. The remaining **30** children without a named social worker are held within other social work teams across the Directorate. Gateway services hold **16** cases awaiting transfer to Family Support. These transfers are projected to be completed by mid-May 2026. A standard operating procedure is in place to ensure governance oversight of statutory visits and risk escalation for these children. **Six** unallocated Looked After Children were held by Family Support teams awaiting transfer to LAC services and continued to receive statutory visits by the previously allocated social work team. The remaining **8** unallocated Looked After Children are held by Looked After Children services. Under Action Short of Strike arrangements, these children received a duty response to need, with oversight and review provided by the team Senior Social Worker/Principal Social Worker. The directorate notes the growth in the Looked After Children population and the ongoing implementation of business continuity arrangements to manage this demand. The Directorate welcomes the positive workforce growth this year, alongside the planned introduction of Band 5 roles to support services in meeting increasing demand.	SF – CLA Spreadsheet
10.3.15	(a) Did each child looked after receive a statutory visit by their allocated and named social worker at least once a month during the period? Yes/No *See spreadsheet for updated guidance (December 2025)*	SF – CLA Spreadsheet

	No (b) If no, give number of children and provide an update in the service summary on current position and actions taken. **The Trust is unable to provide data for this reporting period due to the impact of industrial action.** Prior to industrial action commencing in April 2024 social work teams across the directorate 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 2024 NIPSA Social Work members across Gateway, Family and LAC were instructed not to complete any statistical returns. This has impacted on senior leadership oversight and reporting on the Trust statutory requirements for both allocated and unallocated cases. To strengthen statutory compliance and respond to the increasing number of LAC – the service has reconfigured 2 LAC Teams and continued to operate an out of hours LAC team. The revised structure is outlined below: **Specialist/Complex cases LAC team:** comprises of senior practitioners and experienced social work staff who assume case responsibility for higher level need cases. Statutory visits and reviews continue to be completed within required timescales. **Rotational LAC team – Lower-level cases:** Operational since October 2024 – this team undertake statutory visits and reviews. SPPG requested in June 2025 that these cases be reported as 'unallocated' as there is not one designated SW per case. However, the 'team round the child model' ensures care planning continues to progress. At the end of the reporting period this team held 240 LAC cases. • Stat visits are completed on a rotational basis • Although visits fall outside monthly statutory time scale they take place on average every six weeks. • LAC Reviews are completed within statutory time scales **Out of Hours LAC Team:** Hold 90 LAC cases ensuring statutory functions are met. During this period additional hours were offered to social workers across directorates to support statutory visits for unallocated cases. However, in the absence of the monthly team return, the Trust cannot provide assured oversight of how many LAC may not have received a statutory visit within the required time frame. No visits were carried out during this reporting period by Social Care Staff as a contingency measure as per communication by Chief social worker Aine Morrison on 19th December 2025. However, the service has successfully appointed 12.2 WTE Band 5 posts which will support the reduction of unallocated cases when they commence post over May and June 2026.	
10.3.16	No. of Children Looked After Reviews held during the period	SF – CLA Spreadsheet

	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.	
10.3.17	Was the case of each child looked after reviewed in line with Statutory requirements? Yes/No **No** If No, please provide number *(in the CLA spreadsheet*) and explain actions taken to address this issue. **As noted in 10.3.15 The Trust is unable to provide data for this reporting period due to the impact of industrial action.** Prior to industrial action commencing in April 2024 social work teams across the directorate 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 2024 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 on the Trust statutory requirements for both allocated and unallocated cases. To strengthen statutory compliance and respond to the increasing number of LAC – the service has reconfigured 2 LAC Teams and continued to operate an out of hours LAC team. The revised structure is outlined below: **Specialist/Complex cases LAC team:** comprises of senior practitioner and experienced social work staff who assume case responsibility for higher level need cases. Statutory visits and reviews continue to be completed within required timescales. **Rotational LAC team – Lower-level cases:** Operational since October 2024 – this team undertake statutory visits and reviews. SPPG requested in June 2025 that these cases be reported as 'unallocated' as there is not one designated SW per case. However, the 'team round the child model' ensures care planning continues to progress. At the end of the reporting period this team hold 240 LAC cases. • Stat visits are completed on a rotational basis • Although visits fall outside monthly statutory time scale they take place on average every six weeks. • LAC Reviews are completed within statutory time scales **Out of Hours LAC Team:** Hold 90 LAC cases ensuring statutory functions are met.	Data Return 10
10.3.18	This is intentionally blank	

10.3.19	This is intentionally blank	
10.3.20	Is there an adequate supply of placements for children to enable placement choice? Yes/No **No** *(If no, Please explain)* The Directorate continues to see growth in the number of children in care. During this reporting period, the LAC population increased by **19** children. This equates to an average of **3** admissions per month, compared with **9** per month in the previous period. The overall increase reflects a reduction in admissions to care of **43** (n=**141**), alongside a decline in discharges from care (**108**, which is **17** fewer than the previous period). The service continues to prioritise permanence: • **16** Residence Orders were granted • **15** children exited care under Supervision Orders Despite this progress, the overall number of children in care remains high, creating significant pressure on placement capacity. The Fostering Service continues to face the most pressure for placement availability. As noted in 10.3.3 there has been continued growth in children placed in kinship placements which are not yet approved, (322) with children placed in **322** unregulated placements (an increase of **75** since the last reporting period). The Directorate continues to utilise **144** independent placements, a reduction of seven since the previous period, albeit the number of independent providers households have increased by two (of which two carers are providing GEMS placement for Children with disability). Use of independent fostering agencies remains subject to the Support and Intervention Framework (Level 2). To strengthen oversight and planning, the Directorate operates three senior management oversight panels per month, rotating focus areas. These include: • LAC admissions and discharges — reviewing all new admissions, progress towards permanence, and work to support discharge planning (including permanence panel, residence order, and Care Orders at homework streams). • Unstable placements – review children for whom placements are unstable to identify supports to mitigate placement breakdown were possible. • Edge of Care – to identify support to prevent care admissions. The service aims to ensure through the provision of these panels a clearer oversight of the LAC population, which supports the	Data Return 10

	development and sharing of practice learning within the directorate to support placement stability. As noted in 10.3.8 Capacity across the residential sector has changed in the reporting period • The capacity of Children's Homes has been impacted by the requirement to decant three out of nine homes within the current estate. Overall, this has resulted in a total reduction of six bed • Children with disability services have increase capacity by 1 medium to long term placement	
10.3.21	How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period? There were **7** exceptions to the normal fostering limit made within the reporting period. This is an increase of **4** from the previous reporting period.	SF – CLA Spreadsheet
10.3.22	This is intentionally blank	
10.3.23	How many children are deemed to be in an inappropriate placement given their assessed needs? *(Please explain)* There are 44 children deemed to be in inappropriate placements. The overview of LAC in inappropriate placements and actions taken to progress alternative placements is broken down as follows: • **5** Children remain at home due to no appropriate placement availability • **1** Child in Foster Care with a plan of placement with birth parent, the young person refusing to leave placement • **1** Child in residential care with care plan on fostering • **1** Child in hospital (with significant medical needs) requiring discharge to placement, a kinship placement planning in progress. • **2** Children in kinship foster placement requiring specialist residential placement. These children's needs are currently reviewed by the Trust specialist panel. • **2** Children placed in Bridge/emergency foster placement/ moving between emergency placements • **9** Children placed in a short-term non-kin placement but require a long-term non-kin placement, outside of current placement. It is currently being assessed if 1 of these young people may require specialist residential placement and will be presented to the Trust specialist panel • **1** Child in non-kin placements where the carers have given notice to end the placement • **17** Children in Kinship placements which are deemed not viable/carers not approved at fostering panel/carers have requested the children move (6 of which were not approved at panel, 11 of which were not viable)	SF – CLA Spreadsheet

	• **1** Child known to children with disability services currently placed at home requiring residential placement. The service is currently exploring potential placement options. The above 40 out of 44 children inappropriately placed are considered by foster services during twice weekly duty huddles which takes account of carers availability and any change in circumstances or approvals progressing to panel presentation. Child specific profiles are also available on the HSCNI website. The service reviews and updates these profiles on a regular basis to reflect the changing population of children and young people requiring placements as detailed above. As detailed in section 10.5.5, fostering services continue to progress recruitment plans to increase placement availability for children in care. • 4 young people placed in residential care who continue to require alternative placements, as the current residential provision is unable to progress their long-term therapeutic care plans. Two young people's placements are outside the Statement of Purpose of the Trust residential homes and short-term variation have been agreed with RQIA for the placements. Plans to progress appropriate placement for these 4 young people include: • A supported living option has been identified for **one** young person who is at the age of transition. All financial due diligence has been concluded, and a property has been identified by the provider. The projected move date is mid-May 2026. The service is currently collaborating with adults' services to ensure a smooth transition to the identified placement. • A potential placement has been identified for the **second** young person. This young person had already experienced the breakdown of a high-cost placement, so careful and lengthy scoping was further completed. The financial and contractual due diligence process is underway. • A **third** child is now at the age of transition (18 in November) so at this stage, the focus is on identifying a suitable option to which the young person can transition. Options are actively being considered alongside an enhanced support package. • SPPG had previously provided non-recurrent funding for a one-bedded placement, which the Trust continues to fund at a cost risk. This provision is temporarily registered for this child with RQIA. Alternative move on options continue to be explored for this young person - referrals have been made to a private provider suitable for a young person with learning disability. Please also note that the number of children deemed to be inappropriately placed does not include children with a care plan for adoption that have not yet been to adoption panel. These children have been included in previous returns and this accounts for the reduction in children reported by 18.	
10.3.24	Please provide the number of restraints carried out by staff on young people within **each** Home during the period. **See spreadsheet 10.3.24 for details.**	SF – CLA Spreadsheet

	Over the reporting period there has been a reduction **(11)** in the number of restraints required **(56)** across the residential estate. It is encouraging to observe a decrease in the number of restraints necessary across the children's home, especially at Osbourne House during this period. There has, however, been an increase in restraints required at Slemish, rising from four to six incidents. Residential services have continued to make 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 harm mitigation. The number of restraints increased primarily in Children with Disability homes, as more young people with additional needs required interventions for safety. Willow Lodge, which reopened as a medium-level children's home last period and admitted another young person this period, saw a rise in restraints, totalling **26**—an increase of **12**. In contrast, Somerton experienced a decrease, with **23** restraints required.	
10.3.25	Do all Children Looked After have a concurrent plan by the time of their first 3 month statutory CLA Review? Yes/No **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**.	Data Return 10
10.3.26	Permanency Planning for Children Looked After at period end **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**.	SF – CLA Spreadsheet
10.3.27	This is intentionally blank	
10.3.28	This is intentionally blank	
10.3.29	(a) How many Children Looked After are involved in offending behaviour (are formally cautioned or convicted) **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**. and ~~(b) How many Children looked After are suspected to use drugs and/or alcohol~~? NO LONGER RERQUIRED	SF – CLA 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 30th June 2022 (this will be collected in September Data Return only)	DOH
10.3.33	Children looked After, School Attendance – School Year Ended 30th 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 Children Looked After 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.**	SF – CLA 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.	SF – CLA Spreadsheet
10.3.36	(a) How many sibling groups became Looked After during the period ? Number of Sibling groups accommodated: • Together - **14** • Not accommodation together - **8** If placed apart provide an explanation for each occurrence. **Number of sibling groups accommodated**: For the purpose of this return a 'sibling group' is defined as: 'Children who share at least one birth parent and live or have	Data Return 10

	lived for a significant period (> 1 year) with other children in a family group'; or 'Children who live or have lived for a significant period (> 1 year) with other children in a family group'.	
10.3.37	Number of young people admitted to Secure Accommodation and the reasons for admission during the period *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*	Lakewood/ Regional Panel
10.3.38	Please provide report into the operation of the Trusts Restriction of Liberty Panel *This data is collected annually and sourced from a Restriction of Liberty report (it comes in with SF). The data will be sources from the Regional Secure Panel going forward – panel began on 1.9.19.*	Lakewood/ Regional Panel
10.3.39	(a) During the period how many children or young people became a Child looked after by age, gender and first placement **141** Children were admitted to Care during the reporting period – this is an reduction of **43** from the last reporting period. (b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order No children admitted to care during the period have been reported as being subject to a full Adoption Order (c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date **58** children admitted to care were on the Child Protection register within the last 2 years (d) Number of Children and Young People who became Looked After during the period had a CLA1 form completed and forwarded to School? **88** children and young people who became looked after during the period had a CLA 1 form completed. (e) Can you confirm that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (e.g. a fostering breakdown where the RESWS moves the child to a children's home) **Yes**	SF – CLA Spreadsheet
10.3.40	(a) During the period how many children or young people became a child looked after by age, gender and legal status on admission;	SF – CLA Spreadsheet

See spreadsheet 10.3.40 (a) for details.

(b) (i) Were these admissions planned, unplanned or emergency;

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.

(ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?

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.

(iii) Of those unplanned or emergency admissions how many were admitted by RESWS?

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.

10.3.41 During the period how many children or young people ceased to be Looked After by age, gender and length of time looked after at discharge

108 Children or young people ceased to be Looked After during the reporting period which is a reduction of **17** since the previous report. See spreadsheet **10.3.41** for details.

SF – CLA Spreadsheet

10.3.42 (a) Of all the children and young people reported at 10.3.41 what was their destination at discharge by age and gender

Destination	**Total**
Returned to Parents/Siblings	32
Returned to Relatives/friends	25
Adopted	4
Independent living/Tenancy (NIHE/HAsooc./Private etc)	18
Foster Carers (GEM)	17
Jointly Commissioned Supported Accommodation Projects	6
Bed + Breakfast	0
Hostel. Foyer	0
Supported Board and Lodgings	4
Prison, Hospital	0
Other	2

SF – CLA Spreadsheet

	Total	**108**

(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

Category	**16**		**17**		**Count**		**Total**
	M	F	M	F	M	F	
Number entitled to access Leaving Care Services	1	1	28	25	29	26	**55**
Number not entitled to access Leaving Care Services	0	0	1	2	1	2	**3**
Total	**1**	**1**	**29**	**27**	**30**	**28**	**58**

10.3.43 This is intentionally blank

10.3.44 (a) Please provide the total number of children that became subject of a Residence Order during the period.

SF – CLA Spreadsheet

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.

16 children became subject of a Residence Order during the period. This is an increase of **1** residence orders achieved from the previous reporting period. The service continues to oversee the trajectory of children of care for whom Residence Order is an appropriate discharge pathway. Residence Order clinics remain available to teams to support consistency of practice which is increasingly embedded within the service.

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.

Placement	No. of Children
Stranger (Foster Carers)	0
Kinship (Foster Carers)	16
Residential Care	0
Other Placement	0
Total	**16**

	(b) How many Residence Orders are in place at period end? **232**	
10.3.45	Number of Children or Young People who died during the current reporting period and were Looked After by the Trust by cause/age **Nil**	SF – CLA 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 **546** • This is an increase of **36** from the previous reporting period. The increase (n=30; 83%) is attributed to the growth in number of **eligible** young people over the reporting period. This increase relates to eligible young people for leaving and after care services, who are aged 16 or 17 and who have been looked after for a period of 13 weeks since the age of 14 and are still looked after. This is reflective of the increasing LAC population over the past number of years who now require this service. **See spreadsheet 10.4.1 for details**	SF - 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.	SF - 16+ Spreadsheet

Legal Status	**16**	**17**	**Total**
Accommodated (Article 21)	10	17	27
Care order (Art 50 or 59)	69	72	141
Interim Care Order (Art 57)	2	0	2
Deemed Care Order	0	0	0

Other	1	0	1
Total	82	89	171

Category	16	17	18	19	20	21+	Total
Eligible	82	89	0	0	0	0	171
Relevant	3	4	0	0	0	0	7
Fmr Relevant	0	0	106	92	76	86	360
Qualifying	0	0	1	3	3	1	8
Total	**85**	**93**	**107**	**95**	**79**	**87**	**546**

10.4.3 This is intentionally blank

10.4.4 This is intentionally blank

10.4.5 This is intentionally blank

10.4.6 Of the young people reported at 10.4.1

SF - 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	128	1	13	30	157
Relevant	7	0	0	0	7
Former Relevant	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Qualifying	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable

- The Directorate notes there are 29 eligible young people who are awaiting the allocation of both a social worker and a personal advisor, the 29 are therefore included in both columns above, in the absence of a column for '**Awaiting both a social worker and a personal advisor.'**
- There is a total of 30 unallocated LAC included in the above figures (1 who have a PA only, and 29 who do not have either). Of these 30/29 are with the rotational LAC team which the service has agreed with SPPG to record as 'unallocated cases. The remaining 1 is an unallocated LAC held by Gateway and will be allocated a social worker by mid-May 2026.
- Further to SPPG enquiry March 2025 from previous return regarding the number of Eligible Young People not

	matching the number of 16 & 17 year old Looked After Children on the LAC return. The Service can confirm via quality assurance processes that not all 16 & 17 year old LAC **(181)** have been looked after for more than 13 weeks at the reporting period end, so the number of eligible (**171**) children will be lower than the total number of 16 & 17 year olds currently in care. The remaining **10** do not align with qualifying status as they remain Looked After. (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	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? **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.**	SF - 16+ Spreadsheet
10.4.8	Summary of failure to comply as detailed in 10.4.6, 10.4.7 at period end. There are currently **167** young people awaiting allocation of a personal advisor (PA) at the end of the reporting period. This is an	Data Return 10

increase of **61** from the previous reporting period year. Overall, within this reporting period there has been an increase of **36** young people entitled to be allocated a Personal Advisor.
The service continues to have in place the following initiatives to manage the increased number of young people entitled to a PA:

- An unaccompanied asylum-seeking children (sUASC) team with one PSW, one SSW, 3 social worker (1 social worker is holding a temporary post bank contract which is supporting service delivery as there was 2 PA vacancies at the end of the period. The service currently holds responsibility for a total of 105 sUASC (24 under 18-year-olds and 81 over 18 years).
- 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. The service is mindful of learning from SAI's and continues to ensure that all young people who are not engaging in service provision are continually offered the opportunity to re-engage.

Whilst it had been anticipated that the implementation of these measures would have significantly reduce the PA waiting list, the leaving and aftercare service has continued to face challenges with the allocation of PA due to a number of factors including increase demand, workforce vacancies and absence. At the end of the reporting period the PA workforce across both the leaving and aftercare sUASC service has a reduced capacity of 8.5 WTE, 4 due to vacancies and 4.5 due to workforce absence. The caseloads for staff not in post due to sickness and maternity have been re-allocated with PAs staff across the workforce managing higher than recommenced caseload levels. The service has recruited to all permanent vacancies with staff to commence post in the next reporting period, this will enable caseloads returning to a manageable level. Workforce absence is managed in line with the Trust policy.
Given the recurring deficit in PA allocation impacted by the growth in demand combined with challenges, to meet statutory requirements, the Trust is currently reviewing its capacity deficits to inform its commissioning need.

10.4.9 Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for

(a) Eligible;

SF - 16+ Spreadsheet

Placement Type	16	17	Total
Foster Placement (Stranger)	24	17	41
Foster Placement (Kinship)	33	20	53
At Home In Care	9	14	23
Residential Children's Home	10	9	19
Secure Care	1	1	2
Specialist Residential Placement (NI/UK)	0	0	0
Supported Lodgings/STAY	0	3	3
Hospital	1	1	2

Jointly Commissioned Supported Accommodation Projects	0	9	9	
Unregulated Placement	0	0	0	
Other	4	15	19	
Total	82	89	171	

(b) Relevant;

Living Arrangements	16	17	Total
Tenancy (NIHE/H Assoc./Private)	0	0	0
At Home with Parents/Siblings	3	3	6
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	1	1
Total	3	4	7

(c) Former Relevant; and

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.

(d) Qualifying 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.
Please provide a narrative re mitigations in place for those young people in unregulated accommodation.

10.4.10	Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end?' 10.4.10 **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.**	SF - 16+ Spreadsheet

<table>
<tr><td></td><td>(a) Eligible;
(b) Relevant;
(c) Former Relevant; and
(d) Qualifying young people</td><td></td></tr>
<tr><td>10.4.11</td><td>Of the young people reported at 10.4.1 how many were convicted during this reporting period?

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.</td><td>SF - 16+ Spreadsheet</td></tr>
<tr><td>10.4.12</td><td>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?’

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.</td><td>SF - 16+ Spreadsheet</td></tr>
<tr><td>10.4.13</td><td>Of the young people reported at 10.4.1 what is their parental status 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.</td><td>SF - 16+ Spreadsheet</td></tr>
<tr><td>10.4.14</td><td>‘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?

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.</td><td>SF - 16+ Spreadsheet</td></tr>
<tr><td>10.4.15</td><td>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.

<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>
</table>
</td><td>SF - 16+ Spreadsheet</td></tr>
</table>

	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? How many of the carers above also provide a GEM placement? Of the carers above how many are Prospective adopters dually approved as foster carers? Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers? **674** - Inclusive of **166** kinship carers who are not yet approved i.e. who are on waiting list for assessment/being assessed/are unregulated. Overall, there is a reduction of **10** foster carers during this reporting period, **3** kinship carers and **7** non-kinship carers. 10 of the kinship carers, not yet approved, are assessed to not be viable. **123** placements are unregulated, which is a reduction of **10 since** the previous reporting period. **How many of the carers above also provide a GEM placement?** **26** which is an increase of 13 since the previous reporting period **Of the carers above how many are Prospective adopters dually approved as foster carers?** **23; an increase of 13 since the previous reporting period** **Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers?** **13** an increase of 8 since the previous reporting period (b) **Please give the number of other foster carers**; **106** Independent agency carer(s), an increase of **2** since the previous reporting period, albeit the number of children placed has declined by eleven**. Two** of the 106 carers are providing GEMS placements.	SF - Foster care Spreadsheet

(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	5
No longer wishing to foster	21
Retired	5
Deregistered following concerns re: care of child/ren	3
Deregistered by Trust following complaints/allegations	3
Opted to be GEM Carer Only	5
Total	42

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

Recruitment Process Activity During the period*		No. Of Carers
Number receiving information packs.	Kinship	**N/A**
	Non-Kinship	**N/A**
Number of Initial Home Visits	Kinship	N/a
	Non-Kinship	**34**
Numbers of Households attending Skills to Foster course	Kinship	**38**
	Non-Kinship	**24**
Number of Completed Assessments during the period	Kinship	**32**
	Non-Kinship	**17**
Of the number of completed assessments (above), number approved at Fostering Panel	Kinship	**29**
	Non-Kinship	**17**
Number of these assessments that were already approved as Adopters	Kinship	**0**
		2

		Non-Kinship	

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

59

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.

SF - Foster care Spreadsheet

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	53	0	0
Foster Care (Kinship) >12 wks but not panel approved by 16 wks	199	0	0
Kinship Foster Carers not approved within 12 wks, but within 16 wks during the period	0	0	0
Panel Approved Kinship carer	365	9	6
Panel Approved Foster Carer (Non-Kinship)	96	30	25
Specialist Foster Carers (Fee Paid Carers)	230	36	14
Total	**943**	**75**	**45**

10.5.3 How many foster carers have annual reviews outstanding?

Data return 10

Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)

SF - Foster care Spreadsheet

At the end of this reporting period 35 foster carers have annual reviews outstanding. This is a reduction of **52** outstanding reviews from the previous reporting period.

	Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f) There have been **138** viability visits undertaken during this reporting period, **125** visits were jointly completed with the child's social worker, and 13 visits were completed by the supervising social workers.	
10.5.4	Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed The Trust has prioritised completing Annual Reviews and reducing the number of outstanding cases, which has dropped to **35** from **87** at the end of the previous reporting period and 49 this time last year. Several contributing factors to making these improvements included. **Improvements in Panel Chair Arrangements** - The previous full-time panel chair has partially retired and reduced her hours, while a new part-time panel chair has been in post since October 2025. As a result, all panels—including annual review and registration review panels—are now running efficiently under the revised chair and staffing structure. **Historical Staffing Deficits -** ongoing effort to resolve historical staffing deficits within the Fostering Service. The number of unallocated cases has decreased as a result of improvement in staffing vacancies and reduced levels of unallocated cases. **Ongoing Collaboration and Review Planning -** Across all teams, Supervising Social Workers (SSWs) continue to work closely with social workers to plan the completion of annual reviews and keep delays to a minimum. The service has invested considerable effort into minimising outstanding annual reviews. For cases that are unallocated, Principal Social Workers (PSWs) have chaired review meetings alongside support workers and SSWs wherever possible. **Completion of Assessments and Statutory Checks-** All necessary assessments, checks and agreements—including health and safety checks, safe caring plans, and foster care agreements—are carried out, accompanied by contribution reports from carers and multidisciplinary reports concerning the child. The PSW then completes a record of the discussion. **Maintaining Governance -** While some annual reviews remain outstanding, support workers have been visiting foster carers who do not have an allocated social worker and facilitating statutory checks such as medicals, Access NI, and Trust checks. These measures help to sustain a high level of governance wherever vacancies occur.	Data return 10
10.5.5	What action is being taken to maintain and increase the range, diversity and supply of foster care places During this reporting period, the Trust continues to lead on and manage the HSCNI Adoption and Fostering Central Service. The Head of Service also leads on the Recruitment	Data return 10

	Work stream. The Central Service promotes collaboration across all locality Trusts to develop collectively beneficial recruitment activity. The two marketing leads operate a system, where each partner with individual locality Trusts to ensure that messaging, branding and recruitment activities are in line with the regional recruitment planner so that improvement ideas can be shared regionally and activity is cohesive. Positively, the post of coordinator of the central team was filled in February after a period of vacancy. This will support and strengthen further the driving forward of the objectives of the Central Service and cohesion with locality teams. There has been a continuation of the use of marketing tools such as social media, online activity and articles that seek to communicate a call to action to those who may be thinking about finding out more about fostering or indeed of enquiring to be a foster carer. We have seen an increase in enquiries that have been generated from quick links on social media outlets. The use of social media and influencers has been embraced regionally via the organisation of a Fostering Q&A with The Traitors' Roxy and Judy on 15.04.26. The Central Team has also led on ongoing activity such as the quarterly 'Keeping In Touch' newsletter which is sent to recruitment partners, those who had expressed an interest in fostering but who may not have been immediately ready to make an application and other relevant stakeholders to provide updates on HSC Fostering and keep fostering in their minds. The service continues to contribute to this by ensuring that the Trust's Keep In Touch list is generated by all of those engaging in recruitment activity and that this is updated and shared with Central colleagues. The Central Team, with the support of locality Trusts, has continued to manage the HSC Adoption and Fostering Website with the objective of ensuring quality user experience and accessibility of information. The aim is to make information about Fostering for HSC Foster Care impactful and ultimately positively impact enquires to foster, fostering applications and approved foster carer numbers. The service continues to collaborate with the other locality Trusts to facilitate twice-monthly virtual information sessions for those who wish to 'drop-in' and join virtually to find out more about fostering for HSCNI Fostering and the processes etc involved. These are promoted via the regional website and via local recruitment activity. In addition to participation at the three weekly regional recruitment workstream meetings, the service operates local, 'internal', recruitment meetings. The Recruitment Coordinator also meets monthly with the Trust's Central lead representative. With this oversight, the service continues to maximise opportunity to recruit throughout the year in local as well as regional events. During the reporting period the service has continued to promote and lead on the Fostering	

	Comes to Belfast Initiative with fostering recruitment opportunities including; information sessions and recruitment stands and presences in various locations across Belfast. The service has in place an annual recruitment calendar which feeds into a regional calendar. considers both local and regional recruitment. This enables planned, targeted activity. Alongside this the service have organised several retention activities and events such as monthly support groups (kin, non-kin, AFP and supported lodgings) and a monthly carer and tots group. In December the service held the annual Children's Christmas Parties over three days at Dundonald Ice Bowl and Carers' Christmas Coffee Morning in the Landsdowne Hotel, which was again this year attended by the Lord Mayor of Belfast. These events are always well attended and appreciated by carers. Alongside this, the service continues with a hybrid model of face/face and online training and development opportunities to support carers to provide informed, therapeutic care to children and young people. Regular review of recruitment activities is undertaken to ensure that carers are recruited to meet the needs of children referred i.e. requirement for emergencies, 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. Activity to ensure diversity of foster placement supply also includes: • Recruit intensive foster carers for children with complex disabilities and young people with high-risk behaviours. • Recruit foster carers and Supported Lodgings Hosts for young refugees, including ongoing engagement with the local Islamic Centre. • Develop the short-break fostering service for children with disabilities through joint working between Fostering and Children with Disabilities teams; recruitment/assessments ongoing and first approvals achieved at Fostering Panel. • Recruit additional PACSS carers to support children on the edge of care and provide short breaks to help prevent entry into full-time foster care. The Fostering Service continues to work with Trust corporate communications colleagues with also worked in partnership with HR colleagues regarding the launch of the Fostering Friendly Policy in October 2025 The service has redoubled its efforts in this reporting period in relation to its commitment to reducing the use of and reliance	

	on IFAs and have been successful in reducing numbers of children placed in IFAs by 4 placements during the period. There has been significant progression of the 'Fostering Comes to Belfast' recruitment strategy, which aims to intensively and systematically recruit throughout each of the 60 wards within in the 10 districts of Belfast. The service no longer envisage this being a one-off 2-year campaign but rather the continuing approach towards the recruitment of foster carers in Belfast. The service continues to resource this strategy with the temporary realignment of a Band 7 post to facilitate this, along with admin and Band 4 support. The Trust, along with our regional colleagues planned and hosted two child specific recruitment events in November and February with Belfast profiling one child in November and a sibling group of three in February. The Trust is working alongside regional colleagues in the development and implementation of an HSC Foster Carer Ambassadors Scheme to provide mentoring and peer support to prospective foster carers during the recruitment and assessment process. The service has also participated in the relaunch of the previous Refer a Friend scheme and have already had current carers receive remuneration for encouraging friends or family members to become foster carers.	

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**	SF - Foster care Spreadsheet
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 30th September? **NIL Return**	SF - Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period? **NIL Return**	SF - 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**	SF - Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted? **NIL Return**	SF - Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust **NIL Return**	SF - Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113 **NIL Return**	SF- 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. **NIL Return**	SF - 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.	SF - Foster care Spreadsheet

	Nil	
	Please specify the child's DOB and the date the Trust received each notification **N/A**	SF - Foster care Spreadsheet
10.5.15 (a)	Please provide the number of Allegations made against Foster carers. **3**	SF - Foster care Spreadsheet
10.5.15 (b)	Please provide the number of Complaints made against Foster carers **1**	SF - Foster care Spreadsheet

10.6 Adoption (NI) Order 1987
Adoption (Intercountry Aspects) Act (NI) 2001

Article 3 (as amended by HPSS Order 1994), Article 11

10.6.1

(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach?

The Trust had a total of 29 enquiries, a decrease of 4 from the last reporting period from the following sources:

Source of Enquires	Domestic	Inter-Country
Central Regional Team (e.g. Website)	3	0
Newspaper advertisement	0	0
Radio advertisement	0	0
Word of mouth	13	0
Trust Website	10	0
Specific local campaign	3	0
Total	**29**	**0**

(b)Please provide the waiting time from initial inquiry to commencement of training
The service did not run a preparation course during this period because of low numbers. All those who inquired about attending was offered a place with another Trust, but all preferred to wait for the course scheduled for April 2026.

SF - Adoption Spreadsheet

10.6.2

Number of domestic applications for assessment received by the Trust by civil status of applicant

Household type	No
Single carer	0
Cohabitating heterosexual couple (where this is a joint application)	0
Cohabitating same sex couple (where this is a joint application)	1
Married	5
Total	**6**

SF - Adoption Spreadsheet

10.6.3

Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting

- 2 waiting More than 1 month less than 3 months are undergoing stage 1 statutory checks and awaiting completion prior to proceeding to allocation of a social worker for assessment
- 3 waiting more than 3 months, less than 6 (No social work available to commence assessment)

SF - Adoption Spreadsheet

<table>
<tr><td></td><td>• 3 waiting more than 6 months and less than a year (No social work available to commence assessment)</td><td></td></tr>
<tr><td>10.6.4</td><td>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)</td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.5</td><td>Number of Prospective Inter-country adopters awaiting assessment at period end
(to be completed by NHSCT on behalf of the region)</td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.6</td><td>Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes

<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>0</td></tr><tr><td>Households approved as Adoptive carers</td><td>7</td></tr><tr><td>Households approved as Dual carers/Concurrent Carers</td><td>5</td></tr><tr><td>Households where previous Foster Carers have been approved as Adoptive carers for their LAC</td><td>2</td></tr><tr><td>Total</td><td>14</td></tr></table></td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.7</td><td>Number of Children Looked After freed for adoption and not yet placed with their prospective adopters as at 31st March; and duration of wait since freeing order as granted

• 1 female child aged 4, Freed for adoption and not placed with approved adopters. This child's foster carers formally requested to adopt this child, however, have now decided to withdraw. (Though not placed, the Service has identified a potential couple for this child).
• 1 male child aged 2 who is freed for adoption and not placed with prospective adopters. This child has a learning disability, and the Trust are engaging with ARIS to undertake a child specific recruitment campaign in respect of this child in the hope of finding a successful match.</td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.8</td><td>(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;

1 Freeing orders made during the period

(b) Of those children who were adopted this period please give the</td><td>SF - Adoption Spreadsheet</td></tr>
</table>

<table>
<tr><td></td><td>length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.

4 children were adopted during the reporting period.

• 1 child via a stepparent adoption.
• 1 child less than 2 years
• 2 children less than 3 years.</td><td></td></tr>
<tr><td>10.6.9</td><td>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

<table>
<tr><th>Children who have received a best interest decision and have not been placed with approved adopter.</th><th>M</th><th>F</th></tr>
<tr><td>Less than 1 month</td><td>0</td><td>0</td></tr>
<tr><td>More than 1 month less than 3 months</td><td>2</td><td>5</td></tr>
<tr><td>More than 3 months less than 6 months</td><td>2</td><td>0</td></tr>
<tr><td>More than 6 month less than 12 months</td><td>0</td><td>0</td></tr>
<tr><td>1 year or more</td><td>1</td><td>1</td></tr>
<tr><td>Total</td><td>5</td><td>6</td></tr>
</table></td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.10</td><td>How many children are in receipt of an Adoption Allowance at 30th September and how many households is this?

108 children are in receipt of an Adoption Allowance, across 88 households</td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.11</td><td>Of the number at 10.6.10 how many commenced during the period and how many households is this?

3 children commenced Adoption Allowance in the reporting period. This relates to 3 household.</td><td>SF - Adoption Spreadsheet</td></tr>
<tr><td>10.6.12</td><td>Details of recruitment, assessment, training, support for prospective adopters

In January 2026 the adoption services regionally commenced proactively recruiting for adopter households. All 5 statutory adoption agencies now recruit under a single brand with marketing, communications and information being managed centrally by the team in HSCNI Adoption & Foster Care.

This recruitment strategy is managed through a monthly workstream which implements knowledge and learning derived from the similar Fostering recruitment workstream.</td><td>Data Return 10</td></tr>
</table>

	The adoption recruitment workstream is led by the heads of service for adoption from the Belfast Trust and the Western Trust and includes representatives from Adoption UK, SPPG, all Trusts and Home for Good. There have been monthly virtual information sessions which will hopefully ultimately convert to formal enquiries The adoption team has responded to all initial enquiries within 2 weeks of enquiry being made. All those enquiring about adoption receive a home visit to learn more about the adoption process and the type of children requiring permanency through adoption. During the reporting period no preparation to adopt course was provided however, two couples attended a preparation to adopt course delivered by a voluntary adoption agency. 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. 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 service 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. Over the reporting period the Adoption Service has delivered the following to those being assessed or waiting for placement. • Therapy play workshop, • Training on the UEA Model for transitioning children from foster care to adoptive. • Lifestory training • Contact Training • ACEs Training • Mothers and Dads Group (Those waiting placement have also attended)	
10.6.13	Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order	Data Return 10
	The post adoption team provides a high-quality post adoption service to ensure stability and positive wellbeing for adopted children and their families. The post adoption team provides a continuum of support that extends to adult adoptees and their birth relatives. 485 (increase of 25 from the last reporting period) post adoption service users are currently availing of post adoption support services. This can be broken down to the following areas of support:	

	Indirect contact -128 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. Direct Contact -131 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. Over half of the families receiving support with post adoption contact arrangements also availed of a family support service in addition to this. **Family Support Service** - A family support service has been provided to 71 families. The team offers practical and therapeutic support, adapting services based on each family's needs and situation. Support ranges from one-on-one sessions to specialised assessments and collaboration with partner agencies. **Adult Work-** The Post Adoption Team conducted Article 54 interviews with 155 adult adoptees seeking information about their origins, offering intermediary and tracing services to those interested in locating birth families. Support includes a narrative synopsis (letter of information) and provision of minimally redacted adoption files, compliant with Regulation 15 (2) (a) of the Adoption Agencies (Northern Ireland) 1989 and November 2023 Departmental guidance; **25** files were issued during this period, which remains consistent with the previous reporting period. The team also continues to assist birth relatives with adoption-related issues, including tracing and reunion services. During the reporting period, the post-adoption service provided several training and support groups: **Life Story Training**: Attended by 7 adoptive parents, this session offers guidance on sharing children's histories. **Contact Training**: In May, 5 adopters participated in training about maintaining contact between adopted children and their birth families. **Children's Group**: Held twice yearly in two six-week blocks for different age groups. About 20 children attended each period, fostering connections with peers and parents. **Mothers Group:** Open to all approved adoptive mothers, meets six times a year with 10-12 regular attendees. The group offers informal support, experience-sharing, and networking. **Father's Group**: For approved adoptive fathers, meets five times a year with 8 consistent participants. Discussions are informal and group-led at a community venue. **PATH (Parents of Adopted Teens Hub):** Monthly sessions for parents of adopted teens, with about 5 participants. Activities include dog walks, open water swims, and learning sessions, focusing on support and self-care. **Mindful Parenting**: Ran weekly for six weeks in January; 16 children attended sessions using mindfulness techniques for wellbeing. **Theraplay Awareness Evening:** Well-attended information event focused on Theraplay principles and parent-child attachment games.	

	Bat Watching: Over Halloween, 8 children and 8 parents attended a bat-themed evening at Cavehill, which was enjoyed by all. **Foundations to Attachment:** A 12-week program for parents, co-led by the Senior Practitioner from post adoption services and a psychologist from Safe Connections. Six parents participated, meeting with a psychologist after each session for support. The training received excellent evaluations.	
10.6.14	**10.6.14(a)**How many children were subject to a Best Interests decision and placed in a prospective adoptive placement during this reporting period experienced a Placement disruption pre- adoption? **Nil** **10.6.14b** How many children who were subject to an Adoption Order during the reporting period experienced a disruption post adoption? **Nil** **10.6.14 (c)**Provide the number of children whose adoptive placement disrupted following the granting of an Adoption Order? **Nil**	SF - Adoption Spreadsheet

10.7 EARLY YEARS

10.7.1 Please provide the current early years provision / places, registrations and de-registrations
Include Number of Approved Home Child Carers

SF - Early Years Spreadsheet

Sector	Total number of services	Total number of placements
Day Nursery	96	4492
Out of School within Day Nursery	56	1484
Total Day Nursery Places		5976
Creche	13	250
Playgroup	39	1185
Stand-Alone Out of School	53	1838
Childminder	186	1134
Approved Home Childcarers	37	0
Holiday Scheme	8	258
Two Year old Prog.	26	372
Total	**514**	**11013**

10.7.2 Registration issues and commentary as at period end
(If any challenges or issues please provide a brief analysis)

Data Return 10

During the reporting period, the service continued to prioritise the timely processing of registrations to avoid any undue delay in the provision of early years services. While there was a net reduction of **45** service provisions during the period, the overall number of registered places increased by **334**, reflecting changes in capacity across providers.

	A total of **9** new registrations were completed, representing an increase of four compared with the previous reporting period. No services were deregistered by the Trust; however, there were **45** voluntary deregistration's, an increase of **32** since the last reporting period.	
10.7.3	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 30th September **Sector** / **No Requiring Inspections** / **No Inspections carried out** / **Inspections still to be carried out** Day Nursery: 40 / 38 / 0 Crèche: 4 / 4 / 0 Playgroup: 13 / 12 / 1 Out of School: 34 / 34 / 0 Childminder: 88 / 86 / 2 Holiday Scheme: 0 / 0 / 0 Two year old Programme: 12 / 12 / 0 **Total: 191 / 186 / 5** There are currently 5 outstanding inspections, due to sick leave within the service, which are scheduled to be completed upon the staff members' return. The service completed a total of 186 inspections during the reporting period.	SF - Early Years Spreadsheet
10.7.4	Number of outstanding applications for each of the above categories as at 30th September? **Sector** / **0-3mths** / **4-6mths** / **7-9mths** / **10-12mths** / **12mths+** Day Nursery: 0 / 0 / 0 / 0 / 0 Crèche: 0 / 0 / 0 / 0 / 0 Playgroup: 0 / 0 / 0 / 0 / 0 Out of School: 0 / 0 / 0 / 0 / 0 Childminder: 6 / 2 / 0 / 0 / 0 Holiday Scheme: 0 / 0 / 0 / 0 / 0 Two year old Programme: 0 / 0 / 0 / 0 / 0 **Total: 6 / 2 / 0 / 0 / 0** There are a total of **8** applications outstanding at the end of the reporting period. The delay in processing these applications relates to childminder providers not yet submitting the required	SF - Early Years Spreadsheet

<table>
<tr><td></td><td>documentation necessary to progress their applications. This delay is outside of the control of the service.</td><td></td></tr>
<tr><td>10.7.5</td><td>Number of current applications being assessed at period end and duration of assessment

<table>
<tr><th>Sector</th><th>0-3mths</th><th>4-6mths</th><th>7-9mths</th><th>10-12mths</th><th>12mths+</th></tr>
<tr><td>Day Nursery</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Crèche</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Playgroup</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Out of School</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Childminder</td><td>4</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>5</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
</table>

All other applications, outside those detailed in 10.7.4, are in the process of being assessed, with no delay incurred.</td><td>SF - Early Years Spreadsheet</td></tr>
</table>

	10.8 Complaints & Representation		
10.8.1	Does the Trust have an appropriately authorised and experienced children's complaints officer? Yes/No Yes, the Trust has designated staff in the Complaints Dept that work closely with the Information Governance Manager in CCS, who assists with prioritising and managing the handling of all Complaints that are specifically for CCS		Data Return 10
10.8.2	Does the Trust have an independent advocacy service for children and their families? No No, generally complainants access advocacy services that are external to the Trust such as VOYPIC and Patients Client Council. Complainants are made aware of the role of these organisations.		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? Yes, the Trust has robust processes in place to manage all complaints that sit within CCS, in line with the requirements of the Trust complaints policy. CCS established a task and finish group in July 2025, in order to develop better ways of managing complaints and to prepare to transition to the new H&SC guidance ie- Model Complaints Handling Procedure (MCHP). This was implemented in Jan 2026 and already CCS have seen an improvement and reduction in the number of outstanding complaints waiting for a response.		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? Yes, all staff are aware of the Trust's Whistleblowing Policy and the designated officer/s to contact when they have these concerns. This information has been circulated to CCS staff and is available on the Trust Policy Library**.**		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