Belfast Health and Social Care Trust
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TRUST BOARD
SUBMISSION TEMPLATE

MEETING	**Trust Board**	**Ref No.6.3**
DIRECTOR	**Social Work / Children's Community Services**	**Date: 13 January 2022**
Children's Residential Child Care Service Report 1 April 2020 - 31 March 2021		
Purpose	• *Annual progress report for approval.* • *The report sets the Trust's Children's Residential Care Homes provision during the Covid-19 Pandemic. It highlights how children's residential had to quickly adapt to new ways of working, such as infection control practices, outbreaks in children's homes, supporting redeployed staff, establishing an emergency response rota, creating an isolation home, and most importantly, supporting young people during lockdown periods when the experience of restriction had a re-traumatising impact on their well-being. These accumulative challenges required staff to find new innovative , flexible and agile ways of working in order to maintain stability, safety and compassionate care. Despite the challenges posed by the pandemic, strategic and operational priorities remained on track, such as the closure of Donard Home, the continuation of the rebuilds on the Glenmona site, gaining regional consent for all HSC Trusts response to share supporting UASC arrivals and developing practice initiatives. Throughout this period, Children's residential care continued to deliver responsive, safe, quality and compassionate care planning.*	
Corporate Objective	• *Safety, Quality & Experience* • *Service Delivery* • *People & Culture* • *Strategy & Partnerships* • *Resources*	
Key areas for consideration	• ***Issues / Risks / Challenges*** -Managing young people's increasing complexity which had exacerbated due to the pandemic, which residential had to contain in the absence of social and professional supports. - Providing/accessing tailored specific residential care to those children/young people at the high end of complexity in smaller homes.	

	-Impact on Staffing levels during Covid-19 pandemic especially during times of outbreaks. Staff working back to back shifts due to shortages. -Safe occupancy levels/appropriate matching of placements in homes. -Higher levels of assaults on staff and allegations against staff -Increasing profile of learning disability/difficulty in residential care -Impact of lack of fostering placements leading to residential placements. • ***Internal / External Engagement*** -Strong internal partnerships with young people, parents/carers, staff, Trusts Psychology Services, Training team, AHP's, Human Resources, Employability scheme, -Strong external partnerships with RQIA, HSC Trusts, HSCB, PSNI, VOYPIC, Include Youth, Start 360 and community resources. Engagement with community groups and providers • ***Human Rights / Equality*** Unaccompanied Minors and Separated Children (UASC) having access to adequate placement provision to meet their needs.
Recommendations	• *Annual progress report for approval.*

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RESIDENTIAL CHILD CARE SERVICE

CHILDRENS COMMUNITY SERVICES

ANNUAL REPORT
1st April 2020 – 31st March 2021

Contents

INTRODUCTION

The Covid-19 Pandemic had a significant impact on the children's homes, consequently service delivery was adapted to respond to the ever changing landscape. This however also led to the development of innovative approaches to ensure safe and therapeutic care continued for the children and young people. There has been important learning gained from the past year, some of which was unforeseen.

There was a depletion of staff in the residential teams, as a result of pre-pandemic vacancies, long term sickness and staff who had to 'shield' for underlying health conditions. Staff from across Children's Community Services (CCS), were redeployed into the residential service to ensure the continuity of nurturing and trauma - responsive care. Included in the redeployment, was the DOORS Service, which pre-pandemic had provided wrap - around support to 35 young people across most of the children's homes. To enhance learning and inform practice, redeployed staff received awareness training on the residential service's models of practice; TCI, social pedagogy, trauma -informed care and safeguarding processes.

As outlined in the Regional Covid-19 Guidance for Residential Children's Homes, during the first lockdown, to reduce footfall in the children's homes and prevent the transmission of the Covid-19 virus, most visits and appointments were stood down and took place through video conferencing. There was an increase in children's participation in LAC reviews and therapeutic appointments via video conference, as they found it easier to communicate and share their feelings and views. The reduced footfall in the children's homes, brought a positive outcome, as the young people and staff, benefitted from the uninterrupted time together. With the Residential Teams being replenished with the redeployed staff, this allowed for a consistent core team, which in turn contributed to the stability experienced across most of the children's homes. However, with the later lockdowns, there was a level of isolation felt by the young people and the teams, particularly when the redeployed staff returned to their substantive roles.

With the reduction in educational and community sector provision, it was a daily challenge for the residential teams to provide productive and educative structure for the young people. The teams were innovative in developing alternative strategies to occupy the young people such as educative games, play, physical activities, cooking and some young people grew their own vegetables. Alongside the need to provide a daily structure for the young people, there were a number of young people where safeguarding concerns remained in relation to CSE, self-harm, drug and alcohol use and going missing from care. The Residential Teams were pro-active in their efforts to keep these young people safe, however despite the teams interventions, incidents of concern did continue to occur.

Most of the young people and the staff teams had difficulty with the introduction of the Infection and Prevention Control (IPC) measures, which altered the fabric of the building and interactions between young people and staff. More importantly, young people became emotionally distressed with the lack of physical contact allowed and the staff having to wear face masks. At times, staff would have to remove their

masks to help co-regulate the young people, to support a return to their emotional baseline.

The Residential Service continued to provide stability for the young people throughout the Covid-19 pandemic. The recent year presented numerous challenges to the service, the young people and the Residential Teams, however it also provided an opportunity to understand the importance of the relationships with the young people, being integral to promoting their feelings of safety and self worth.

RESIDENTIAL CARE PROVISION

The BHSCT manages 9 mainstream Children's Residential Care Homes (1 of which closed, Donard, in September 2020, regional facility); 4 differentiated Homes across North, South and East Belfast areas and 5 specialist Homes, of which 3 are on the Glenmona site in West Belfast. All of the Children's Homes which are locally based across Belfast, work to a defined statement of purpose and to a legal framework as set out by the Minimum Standards For Children's Homes (2014), as well as guided by significant policy and review guidance documents such as, *Care Matters: A Bridge to the Future in Northern Ireland (DHSSPS, 2007) and Children's and Residential Care Review Strategy (2013),* Residential Care in England (2016).

The Trust has developed its residential services to adapt to the changing patterns of the needs of its young people. The Trust's residential service has developed as a trauma informed service with clear focus on promoting health and wellbeing for young people, families and staff.

The current differentiated Children Homes are as follows:

- **One short-term assessment home (12-16 years old)** – 444 Antrim Road. This home provides 5 placements for an initial assessment period plus 1 placement for emergency admissions.

- **Three medium-longer term homes (12-17 years old)** – Glandore Avenue provides up to 8 placements; Fortwilliam Park provides up to 8 placements and North Road provides up to 6 placements. However, each home aims to not exceed 6 placements in order to better meet the complex needs of the resident young people and work with them more intensely, through individually tailored, therapeutic care plans, a consistency of routines and therapeutic interventions.

The current specialist children's homes are as follows;

- **One medium term home (8-12 years old)** – Osborne Children's Home's statement of purpose was re-profiled in July 2018 due to the changing needs and the complexities of young children in foster care, whom were assessed as unsuitable for fostering due to their highly complex attachment issues. This home was initially a 12 month pilot to respond to the particular needs of children.

In Osborne, the children receive intensive wrap around support to address their emotional dysregulation, support with positive attachments for their age / stage of development, help with reintegration into school and preparation to become part of a foster family. There are plans for a sensory themed play area to be developed which will support social, educational and emotional development.

There were 5 children resident in the time period April 2020 to March 2021. With the high level of support required for the children, appropriate matching to foster carers can take time and some of the children do require a team around them, to provide stability and support with regard to emotional safety and regulation.

In 2019, the Down and Connor Diocese sold the Glenmona land. As a result, plans are in place for the remaining homes onsite. The Trust has agreed, with the purchasers of the site, the building of 2 children's homes, Aran and Slemish on this redevelopment project, which the Department of Health, (DoH) and the Health and Social Care Board (HSCB) have supported. A model has been agreed, based on research, projection of need and scoping, for Aran House to provide 12 placements for UASC. The Glenmona Project and the Glenmona Implementation team have been established to oversee the development of the capital business case and to agree the model and design of the Slemish and Aran children's homes.

In 2020 / 21 the Belfast Health and Social Care Trust (BHSCT) continue to oversee plans for the re-provision of these 2 homes remaining on this site. Donard, 1 of the regional units, closed in September 2020. There was a redeployment process initiated and the staff team were successfully redeployed to posts where they had stated a preference. Extensive work is being completed on the Glenmona site regarding housing development and there is security on the site to deter trespassers and potential vandalism.

In addition, the HSCB has had ongoing meetings with the BHSCT Executive Social Work Director, Co-Director and the financial accountant, to agree revenue costs for all three Glenmona children's homes and to provide progress updates on the business case for sign off by the HSCB.

- **Aisling House (12-17 year olds)** 1 of the Intensive Support Units, moved to College Park Avenue in August 2019. Placements in this home are allocated on a needs - led basis across Belfast for those young people requiring higher levels of support and supervision. This home provides placements for a maximum of 5 young people with waking night staff.

- **Slemish House** (**12-17 years old**) is the second of the Intensive Support Units which are now solely managed by BHSCT. Placements in this home are allocated on a needs - led basis across Belfast for those young people requiring higher levels of support and supervision. This home provides placements for a maximum of 5 young people with waking night staff. When Donard House was vacated in September 2020, the Slemish team and young people moved to Donard House. The former Slemish premises were demolished.

- **Donard House (12-17 years old)** closed in September 2020. As admissions were capped, the remaining resident group were moved to matched independent placements.

- **Aran House (12-17 years old)** provides a specialist service for up to 8 young people from different countries who have been located in Northern Ireland without a care giver or an adult with parental responsibility. These young people are known as 'Unaccompanied Minors and Separated Children' (UASC). They are usually seeking asylum and may have been trafficked into the country. Hence, there are specialist services involved in the young people's pathway through this Home.

The educational project that was provided to the 4 Glenmona homes closed in September 2019. This was an outcome of an inspection completed by the Department of Education in 2019. This provision was essential in supporting LAC young people who were out of education for a number of years, had difficulty in managing full timetables in mainstream schools or had been suspended from school for behaviours that were linked to emotional trauma or adverse childhood experiences. For UASC young people the teaching staff taught basic English and educationally supported young people to transition into mainstream school, further education and work placements.

Mainstream and alternative education provision is in place for most of the young people of school age. For the UASC young people, most of whom are over school age, there is a commitment to educational attainment. These young people have been provided with educational support with community providers such as Give and Take, which has contributed to young people accessing further education courses.

Occupancy Levels April 2020 to March 2021

As part of the surge planning in the first lockdown of the pandemic, admissions to the homes only occurred when all other alternative placement options had been explored and when the assessment of the child indicated that the presenting risks would solely be managed safely within a children's home.

Eleven children and young people were admitted to the short term home and 1 child was admitted directly to an ISU due to the short term home being at capacity. Eight of the children were admitted as a result of foster placement breakdown, 3 from family placements and 1 child was admitted from Beechcroft.

The occupancy levels for 5 of the children's homes were at full capacity, with Donard at 50% capacity due to capping of placements to facilitate the closure of the home in September 2020. The remaining 3 homes were slightly under full capacity, this is linked to the time period from children being discharged to independent placements and young people being admitted from the short term children's home 444 Antrim Road.

% BED OCCUPANCY 1 APRIL 2020 – 31 MARCH 2021	
Aisling House	95%
Slemish House	100%
Aran House	100%
Donard House	50% (6mth period only)
444 Antrim Road	97%
Fortwilliam Park	99%
Osborne House	100%
Glandore	100%
North Road	100%

In the previous reporting year, from April 2019 to March 2020, there was a notable increase of UASC young people seeking asylum. The Trust provided placements for 33 UASC young people, across 4 children's homes. The Trust is commissioned to provide placements for 8 UASC young people in Aran House. There was a regional response to providing placements to some of these young people, due to the high number of young people who required care placements or supported living accommodation. It was acknowledged, that most of the UASC young people did not require the higher level of support provided by Joint Commission providers and their needs could be best met with alternative provision.

In response to the numbers of young people requiring placements, the HSC commissioned Barnardo's to develop a pilot project to provide supported living placements. The BHSCT also initiated a pilot project, the Transition Project with the Simon Community NI, to provide independent flats for 2 to 3 young people with floating support.

This year, 31 young people were discharged from Aran and Donard, to foster placements, care placements provided by the South Eastern Trust, supported living provision and independent placements with supports such as the Simon and Barnardo's pilot projects.

Twenty-two young people were admitted between April 2020 and March 2021, these young people will also require placements based on their assessed need. Currently there is a regional response with regard to individual Trusts assuming statutory responsibility for UASC young people, and providing placements if Aran House is at capacity.

SUPPORTS AND INTERVENTIONS

The Trust strives to provide optimal therapeutic service delivery to young people in residential care in order to improve their life opportunities and outcomes. It has successfully embedded its standardised therapeutic approach of social pedagogy throughout its 9 residential children's homes. This approach complements existing practices including Therapeutic Crisis Intervention (TCI) and restorative practices and embraces a holistic approach to the care of the young people, with a primary focus on the significance of relationships between the young people and staff. Residential social workers work closely with a range of professionals to support and sustain the young person's placement including:

- Therapeutic Support Service (TSS) – a multi-disciplinary team led by a Consultant Psychologist providing a consultation service to residential staff, direct work with young people and a link with CAMHS for those young people requiring tier 3/4 services. Monthly meetings take place with TSS and CAMHS leads to identify children or young people who require a Tier 3 service.

- The Residential Drug and Alcohol Worker implements harm reduction programmes and provides training for staff teams on current information re-regarding substances and symptoms of substance use.

- Package of additional supports and services e.g. short time-out programmes, diversionary activities, additional therapeutic inputs such as equine therapy.

- LAC TSS psychologists have delivered training to all of the teams on Trauma Informed Practice. The 'My Story' assessment process is operational in all of the homes. The short term assessment home, has taken a lead in the development of the 'My Story' assessment along with TSS, which helps inform care and placement planning for children and young people.

- DOORS: Developing Opportunities Outcomes Responsive Support service was stood down in the reporting year as the team were redeployed in to the children's homes.

- Include Youth: Pilot project developed across the children's homes, provided mentoring support for young people who are 16+, focused work on personal development, preparation for work placement and education, and transitioning to independent living.

Staff Health and Wellbeing

- The DOORS psychologist's role has focused on strengthening staff resilience and self-care, psychological thinking and planning through targeted training, reflective practice and wellbeing strategies. In the main this has involved access to wellbeing initiatives specifically focussed on residential staff. With the Covid-19 pandemic, due to IPC measures and the need to reduce footfall in the children's homes, the DOORS psychologist, provided consultations, reflective practice and individual sessions for staff via video conferencing. Direct work via video conferencing was also completed with the children and young people. The DOORS psychologist, alongside the Trust's training team, devised and facilitated Trauma - informed training for agency and staff who were redeployed in to the children's homes during the first lockdown.

  A managers learning forum, based on a trauma informed framework, continued to meet monthly, co-facilitated by the DOORS Psychologist and the Head of Service for Residential. The managers have provided feedback on how valuable this has been, in providing peer support and space to reflect on their role and also how to continue to develop trauma informed practice within the homes and the service as a whole. During the pandemic, the forum provided an opportunity to tune in and connect with the team leaders, at a time, when they were overwhelmed, with the need to emotionally contain the staff teams and the young people.

  'Just Right State' training was piloted with one of the residential staff teams. This provides sensory regulation training to the whole staff team, leading to sensory profiling for young people and the creation of a trauma sensitive environment. The DOORS Psychologist co-facilitated this with an independent occupational therapist. Due to the pandemic, this training was postponed and is due to resume in early 2022.

  The DOORS Psychologist co-facilitates with TSS colleagues, monthly reflective practice for the RSW teams.

- Missing From Care (MFC) partnership: Through partnership working with the police, via monthly forums, there is collaborative oversight of young people being reported as going MFC.

Outcome: Comparison of Young People reported missing 3 or more times to PSNI from Residential Care over the financial years 2019-20 and 2020-21

- The Parenting and Adolescent Community Support (PACS) Service which was established in December 2015, following the rationalisation of the residential provision, has been an instrumental support to young people on the brink of entering residential care. The PACS Service's focus is on supporting young people and their families to overcome their difficulties through building on their strengths, resilience and capacities for change through a range of interventions and their accessing of a network of informal and formal resources which they can avail of when needed. Two additional

staff were recruited to provide outreach support to young people in kinship placements. One of the staff also works with young people admitted to the short term home as a result of family / kinship placement breakdown, where there is potential for the child or young person to return to their family home or kinship placement.

The Service provides a 6 days a week responsive and intensive wrap around family support to young people on the edge of care and their families. The majority of families working with the PACS service have remained together without need of entering the care system and for a significant number of families, they have no longer required Social Services involvement. Moreover, evaluation to date has been positive, particularly in relation to the prevention of young people entering the care service on an emergency basis. Throughout the pandemic the PACS service has remained operational although for a number of months, the service was operating with lower staffing levels, as some of the team were redeployed in to the children's homes and 2 staff were on long term sick leave. From April 2020 to March 2021, the PACS service provided outreach support to 36 families, via online and telephone contact and when permitted direct contact outdoors. Of these families, 31 young people were prevented from coming into care. Five young people required care placements. Two of these young people were admitted to residential care due to increased risks reregarding paramilitary threat, missing from family home and CSE. One child was admitted to residential care due to foster placement breakdown. One child was admitted to a foster placement and 1 young person accessed a placement in a homeless hostel.

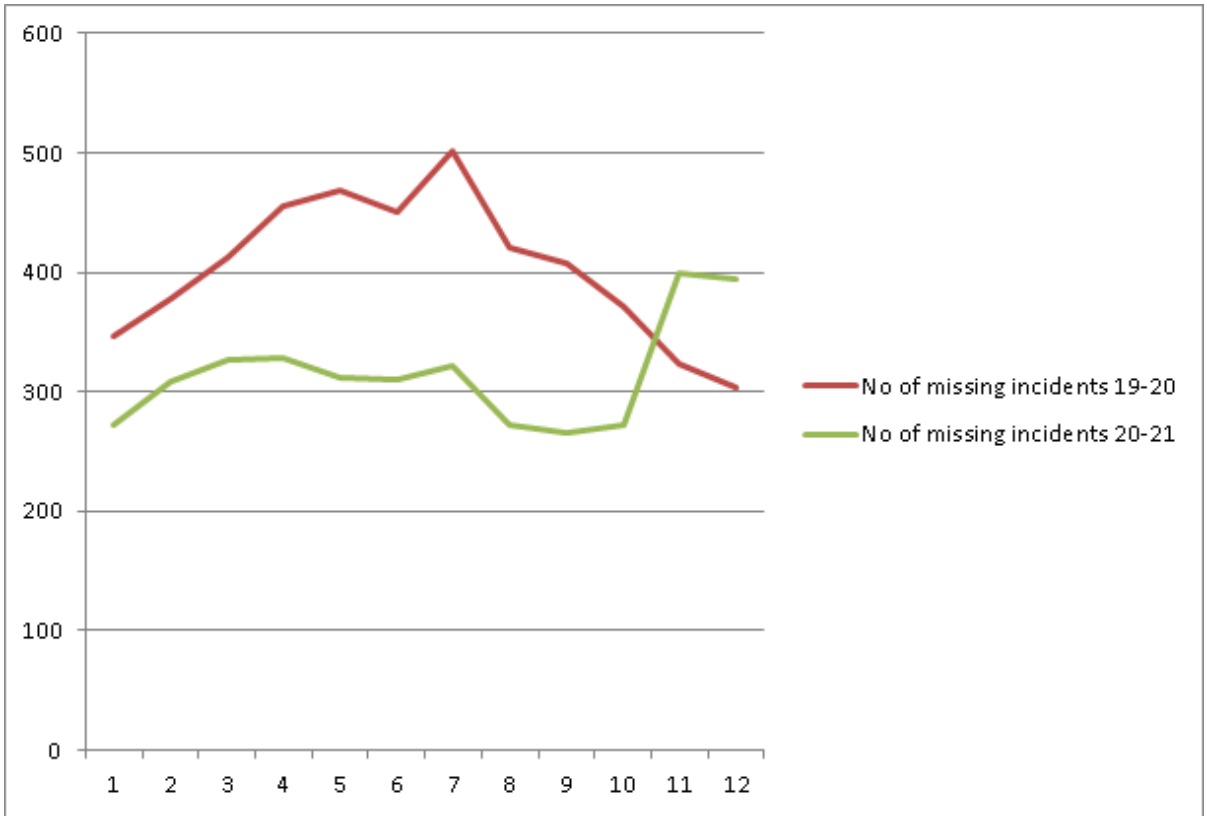
CHALLENGES

- The impact of the Covid-19 pandemic on the residential service was significant. Staffing levels were already depleted pre-pandemic with the vacancy controls in place for the redeployment of the Donard team, staff on long term sickness, staff subject to HR processes and work / role adjustments due to ill-health. During the pandemic, a number of residential staff were deemed as Clinically Extremely Vulnerable and had to 'shield' during the lockdown and subsequently during the surges and increased transmission rates in the community. There was increased professional and personal anxiety for the staff teams with regard to being exposed to Covid-19, transmitting it to their families, young people and other staff.
- In the first number of months, some of the children and young people struggled with the restrictive nature of the lockdown, with regard to not being able to see family or friends, and had difficulty comprehending the sheer scale of the pandemic and the implications this would have on their freedom of movement and lifestyle. The teams were responsive to the young peoples' distress and anxiety however given so much was unknown about the Covid-19 virus, it was a challenge to consistently stabilise and reassure the young people.
- During the lockdown, with the closure of schools and a reduced service from community and voluntary organisations, it was difficult to provide structure

and routine for the young people, which led to emotional dysregulation and incidents of aggression directed towards staff and peers.

- For some of the young people where there were risks with regard to substance use, CSE and MFC, these behaviours did not diminish. Staff were proactive around safeguarding the young people however, there was also anxiety in relation to these young people contracting Covid-19, spreading this to other young people and staff, and potentially family members. In relation to MFC please see table below, (as stated previously young people who go MFC, are also vulnerable to CSE and / or substance use)

October 2020 - March 2021 figures (395 missing reports) are 30.37% higher than the figures for the corresponding period last year (October 2019 – March 2020 with 303 missing reports) 6 month reporting period



From April to October 2020, there was a reduction in the MFC episodes compared to the previous year, this can be linked to the impact of the lockdown and a number of the homes experiencing a level of stability. The escalation in MFC episodes from January to March 2021 is linked to Osborne House and 444 Antrim Road Children's homes. In Osborne House, there were mainly 3 children going missing from care together, which was potentially connected to the impact of a child being admitted and a change in the group dynamic. The children gravitated towards their families, and all 3 were from traveller families. Multi-agency strategies were put in place to reduce the risk taking behaviours and there was a high level of police involvement. One of the children was placed in secure care and another child was transferred to a

placement with an independent provider, which contributed to a decrease in the risk taking behaviours.

With regard to 444 Antrim Road, there were a number of young females admitted who had profiles of going missing, CSE and substance use. One of these young people was placed in secure care due to particularly high risk of CSE, and another young person was moved to a long term children's home as per her care plan.

- Increased staffing levels were required for young people who presented with self-harming behaviours such as overdose, ligatures and 1 young person regularly threatening to throw herself of a bridge.
- There were 4 Covid-19 outbreaks in 4 different children's homes. Robust IPC measures were in place, however some of the children and young people had difficulty in complying with the measures such as self-isolation and not going in to the community, which led to significant levels of distress. Staffing was also depleted as a result of outbreaks, as if deemed a close contact or if there was a breach in use of PPE within the home, staff had to self-isolate at home for a period of 14 days. (This later changed to 10 days as recommended by PHA and IPC.) This placed a high level of pressure on the managers to ensure the continuity of care for the young people and safe staffing levels.
- Managers and core staff, on a regular basis, worked back to back 24 hour shifts due to the staff shortages and the need to provide support to the staff redeployed from other services, such field social work, contact centre and AHPs.
- Young people entering residential care continue to present with profiles of trauma-based behaviours. This can at times make group living difficult in terms of managing competing needs. Consequently, this has the potential of causing instability in the homes until relationships are developed with the young people, whereby the team can provide individualised and therapeutic supports to help the young people regulate their emotions. Due to the young people's complexities, there are a notably high number of assaults on staff, which often can lead to long-term sickness. The management of very challenging behaviours in residential care can have a cumulative detrimental impact on the staff's well-being through experiencing vicarious trauma. Ongoing investment in and supports for staff's emotional health and well-being is a central workforce priority.
- The number of younger children presenting to Social Services with complex emotional and behavioural difficulties remains an ongoing concern. These children tend to present with severe attachment disorders, developmental delay, high levels of impulsivity and minimal consequential thinking. Some of these younger children do require a team approach within the group living environment, to begin to address the impact of trauma and provide emotional containment and stability. There is a lack of available specialist placement options and related therapeutic supports to manage the specific needs of these children. The Trust has been less reliant on the usage of ECR's as children with this profile have been placed within our own children's home, Osborne House, the BHSCT home that provides placements for 8 to 12 year olds. This children's home is consistently at or above capacity which highlights the level of need for residential, therapeutic provision. Reconfiguring this children's home has reduced the Trust's capacity to provide much needed placements for 12 to 17 year olds. There is a regional task group, which is developing a proposal for a residential model for children aged from 5 to 10 year olds.

- There has been an increase from previous years, in allegations being made against staff, particularly from the younger children. This has led to staff not being able to return to work until the allegation has been clarified and/or progressed to investigation via Joint Protocol processes. All allegations are taken seriously and the police, residential and FSW teams work in partnership to ensure robust safeguarding.
- There are at least 10 young people in residential care with a diagnosed learning difficulty and 4 young people who have diagnosed learning disability. Due to the lack of specialist provision which these young people require, they tend to struggle in mainstream Children's Homes. This is an ongoing issue under consideration for service improvement in relation to how best to accommodate these young people's needs. There have been a small number of young people, post admission, where the residential social work team, through the development of the relationships and ongoing assessment, have identified that they require an assessment for a learning disability.
- There are a number of young people who have an ASD diagnosis or present with autistic 'traits'. Risks for these young people can be significant due to a high level of impulsivity, a powerful need to be accepted and fit in with their peers and feelings of being overwhelmed and hyper-stimulated in a group living environment. Interventions for these young people can be quite challenging, as there can be low capacity to show insight to the danger to self and others, and an absence of consequential thinking. The ongoing evaluation of the Regional ROL panel has noted the profile of some of the young people requiring secure care, includes young people who have an ASD diagnosis or present with autistic characteristics.
- The majority of young people referred to secure accommodation from the BHSCT have been engaged in significant substance misuse. There is no specialist residential rehabilitation substance misuse facility for young people in the region. A common theme for most of these young people is a diagnosis of ADHD. The Trust has continued to raise this issue with the DOH and the Commissioner and this is being considered, in relation to the development of the new regional care and justice campus for children and young people.
- A consistent pattern for young people in residential care who are involved with CSE and substance misuse is their tendency to go missing from care (MFC). From April 2020 to March 2021, 12 young people (all female) were subject to CSE review, with 5 of the young people being removed from the CSE review process due to a de-escalation in risks. Safeguarding of these young people often requires residential staff accompanying and monitoring the young person in the community and searching for young people to ensure their safety, whilst also having followed the Missing from Care protocol and referring to police for intervention. This is resource intensive in terms of staffing and is particularly challenging when there are increased numbers of children in the homes who all have competing needs. In such circumstances, staff find themselves having to prioritise safeguarding responses. Additional staffing has been put in place, including waking night staff, across all of the homes, (only 3 homes are funded for waking night staff), to mitigate the risks particularly with regard to CSE concerns. SAIs and CMRS, in the past 2 years have been linked to incidents of CSE risks and actions from the SAI and CMRs have informed learning with regard to a review of safety planning, collaborative working with other agencies

to improve safeguarding, the facilitation of training across all of the homes with regard to safeguarding processes.

- A significant issue for young people residing on the Glenmona site is the isolation from the locality and the deterioration in the fabric of each of its buildings. This issue is acknowledged by both the DofH and the HSCB regarding these buildings not being at the safety levels required by Trust's Children's Homes and aesthetically are not at the standards which would be expected of Trust Children's Homes. An extensive estate repairs plan has been in place to undertake the identified works and this continues to be on-going. Immediate safety issues have been addressed by the Trust with some financial support from the HSCB. In planning for the future relocation and decommissioning of the remaining homes, a decommissioning subgroup and a multi-agency community / security subgroup were developed to mitigate against potential risks, that would compromise the safety of young people, staff, members of the community and the Trust estate. The decommissioning of the Slemish building and the transfer to the Donard premises, was successfully facilitated through positive partnership working with internal and external services. The subgroups will resume operationally as the redevelopment of the site progresses and is completed in 2023/24. The Glenmona site will remain on the Corporate Risk Register with regard to potential security and safety risks.
- The Regional Multi-Agency Restriction of Liberty panel allocates secure placements on a needs - led basis regionally. The profile of young people who required secure care continues to be trauma based behaviours such as vulnerability to CSE, substance use, going missing from care, risk to self. Young people have been also placed in secure care due to paramilitary / community threat alongside high levels of risk taking behaviours. From April 2020 to March 2021, there were 11 young people admitted to secure care from BHSCT, with 1 young person being admitted twice. Seven males were admitted with concerns regarding drug and substance use, MFC episodes, paramilitary threat (2 young people) and fire-setting (2 young people). The 4 females who were admitted had similar profiles of vulnerability to CSE, substance use and MFC. With regard to the ages of the young people admitted to secure care, there was 1 x 11 year old boy, 4 x 17 year olds, 3 x 16 year olds, 2 x 15 year olds and 1 x 14 year old.
- Young people living in residential care are expected to leave by their 18th birthday. There are a number of young people in residential care who would wish to remain in their residential placement and are unable to so. In contrast, young people in foster placements have more options on reaching 18 years including access to the Going the Extra Mile (GEM) Scheme. The Trust is currently undertaking a review of a range of transition options to meet the needs of young people leaving residential care.
- The issue of adequately funded staffing levels remains outstanding and is the subject of cost pressure papers and ongoing dialogue with the HCSB. Regionally, all Trusts were engaged in an ongoing process of submission of a business case centred on a proposed Children's Services Regional Residential Workforce Model to secure compliance with the European Working Time Directive which will enhance continuity of care for young people in residential care. However, this has not been progressed by the Department at this time. Both the HSC Trusts and the Department await the out workings of an Industrial Tribunal decision in relation to sleep-in pay. A skills mix and staffing paper has been developed by the Regional Heads of Service for residential care, to look at

appropriate staffing levels and other professions that would complement the residential social work role.

- In the first 6 months of the pandemic, the facilitating of mandatory training such as TCI, proved challenging given the IPC measures in place regarding social distancing, risk assessments which limited the number of people in a room, etc. The training team were innovative in developing forums to provide this training and the dedicated TCI trainer also facilitated post crisis response to teams where there were high level incidents.
- With regard to the high number of UASC young people admitted in the previous year, in conjunction with the HSCB and 3 HSC Trusts, placements for some of these young people were made available. The HSCB secured funding for a 'step down facility' so that some of these young people could move on from Aran Home in order to make available more in house resources. A number of fostering placements within the BHSCT were also provided as well as partnerships developed with the independent sector to provide accommodation and wrap around support.

DEVELOPMENTS / ACHIEVEMENTS

- The Trauma Informed therapeutic approach has been embedded into practice in all of the Trust's children's homes. It seeks to deliver compassionate and safe care to young people within a nurturing practice ethos. On entering residential care, the young people will receive a 12-week comprehensive assessment, 'My Story' undertaken by residential social work staff and the TSS in order to best determine the interventions required for meeting their developmental and trauma informed care planning needs. All residential staff have received intensive training on Trauma Informed Practice/Care and the 'My Story' assessment. The Signs of Safety approach is being incorporated into the 'My Story' assessment to reflect the young person's perspective.

- Throughout the pandemic, there have been service and quality improvement projects undertaken by staff. Staff have been innovative and creative in developing ways of engaging the young people, to ensure productivity and continued learning in the absence of educational and social supports. Young people engaged in cooking projects and also growing their own vegetables. Previous QI projects that had been developed in one home were shared across some of the other homes, such as the 'Tell Me' project which promoted young peoples' participation in decision-making within the home. Managers continued to use the debriefing process with staff after high level incidents, which was critical during a time when the teams felt quite isolated and overwhelmed. In the short term home, the team, in partnership with the Signs of Safety Lead, incorporated the 'Signs of Safety' approach into the 'My Story' assessment, which reflected the active participation and the voice of the child / young person. A standby rota initiative was well received by the residential teams, as staff were reassured that if there was an outbreak or staff sickness, there would be safe staffing levels in the home to provide continuity of care.

- The successful redeployment of the staff team in Donard, who went, for the most part, to posts that were their stated preferences. There was excellent

partnership working with the residential service, other services within CCS, HR, TU and other programmes of care.

- The decommissioning of Slemish and the transfer of the team and young people to the Donard home, progressed with minimal disruption, again due to positive, collective partnerships with internal and external services.

- During the pandemic, an IPC nurse was dedicated to work alongside the children's homes to ensure robust and safe IPC measures were introduced and maintained. This role was of great benefit to the service, as the IPC nurse was able to advocate for maintaining, as much as possible, the domestic nature of the homes, particularly when there were IPC measures proposed that were more fitting to clinical environments.

- Development of the isolation home: The regional Covid-19 guidance for residential care, indicated the need for the Trusts to provide an isolation home for children, fitting certain criteria. Despite the tremendous staffing pressures across the services, staff from across the Children's Community Services, were responsive to providing cover when the isolation home was required.

- The commitment of the residential management teams to supporting the young people and the teams has been excellent, particularly given the complexities of continuing to provide therapeutic care during a pandemic. The managers, worked tirelessly to ensure that redeployed staff, (some of whom had no experience of working in the residential service) were provided with a comprehensive induction, intensive support around practice and managing the emotional impact of working with the children and young people.

- To support the number of redeployed staff, a bespoke training programme was developed collaboratively with the training team, one of the residential service's Principal Social Workers, CSE lead, the DOORS psychologist and TSS. There was positive feedback from the staff regarding the benefits of the training.

- Staff from each of the teams has received training in the Signs of Safety (SofS) approach. Some of the homes have successfully embedded the SofS use of group supervision to inform risk assessments and safety plans.

- Admissions to short-term and long-term residential children's homes are in the main planned and emergency admissions have been reduced due to the effective gatekeeping of the Resource Panel and Residential Placement Panel.

- The Trust has continued in its third year with its own 8-12 old year children's home (Osborne house) due to a gap in regional resources and needing to meet the changing complexities of children entering the care system. Since opening this provision, 2 other children's homes for the same age range, have been opened by the independent sector which are utilised by the other Trusts. One of these providers has since closed. One child from the BHSCT is currently resident in the other home. The Commissioner, HSCB, is reviewing the need and demand for this type of provision.

- The implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) for LAC children and young people is underway, with the recruitment of a social work lead to support the implementation of NIFITC.

- Risk management processes are more robust in terms of young people going missing from care or those who are vulnerable to Child Sexual Exploitation (CSE) following the implementation of these protocols into practice. Young people's vulnerabilities and predisposition to risk taking behaviours are at the core of individual multi-agency risk assessment and management approaches which seek to identify strategies to obviate and manage such behaviours. Operational Liaison Meetings are held with PSNI on a monthly basis to ensure that close working links are in place to best support young people who have been assessed as particularly vulnerable. In addition, the Head of Service for residential meets monthly with the Police Chief Inspector to review interventions in place for those young people who frequently go missing from care. The Co-Director meets monthly with the Chief Superintendent to review interagency issues and strategic developments and trends.

- Representatives from the management teams from each of the children's homes participated in an extensive coaching programme, the final stage of this training was postponed due to the pandemic. The purpose of the training is to promote compassionate and collective leadership, equip managers within the supervisory role to use techniques and approaches that energise and innovate staff, but also ensure accountability and responsibility of staff to develop their practice. It is anticipated that when the coaches complete the full training, coaching support can be provided across teams. It is envisaged that the final part of the training will be completed in early 2022.

- Staff's emotional health and well-being is a central workforce priority. Throughout the pandemic, the DOORS psychologist provided one to one consultations, reflective practice and monthly Managers Forums. Management worked alongside Occupational Health and HR colleagues to focus on staff who were off due to anxiety related to Covid-19, to ensure the approach with staff was compassionate but also supportive to facilitate a return to work. Due to the isolation experienced by the children's homes managers in particular, weekly meetings were facilitated by the PSWs and CSM to ensure the managers felt listened to and enabled to communicate concerns / issues. Staff were also encouraged to avail of online supports via the BWell4U hub, such as mindfulness.

STAFFING

At present, there are approximately 150 residential staff across the 9 (now 8) children's homes. In order to support the leadership and management across the homes, the Trust has piloted all homes to have 2 deputy managers. The appointment of an additional deputy manager adds stability of management across the different shift work times. In relation to the Trust's original 5 homes, all of the Team Leaders and Deputy Team Managers are professionally qualified.

In the 4 differentiated homes and Osborne Children's Home, there are 9.5 residential staff in each home. There are a total of 5 full-time and 1 part-time staff who do not hold a professional social work qualification across these 5 homes. The social work teams are supported by a range of administrative and domestic staff who play a full part in providing a comprehensive service to the young people.

Aisling, Donard (closed in September 2020), Aran and Slemish are funded for a Team leader and 2 Deputy Team leaders. In relation to each of their homes, they have different staffing levels dependent upon their statement of purpose.

Two of the three homes on the Glenmona site provide a regional service (Aran and Donard). Aran is funded for a Manager, 2 Deputy Managers and 9 residential care staff - comprised of 3 qualified social work staff and 4 residential care staff.

Donard has been funded for a manager, 2 deputy managers and 1 senior practitioner. (The additional 2 Band 7 staff were allocated 1 years ago to assist in managing a specific issue). This Home is also funded for 8 residential staff. Currently this is comprised of 5 qualified social work staff and 3 residential care staff. As stated, all of these staff were redeployed.

The 1 Intensive Support Homes Slemish and Aisling are staffed by a Manager, 2 Deputy Managers and 9 residential staff.

One intensive support home has 6 social work qualified staff and 3 residential care staff. The second intensive support home has 5 Residential Social Work staff and 4 residential care staff.

Aran, Donard, Slemish and Aisling also have a waking night presence undertaken by Band 5 Night Care Attendants. In the Intensive support homes there are 2 care attendants each night, the other Homes having one.

The current funded staffing levels do not allow for additional cover when required e.g. sick-leave, training, or when an additional staff member is required to meet the particular needs of an individual or group. This shortfall is met by a combination of overtime and each home having access to a small number of bank staff to provide appropriate, consistent cover when required but has led to significant cost pressures for the Service.

Due to the particularly challenging nature of the work in the short-term home, the Trust continues to raise the issue of increased staffing levels, including the need for waking night staff. In addition, due to the complexities and vulnerabilities of some of the young people, staffing levels have been increased as required to provide safe care. This situation has given rise to a substantial cost pressure for the Trust which has been addressed with the HSCB. Furthermore, given the regional recruitment issues, it has proven difficult to access additional staff through agency contractors, as there is a shortage of professional staff available.

The areas of allegations/complaints against staff by young people and assaults by young people on staff present particular challenges at professional, organisational

and workforce levels. All allegations/complaints and assaults are managed under the appropriate Trust processes.

ADMISSIONS AND DISCHARGES

The Trust's Resource Panel meets on a fortnightly basis to consider referrals of children and young people on the edge of care or who have been admitted to care on an emergency basis. In addition, there is a monthly Residential Placements meeting which considers the overall residential population, identifies any vacancies and plans any transfers e.g. from short to long term homes.

ASSURANCE

Adherence to Regulations & RQIA

Each of the children's homes is subject to a visit by a Monitoring Officer and the Monthly Monitoring Report includes checks on Health and Safety and Fire Records. In addition, each home has two unannounced inspections carried out by RQIA. (This did not occur due to the pandemic) RQIA also undertakes specific inspections on management of medicines and estates issues. RQIA also completes specific inspections on the management of estates annually. The Trust is required to complete a quality improvement plan in response to issues raised within the RQIA inspection reports.

Throughout the reporting period, RQIA has commented on the compassionate and individualised care provided to the children and young people, and the 'lived experience' of the young people feeling listened to, supported and cared for. There was an enforcement meeting with regard to Glandore Avenue in relation to an area of improvement being stated for a third time ie need for records of the induction of staff to evidence level of competence and skills . The Trust agreed a plan with RQIA to ensure compliance.

There were 4 RQIA inspections during the time period. There were common themes for all of the homes from the Quality Improvement Plans:

- Records of Induction Training for new staff and agency staff, which reflects competency levels and skills.
- Development of a training matrix and plan for all staff.
- Identification of a shift co-ordinator who is competent to fulfil this role.
- Handovers that need to outline proactive daily planning for each young person and risk management arrangements.
- Young peoples' records such as ICMPs and Risk Assessment, to provide sufficient detail to guide and direct staff.

Some of the managers worked collectively to address the Areas of Improvement stated in the Quality Improvement Plans.

Safeguarding

There are 4 significant priority areas which require ensuring that safeguarding practices in residential care are robust. These are as follows:

1. Children who go missing from care
2. Children on the CSE list
3. Substance use
4. UASC

Vulnerable looked after children who are at risk of CSE or whom go missing from care are regularly reviewed by senior management in terms of safety planning and potential harm. This involves close collaboration with PSNI, whereby Operation Liaison Group meetings are held to review all young people on the CSE list, any persons of concern that they may come in contact with from across Northern Ireland. This meeting jointly agrees multi-agency safety plans. This is an invaluable forum which shares key intelligence to safeguard all known vulnerable young people to social services involved in CSE. Within this reporting period, there were 12 young people, all female, from residential care subject to CSE review processes. Due to a reduction of risks and concerns, 5 of these young people no longer required to be reviewed. Additionally, when risks of CSE increase for a young person, the Trust will make an application to the Regional Restriction of Liberty panel, for a young person to be placed in secure accommodation in order to mitigate against significant harm.

All looked after children whom go missing from care more than 3 occasions are reviewed on a monthly basis by the Head of Service and Police Chief Inspector for missing persons. This monthly review meeting ascertains any potential harm, shares intelligence and draws up intervention plans.

There is a dedicated Drug and Alcohol worker who provides direct support to young people and consultations and training for staff. Referrals can be progressed to statutory and community drug and alcohol services however most of the young people have difficulty with engaging in direct work. The development of relationships are critical for these 'harder to reach' young people, and given the experience of the staff teams with these particular young people, relationships generally develop when the young people are in secure care and have not been using substances for a period of time.

For UASC, within 48hours of presenting to Gateway Services, a Multi-Agency Risk Strategy meeting is held to determine any potential risk of abuse or trafficking of UASC and this meeting will formulate a safety plan for all agencies involved to ensure and prioritise the safety of this vulnerable group of young people.

BRAAT 3

All 9 children's residential homes have completed the BRAAT Belfast Risk Assessment and Audit Tool (BRAAT) and are now beginning work to take forward the developments identified through the BRAAT 3 process. The children's homes adhere to the Trust's Adverse Incidents Reporting Procedures and related Schedule 5 reporting requirements to RQIA. Incidents, trends, dissemination of learning and

implications for practice emerging from same are reviewed and actioned on an ongoing basis by the Children Services Manager, Principal Social Workers, Team Leaders and the Directorate Governance Lead. Monthly Monitoring and Inspection Reports are reviewed quarterly by the Director of Social Work, Co-Director for Corporate Parenting and the Children's Services Manager and monthly by the Service Manager and Co Director.

SERVICE USER PARTICIPATION

All 9 homes strive to ensure that the wishes and preferences of the children and young people are incorporated into all aspects of service delivery. To enhance their capacity to participate and contribute, staff utilise a number of advocacy and feedback for a on a regular basis. Each home has a VOYPIC worker who is independent and commissioned by the HSCB to provide advocacy for each young person living in residential care. Through the young people's own relationships with staff, their views are sought on routines within the home, menus, personal time and preferred activities. Young people are helped to negotiate and compromise and to express their views where possible through the help of their assigned key worker and co-worker, their VOYPIC advocate, house meetings and monthly monitoring visits by a senior manager who has no direct responsibility for the home.

On a regular basis, residential staff, field work staff and the Monitoring Officer will ask the parents of young people to provide comments on the care afforded to their child.

An improvement project was initiated as a pilot in one of the children's homes, with regard to promoting inclusion of young peoples' views within the home, through appropriate and modern forms of communication. As stated earlier, this project is being implemented in some of the other homes.

Within the short term home, there was a pilot improvement project to incorporate the scaling questions from the 'Signs of Safety' approach in to the 'My Story' assessment. The aim of the project was to promote the involvement of young people in the assessment process and their safety plans. One of the young people fully engaged in the process and was able to agree strategies within her safety plan that she felt would work for her.

CONCLUSION

The residential service, with the sustained impact of the Covid-19 pandemic, continues to be responsive to the needs of Looked After Children. With recruitment and retention issues in other services within CCS Directorate, the residential service has managed to retain core staff and recruit for the vacancies incurred pre and during the pandemic. (A number of staff retired during the pandemic.)

Developments in the service will continue, including:

- The re-development of the Glenmona site;

- Review of the residential estate and model of practice for the short term assessment home, 444 Antrim Road;

- The re-setting of the DOORS service and the recruitment of permanent staff;

- The continued development of the PACSS service, to recruit additional outreach staff and a family therapist;

- Piloting of the NIFITC trauma-informed building blocks in a number of the children's homes;

- Participation in the regional review of the skills mix and staffing levels in the residential service;

One of the challenges facing the residential service is to create capacity in response to the increased need for residential placements due to family / kin / non-kin placement breakdowns.

A second challenge, in the coming year, will be the number of young people transitioning to supported and independent living placements, some of whom will require intensive support, post care.

The primary focus for the next year will be on supporting the young people, residential and management teams, on the recovery from the global pandemic. This will require a multi-agency and phased approach, to help rebuild the emotional and psychological wellbeing of the young people and teams.